

2020 BENEFITS AT A GLANCE

Please see the enclosed medical, dental and vision highlights for additional benefit information

Plan Feature	Plan Name/Description	Your Eligibility
Medical Plan Options	Anthem Blue Cross Blue Shield (See plan comparison grid for plan highlights) High Deductible Health Plan with Health Savings Account (HSA)* (100% Employer Paid) Choice PPO Health Reimbursement Account (HRA)* Classic PPO Plan	1 st of the month following 30 days of employment
Dental Plan Options	Delta Dental (See reverse side for plan highlights) Dental Low – PPO/Premier Network Dental High – PPO/Premier Network	1 st of the month following 30 days of employment
Vision Plan (100% Employer Paid)	EyeMed Vision Care (See reverse side for plan highlights) Insight Network	1 st of the month following 30 days of employment
Basic Life Insurance (100% Employer Paid)	Reliance Standard (RSLI) Team Member Term Life Insurance coverage equal to 1.5 times your base annual earnings up to \$400,000	Date of Hire
AD&D (100% Employer Paid)	Reliance Standard (RSLI) Team Member Term Life Insurance coverage equal to 1.5 times your base annual earnings up to \$400,000	Date of Hire
Short Term Disability (100% Employer Paid)	Reliance Standard (RSLI) 60% of your base pay, up to a maximum of \$1,500 weekly Elimination Period: 0 days accident / 7 days sickness Maximum Period of Benefits: 26 weeks	1 st of the month following 6 months full time employment
Long Term Disability (100% Employer Paid)	Reliance Standard (RSLI) 60% of your monthly earnings, up to a maximum of \$10,000 Elimination Period: 180 days	1 st of the month following 6 months full time employment
Flexible Spending Account	Chard Snyder - Plan Year effective January, 1, 2020 to December 31, 2020 Accounts that allow you to set aside pre-tax dollars to pay for eligible healthcare and dependent care related expenses Healthcare FSA: \$2,700/yr maximum contribution Dependent Care FSA: \$5,000/yr maximum contribution	1 st of the month following 30 days of employment
Employee Assistance Program (100% Employer Paid)	Anthem Confidential resource assistance for personal, family, life, child or elder care, financial or work-related challenges You can call toll-free 800-865-1044 or visit online at anthemEAP.com (login: Toyota Boshoku America)	Date of Hire

*HSA (Fifth Third) & HRA (HealthEquity) receives Employer contributions.

Please be advised that this highlight page does not serve to replace the plan certificates. If there are discrepancies, information contained in the plan certificates override all information in this document.

Plan Feature	Plan Name/Description	Your Eligibility
Optional Life	<p>Reliance Standard (RSLI) Team Member: \$10,000 increments up to a maximum of 5 times your annual earnings when approved by Reliance <i>* Guarantee Issue for New Hires: 5 times your base annual earnings, up to \$400,000</i></p> <p>Spouse: \$10,000 increments up to \$250,000. Amount cannot exceed 100% of approved Supplemental Employee Life <i>* Spouse Life Guarantee Issue for New Hires: \$50,000</i></p> <p>Child(ren): \$2,500 increments up to a maximum of \$15,000. <i>* Child Guarantee Issue for New Hires: \$15,000.</i></p> <p>* Dependent children can be covered to age 19, or 25 with full Time student status and dependent on your tax return</p> <p>Evidence of Insurability *See site HR contact for the EOI form ➤ Required for any increases to team member and/or spouse life amounts. ➤ Required for any election amounts over the Guarantee Issue.</p> <p>The additional amounts will be effective on the date it is approved by Medical Underwriting</p>	1 st of the month following 30 days of employment
Optional AD&D (Single or Family Coverage Options)	<p>Purchase increments of \$10,000 up to a maximum of \$500,000, not to exceed 10 times your base annual earnings.</p> <p>Family Coverage Spouse: Coverage amount equal to 60% of your Optional AD&D election or Children: Coverage amount equal to 15% of your Optional AD&D election Family (Spouse and Children): Spouse coverage amount equal to 40% and Child coverage amount equal to 10% of your Optional AD&D election</p>	1 st of the month following 30 days of employment
Voluntary Products	<p>Voya Financial</p> <p>Critical Illness - Lump-sum benefit payment for covered medical conditions to use as you see fit to help cover expenses not typically covered by other types of insurance</p> <p>Accident Insurance – Lump-sum benefit payment if you get hurt in a covered accident, they send you a check for the covered injuries.</p> <p>Chubb Workplace Benefits Permanent Life – Lifetime Benefit Term Insurance provides valuable life insurance protection through age 120. This policy includes valuable long-term care (LTC) coverage. Rates lock in at issue age and do not increase as the insured ages. Tobacco rated. Team Member: \$5k, \$10k, \$15k, \$20k, \$25k, \$30k, \$40k, \$50k, \$75k, \$100k Spouse: \$5k, \$10k, \$15k, \$20k, \$25k, \$30k, \$50k, \$75k</p> <p>Legal Club of America Legal Plan - Access to legal advice and assistance in a wide range of areas from real estate matters, to will preparation, debt problems, family law, fraud, identity theft and more.</p>	1 st of the month following 30 days of employment

Please be advised that this highlight page does not serve to replace the plan certificates. If there are discrepancies, information contained in the plan certificates override all information in this document.

	<p>MetLife</p> <p>Home & Auto - Special team member rates and discounts could help you save up to 15% on your home and auto insurance</p> <p>Pet Insurance - Coverage for many types of pets' medical problems and conditions, subject to policy terms and limitations</p> <p>For questions or additional coverage details, call MetLife directly at 1-800-GET-MET8 or visit www.metlife.com/mybenefits</p>	
401(k)	<p>Transamerica</p> <p>Opportunity to save for retirement. Unless you actively choose otherwise, 6% of your pay will be deducted from your paycheck each pay period before taxes and contributed to your account. A match of 50% up to 6% of your contributions. Annual escalate of 1% to max of 10%. 5 year vesting schedule.</p>	1st of the month following date of hire

DENTAL AND VISION BENEFITS

Carrier	DELTA DENTAL			
Plan Name	LOW PPO		HIGH PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network *
Deductible				
Individual	\$50	\$75	\$50	\$50
Family	\$100	\$150	\$100	\$100
Calendar Year Maximum	\$1,500	\$1,500	\$1,500	\$1,500
	Team Member Coinsurance			
Preventive / Diagnostic	Covered 100%	20%, no ded	Covered 100%	Covered 100%
Basic / Restorative	20% after ded	40% after ded	20% after ded	20% after ded
Major	40% after ded	60% after ded	40% after ded	40% after ded
Orthodontia	40%, no separate deductible	Not covered	40%, no separate deductible	40%, no separate deductible
Lifetime Maximum	\$1,500	N/A	\$1,500	\$1,500
	Bi-Weekly Premiums			
Coverage Tier				
Team Member Only	\$1.29		\$2.58	
Team Member + 1	\$2.58		\$5.15	
Team Member + Child(ren)	\$2.58		\$5.15	
Team Member+ Family	\$3.60		\$7.21	

* Non-participating dentist fee may not cover what the dentist charges and the patient will be responsible for the difference.

Carrier	EyeMed	
	In-Network	Out-of-Network
Eye Exam (once per calendar year)	\$10 copay	Up to \$45
Materials	\$10 copay	N/A
Lenses (once per calendar year)		
Standard Single Vision	\$10 copay	Reimbursed up to \$32
Standard Bifocal	\$10 copay	Reimbursed up to \$55
Standard Trifocal	\$10 copay	Reimbursed up to \$65
Standard Lenticular	\$10 copay	Reimbursed up to \$80
Progressive Lenses (once per calendar year)		
Standard	\$75 copay	Reimbursed up to \$55
Premium	\$95-\$120 Tiers 1-3	\$55 allowance
Frames (once per calendar year)	\$100 allowance 20% off balance over \$100	Reimbursed up to \$55
Contact Lenses (once per calendar year)		
Elective	\$100 allowance 15% off balance over \$100	Reimbursed up to \$87
Medically Necessary	Covered in Full	Reimbursed up to \$210
LASIK Surgery	15% off Retail Price or 5% off promotional price Only through U.S. Laser Network	
Coverage Tier	Bi-Weekly Premiums	
Team Member Only	\$0	
Team Member + 1	\$0	
Team Member + Child(ren)	\$0	
Team Member+ Family	\$0	

Please be advised that this highlight page does not serve to replace the plan certificates. If there are discrepancies, information contained in the plan certificates override all information in this document.