

# Benefits Guide

## United States

ROCKWOOL



# Your ROCKWOOL Benefits

We understand the important role that benefits play in the lives of you and your family. As a new hire and then annually during open enrollment in the fall, you have an opportunity to make changes to your benefits package to ensure you and your family have the right coverage.

This benefits guide can help familiarize you with ROCKWOOL's benefit options. It also provides useful tips, tools and resources to help you think through your options and make wise decisions. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year. For example, is your family financially protected if you can't work due to an accident or illness? Are you looking for extra financial security?
- Consider available Voluntary life and AD&D coverage.
- Gather information you'll need. If you are covering dependents, you will need their dates of birth and Social Security numbers. In addition, you may need to provide legal documentation verifying their eligibility, such as a marriage license or birth certificate.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.

## Getting Started

Check out the Enrollment section to get the scoop on everything you need to know on completing your enrollment.







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# Eligibility

Employees who work at least 30 hours per week on average are eligible for the benefits described in this guide.



## Benefits are effective on date of hire

The following dependents are also eligible:

- Your legal spouse or domestic partner
- Your children up to age 26 (or age 26 and older who are mentally and physically disabled and unable to support themselves financially).

## Changes to your benefits

Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or dependent
- Eligibility for Medicare or Medicaid

## 30 days to notify

Depending on the type of event, you may need to provide proof of the event, such as a marriage license. If you do not make the changes within 30 days of the qualified event, you will have to wait until the next open enrollment period to make changes (unless you experience another qualified life event).

## Important notice if you use nicotine/tobacco:

Going nicotine- and tobacco-free is one of the most important steps you can take to maintain good health.

If you enroll in our medical plan and you use tobacco/nicotine or have used tobacco products during the last six months, you will be required to pay a tobacco surcharge of \$20 per month in addition to your regular medical premiums.

If you complete the tobacco cessation program through Well on Target sponsored by BlueCross BlueShield of Illinois (BCBSIL), you can receive a refund of the surcharge.



# Enrollment

All enrollments are completed electronically via Dayforce, ROCKWOOL's payroll and benefits solution.



## Step 1: Sign in to Dayforce

### Direct Employees

1. Go to **Dayforce**: [www.dayforcehcm.com](http://www.dayforcehcm.com)
2. Enter your username and password  
(username format: your legal firstname.lastname)

### Indirect Employees

1. Go to **Workday**  
(Must be connected to VPN)
2. Click on Dayforce on the left-hand menu

## Step 2: Complete Enrollment

1. Click on the **Benefits** icon
2. On the Overview screen, you will see a pending event for enrollment. Click **Start Enrollment**.
3. You will be invited to talk to ALEX, who can provide personalized recommendations for your coverage.
4. You will be guided through several sections, including providing any dependent and/or beneficiary information, tobacco status and selecting your coverage. You must indicate whether or not you're going to **Elect** or **Waive** each line of coverage.
5. After all selections are made, a confirmation section displays all of the coverages selected and the associated costs deducted each paycheck.
6. Be sure to click **Submit Enrollment**.

## Meet ALEX!

Our new decision making tool, for you. Talk to ALEX to learn about your benefits and make the best choices for you and your family. All of your recommendations are confidential.

You could save money by choosing a new health plan. Talk to ALEX to see how much an HSA plan could save you.

Scan to go to our Benefits Website!  
[www.ROCKWOOLBENEFITS.com](http://www.ROCKWOOLBENEFITS.com)





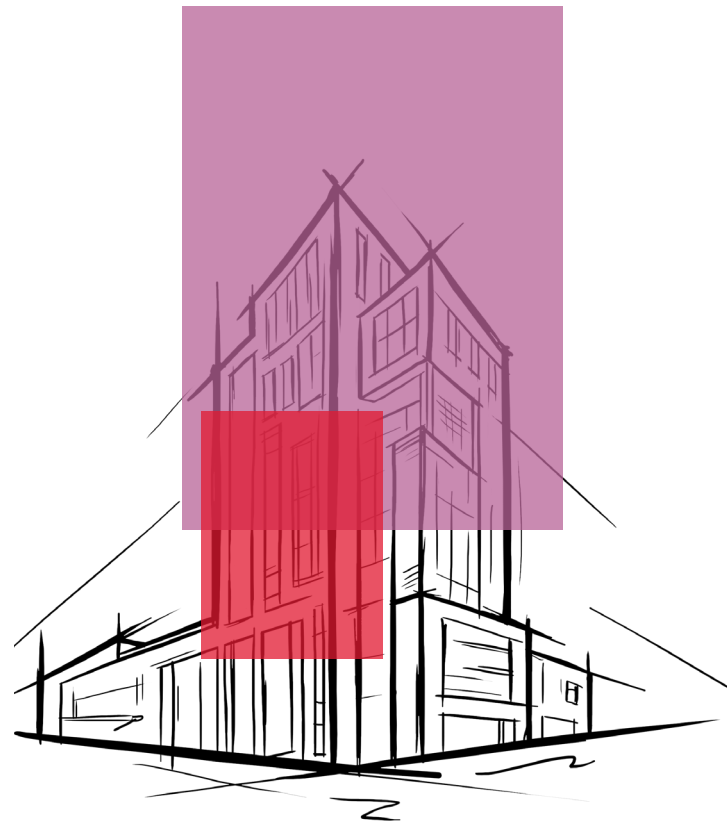
# Cost of Coverage

Your payroll pre-tax contributions for medical, dental and vision plans are shown here. Other coverages are shown to your right.

Medical 2 Options	HSA PLAN		PPO PLAN	
	Monthly Contribution	Per Paycheck Contribution	Monthly Contribution	Per Paycheck Contribution
Employee Only	\$25.00 (RW pays \$504.29)	\$12.50 (RW pays \$252.15)	\$60.00 (RW pays \$508.29)	\$30.00 (RW pays \$254.15)
Employee + Spouse	\$180.00 (RW pays \$1,197.11)	\$90.00 (RW pays \$598.56)	\$275.00 (RW pays \$1,202.57)	\$137.50 (RW pays \$601.28)
Employee + Child(ren)	\$140.00 (RW pays \$1,131.19)	\$70.00 (RW pays \$565.60)	\$200.00 (RW pays \$1,163.91)	\$100.00 (RW pays \$581.96)
Family	\$300.00 (RW pays \$1,500.85)	\$150.00 (RW pays \$750.43)	\$450.00 (RW pays \$1,482.19)	\$225.00 (RW pays \$741.10)

Dental 1 Option	PPO PLAN	
	Monthly Contribution	Per Paycheck Contribution
Employee Only	\$10.00 (RW pays \$21.19)	\$5.00 (RW pays \$10.60)
Employee + Spouse	\$20.00 (RW pays \$45.36)	\$10.00 (RW pays \$22.68)
Employee + Child(ren)	\$28.00 (RW pays \$62.61)	\$14.00 (RW pays \$30.31)
Family	\$36.00 (RW pays \$79.05)	\$18.00 (RW pays \$39.53)

Vision 1 Option	PPO PLAN	
	Monthly Contribution	Per Paycheck Contribution
Employee Only	\$3.00 (RW pays \$2.66)	\$1.50 (RW pays \$1.33)
Employee + Spouse	\$5.00 (RW pays \$4.89)	\$2.50 (RW pays \$2.45)
Employee + Child(ren)	\$5.00 (RW pays \$5.58)	\$2.50 (RW pays \$2.79)
Family	\$8.00 (RW pays \$7.55)	\$4.00 (RW pays \$3.78)







## Life and AD&D

Employee Basic Life and Accidental Death and Dismemberment (AD&D) coverage of 1.5x your annualized base pay (up to \$300,000) is provided by ROCKWOOL at no cost to you.

Additional, employee supplemental coverage up to \$500,000 is available.

Dependent coverage for spouse and child(ren) are available. Coverage availability is based upon employee supplemental coverage.

Supplemental coverage costs vary based on age and coverage amount. You can learn more about plan specifics on page 16.

## Disability

ROCKWOOL provides Short- and Long-Term Disability coverage at no cost to you. You can learn more about plan specifics on page 16.

## Legal Plan

An employee legal plan coverage is available for \$20 per month (\$10 per paycheck) post-tax. Eligible dependents can utilize this plan at no additional cost. You can learn more about plan specifics on page 17.

## Employee Assistance Program

ROCKWOOL offers access to an Employee Assistance Program at no cost. Coverage is available to employees and eligible dependents. You can learn more about plan specifics on page 19.



# Medical and Pharmacy Plan

Understand the difference between the two medical plans.

	HSA PLAN	PPO PLAN	
	In-Network	In-Network	
Company Contribution to HSA (Individual/Family)	\$500 / \$1,000	N/A	
Annual Deductible (Individual/Family)	\$1,400 / \$2,800	\$700 / \$1,400	
Out-of-Pocket Maximum (Individual/Family) (Includes Deductible)	\$3,000 / \$6,000	\$3,000 / \$6,000	
Preventative Care	Covered at 100% (No Deductible)	Covered at 100% (No Deductible)	
Deductible Type	Aggregate (Shared Deductible for all of Family)	Embedded (Per Person Deductible up to Family Cap)	
Virtual Visit (MDLIVE)	\$44 copay	\$15 copay	
Primary Care Office Visit	Covered at 80% (After Deductible Met)	\$25 copay	
Specialist Office Visit		\$40 copay	
X-Ray and Lab		Covered at 80% (After Deductible Met)	
Inpatient Hospital Services			Covered at 80% (After Deductible Met)
Outpatient Hospital Services			
Urgent Care			
Emergency Room		\$150 copay	
Prescription Drug Deductible (Individual/Family)		Combined with Medical Annual Deductible	N/A
<b>Retail Pharmacy (30-day supply)</b>			
Generic	Covered at 80% (After Deductible Met) (BCBSIL Discounted Rate)	\$10 Copay	
Brand Preferred		\$35 Copay	
Brand Non-Preferred		\$60 Copay	
Specialty		\$100 Copay	
<b>Mail Order Pharmacy (90-day supply)</b>			
Generic	Covered at 80% (After Deductible Met) (BCBSIL Discounted Rate)	\$20 Copay	
Brand Preferred		\$50 Copay	
Brand Non-Preferred		\$100 Copay	

## Important Notes

### Out-of-Network Services

You can visit out-of-network providers.

However, benefits will be reduced. Refer to your SPD or plan document for further details.

### HSA Incentive

Employees enrolled in the HSA plan can receive an additional 50% company contribution to their HSA account by completing a health risk assessment:

- Up to \$250 Individual
- Up to \$500 Family

Log into your personal [www.bcbsil.com](http://www.bcbsil.com) account to complete the assessment. Once completed, the additional contribution will begin within 30 days and will be prorated.

### Virtual Visits (24/7)

With MDLIVE, you can talk to a board certified doctor 24/7 via phone or video, from wherever you are, in an average of less than 10 minutes. And if your doctor determines you need a prescription, it can be quickly sent electronically to the nearest pharmacy.

Sign into your BlueAccess for Members (BAM) account at [www.bcbsil.com](http://www.bcbsil.com) to get started.



### Nurse Line (24/7)

Speak with a registered nurse 24/7 by calling the BlueCross BlueShield of Illinois (BCBSIL) 24-Hour Nurseline. The nurses can help you decide whether you or a covered family member should go to the emergency room or urgent care center, or make a doctor's appointment.

You have 24/7 access simply by calling +1 800 299 0274. The Nurseline can help to answer questions about:

- Asthma
- Dizziness or severe headache
- Cuts/burns
- Back pain
- High fever
- Sore throat
- A baby's nonstop crying
- And much more

### Wellbeing

BlueCross BlueShield of Illinois (BCBSIL) has the tools to help you stay healthy in your everyday life. Follow these simple steps to sign up for Blue Access for Members (BAM) –where you can access all the health and wellness programs included with your plan

- Go to [www.bcbsil.com](http://www.bcbsil.com)
- Login or register for BAM
- Once you are logged in, click the My Health tab

### Understand Aggregate (HSA) and Embedded (PPO) Deductibles/Out-of-Pocket Maximums

- **Under the HSA plan which has an aggregate deductible**, there is one family limit that applies to all of you. When one or a combination of family members has expenses that meet the family deductible or out-of-pocket maximum, it is considered to be met for all of you. Then, the plan will begin paying its share of eligible expenses for the whole family for the rest of the year.
- **Under the PPO plan which has an embedded deductible**, each person only needs to meet the individual deductible and out-of-pocket maximum before the plan begins paying its share for that individual. (And, once two or more family members meet the family limits, the plan begins paying its share for all covered family members.)



#### Fitness Program

For those who keep an active lifestyle, BlueCross BlueShield of Illinois offers a discount fitness program. \$25 to sign up, and \$25 each month; no contract or obligation.

Sign into your BlueAccess for Members (BAM) account at [www.bcbsil.com](http://www.bcbsil.com) and click on Fitness Program to learn more.



To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions), and how the plan covers services throughout the year.

## Deductible

You pay out-of-pocket for most medical and pharmacy expenses until you reach the deductible.

You can pay for these expenses from your Health Savings Account (HSA).

## Coverage

Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses, also referred to as coinsurance

The plan will pay a percentage of each eligible expense, and you will pay the rest.

## Out-of-Pocket

When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible and coinsurance apply toward the out-of-pocket maximum eligible health care expenses.

## Making the most of your plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will always pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.
- **Preventive drugs:** Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are designated on the Chronic/Preventive Condition Drug as and listed preventive. These prescriptions are covered at 100% (no cost to you) when you use an in-network pharmacy.

- **Pharmacy coverage:** Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage:

**Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.

**Brand preferred** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.

**Brand non-preferred** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.

**Specialty** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

- **Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the mail order pharmacy to save on a 90-day supply of your medication.



# Dental Plan



We offer one dental PPO plan option through Guardian. Your dental plan provides coverage for routine exams and cleanings and pays for a portion of other services, as shown in the chart.

## Using In-Network Dental Providers

While you have the option of choosing any provider, you will save money when you use in-network dentists. When using an out-of-network dental provider, you will pay more because the provider has not agreed to charge you a negotiated rate.

## You only have one smile!

It's important to have regular dental exams and cleanings so problems are detected before they become painful — and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health.

	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$25/\$75	\$50/\$150
Calendar Year Maximum	\$2,000	\$2,000
Orthodontia Lifetime Maximum (Adult/Child)	\$2,000	\$2,000
Diagnostic and Preventative Services (e.g., office visits, evaluations, examinations, X-rays, cleanings, fluoride treatments, sealants)	Covered at 100% (No Deductible)	Covered at 80% (After Deductible Met)
Basic and Restorative Services (e.g., fillings, non-surgical extractions)	Covered at 90% (After Deductible Met)	Covered at 80% (After Deductible Met)
Major Services (e.g., dentures, crowns, bridges, periodontal surgery, surgical extractions, endodontics)	Covered at 60% (After Deductible Met)	Covered at 50% (After Deductible Met)
Orthodontia	Covered at 50% (After Deductible Met)	Covered at 50% (After Deductible Met)



# Vision Plan



We offer one vision PPO plan option through EyeMed. Coverage for routine eye exams pays for all or a portion of the cost of glasses or contact lenses, as shown in the chart.

**Using In-Network Vision Providers**  
 You can choose any provider; however, you always save money if you see in-network providers. When using an out-of-network provider, you will be reimbursed up to the specified allowance.



**Did you know?**  
 You can also use your vision benefits online at [www.Glasses.com](http://www.Glasses.com) and [www.ContactsDirect.com](http://www.ContactsDirect.com).

	In-Network	Out-of-Network
Exam	\$10 copay	Up to \$35
Frames	\$130 Allowance (20% off over \$130)	Up to \$65
Lenses		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Progressive	\$75 copay	Up to \$40
Contact Lenses		
Elective (Conventional)	\$130 Allowance (15% off over \$130)	Up to \$104
Elective (Disposable)	\$130 Allowance	Up to \$104
Medically Necessary	\$0 copay	Up to \$200
Frequency		
Exam	Once Every 12 Months	Once Every 12 Months
Lenses	Once Every 12 Months	Once Every 12 Months
Frames	Once Every 24 Months	Once Every 24 Months

# Saving Accounts Overview



ROCKWOOL offers several accounts that enable you to pay for eligible expenses tax-free.

## Health Savings Account (HSA)

Available to those enrolled in the High Deductible Health Plan (HSA) Plan as long as you are not enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.

## Flexible Spending Account (FSA)

Eligibility depends upon the type of medical plan you're enrolled in:

- **Healthcare FSA (PPO Plan Only):** Available for medical, pharmacy, dental and vision expenses.
- **Limited Purpose FSA (HSA Plan Only):** Available for dental and vision expenses only.
- **Dependent Care FSA (Any Plan):** Use for eligible childcare expenses for dependents under age 13 or elder care.

## Eligible Expenses

A list is available for each account type from the U.S. Internal Revenue Service at [www.irs.gov](http://www.irs.gov).

	Health Savings Account (HSA)	Flexible Spending Account (FSA)
ROCKWOOL Contribution <small>(Annualized; contributions split per pay period)</small>	Individual: \$500 (up to \$750) Family: \$1,000 (up to \$1,500)	None
Employee Contribution Pre-tax	Yes	Yes
Maximum Annual Contribution <small>(Including any ROCKWOOL contributions)</small>	Individual: \$3,600 Family: \$7,200	Individual: \$2,750 Family: \$5,000
Savings Rollover	Yes <small>(Unlimited)</small>	No
Interest Earning	Yes	No
Tax-Free Savings <small>(In most states)</small>	Yes	Yes
Debit Card	Yes	Yes <small>(Excludes Dependent Care)</small>
Savings Entitlement <small>(Should you leave ROCKWOOL)</small>	Yes	Only via COBRA <small>(Excludes Dependent Care)</small>
FSA Eligibility	Limited Purpose Dependent Care	N/A



# Health Savings Account (HSA)

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the High Deductible Health Plan (HDHP). It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for you and your dependents.

## Start

Contributions to the HSA are tax-free for you whether they come from you or the company. ROCKWOOL contributes up to \$750 for individual coverage and \$1,500 for family coverage.

Plans with an HSA typically cost less than other plans so the money you save on premiums can be put into your HSA. You save money on taxes and have more flexibility and control over your health care dollars.

## Build

All of the money in your HSA is yours (including any contributions deposited by the company) even if you leave your job, change plans or retire.

In 2021, the total of your contributions and the company's can be up to \$3,600 for individual coverage and \$7,200 for family coverage.

## Use

You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found on [www.irs.gov](http://www.irs.gov)).

You can also save this money and hold onto it for future eligible health care expenses.

## Grow

Unused money in your HSA will roll over, earn interest and grow tax-free over time.

You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free.

## Eligibility Details

- If you are age 55 or older, you can contribute an additional \$1,000 per year.
- You are not allowed to be enrolled in any other health coverage, and cannot have an HSA if you are enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.
- You cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA. Your spouse also cannot have a Health Care FSA. However, you are allowed to enroll in a limited purpose FSA to help reimburse any dental or vision claims.

# Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA) helps you pay for health care or dependent care costs using tax-free dollars. Your contribution is deducted from your paycheck on a pretax basis and is put into the FSA. When you incur expenses, you can access the funds in your account to pay for eligible expenses.

There are three different Flexible Spending Account options which specialize for different needs and circumstances:

	Eligible Expenses	Contribution Limit	Fund Availability
Healthcare FSA (PPO Plan Only)	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and prescriptions)	\$2,750	Front Loaded (January 1 or Date of Hire)
Limited Purpose FSA (HSA Plan Only)	Dental and vision expenses only that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and prescriptions).	\$2,750	Front Loaded (January 1 or Date of Hire)
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) for children under age 13 or elder care so you and your spouse can work or attend school full-time.	\$5,000 (\$2,500 if married and filing separate tax returns)	Per Paycheck

## Important Information regarding FSAs

Your FSA elections are effective from January 1 through December 31 each calendar year. Claims for reimbursement must be submitted by March 31 of the following year or the funds are forfeited.

Please plan your contributions carefully. Any unused money remaining in your account(s) will be forfeited. This is known as the "use it or lose it" rule and it is governed by Internal Revenue Service regulations. Therefore there are no exceptions. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.



# Life and Disability Insurance

ROCKWOOL provides basic life and accidental death and dismemberment (AD&D) insurance for employees and offers voluntary insurance options for employees and their dependents. Coverage is available through Prudential.

## Basic Life and AD&D

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support.

ROCKWOOL provides basic life and accidental death and dismemberment insurance to all eligible employees at no cost equal to 1.5 times your base annual earnings, up to a maximum of \$300,000 with a minimum of \$10,000.

Coverage is automatic at no cost; you do not need to enroll.

## Supplemental Life and AD&D

You may choose to purchase additional life coverage for yourself and your dependents at affordable group rates.

Rates are based on age and the coverage level chosen.

### For Employee:

- Up to a maximum of 5x base pay or \$500,000, whichever is less.
- Increments of \$10,000.
- Guaranteed issue up to \$200,000 for new hires.

### For Spouse:

- Up to \$500,000 or 100% of elected employee supplemental life coverage, whichever is less.
- Increments of \$5,000.
- Guaranteed issue up to \$30,000 for new hires.

### For Child:

- Up to \$10,000 per child (6 month to 26 years) or \$1,000 (Live birth to 6 months) or 100% of employee supplemental life coverage, whichever is less.
- Must add within 31 days of birth.

## Disability

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury.

Coverage is automatic at no cost; you do not need to enroll.

### Short-Term Disability

Coverage level is based upon your employment type (by FLSA exemption status) and tenure per the table below.

Benefits are subject to an elimination period and payable after a period of zero (0) calendar days due to injury or seven (7) calendar days due to sickness.

	Years of Service	Full Pay (100%)	Partial Pay (60%)
FLSA Non-Exempt	< 6 Months	Not Eligible	
	≥ 6 Months < 1 Year	None	Weeks 1-26
	≥ 1 Year	Weeks 1-12	Weeks 13-26
Exempt	Any	Weeks 1-26	None

### Long-Term Disability

Coverage is 60% of your base pay, to a maximum of \$10,000 per month if you are disabled and unable to work more than six months (180 days).

### Family Medical Leave Act (FMLA)

If you have been with the company for 12 months, you may be eligible for up to 12 work weeks of unpaid leave per year under the Family and Medical Leave Act (FMLA).

FMLA can be used for an illness of your own, care needed for a family member, care for a newborn and certain other medical needs.



# Legal Plan

ROCKWOOL has partnered with MetLife Legal Plans to give you access to expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life.



Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee of \$20, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events. This could be when you're buying or selling a home, starting a family, dealing with identity theft, or caring for aging parents.

## Services Provided:

- Court appearances
- Document review and preparation
- Debt collection defense
- Will preparation
- Family law
- Real estate matters

## How it works

MetLife services are tailored to your needs. With network attorneys available in person, by phone, or by email and online tools to do-it-yourself or plan your next move — MetLife makes it easy to get legal help. And, you will always have a choice in what attorney to use. You can choose one from MetLife's network of pre-qualified attorneys, or use an attorney outside of MetLife's network and be reimbursed some of the cost.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

Dependents including spouse and children are also covered automatically.



# 401(k) Retirement Savings Plan

To help you meet your goals and objectives, we offer a 401(k) Retirement Savings Plan, administered by Empower Retirement, with multiple investment options and a company match.

## Up to 6%

### Company Match

ROCKWOOL will match 100% of your contributions, up to a maximum of 6% of your base pay.

All company matches vest immediately.

## \$19,500

### Employee Contribution

You can contribute up to \$19,500 in 2021. Matches from ROCKWOOL do not reduce this limit.

If you are age 50 or older, you may contribute up to an additional \$6,500 as a “catch-up” contribution.

## Why should you contribute?

**Tax-deferred contributions** — generally, you don't have to pay income tax on the part of your salary that you contribute to your plan until you take a withdrawal. Earnings from plan contributions are also tax-deferred until distributed.

**Vesting** — you are always 100% “vested” in any salary and rollover contributions you make to your 401(k) Plan. This means you own the money (contributions and earnings) in your account.

**You decide where to invest your money** — you have a variety of professionally managed investment options to choose from—and you can change your investment mix as your needs change.

**Automatic payroll deductions** — if you don't touch it, you can't spend it.

**Flexible** — you can make changes to your contributions at any time.

## Ready to get started?

Go to [www.empower-retirement.com](http://www.empower-retirement.com) to sign in or register your account.

Alternatively, you may call +1 888 846 4015.

Your retirement plan contributions are the one election which isn't part of the benefits enrollment process in Dayforce, rather through Empower Retirement's secure website.

# Additional Benefits

## Employee Assistance Program

Because personal issues can affect every aspect of your life, we automatically provide you and your family with an Employee Assistance Program (EAP) through ComPsych at no cost to you. Call the EAP 24/7 for confidential assistance with nearly any personal matter you may be experiencing. You and your family have access to five (5) free consultations with a licensed clinician per incident, per individual, per calendar year. Services include:

- **Confidential Counseling on Personal Issues:** A Guidance Consultant is available to listen to your concerns and refer you to your local provider for in-person counseling or to resources in your community. Call anytime to discuss, depression, marital and family conflicts, job pressures, stress and anxiety, alcohol and drug abuse, grief and loss.
- **Financial Services:** Budgeting, credit and financial guidance, retirement planning, and assistance with tax issues
- **Legal Information, Resources and Consultation:** Attorneys are available to provide confidential support with practical, understandable info and assistance. Call anytime to discuss, divorce and family law, debt obligations, landlord and tenant issues, bankruptcy, criminal actions, civil lawsuits, contracts, and real estate transactions.

Confidential assistance is available any time:

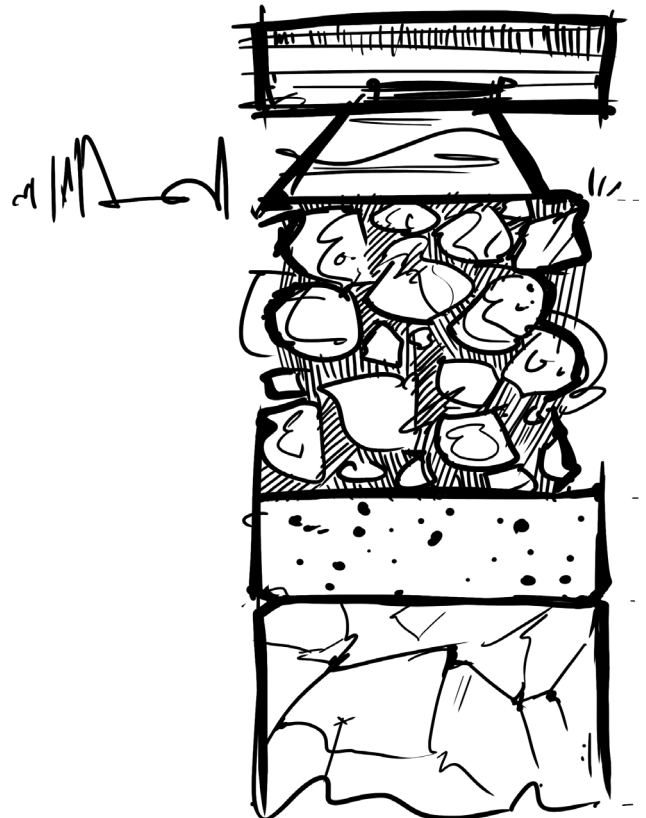
- **Telephone:** +1 800 311 4327
- **Online:** [www.guidanceresources.com](http://www.guidanceresources.com)  
Enter Web ID: GEN311

## Travel Assistance Services

When you're traveling and the unexpected happens, take advantage of 24/7 travel assistance through IMG. IMG has extensive experience in handling complex and remote medical transport situations, as well as providing support for travel concerns when they arise. Support for identity theft protection is also available while you are traveling.

Assistance is available any time:

- **Telephone:** +1 855 847 2194 (in US)  
+1 317 927 6881 (Int'l)
- **Online:** [www.IMGlobal.com](http://www.IMGlobal.com)





# Glossary

**Brand preferred drugs** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.

**Brand non-preferred drugs** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.

**Calendar Year Maximum** – The maximum benefit amount paid each year for each family member enrolled in the dental plan.

**Coinsurance** – The sharing of cost between you and the plan. For example, 80 percent coinsurance means the plan covers 80 percent of the cost of service after a deductible is met. You will be responsible for the remaining 20 percent of the cost.

**Copay** – A fixed amount (for example \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Deductible** – The amount you have to pay for covered services before your health plan begins to pay.

**Elimination Period** – The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.

**Flexible Spending Accounts (FSA)** – FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The money in the account is subject to the “use it or lose it” rule which means you must spend the money in the account before the end of the plan year.

**Generic drugs** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.

**Health Savings Account (HSA)** – An HSA is a personal health care account for those enrolled in a High Deductible Health Plan (HDHP). You may use your HSA to pay for qualified medical expenses such as doctor’s office visits, hospital care, prescription drugs, dental care, and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future, for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP.

**Health Reimbursement Arrangement (HRA)** – A fund you can use to help pay for eligible medical costs not covered by your medical plan. Funds are contributed to the HRA by the company.

**High Deductible Health Plan (HDHP)** – A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.

**In-network** – A designated list of health care providers (doctors, dentists, etc.) With whom the health insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.

**Inpatient** – Services provided to an individual during an overnight hospital stay.

**Mail Order Pharmacy** – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

**Out-of-network** – Health care providers that are not in the plan’s network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Additional deductibles and higher coinsurance will apply.

**Out-of-pocket maximum** – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.

**Outpatient** – Services provided to an individual at a hospital facility without an overnight hospital stay.

**Primary Care Provider (PCP)** – A doctor (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.

**Reasonable & Customary Charges (R&C)** – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.

**Specialist** – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).

**Specialty drugs** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

# Contact Information

If you're unsure whether to contact the carrier directly, you may contact the HR Helpline at +1 833 649 RWHR (7947).



## Need Enrollment Help?

Scan the QR code to the left with your smart device or go to [www.ROCKWOOLBENEFITS.com](http://www.ROCKWOOLBENEFITS.com)

	Carrier	Phone	Website
Medical	BlueCross BlueShield of Illinois (BCBSIL)	+1 800 828 3116	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Pharmacy	Prime Therapeutics / BCBSIL	+1 800 423 1973	<a href="http://www.myprime.com">www.myprime.com</a>
MDLIVE	BlueCross BlueShield of Illinois (BCBSIL)	+1 888 676 4204	<a href="http://www.mdlife.com/bcbsil">www.mdlife.com/bcbsil</a>
Nurse Line	BlueCross BlueShield of Illinois (BCBSIL)	+1 800 299 0274	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Dental	Guardian	+1 800 541 7846	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Vision	EyeMed	+1 866 723 0596	<a href="http://www.eyemed.com">www.eyemed.com</a>
Health Savings Account	HealthEquity	+1 866 346 5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
Flexible Spending Account	HealthEquity	+1 877 924 3967	<a href="http://www.healthequity.com">www.healthequity.com</a>
Life and AD&D Insurance	Prudential	+1 800 524 0542	<a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
Disability Insurance	Prudential	+1 877 367 7781	<a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>
Legal Plan	MetLife Legal	+1 800 821 6400	<a href="http://www.info.legalplans.com">www.info.legalplans.com</a> (Access Code: 9900419)
Travel Assistance	IMG	+1 855 847 2194 (in US) +1 317 927 6881 (Int'l)	<a href="http://www.imglobal.com">www.imglobal.com</a>
Employee Assistance Plan (EAP)	ComPsych	+1 800 311 4327	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> (Web ID: GEN311)
401(k) Retirement Savings Plan	Empower Retirement	+1 888 846 4015	<a href="http://www.empower-retirement.com">www.empower-retirement.com</a>











## About this Guide

This benefit summary provides selected highlights of the ROCKWOOL benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. ROCKWOOL reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

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