



2022 Enrollment Guide

you **drive.** you **decide.**

Airgas
an Air Liquide company

Contents

3	2022 Overview	16	Vision Plan
3	Your Benefit Options	16	Vision Plan Highlights
4	Eligibility		
5	Dependent Verification	17	Flexible Spending Accounts
6	Costs and Contributions		
7	Medical Plans	18	Life Insurance and AD&D
7	Your 2022 Medical Plan Options at a Glance	18	Life Insurance Plan Highlights
		19	AD&D Insurance Plan Highlights
9	Prescription Drug Benefits	20	Short-term and Long-term Disability
		20	Short-term and Long-term Disability Plan Highlights
10	The Bronze HSA Plan	20	Child Birth Benefit
11	ALEX: Your Virtual Benefit Counselor	22	Other Airgas Benefits
		22	401(k) Plan
12	Teladoc and Other Disease Management Services	23	Employee Assistance Program
		23	Auto, Home and Personal Property Insurance
12	Digital Programs: Sleepio & Daylight	23	Commuter Transportation Benefit
		23	Other Company-Provided Benefits
13	Hospital Indemnity Insurance	24	The Enrollment Process
		24	What You'll Receive
13	Critical Illness Insurance	24	Enrollment Resources
		24	Using the YBR Enrollment Website
14	Accident Insurance	25	Important Contact Information
15	Dental Plan	26	Required Enrollment Notices
15	Dental Plan Highlights		

This guide summarizes Airgas benefit programs and the terms and conditions that apply to them. The official plan documents, summary plan descriptions, insurance contracts, and Airgas policies legally govern the administration of the plans and policies described in this guide and will apply if there is any discrepancy with the information in this guide. Airgas reserves the right to modify, suspend, revise and/or terminate certain of the plans at any time and for any reason. The agreements for auto and home insurance are between the customer and the provider, and Airgas has no rights with respect to those relationships. Airgas may discontinue to provide its employees access to the discounted insurance program as an employee benefit.



2022 Overview



As an Airgas associate, you have access to a wide array of benefit plans and programs designed to encourage the well-being of you and your family. Benefits include a choice of medical plans, as well as programs focused on delivering financial and family security, plus the flexibility you need to meet personal goals.

For 2022, we've enhanced many of our benefits to provide you even better coverage at no or minimal extra cost. Our **salary bands**, used in determination of your medical, dental and vision plan contributions, have been adjusted. This will help you move more easily from one band to another, so you can pay less for benefits than if you stayed in your original band.

Both of our **dental plans** will now cover 2 problem-focused exams in addition to 2 routine exams per year, and any costs related to the exams will no longer apply to annual maximum expenditures. In addition, our **vision plan** has increased the allowance for lenses and contacts from \$150 to \$175 annually.

We are pleased to announce an enhanced **Child Birth Benefit** for 2022. Associates with a minimum of one year of service prior to birth will receive 12 weeks of leave

at 100% pay. The combination of the Short Term Disability benefit and the Airgas Child Birth Benefit cannot exceed 100% of your current weekly salary. The Child Birth Benefit will be reduced so as not to exceed this amount.

Associates enrolled in the **Bronze HSA medical plan** can contribute up to \$3,650 for individual and \$7,300 for family to their Health Savings Account.

The **Basic Life and Accidental Death & Dismemberment (AD&D)** benefit, provided to you at no cost, is increasing to 1x annual salary, up to a maximum of \$200K. Accordingly, the Guaranteed Issue Amount for the combined Basic and Optional Life Insurance Buy-Up is increasing to \$900K. Also, for **Critical Illness**, the benefit amount you elect will increase from three times the initial benefit amount elected to five times the amount. In addition, you no longer have any restrictions due to age. Healthcare navigation services have been added, and health screening benefits will additionally cover hearing tests, immunizations, dental exams and eye exams!

Take time to carefully review your benefit options and then take action during the enrollment period to elect the benefits that are the best fit for your and your family's needs.

Your Benefit Options

During YOUR enrollment period, you should review AND make or change your elections for:

- Medical coverage (including HSA contributions if you elect the Bronze HSA plan)
- Dental coverage
- Vision coverage
- Participation in the Healthcare and/or Dependent Care Flexible Spending Accounts
- Short-term and Long-term Disability buy-up options
- Optional Life and Accidental Death and Dismemberment (AD&D) Insurance*
- Voluntary Hospital Indemnity, Critical Illness and Accident Insurance
- Beneficiaries for your 401(k), Life and AD&D Insurance

At any time during the year, you may elect:

- Auto, home and personal property coverage through Farmers GroupSelectSM
- 401(k) Plan
- HSA contributions

*Evidence of insurability may be required; see page 18 for more information.

In addition, you automatically receive the following benefits, which are paid in full by Airgas:

- Basic Short-term (STD) and Long-term Disability (LTD) insurance
- Basic Life Insurance and AD&D coverage
- The Employee Assistance Program (EAP)

Making Your Elections

Airgas provides you with two options to enroll:

- Online at www.ybr.com/airgas
- By telephone at 1-877-424-2363

Remember that you must make your elections during the enrollment period. Complete enrollment instructions begin on page 24. If you need help enrolling or using the website, or if you have questions, you may call a YBR Customer Service Representative between 8:00 a.m. and 9:00 p.m. Eastern time, Monday through Friday.





Eligibility

You are eligible for the benefits described in this guide if you are regularly scheduled to work at least 30 hours per week. If you are a part-time associate working under 30 hours and switch to full-time employment, you are eligible to enroll in these benefits immediately if you have continuously worked for 30 consecutive days.

Note: If you are a member of a collective bargaining unit, you may not be eligible for some or all of the benefits described in this enrollment guide. Please contact your Human Resources Representative for more information.

Dependent Eligibility

You may enroll your eligible dependents in our medical, dental and vision plans and/or elect dependent life insurance and/or AD&D coverage for them. Eligible dependents include:

- Your spouse, provided they qualify as a “spouse” under federal law.
- Your domestic partner (including both same-sex and opposite-sex domestic partners), as long as you and your domestic partner are registered with any government entity (e.g., city, county or state) responsible for identifying and complying with the registration requirements. (Associate paycheck contributions for domestic partner coverage are the same as for spouse coverage; the benefits, however, are subject to imputed income and taxation.)
- Your children up to the last day of the month in which they turn 26. The term “children” or “child” means:
 - » Your natural child
 - » Your legally adopted child or child placed with you for adoption
 - » Your stepchild
 - » Your eligible foster child, defined as an individual who is placed in your care by an authorized placement agency or by judgment, decree or other order of any court of competent jurisdiction
 - » A child for which a court has granted you legal custody
 - » A child of your eligible domestic partner
- Your unmarried disabled child age 26 or older who is unable to earn a living due to a physical or mental handicap and meets one of the following criteria:
 - » Was covered as a dependent under Airgas before reaching age 26
 - » You were not eligible to participate in the Airgas plan(s) before the child reached age 26, was disabled before reaching age 26, and remained continually disabled thereafter
- Your natural or adopted children for whom you are required to provide coverage due to a Qualified Medical Child Support Order (QMCSO), up to the end date of the coverage period stipulated by the QMCSO or age 26, whichever comes first

Exclusions. Legally separated or former spouses are not eligible dependents, even if you have a court order requiring you to provide health insurance to your ex-spouse. (Common-law spouses are eligible only if covered under an Airgas plan before April 1, 2009.) Also, any person not described as eligible in a category listed here is not a dependent for the purposes of these plans. Grandchildren, your parents, and other relatives or extended family members are not eligible for coverage.

Hawaii Residents. According to state law, Hawaii residents must elect coverage or complete the state-required form that will be mailed to you if you elect “no coverage.” For more information, contact YBR.



Dependent Verification

If you choose to cover dependents under any of the Airgas plans, you'll need to know their Social Security numbers and birth dates to make your elections. Airgas verifies that dependents you enroll meet the eligibility requirements for medical, dental, vision, optional life insurance, and AD&D coverage (if you elect to cover them).

New associates who are enrolling dependents for the first time or current associates who are adding dependents to any Airgas plans will be asked to provide proof of dependent eligibility within 31 days of the request. If your dependents are not approved by the deadline, coverage for these dependents will be dropped.

Random audits are also conducted during the Annual Enrollment period, and associates may be asked to provide acceptable documentation to confirm their dependents' eligibility. If you do not provide the requested documentation for a dependent within 31 days of the request, or if a dependent is found not to meet eligibility requirements, that dependent will be dropped from coverage effective December 31.

Keep the following steps in mind if you are asked to verify your dependents' eligibility:

- After you enroll, you will receive a Verification Request Notice from YBR's Dependent Verification outlining acceptable documentation instructions on how to submit the documentation for review (via fax, mail or uploading).
- You must respond and provide the documentation by the date shown on the notice. If you have any questions, call YBR at 1-877-424-2363.
- YBR's Dependent Verification will notify you whether your dependent is approved or denied, or if the documentation was insufficient. You must contact YBR if you do not agree with its determination.
- **Coverage will be dropped for any dependent who is not approved by the date on the notice. You will not be able to enroll or re-enroll the individual until the next Annual Enrollment period (unless you experience a qualified life event), even if proof of dependent status is provided at a later date.**



Tips for Enrolling

Learn about your options: Read and review this guide and all of your enrollment materials.

Know your password: To enroll, you'll need your username and password for the YBR enrollment website. If you forgot your password, enter your user ID and click "Forgot User ID or Password" under the Log On button. If you are using the YBR website for the first time, see "Using the YBR Enrollment Website" on page 24.

Review your choices and costs: Compare your and your family's healthcare needs for 2022 with the benefits available to you and their costs. Use ALEX® and the YBR enrollment website to find costs and access tools that can help you estimate your needs for the coming year.

Confirm your spouse's or domestic partner's access to other coverage: If you cover a spouse or domestic partner on your Airgas medical plan and they have access to coverage through their employer, the spousal surcharge will apply (see page 6 for more information).

Ensure your dependents meet eligibility criteria: See "Eligibility" on page 4 and "Dependent Verification" above to learn more.

Confirm your elections: When enrolling online, look for the "Submitted Successfully" message before you log off. Print a confirmation of your enrollment for your records. A Confirmation Statement will be posted to your YBR account, and you will receive an email notification when it is available. Statements will be mailed to those with no email address on file.



Costs and Contributions

Airgas pays the full cost of some of your benefits (e.g., basic Life Insurance, basic STD and LTD, and basic AD&D coverage) and shares the cost of others (e.g., medical and dental). Airgas also gives you the option of purchasing additional benefits on your own at group or discounted rates.

Medical, Dental and Vision

For medical, dental and vision coverage, you can cover yourself, your spouse/domestic partner and your child(ren). Your cost is based on the plan(s) you choose, your salary band (see the chart below) and the number of dependents you enroll. The cost of coverage is capped for dependent children; you will never pay for more than three dependent children, regardless of how many additional children you cover.

	Low Band	Middle Band	High Band
Salary	\$70,000 and less	\$70,000.01 to \$130,000	Above \$130,000

Spousal Surcharge. If your spouse or domestic partner has other medical coverage available (e.g., through another employer), you will pay a surcharge of \$100 per month (or \$1,200 per year) to cover them through an Airgas plan in addition to the regular cost for the medical coverage you choose through Airgas.

If you are adding your spouse or domestic partner to Airgas benefits for the first time, you will be asked to verify whether they have other coverage options available. You are responsible for reporting any change in your spouse's or domestic partner's employment status or benefits eligibility throughout the year that could impact the surcharge (e.g., losing coverage through an employer or starting a new job that offers medical benefits).

If both spouses are employed by Airgas: If you and your spouse/domestic partner are both employed by Airgas, it is most cost-effective for you to enroll separately. Children can be enrolled as dependents under either spouse's plan.

Pre-tax Benefits. Your premiums for medical, dental and vision coverage, as well as any contributions you make to the Health Savings Account, Healthcare and/or Dependent Care Flexible Spending Accounts, are made on a pre-tax basis. This means that your contributions are deducted before federal and most state taxes are taken, so you reduce your taxable income and save money.

Disability, Life, AD&D and More

For the STD and LTD buy-up plans, voluntary Hospital Indemnity, Critical Illness and Accident plans, optional Life Insurance and optional AD&D coverage, your cost is determined by the coverage you elect. Rates for Life Insurance are based on your age and whether or not you smoke. Smoking includes the use of tobacco in any form, such as cigarettes, pipes, snuff, chewing tobacco or e-cigarettes. To qualify for non-smoker rates, you must not have used tobacco in any form in the last 12 months.



Take Advantage of Preventive Care!

Preventive care is designed to help you learn more about your current health status and identify potential health issues early, when they are easier and less costly to treat. Under the Airgas medical plans, in-network preventive care services are paid in full (subject to certain age and frequency limits) — there is no copay, deductible or other out-of-pocket expenses. Examples of preventive services include annual physicals, well-baby and well-child care check-ups, routine cancer screenings (such as a mammogram or colonoscopy), routine vaccinations and more. See your plan's Summary Plan Description for a detailed list of covered preventive care services.

Help us to keep our healthcare costs in check by getting your preventive medical, dental and vision exams, as recommended.



For 2022, Airgas continues to offer five medical plans (plus certain local HMO and PPO options, depending on your location). All of the medical plans encourage prevention while providing financial protection when you need care. The plans offer different choices between your contributions and the cost of health services you need during the year. This allows you to consider your unique needs and choose the coverage that works best for you and your family.

This section provides an overview of each medical plan, including in-network benefits, out-of-network benefits and prescription drug coverage. You can go to the YBR enrollment website for more information on the plans, to use tools to help you estimate your needs and compare plans, or ask questions via secure message or live online chat. You can also speak with a YBR Customer Service Representative at 1-877-424-2363, Monday–Friday, 8 a.m.–9 p.m. (ET).



Your 2022 Medical Plan Options at a Glance

In-Network Benefits

	Platinum	Gold	Core	Silver	Bronze HSA
Deductible* (individual/family)	\$500 / \$1,000	\$750 / \$1,500	\$1,000 / \$2,000	\$1,250 / \$2,500	\$1,500 / \$3,000
Coinsurance % You pay Plan pays (after the deductible has been met)	10% 90%	20% 80%	20% 80%	20% 80%	20% 80%
Out-of-pocket maximum** (individual/family)	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$4,000 / \$8,000	\$6,550 / \$13,100
Preventive care (e.g., annual exam)	100%	100%	100%	100%	100%
PCP copay	\$20	\$25	\$25	\$40	Plan pays 80% after deductible
Specialist copay	\$25	\$35	\$35	\$50	Plan pays 80% after deductible
Hospital inpatient	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
ER copay (waived if admitted)	\$500	\$500	\$500	\$500	Plan pays 80% after deductible
Walk-in clinic copay	\$20	\$25	\$25	\$40	Plan pays 80% after in-network deductible
Urgent care copay	\$25	\$35	\$35	\$50	Plan pays 80% after deductible

*For the Platinum, Core, Silver and Gold Plans, the family Deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Deductible amount.

**For the Platinum, Core, Silver and Gold Plans, the family Out-of-Pocket Maximum can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Out-of-Pocket Maximum. For the Bronze HSA Plan, the family Out-of-Pocket Maximum can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Out-of-Pocket Maximum.

Note: There are no copays in the Bronze HSA Plan.

Please Note: The above chart provides only high-level information about Airgas medical plans and does not include all of the benefits provided under the plan. The specific terms of coverage, along with any exclusions and limitations, are contained in the official Plan Documents. In case of any discrepancy, the official Plan Documents will govern.

Your 2022 Medical Plan Options at a Glance (Cont.)

Out-of-Network Benefits

	Platinum	Gold	Core	Silver	Bronze HSA
Deductible* (individual/family)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,000 / \$6,000
Coinsurance % You pay Plan pays (after the deductible has been met)	30% 70%	40% 60%	40% 60%	40% 60%	40% 60%
Out-of-pocket maximum** (individual/family)	\$5,000 / \$10,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$8,000 / \$16,000	\$13,100 / \$26,200
Preventive care (e.g., annual exam)	100%	100%	100%	100%	100%
PCP copay	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible
Specialist copay	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible
Hospital inpatient	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible
ER copay (waived if admitted)	\$500	\$500	\$500	\$500	Plan pays 80% after in-network deductible
Walk-in clinic copay	\$20	\$25	\$25	\$40	Plan pays 80% after in-network deductible
Urgent care copay	\$25	\$35	\$35	\$50	Plan pays 80% after in-network deductible

*For the Platinum, Core, Silver and Gold Plans, the family Deductible can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Deductible amount.

**For the Platinum, Core, Silver and Gold Plans, the family Out-of-Pocket Maximum can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Out-of-Pocket Maximum. For the Bronze HSA Plan, the family Out-of-Pocket Maximum can be met by a combination of family members; however, no single individual within the family will be subject to more than the individual Out-of-Pocket Maximum.

Note: There are no copays in the Bronze HSA Plan.

Please Note: The above chart provides only high-level information about Airgas medical plans and does not include all of the benefits provided under the plan. The specific terms of coverage, along with any exclusions and limitations, are contained in the official Plan Documents. In case of any discrepancy, the official Plan Documents will govern.



Prescription Drug Benefits



	Platinum*	Gold*	Core*	Silver*	Bronze HSA**
Retail					
Generic copay	\$9	\$9	You pay 30% up to \$50 per prescription	You pay 30% up to \$50 per prescription	You pay 20% with no deductible for most preventive and maintenance medications; otherwise, you pay 20% after you meet your deductible
Brand formulary copay	\$35	\$35	You pay 30% up to \$150 per prescription	You pay 30% up to \$150 per prescription	
Brand non-formulary copay	\$70	\$70	You pay 30% up to \$300 per prescription	You pay 30% up to \$300 per prescription	
Mail order (up to 90-day supply)	2x retail copay	2x retail copay	You pay 30% up to 2x retail maximum above	You pay 30% up to 2x retail maximum above	No separate maximum, Bronze HSA Plan out-of-pocket maximum applies
Rx out-of-pocket maximum (individual/family)	\$2,100 / \$4,200	\$2,100 / \$4,200	\$2,100 / \$4,200	\$2,100 / \$4,200	
Specialty Rx eligible for PrudentRx	If filled via PrudentRx, \$0				N/A

New Program for Specialty Medications

If you take a specialty medication, you may be contacted to participate in the PrudentRx program to save money and, in some cases, pay nothing for your prescription. Your prescription will continue to be filled through CVS Specialty Pharmacy, but keep an eye out for communications from PrudentRx. Call PrudentRx at 1-800-578-4403 if you need more information.

Note: Participants of the Bronze HSA Plan are not eligible for this program.

The Bronze HSA Plan: How It Works

The Bronze HSA Plan is a different kind of health plan known as a Consumer Driven Health Plan (CDHP) or High Deductible Health Plan (HDHP). It comes with the option to open a special, tax-advantaged Health Savings Account (HSA) to help you pay for your out-of-pocket expenses. CDHPs like the Airgas Bronze HSA Plan give you a larger stake in the financial decision-making for your healthcare services. This means that you pay lower payroll contributions for the plan; in exchange, you pay more when you receive care.

With the Bronze HSA Plan, **preventive services** such as annual physical exams and vaccinations are **covered at 100%** when you see providers in the plan's network. There are **no copays** with this plan. You pay the full cost of any non-preventive medical expenses — including doctor visits and most prescription drugs — until you meet your **deductible**. Once you have met the deductible, you and the plan share the cost of additional medical expenses (this is called **coinsurance**), with the plan paying 80% and you paying 20%. The **out-of-pocket maximum** is the maximum dollar amount you will pay out of pocket for covered expenses in a calendar year. Once your out-of-pocket expenses (your deductible plus your 20% coinsurance) reach the out-of-pocket maximum, the plan pays 100% of the allowable amount for covered services for the rest of the calendar year.

Note: If any single covered family member meets the individual out-of-pocket maximum before the family's total out-of-pocket limit is reached, the plan will pay 100% of covered expenses for that family member for the rest of the calendar year. You would still pay the deductible and coinsurance expenses for other family members until you reach the family out-of-pocket maximum. The family deductible must be met if you are covering more than yourself, according to HSA rules. **View the HSA videos available on the YBR enrollment website to learn more, and use ALEX to determine whether this plan would suit your needs.**



Prescription Drug Coverage

Most preventive and maintenance medications are not subject to the deductible. You pay 20% coinsurance for these medications, and the plan pays the rest. All other medications are subject to the deductible.

Important Note: In the Bronze HSA Plan, your prescription costs count toward the plan deductible and out-of-pocket maximum. There is no separate Prescription Drug Out-of-Pocket Limit as in all other Airgas medical plans offered.

The Bronze HSA Plan

The Bronze HSA Plan comes with the option to open a tax-advantaged Health Savings Account (HSA) to help you pay for your out-of-pocket expenses. The HSA is your personal account, so you decide how much to contribute and how to use it. You can withdraw money to pay for eligible healthcare expenses you incur after your HSA is set up, including your deductible and coinsurance. Or, you can pay for expenses out of your pocket and allow your HSA to grow over time. Any money you don't use stays in your HSA, making it a tax-free way to save for future healthcare needs, including certain retiree medical and long-term care insurance premiums. You do have to make a new election for your HSA annually.

Note: You can also open a *Healthcare Flexible Spending Account (FSA)* to put aside additional pre-tax dollars. However, under IRS rules, if you have both an HSA and a Healthcare FSA, your Healthcare FSA can be used **ONLY** for dental and vision expenses. You cannot use it for medical expenses.

HSA Eligibility

Keep in mind the following criteria set by the IRS that you **MUST** meet in order to open an HSA:

- You cannot be covered by any other medical plan that is not an HSA-compatible medical plan (including a spouse's healthcare plan).
- You cannot be enrolled in Medicare.
- You cannot be eligible to be claimed as a dependent on someone else's tax return.
- You must be a U.S. resident.
- You may not be in active military service or, if you are a veteran, you may not have received veterans' benefits within the last three months.



For complete details on HSA eligibility, visit the IRS website and refer to Publication 969. If you do not meet these criteria, you may still elect the Bronze HSA Plan; however, you may not open an HSA.

Contribution Limits for 2022

\$3,650 (individual*) / \$7,300 (family)

*Individuals age 55 or older can make catch-up contributions of an additional \$1,000 per account holder per calendar year.

Simple, Quick Help for Choosing Your Benefits——

alex® Your Virtual
Benefit Counselor



Choosing your benefit elections during Annual Enrollment can be complicated. To help make the decision process easier, Airgas offers an interactive online tool called ALEX®: Your Virtual Benefit Counselor. You can access ALEX from any internet-connected desktop, laptop, tablet or mobile device.

Who Is ALEX?

Think of ALEX as a virtual benefits counselor that can help you evaluate your healthcare needs for 2022 and decide which of the Airgas medical plans is the best fit for you and your family. ALEX can also help you choose a dental plan and decide which other benefit options may be right for you, such as the Airgas 401(k) Plan, tax savings accounts and voluntary Hospital Indemnity Insurance.

How Does ALEX Work?

Access ALEX by visiting www.myalex.com/airgas/2022.

He'll ask you a series of simple questions about you, your household and your anticipated healthcare needs. Then he'll crunch the numbers for you. He doesn't sleep or eat, so you can talk to him whenever you want on any device you like.



Three Great Reasons to Use ALEX

- 1. It's fast!** While you can spend as much time with ALEX as you need to learn about your medical plans, the average user spends 12 minutes with ALEX.
- 2. It's available on any device.** ALEX is optimized to work on any laptop, desktop, tablet or smart phone. All you need is an internet connection.
- 3. It's private.** ALEX is an anonymous experience. It does not track your personal details. It also does not send any data about you back to Airgas. The information you enter is not saved, so if you want to use ALEX again, you will need to re-enter all of your information.

And at the end of your session with ALEX, you'll have the opportunity to view and save a summary of your "conversation," including ALEX's recommendation for your benefit choices.

Tips for Getting the Most From ALEX

- ALEX uses a combination of text and speech to communicate with you. For the best experience, make sure you have headphones or a device with speakers.
- Prepare some notes about your needs. ALEX will ask you how often you visit the doctor, how many prescriptions do you take and whether you are planning any surgeries or unique circumstances (e.g., maternity care) in the coming year.
- Take ALEX's recommendation but do some additional research. ALEX should be one part of your research prior to enrollment. Just like you sometimes want a second opinion from another doctor, you can take ALEX's suggestion and visit the YBR enrollment website for additional cost and comparison tools.



Please note that ALEX can help you choose and learn about your benefits but you will still need to enroll in your benefits online using the YBR enrollment website or by phone with a YBR representative.

Leverage Teladoc Services With Your Medical Plan

Teladoc gives you an easy way to access licensed, board-certified doctors via telephone or online video consultation (Blue Cross Blue Shield members only). Pay only a \$10 copay in the Core, Platinum, Gold and Silver Plans. In the Bronze HSA Plan, you must pay the full cost for Teladoc (\$40) until you meet the deductible — still less than the cost of a visit to a doctor, urgent care center, retail clinic or Emergency Room. Teladoc doctors are available 24/7 and can diagnose non-emergency medical problems, recommend treatment, and even call a prescription into your pharmacy, when necessary. We encourage you to use Teladoc any time you can't get to your regular doctor — when traveling, after hours or when you're at work. Just go to www.teladoc.com or call 1-800-TELADOC (1-800-835-2362).



Other Disease Management Services

Chronic conditions — such as heart disease, asthma and diabetes — can lead to decreased quality of life and high medical costs when they are not well managed. The disease management services available through Blue Cross Blue Shield can help. These programs will identify members of Airgas medical plans who can benefit from these services and reach out to offer individualized support in managing these chronic conditions and their associated costs, helping to keep our overall healthcare costs as low as possible. (Your health information is kept confidential in accordance with HIPAA privacy laws.)

Livongo for Diabetes Management: Livongo provides members with a connected blood glucose meter that offers personalized insights, online access to blood glucose readings, free unlimited test strips and lancets, and coaching by phone, text message and mobile app. This program is offered at no cost to associates and their family members who have diabetes and are covered through an Airgas medical plan administered by BCBS. Call 1-800-945-4355 to enroll.



Digital Programs

Improve Sleep / Reduce Worry & Anxiety

Associates and dependents enrolled in an Airgas medical plan administered by BCBS have access to two digital programs focused on wellbeing: Sleepio and Daylight.

Sleepio: This personalized digital sleep improvement program help users take control of their sleep and feel more energized throughout the day. Learn cognitive and behavioral techniques to sleep and feel better. Visit www.sleepio.com/airgas.

Daylight: This personalized app-based program help users address worry and anxiety. Learn proven strategies to get out of your head, face difficult emotions and be more present for the good stuff.

Visit www.trydaylight.com/airgas.



Hospital Indemnity Insurance

Hospital visits and stays can be costly. Even with a medical plan, a hospitalization — whether due to a planned procedure or an unplanned illness or injury — can lead to extensive out-of-pocket costs. Voluntary Hospital Indemnity Insurance from MetLife can provide extra support to ease the financial impact associated with a hospitalization.

Hospital Indemnity Insurance provides a lump-sum cash payment to you if you or a covered family member are admitted or confined to a hospital. Covered benefits include hospital admission, confinement, newborn confinement and inpatient rehabilitation. There are no pre-existing condition limitations and no elimination period for childbirth.

Payments will be made directly to you. You may use the payment to help pay for out-of-pocket expenses, such as deductibles and copays, or household expenses like childcare or utility bills, or however you choose.

You have the choice of two comprehensive plans: the Low Plan and the High Plan. While both will provide benefit payments to you for hospital admission and confinement, the High Plan will offer a greater benefit amount.

You can choose to cover yourself, your spouse or domestic partner and eligible children up to age 26. There are no waiting periods to satisfy and any payment will be in addition to any other insurance you may have. The policy is portable, which means you can take it with you if your employment status changes.

What to Think About

- You pay the full cost of these voluntary coverages through convenient payroll deductions.
- Hospital Indemnity and Critical Illness Insurance can supplement your medical coverage to provide you additional financial protection in the event you or a covered family member are hospitalized or diagnosed with a critical illness.
- Evidence of Insurability (proof of good health) is never required.
- Weigh the benefits and costs of these coverages at the same time you are considering your medical plan options to see how they can work together. These benefits can help pay for or offset your deductible and coinsurance if you become hospitalized or experience a critical illness.

Critical Illness Insurance

Critical Illness coverage from MetLife can help you cover the extra expenses associated with a serious illness. If a serious illness happens to you or a loved one, this coverage provides you with a lump-sum benefit, which is in addition to any other insurance you may have.

Covered critical illnesses include:

- Invasive Cancer
- Non-invasive cancer
- All Other Cancer
- Heart Attack
- Stroke
- Kidney Failure
- Coronary Artery Bypass Graft
- Alzheimer's Disease
- Major Organ Transplant
- And many other Additional Listed Conditions



You can choose three levels of coverage: \$15,000, \$30,000 or \$45,000 in Initial Benefits upon diagnosis. The Total Benefit Amount available to you is five times the Initial Benefit Amount you select (\$75,000, \$150,000 and \$225,000), in the event that you suffer more than one covered condition. You may also elect to cover your spouse or domestic partner and eligible children up to age 26. The policy is portable, which means you can take it with you if your employment status changes. There are no benefit reductions due to age.

You must be diagnosed with the covered critical illness after your effective date of coverage in order to be eligible for a benefit. You cannot receive a benefit for an illness whose diagnosis occurred prior to your enrolling in coverage.

A recurrence benefit, which pays a benefit equal to 100% of the initial payment for a covered incidence of Full Benefit cancer, coronary artery bypass graft, heart attack or stroke, is also included.

This policy also includes a \$100 wellness benefit per person per calendar year for a covered health screening or test, such as a mammogram, stress test, colonoscopy, hearing test, dental and eye exams, and even immunizations.

Healthcare navigation services are also available.

Payments will be made directly to you, not to the doctors, hospitals or other health care providers. You will receive a check mailed directly to your home. The payment you receive is yours to spend as you see fit and may be used to cover ongoing household bills like:

- Groceries
- Mortgage and car payments
- Child care
- Any other way you want; the choice is yours

For more information about Hospital Indemnity, Critical Illness and Accident Insurance, contact MetLife at 1-800-GET-MET-8 or visit www.metlife.com.



Accident Insurance

If you have an accident, it can lead to extra out-of-pocket costs, beyond what your medical plan may cover. Accident Insurance from MetLife can help with these expenses by providing a payment you can use as you see fit if you experience a covered accident. There are no waiting periods to satisfy and any payment will be in addition to any other insurance you may have.

You can choose to cover yourself, your spouse or domestic partner and eligible children up to age 26. The policy is portable, which means you can take it with you if your employment status changes.

Accident Insurance provides you with a lump-sum payment mailed directly to you for over 150 different covered conditions, such as:

- Fractures/broken bones
- Concussions
- Dislocations
- Cuts/lacerations
- Second and third degree burns
- Eye injuries
- Skin grafts
- Coma
- Torn knee cartilage
- Broken teeth
- Ruptured disc

There is no limit on the number of different accidents that will be covered.

In addition, you receive a lump-sum payment mailed directly to you when you have these covered medical services/treatments:

- Ambulance
- Physician follow-up visits
- Emergency care
- Transportation
- Inpatient surgery
- Home modifications
- Outpatient surgery
- Physical, occupational and speech therapy
- Medical Testing Benefits including X-rays, MRIs and CT scans



What to Think About

- You pay the full cost of this voluntary coverage through convenient payroll deductions.
- Accident Insurance can supplement your medical and disability coverage to provide you additional financial protection in the event you or a covered family member experience an accident.
- The plan provides protection 24 hours a day, while on or off the job.
- Evidence of Insurability (proof of good health) is never required.
- Weigh the benefits and costs of this coverage at the same time you are considering your medical plan options to see how they can work together. Accident Insurance can help pay for or offset your deductible and coinsurance if you experience a covered accident.

Dental

Airgas offers a choice of two Aetna dental plans: the Basic Plan and the Premium Plan. You may enroll yourself and your eligible dependents, or you may waive coverage. You do not have to be enrolled in a medical plan to elect dental coverage — or cover the same dependents under medical and dental. Review the summary below for a comparison of the two plans.

In-Network Coverage	Basic Plan	Premium Plan
Your Deductible (The amount you pay before the plan pays benefits)	\$50/individual \$150/family	\$50/individual \$150/family
Coinsurance (The amount the plan pays once the deductible is met)		
• Preventive/Diagnostic Services* (exams, cleanings, bitewing X-rays, fluoride treatment)	100%	100%
• Basic Services (fillings, extractions, root canals, oral surgery)	50%	80%
• Major Services (crowns, bridgework, full and partial dentures)	50%	50%
Annual Maximum	\$2,500	\$2,500
Orthodontia	Not covered	50% to a \$1,500 lifetime maximum per family member

* Deductible does not apply to preventive or Annual Maximum.

Note: If you go to an out-of-network dentist, you (or your dentist) must file a claim for reimbursement. Benefit payment percentages are based on reasonable charges.

Coverage for Oral Surgery

Our dental plans cover certain (but not all) surgical procedures. In some cases, oral surgery may be covered by your medical plan. If you are enrolled in a medical plan that does not cover oral surgery, the dental plan will cover this service. Make sure you know what your medical plan and/or dental plan will pay before you have any oral surgery.

What to Think About

- You and the company share the cost of dental coverage.
- Along with 2 routine exams, both plans will now cover 2 problem-focused exams per year, and any costs related to the exams will no longer apply to annual maximum expenditures!
- The Premium Plan covers basic services at 80% (instead of 50% under the Basic Plan) and includes orthodontia services.
- Maintaining good dental health is just as important as taking care of your medical health. In fact, your dentist can identify many medical issues, including heart disease, during a routine dental exam.



To find dentists in the Aetna network,
contact Aetna at 1-877-238-6200 or go to www.aetna.com.



Vision

You may enroll yourself and your eligible dependents, or you may waive vision coverage. Again, you do not have to be enrolled in a medical plan to elect vision coverage — or cover the same dependents under medical and vision.

Review the summary chart to the right to see what this plan offers and note that the “in-network” column shows the amount **you will pay** when visiting in-network providers; the “out-of-network” column shows the amount **you will be reimbursed**, once you submit a claim for using an out-of-network provider.

What to Think About

- You pay the full cost of any vision coverage you elect.
- It is important to consider the vision services you (and your dependents) may need during the year and consider the cost of coverage vs. the cost if you paid on your own. In many cases, having vision coverage will save you money.
- It will always save you money to use in-network providers for vision services.
- During the year, make sure you understand the time frames that apply to exams, eyeglasses and contacts so you can get the most out of the plan. Schedule exams for you and your family around the same time each year to take full advantage of the annual benefit and maintain healthy vision.
- EyeMed’s provider network includes private practitioners, as well as national retailers — LensCrafters®, Target Optical and most Pearle Vision locations. EyeMed also has online in-network provider options where benefits can be applied at the time of check out, including [contactsdirect.com](https://www.contactsdirect.com) and [glasses.com](https://www.glasses.com). Visit [eyemed.com](https://www.eyemed.com) to see additional online providers.
- For help deciding whether you should enroll in vision coverage, watch the video at www.youtube.com/watch?v=PnNEiocnbY0.

Vision Service	In-Network (What You Pay)	Out-of-Network (Your Reimbursement)
Exam (with dilation as necessary) Once every 12 months	\$10 copay	\$35
Retinal Imaging	Up to \$39	N/A
Contact Lens Exam/Fitting • Standard lenses • Premium lenses	Up to \$55 10% off retail price	N/A N/A
Frames Once every 12 months	\$0 copay; \$175 allowance, 20% off balance over \$150	\$90
Standard Plastic Lenses • Single vision • Bifocal • Trifocal • Standard progressive • Premium progressive Once every 12 months	\$20 copay \$20 copay \$20 copay \$20 copay \$20 copay and 80% of charge less \$120 allowance	\$25 \$40 \$55 \$55 \$55
Lens Options • UV treatment, solid or gradient tint, standard scratch coating • Standard polycarbonate • Standard anti-reflective coating • Polarized lenses or other add-ons	\$15 \$40 \$45 20% off retail price	N/A
Contact Lenses (in lieu of standard plastic lenses) • Conventional • Disposable • Medically necessary Once every 12 months	\$0 copay, \$175 allowance, 15% off balance over \$175 \$0 copay, \$175 allowance, plus balance over \$175 \$0 copay, paid in full	\$140 \$140 \$200
Laser Vision Correction Call 1-800-988-4221 to find a LASIK location.	15% off retail price or 5% off promotional price	N/A
Additional In-Network Discounts • 40% off complete pair of prescription eyeglasses • 20% off non-prescription sunglasses • 20% off remaining balance beyond plan coverage *Hearing Discount through Amplifon: Up to 64% off hearing aids; call 1-877-203-0675 to get more information, find a provider or schedule a hearing exam.		N/A

Please contact EyeMed for more information on exclusions such as orthoptic or vision training, subnormal vision aids, Aniseikonic lens, etc.

To find EyeMed providers in your area, visit www.eyemed.com and choose the Access Network, or call 1-866-723-0513.



Flexible Spending Accounts (FSAs)

When you enroll for your benefits, you may elect to set aside money on a pre-tax basis — before federal and state taxes are withheld — to reimburse yourself for certain healthcare and dependent care expenses throughout the year. Airgas offers two accounts:

- **The Healthcare Flexible Spending Account** can be used for health-related expenses such as deductibles and copays for your medical, prescription drug, dental and vision expenses. You may contribute up to \$2,750 for 2022. Note that if you enroll in the Bronze HSA Plan and open a Health Savings Account (HSA), IRS rules restrict how you can use a Healthcare FSA. You may use the Healthcare FSA only for dental and vision expenses. You may not use it to pay for medical expenses when you are contributing to an HSA.
- **The Dependent Care Flexible Spending Account** can be used for day care expenses for a child or elder tax dependent that allow you (and your spouse if you are married) to work. It cannot be used for a dependent's healthcare. You may contribute up to \$5,000 for 2022.* You may elect a Dependent Care FSA regardless of which medical plan you choose.
- If you are a highly compensated employee (HCE), you are limited to a \$1,500 annual maximum contribution in the Airgas plan. The IRS defines an HCE as someone with an annual salary including bonus for 2021 of \$130,000 or more.



	Examples of Eligible Expenses	Examples of Ineligible Expenses
Healthcare Flexible Spending Account	• Deductibles • Copays and coinsurance • Prescription and over-the-counter drugs • Medical equipment (e.g., wheelchairs, crutches) • Eyeglasses or contact lenses • LASIK or PRK laser vision correction • Orthodontia • Menstrual care products	• Group or individual insurance premiums • Health club, spa or exercise fees • Cosmetic procedures • Weight loss programs, without a doctor's prescription
Dependent Care Flexible Spending Account	• Day care (while you work) for your eligible dependents younger than age 13 or those incapable of self-care • Summer day camp • Care in your home (the care provider cannot be your dependent or one of your children under age 19)	• Care during your non-working hours • Care provided by a family member • Nursing homes • Healthcare expenses for your dependents

For a complete list of eligible expenses, visit www.irs.gov and click on "Forms and Publications" to see Publication 502 for healthcare expenses or 503 for dependent care expenses. You may also call the IRS at 1-800-829-3676.

* If you are married and your spouse also has a Dependent Care FSA, your combined contribution limit is \$5,000 a year. If you are married and file a separate tax return, your maximum annual contribution is \$2,500. In addition, if you are married, you cannot contribute more than the lower of your or your spouse's earned income for the year. Additional limits apply if your spouse is disabled or a full-time student.

What to Think About

- You decide how much to contribute to either or both Spending Accounts. The annual amount you elect to contribute is then deducted evenly from your paychecks throughout the year, before taxes are deducted. You save on federal and most state taxes.
- Remember that if you enroll in the Bronze HSA Plan and open an HSA, you can use a Healthcare FSA for dental and vision expenses only.
- When you have an eligible expense, such as day care for your child or a healthcare copayment, you're paid back from the tax-free money you set aside so you never pay taxes on this income.
- The Healthcare and Dependent Care FSAs operate separately. That means you can't use the money in your Healthcare FSA to pay for dependent care expenses and vice versa.
- Very important! Because of the pre-tax benefits, the IRS rules require that you forfeit any money left in your account at the end of the year. This means you must plan carefully.
- Use the Flexible Spending Account Estimator tools on the YBR enrollment website or ALEX to help you estimate how much to set aside, and how much you'll save on taxes.
- Expenses must be incurred prior to the end of the calendar year. However, you have until March 31 after the end of the calendar year to submit your expenses for the prior calendar year.

Life Insurance and AD&D

Airgas provides company-paid Basic Life Insurance and basic Accidental Death and Dismemberment (AD&D) Insurance at no cost to you! You may buy additional, voluntary coverage for yourself and your dependents at group rates. These coverages are provided through The Hartford.

The Basic Life Insurance and AD&D coverages, and any Optional Life and AD&D Insurance you buy, would pay a benefit to your beneficiary if you were to die. AD&D Insurance can also provide income to you if you have an accidental loss (e.g., loss of a limb or the use of a limb; loss of sight, speech or hearing). The amount you receive is a percentage of the total coverage you elected, based on the severity of the accidental injury. For detailed information about these percentages, go to the YBR enrollment website.

The summaries here cover key features of our Life Insurance and AD&D benefits. See the YBR enrollment website for 2022 premiums for optional coverage, and remember that your contribution is based on the amount of coverage you elect, the number of dependents you cover, your age and whether you use tobacco.

Life Insurance

Coverage Type	Coverage Options	Coverage Maximum	Who Pays
Basic Life Insurance	1x annual earnings, as defined by the plan	Up to \$200,000	Airgas
Optional Life Insurance (for you)*	Multiples of 1x to 4x your annual earnings, as defined by the plan (minimum: \$10,000)	Combined maximum for basic and optional life for Airgas associates: \$1,250,000	You pay group rates
Optional Spouse/Domestic Partner Life Insurance**	\$10,000 \$25,000 \$50,000 \$75,000 \$100,000	Up to 50% of the associate's coverage (basic and optional life) to a maximum of \$100,000	You pay group rates
Optional Child Life Insurance (per child)	\$5,000 \$10,000 \$15,000 \$20,000 \$25,000	Up to \$25,000 per child	You pay group rates

* Evidence of insurability/proof of good health is required for optional life coverage for yourself if you enroll in new coverage greater than 1x your annual earnings during Annual Enrollment, increase coverage by more than one coverage level during Annual Enrollment, or elect coverage above the guaranteed issue amount of \$900,000, combined with Basic Life.

** Evidence of insurability/proof of good health is required for optional life coverage for your spouse/domestic partner if you enroll in new coverage greater than 1x your annual earnings during Annual Enrollment, increase coverage by more than one coverage level during Annual Enrollment, or elect coverage above the guaranteed issue amount of \$200,000.



Remember to Name a Beneficiary

Certain benefits, such as your Life Insurance, AD&D coverage and Airgas 401(k) Plan require you to name a beneficiary. This is the person or entity who would receive the assets of these benefits in the event of your death. Each plan requires a separate beneficiary election.

Take time during Annual Enrollment to name a beneficiary or, if you have already done so, review this information for accuracy. Remember, if you do not name a beneficiary, your assets would be distributed according to the terms of your plan, which may not be how you would prefer them to be distributed.

AD&D Insurance

Coverage Type	Coverage Options	Coverage Maximum	Who Pays
Basic AD&D	1x annual earnings, as defined by the plan	\$200,000	Airgas
Optional AD&D (for you)	Multiples of 1x to 4x your annual earnings, as defined by the plan	Combined maximum for basic and optional AD&D: \$1,250,000	You pay group rates
Optional Family AD&D	Spouse Only (50%) Spouse and Dependent Child(ren) (50%/20%) Dependent Child(ren) Only (20%) The principal sum for any one child cannot exceed the lesser of the calculated amount or \$50,000. Note: This plan pays benefits for a loss affecting your spouse and/or immediate family members in percentages based on your elected coverage.	Combined maximum for your basic and optional AD&D coverages including family AD&D: \$1,250,000	You pay group rates

Dependent Coverage. For life insurance and AD&D coverage, dependent children include children up to age 26 or disabled children that are claimed as dependents on your income tax filings. Any life coverage you elect for your spouse or domestic partner will end on his/her 70th birthday.

Benefits Reduction: Life benefits for associates will reduce by 35% at age 65, by 55% at age 70, by 70% at age 75, and by 80% at age 80.

Additional Estate and Will Preparation Services. All Airgas associates may also contact The Hartford for estate guidance and will preparation services at no cost to you. Go to www.estateguidance.com/wills for more information and enter code: WILLHLF. These services are available regardless of whether you purchase any voluntary coverage.

What to Think About

- Airgas pays the full cost of your basic coverage; you pay the full cost of any voluntary coverage you elect.
- For 2022, the Basic Life and AD&D coverage has increased to 1x salary, up to a maximum of \$200,000.
- Typically, the right amount of coverage will depend on your age, your family situation and other personal savings you may have.



To contact The Hartford, call 1-888-563-1124
or go to <https://mybenefits.thehartford.com>.

Short-term and Long-term Disability

Disability benefits replace a portion of your income if you are not able to work because of an illness or injury. Airgas provides basic Short-term and Long-term Disability benefits at no cost to you. You may elect to increase your coverage through our voluntary "buy-up" plans.

See the YBR enrollment website for 2022 premiums for both Short-term and Long-term Disability buy-up plans; your contributions will be based on your age and the amount of coverage you elect.

	Short-term Disability	Long-term Disability
When Benefits Begin	After seven calendar days of disability, provided you are disabled, as determined by The Hartford Note: You must apply and submit medical evidence to begin payments	After a continuous disability period of six months (180 days), provided you are disabled, as determined by The Hartford
Benefit Amount	Company-paid Short-term Disability*: 50% of your weekly earnings, as defined by the plan (\$3,000 maximum per week), minus disability income from other sources, including sick/banked sick time Buy-Up Plan*: 60% of your weekly earnings, as defined by the plan (\$3,000 maximum per week), minus disability income from other sources, including sick/banked sick time If elected, this replaces the Company-Paid Short-term Disability coverage Note: Minimum benefit for STD and STD Buy-Up is the greater of \$300/week or 10% of the weekly benefit before deduction of other income benefits.	Company-paid Long-term Disability: 50% of your monthly earnings, as defined by the plan (\$100 minimum/ \$2,500 maximum benefit per month), minus disability income from other sources Buy-Up Plan: 60% of your monthly earnings, as defined by the plan (\$100 minimum/\$10,000 maximum benefit per month), minus disability income from other sources If elected, this replaces the Company-Paid Long-term Disability coverage.
How Long Benefits Continue	For as long as you remain disabled, as determined by The Hartford, or up to 25 weeks, whichever is less	For as long as you remain disabled, as determined by The Hartford, or reach age 65 (If you are disabled on or after age 60, benefit duration is determined based on age when disabled) Note: Benefits related to mental illness and substance abuse end after 24 months
Evidence of Insurability/Proof of Good Health Requirements for Buy-Up Plans	None required	None required

*California, Colorado, Connecticut, District of Columbia, Hawaii, Massachusetts, New Hampshire, New Jersey, New York, Oregon, Puerto Rico, Rhode Island and Washington provide state-mandated disability coverage and/or family and medical leave programs. If you work in one of these states, your Airgas STD benefit will be reduced by the amount you receive from the state plan(s). Contact The Hartford for more information on state leave benefits.



Child Birth Benefit

Airgas offers all associates a company-paid Child Birth Benefit. For 2022, associates (birth mothers) with one year of service prior to birth will receive 12 weeks of leave at 100% pay. The combination of the Short Term Disability benefit and the Airgas Child Birth Benefit cannot exceed 100% of your current weekly salary. The Child Birth Benefit will be reduced so as not to exceed this amount.



Pre-existing Conditions

The core and buy-up LTD plans limit the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your policy or coverage increase, you will be covered for a disability due to that condition only if:

- You have not received treatment for your condition for 90 consecutive days while covered under the plan or
- You have been insured under this coverage for 365 days prior to your disability commencing

Note: The pre-existing condition limitation for LTD Buy-up applies only when an associate is enrolling during Annual Enrollment as a late entrant. Our disability plans have additional rules that may apply to these benefits. Please contact The Hartford at 1-800-549-6514 for information about the plans, when benefits are not paid, and when benefits are reduced by other income you receive during your disability.

What to Think About

- Airgas pays the full cost of your basic disability coverages; you pay the full cost of the buy-up plans.
- If you work in CA, CO, CT, DC, HI, MA, NH, NJ, NY, OR, PR, RI or WA, you are provided with state-mandated disability coverage and/or paid family and medical leave. This can offset the amount you would receive from the Airgas Short-term Disability and buy-up plans. Please consider whether or not the buy-up plans are the best choice for you before enrolling. Additional details about the state-mandated benefits for these states are available on Airnet.
- Note: Additional states are considering adding state-mandated coverage. Contact The Hartford for more information on specific state leave benefits.
- Using sick or banked sick time will reduce your STD benefit.



To file a disability claim, call The Hartford at 1-800-549-6514 or go to <https://mybenefits.thehartford.com>.



Other Airgas Benefits

In addition to the health, disability and life insurance benefit elections that are made once a year (when you are first hired or during the Annual Enrollment period), Airgas offers several benefits that are available to you during the year. Your participation may be automatic, or you decide whether to enroll and when to elect coverage. Summaries of these programs are provided below; more information is available on Airnet and in your Associate Handbook.

401(k) Plan

Airgas offers a 401(k) retirement savings plan to help you save for your retirement. A 401(k) plan is one of the best ways to save for retirement, and Airgas encourages all eligible associates to take advantage of this benefit, so that you can ensure a more secure financial future.

With the Airgas 401(k) plan, you can save from 1% to 75% of your pay through pre-tax and/or after-tax Roth contributions. After one year of service, Airgas will match 50% of the first 6% of your contributions to the plan. Your contributions and the company's matching contributions are always 100% vested — meaning you have the right to the full value of your account whenever you leave the company. For 2022, you can contribute up to the following annual limit.

	2022
401(k) Elective Deferrals	\$20,500
Catch-Up Limit (Ages 50 and over)	\$6,500
Total Annual Contribution	\$27,000

All eligible newly hired associates are automatically enrolled in the Airgas 401(k) with a contribution election of 2%.

Automatic Increase in Annual Contribution (Set It & Forget It)

This service automatically increases your contribution amount every May by 1% up to a maximum of 20%. You have the flexibility to change the month of the annual increase or the amount of the increase or to turn off the service at any time. You'll receive more details about auto-increase prior to the effective date.

Investment Choices

The Airgas 401(k) provides multiple investment choices, including stocks, target dated funds, bonds or money market investments. This flexibility allows you to spread your contributions, or diversify, among different types of investments, making your retirement portfolio less susceptible to market changes.

Consult with your plan administrator or financial advisor to help you determine how to best use your Airgas 401(k) plan to prepare for your financial future.

The Airgas 401(k) plan is administered by T. Rowe Price. You can go to its website (rps.troweprice.com) to access your account and find helpful financial tools and information. You can also call 1-800-922-9945 for assistance.

Reminder: Catch-Up Contributions for Ages 50 and Over

If you will be at least age 50 by December 31, 2022, you can make up to \$6,500 in catch-up contributions to your 401(k). This gives you an annual combined contribution maximum of \$27,000 per IRS guidelines. Make the most of it and consider contributing more pre-tax and/or after-tax Roth dollars for 2022!



Employee Assistance Program (EAP)

As an Airgas associate, you are automatically enrolled in the Employee Assistance Program (EAP) through LifeWorks. This world-class program provides professional, confidential services to you and your immediate family members at no cost. Airgas pays the full cost of this benefit.

The EAP can help you resolve personal issues and problems before they affect your health, relationships and daily performance. This program is administered by LifeWorks, an independent, nationally respected provider of these services and is available 24 hours a day, 365 days a year for:

- Helpful information and resources available online, including articles, books and audio on a variety of topics
- Confidential counseling, referral and follow-up services to resolve personal problems
- Referrals to legal, financial or other services, as necessary

You can call the EAP any time at **1-888-267-8126** for:

- **Short-term Professional Counseling:** Get support for personal and emotional issues via telephone, chat or in-person visits
- **Legal Support Services:** Consult with attorneys about divorce, custody, adoption, real estate, debt, landlord/tenant issues and more
- **Family Support Services:** Get personalized assistance with family planning, parenting, childcare, elder care and more
- **Financial Support Services:** Consult with financial professionals about budgeting, debt management and tax issues

If additional counseling services are needed, your EAP counselor will help you determine whether they are covered under your medical plan.

Connect with LifeWorks by going to login.lifeworks.com (username and password: airgas), downloading the LifeWorks mobile app or by calling 1-888-267-8126.

Auto, Home and Personal Property Insurance

You may elect auto, home and/or personal property insurance coverage with Farmers GroupSelectSM (formerly MetLife Auto and Home[®]) at group discounts at any time during the year. Your participation is completely voluntary, and you apply directly through Farmers GroupSelect (not as part of the initial or Annual Enrollment process). You pay the premiums for any insurance coverage you elect directly to Farmers GroupSelect.

If you have questions about these benefits — or would like a quote — call Farmers GroupSelect at **1-800-438-6381**. Farmers Group Select Customer Service Representatives are available to help you with quotes, claims and other questions.

To apply, access the Farmers GroupSelect website from the link on www.ybr.com/airgas.

Pre-Tax Commuter Transportation Benefit

The Pre-Tax Commuter Transportation benefit offers significant savings for anyone using public transportation or public parking in their commute to work. You can elect deductions from your pay, which are placed in an account for you to use when purchasing transportation or parking passes (up to \$270 per month for each, as allowed by the IRS).

Please Note: WageWorks has joined together with Health Equity, so you will find that information on the Pre-Tax Commuter Benefit at www.wageworks.com will redirect you to www.healthequity.com. The phone number remains as 1-877-924-3967.



Other Company-Provided Benefits

Check with your Human Resources Representative or visit Airnet for more information about:

- **Tuition Assistance.** If eligible, you may be reimbursed up to 100% of the cost of your tuition, registration fees, books and supplies for job-related courses that have been approved by your HR manager.
- **Scholarship Program for Dependent Children.** If eligible, your dependent, unmarried children up to age 23 may apply, provided they are enrolled in (or planning to enroll in) a full-time course of study at an accredited two- or four-year college, university, community college or vocational technical school. Airgas awards up to 20 scholarships each year, ranging from \$1,000 to \$2,000. Applications must be postmarked by May 1.
- **Paid Time Off.** Airgas provides paid vacation, sick leave, holidays, jury duty and funeral/bereavement leave in addition to the benefits outlined here.

The Enrollment Process

Whether you're a new associate or reviewing and updating your benefits during our Annual Enrollment period, it's very important that you take the time to make the right choices. Use the resources that are available to you, consult with your family, and then enroll by using the YBR enrollment website or by calling a YBR Customer Service Representative.

The YBR site contains all of the information you will need, including your benefit options and costs, a summary of changes, and videos and tools to help you make your decisions.

What You'll Receive

During your enrollment period, you will receive information that explains the Airgas benefits that are available to you and outlines the enrollment process:

- If you have an email address on file with YBR, you will receive an email inviting you to visit the website to make your elections.
- If you do not have an email address on file with YBR, you will receive a printed enrollment worksheet at your home address.

Enrollment Resources

You have many resources available to provide information about your Airgas benefits. Take advantage of them – as you make your benefit elections, throughout the year when you have questions, and to find tips on getting the most out of your coverage.

YBR Enrollment Website (www.ybr.com/airgas)

This website is available year-round to provide information, tools and calculators to help you:

- Learn how your benefit plans work
- Understand the services and costs that each option covers
- Compare healthcare plans side-by-side
- Estimate your medical and prescription drug out-of-pocket costs
- Check out the HSA videos
- Link to ALEX to help you select the right benefits for you and your family
- Estimate your need for Flexible Spending Accounts
- Search for in-network doctors, dentists and eye doctors
- Choose or change your beneficiaries for life and AD&D plans
- Estimate your need for disability buy-up coverage and/or optional life insurance
- Get answers to your benefits questions. Click the "Chat" button at the top of the site to chat live with a YBR Customer Service Representative (available Monday–Friday, 8 a.m.–9 p.m. ET). Click the "Contact Us" link at the top of the page to submit a question via the contact form outside of customer service hours

Airgas Benefits Directory (www.airgasbenefitsdirectory.com)

YBR should always be your first source for details about your Airgas benefits. At times, you may need to contact a carrier directly – and some of our benefits (e.g., the 401(k) Plan) are administered by other vendors. The Airgas Benefits Directory is an additional resource for contact information for these vendors.

Using the YBR Enrollment Website

The YBR enrollment website provides step-by-step instructions to help you explore your options and enroll. If you need help, Customer Service Representatives can answer your questions or help you enroll.

If you are a new user, click "Are you a new user?" (under the Log On button) and then choose a user ID and password. You must also answer some security questions. (If you forget your password later, answering these questions correctly will allow you to reset your password.)

Whenever you return to the YBR enrollment website (or call YBR Customer Service), you will be asked for your user ID and password.

You will have the opportunity to review your elections before you submit them. Then, look for the "Completed Successfully" message to be sure your enrollment is complete. Of course, any time you complete an online transaction, it is a good idea to print a confirmation statement for your records before you log off. If you enroll through customer service, take no action or do not have an email address on file, you will receive a printed confirmation statement at your home address at the end of the enrollment period. If you have an email address on file and enroll on the website, an email containing your elections will be emailed to you. In addition, an electronic confirmation statement will be sent to your secure mailbox on the website at the end of the enrollment period. You will receive an email notifying you when this confirmation statement is available.

A Note About Security.

YBR security procedures and technology are designed so that only you have access to your personalized information. When you log on to the YBR enrollment website or call the YBR Customer Service Center for the first time, you will be asked certain information to authenticate your identity. For your protection, do not share your user ID or password with anyone.



Use ALEX to help you learn more about your benefit options and costs, and to choose the plans that are right for you and your family.



Important Contact Information

Benefit Plan	Vendor Contact	Reasons to Contact
Your Benefits Resources™ (YBR)	Your Benefits Resources™ (YBR) Smart-Choice Accounts™ 1-877-424-2363 ybr.com/airgas	General benefit questions, eligibility and enrollment, Health Savings Account (HSA), Flexible Spending Account (FSA), dependent verification
Medical	Blue Cross Blue Shield 1-844-570-5073 www.mybenefitshome.com	Coverage and claim questions, in-network providers, medical management programs, 24-hour nurseline, tools to compare procedure costs, provider and facilities locator, health coaches
Medical – Regional Plans	Regional HMOs and PPOs <i>Refer to the back of your ID card</i>	Coverage and claim questions, in-network providers, medical management programs
Teladoc	Teladoc <i>Available if enrolled in Blue Cross Blue Shield</i> 1-800-835-2362 www.Teladoc.com	Schedule physician consultation via the telephone or video using computer, smart phone or tablet; set up your account with medical history in advance of needing a physician consult, so the service is available immediately when you need it
Prescription	CVS Caremark 1-866-273-8573 www.caremark.com	Drug coverage and claim questions, mail-order program if enrolled in Blue Cross Blue Shield
Dental	Aetna 1-877-238-6200 www.aetna.com	Coverage and claim questions, in-network dental providers
Vision	EyeMed 1-866-723-0513 www.eyemedvisioncare.com	Coverage and claim questions, in-network eyecare providers and vision centers
Life Insurance and AD&D	The Hartford 1-888-563-1124 mybenefits.thehartford.com	Check the status of your claim or your evidence of insurability application
Short-term Disability Company-Paid/ Buy-Up	The Hartford 1-800-549-6514 mybenefits.thehartford.com	Call to file a claim and check the status of your claim application
Long-term Disability Company-Paid/ Buy-Up	The Hartford 1-800-549-6514 mybenefits.thehartford.com	Check the status of your LTD claim
Auto, Home and Personal Property Insurance	Farmers GroupSelectSM 1-800-438-6381 www.myautohome.farmers.com	Quotes, coverage and claim questions
Hospital Indemnity, Critical Illness or Accident Insurance	MetLife 1-800-438-6388 www.mybenefits.metlife.com/MyBenefits/public	Coverage and claim questions, or to file a claim
401(k) Retirement	T. Rowe Price 1-800-922-9945 www.rsp.troweprice.com	Enroll, make election changes for deferrals or investment funds, retirement and savings tools and calculators, view account balance, request loans and in-service withdrawals, education videos and more
Employee Assistance Life Work Balance Resource	LifeWorks 1-888-267-8126 www.lifeworks.com User ID: airgas Password: airgas	Resource center with practical solutions on issues that matter to you — aging parents, raising responsible kids, dealing with stress, help with relationships and staying healthy. Check out the website for articles, books and information, all free of charge. Counselors available 24 hours a day, 365 days a year for legal, financial, drug or alcohol issues, depression and anxiety, marital and family concerns
Commuter Transportation	Wage Works / Health Equity 1-877-924-3967 www.wageworks.com www.healthequity.com	Enroll and purchase your monthly transit or parking passes

Required Enrollment Notices

This section provides important information about your enrollment rights and protections.

Notice of Special Enrollment Rights

Federal law allows special enrollment rights to allow you to elect health coverage or add dependents in the case of certain events:



- **After declining health coverage.** If you decline enrollment for yourself or your dependents because you have other health insurance coverage, you may be able to enroll yourself and/or your dependents in company-sponsored coverage in the future, provided you request enrollment within 31 days after your other coverage ends.
- **New dependents.** If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your new dependents provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.
- **Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program (CHIP) is in effect, you may be able to enroll yourself and your dependents if you or your dependents lose eligibility for that other coverage, provided you request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or CHIP.
- **Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under the company's plans, you may be able to terminate your Airgas coverage for yourself and your dependents, provided you request enrollment in the other plan within 60 days after your or your dependents' determination of eligibility for such assistance.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. This law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas

Coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.



Summary of Benefits and Coverage Notice

You can find information on all of our plans in the format required by the Affordable Care Act (called Summary of Benefits and Coverage, or SBC) on the YBR enrollment website at www.ybr.com/airgas under the "Plan Information" section. These summaries may be helpful to provide more information about Airgas benefits or to compare our plans to others, such as plans available to you through your spouse's employer.



Your Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) requires the federal government to issue national standards to protect the privacy of personal health information for purposes of treatment, payment and healthcare operations.

The Airgas group health plans maintain a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the plan. If you would like a copy of the Notice of Privacy Practice, contact YBR at 1-877-424-2363 or via www.ybr.com/airgas.

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act (GINA) was effective January 1, 2010. Airgas is in compliance with GINA. GINA prohibits using genetic information to discriminate with respect to health benefits. Employer-sponsored group health plans and insurers are prohibited from:

- Restricting enrollment or adjusting premiums based on genetic information
- Requiring or requesting genetic information or genetic testing prior to, or in connection with, enrollment

Newborns' and Mothers' Health Protection Act (NMHPA)

Under federal law, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician (e.g., your physician, nurse, midwife, or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other healthcare provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives you and your dependents the right to temporarily continue healthcare coverage for a period of time if your Airgas coverage ends due to a qualifying event such as termination of employment.

You will receive an initial COBRA notice when you are first hired, as required by federal law. If you leave Airgas employment or experience a COBRA qualifying event, you will receive a more detailed COBRA notice with information on how to continue coverage and the cost of continuation coverage from YBR.





you **drive.** you **decide.**



[Previous Page](#)



[Table of Contents](#)