

HÄFELE

**2026 Employee
Benefit Summary**



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Contact Numbers

If you need assistance with benefits or claims issues and would like to speak directly to the insurance company or vendor, please refer to the following:

Benefits	Vendor	Phone	Website
Medical and Prescription	BCBS of NC	1-877-258-3334	www.blueconnectnc.com
Telemedicine	Teladoc Health	1-855-549-2214	www.teladochealth.com
Health Savings Account	Optum Bank	1-866-234-8913	www.optumbank.com
Health Reimbursement Arrangement	Hafele HR Dept.	336-434-8196	Email: Nancy.Skeen@hafele.us
Dental	Delta Dental	1-800-662-8856	www.deltadentalnc.org
Vision	Superior Vision by MetLife	1-833-393-5433	www.metlife.com/vision Select Superior Vision by MetLife
Basic Employee Life / AD&D and Voluntary Employee & Dependent Life	Voya	1-888-238-4840	www.voya.com/claims
Voluntary Accident & Critical Illness	Voya	1-877-236-7564	www.voya.com/claims
Short Term & Long Term Disability	Voya	1-888-305-0602	www.voya.com/claims
Employee Assistance Program	Voya/ComPsych	1-877-533-2363	Guidanceresources.com Web ID: My5848i
Flexible Spending Account Administration	Flores & Associates	1-800-532-3327	www.flores247.com
Long Term Care	Legacy Services	1-800-230-3398	www.legacyltci.com
Help with understanding benefit plans, claims, locating a provider, transition of care, etc.	Benefit Resource Center	1-855-874-0835	Email: BRCSouth@usi.com



When to Contact Your Human Resources Department

Please notify your HR department in the following situations:

- If your home address and/or phone number changes
- If your marital status changes (note that you must notify HR in writing within 31 days of your marriage, divorce or legal separation)
- If your dependent status changes (note that you must notify HR in writing within 31 days of the birth or adoption of a child)
- If your spouse has a work status change and needs to be added to the Hafele America Co. health insurance plan (note that you must notify HR in writing within 31 days of the work status change)
- If you become disabled or need an extended absence from work for reasons of health (for yourself or a family member)
- If you will be absent from work due to a military leave

HUMAN RESOURCES CONTACTS

Nancy Skeen

Payroll & Benefits
Administrator
Phone: 336-434-8196
nancy.skeen@hafele.us

Gary Davis

Sr. Human Resources
Business Partner
Phone: 336-434-8108
gary.davis@hafele.us

Julie Gomez

Human Resources
Business Partner
Phone: 336-434-8170
julie.gomez@hafele.us

Kristen Tatro

Sr. Human
Resources Manager
Phone: 336-434-8147
kristen.tatro@hafele.us



Frequently Asked Questions

When am I Eligible to Enroll for Benefits?

All full-time permanent employees working 30 or more hours per week are eligible to begin benefits on the next day following 30 consecutive days of employment.

When Will Payroll Deductions Begin for My Elected Coverage?

All payroll deductions will be taken out of the employee's first paycheck following satisfaction of the eligibility waiting period.

If I Don't Enroll Myself and/or My Dependents When I Am First Eligible, Can I Enroll at a Later Time?

If you do not enroll when first eligible, you must wait until the next annual Open Enrollment period to enroll. This is an IRS rule due to the favorable tax treatment of employee contributions. The only exception is if you have a mid-year Qualifying Life Event, such as marriage, divorce, birth/adoption of a child, etc.

What Benefits are Available to Me through Hafele Am Co.?

Eligible employees are automatically enrolled in Basic Life / AD&D and STD. Eligible employees may enroll in Medical / Prescription Drug, Dental, Vision, Voluntary Employee and Dependent Life, LTD and Flexible Spending Accounts upon satisfaction of the eligibility waiting period.

What Coverage May I Continue if My Employment Terminates for Any Reason?

COBRA laws allow you to continue Medical/Prescription Drug, Dental, Vision and FSA benefits. You are required to pay 100% of the premiums for these benefits. You may also convert or port life insurance benefits upon termination. Your Human Resources department will provide you with more information regarding your options following termination of employment.



Medical & Prescription Plan Benefits

Blue Cross Blue Shield of North Carolina

Your medical benefits are provided through Blue Cross Blue Shield of NC. Hafele America Co. offers a comprehensive prescription program with all our medical plans. You pay a co-payment for prescriptions filled at a network pharmacy, or through the mail order prescription service, on the Core and Buy-Up plans. On the Medical HSA plan, prescription coverage is applied to the deductible. After the deductible has been met, you will pay a co-payment for prescriptions filled at a network pharmacy.

If you enroll in the Medical HSA plan, you will be eligible to enroll in a Health Savings Account, which allows you to set aside pre-tax dollars to pay for eligible medical expenses. All our plans are designed to offer comprehensive coverage when care is provided through network providers.

The Limited plan only offers in-network coverage through a carefully selected network of doctors and hospitals that provide great care at lower costs. This network is the **BlueHighPerformanceNetwork** or **BlueHPN**. Only emergencies are covered out-of-network.

You are eligible to enroll in the Limited plan only if you live in one of the counties within a **BlueHPN** service area. **If you live outside these counties, you will not be able to enroll in the Limited plan. You can look up in-network providers at: [BlueCrossNC.com/HPNdoctors](https://www.bluecrossnc.com/HPNdoctors).**

Note that in NC, Cone and Novant are NOT in the BlueHPN network.



Core Plan Benefits

Benefit Provision	In-Network	Out-of-Network
Deductible (per Calendar Year)		
<ul style="list-style-type: none"> Individual Family 	\$5,000 \$10,000	\$10,000 \$20,000
Out-of-Pocket Maximum	(Includes Deductible & Copays)	(Includes Deductible & Copays)
<ul style="list-style-type: none"> Individual Family 	\$7,000 \$14,000	\$14,000 \$28,000
Coinsurance	You pay 30% after Deductible (unless noted otherwise)	You pay 50% after Deductible (unless noted otherwise)
Office Visits		
<ul style="list-style-type: none"> Preventive Care PCP 	100% Covered \$35 copay First 3 visits to selected PCP \$0	30% after Deductible 50% after Deductible
<ul style="list-style-type: none"> Primary360 (virtual PCP) Specialist Virtual Visit (Teladoc) Mental Health Chiropractic Care (20 visit per calendar year) Nutritional Counseling (30 visits per calendar year) 	\$0 copay \$70 copay \$0 copay \$10 copay \$70 copay \$0 copay	Not Covered 50% after Deductible Not Covered 50% after Deductible 50% after Deductible 30% after Deductible
Emergency Room	\$500 copay	\$500 copay
Urgent Care	\$70 copay	50% after Deductible
Prescription Drug (per 30-day supply)		
<ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 	\$10 copay \$10 copay \$40 copay \$105 copay \$150 copay	\$10 copay \$10 copay \$40 copay \$105 copay \$150 copay
	Drugs on the Preventive Drug List are covered 100%	
Mail Order (per 90-day supply)		
<ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 	\$30 copay \$30 copay \$120 copay \$315 copay \$450 copay	Not Covered

Rates Per Pay Period		
Coverage Options	Core Plan	
	Wellness	Standard
Employee Only	\$104.00	\$142.50
Employee + Spouse	\$225.50	\$276.50
Employee + Child(ren)	\$165.00	\$213.50
Family	\$319.50	\$370.50

Buy-Up Plan Benefits

Benefit Provision	In-Network	Out-of-Network
Deductible (per Calendar Year)		
• Individual	\$5,000	\$10,000
• Family	\$10,000	\$20,000
Out-of-Pocket Maximum	(Includes Deductible & Copays)	(Includes Deductible & Copays)
• Individual	\$7,000	\$14,000
• Family	\$14,000	\$28,000
Coinsurance	You pay 20% after Deductible (unless noted otherwise)	You pay 50% after Deductible (unless noted otherwise)
Office Visits		
• Preventive Care	100% Covered	30% after Deductible
• PCP	\$25 copay First 3 visits to selected PCP \$0	50% after Deductible
• Primary360 (virtual PCP)	\$0 copay	Not Covered
• Specialist	\$50 copay	50% after Deductible
• Virtual Visit (Teladoc)	\$0 copay	Not Covered
• Mental Health	\$10 copay	50% after Deductible
• Chiropractic Care	\$50 copay	50% after Deductible
(20 visit per calendar year)		
• Nutritional Counseling	\$0 copay	30% after Deductible
(30 visits per calendar year)		
Emergency Room	\$500 copay	\$500 copay
Urgent Care	\$50 copay	50% after Deductible
Prescription Drug (per 30-day supply)		
• Tier 1	\$10 copay	\$10 copay
• Tier 2	\$10 copay	\$10 copay
• Tier 3	\$40 copay	\$40 copay
• Tier 4	\$105 copay	\$105 copay
• Tier 5	\$150 copay	\$150 copay
	Drugs on the Preventive Drug List are covered 100%	
Mail Order (per 90-day supply)		
• Tier 1	\$30 copay	Not Covered
• Tier 2	\$30 copay	
• Tier 3	\$120 copay	
• Tier 4	\$315 copay	
• Tier 5	\$450 copay	

Rates Per Pay Period		
	Buy Up Plan	
Coverage Options	Wellness	Standard
Employee Only	\$112.50	\$159.50
Employee + Spouse	\$256.50	\$307.50
Employee + Child(ren)	\$197.00	\$222.50
Family	\$333.50	\$384.00

Limited Plan Benefits

Benefit Provision	In-Network Coverage Only
Deductible (per Calendar Year)	
<ul style="list-style-type: none"> • Individual \$5,000 • Family \$10,000 	
Out-of-Pocket Maximum	(Includes Deductible & Copays)
<ul style="list-style-type: none"> • Individual \$9,100 • Family \$18,200 	
Coinsurance	You pay 30% after Deductible (unless noted otherwise)
Office Visits	100% Covered
<ul style="list-style-type: none"> • Preventive Care \$35 copay • PCP First 3 visits to selected PCP \$0 • Specialist \$70 copay • Virtual Visit (Teladoc) \$0 copay • Mental Health \$10 copay • Chiropractic Care \$70 copay (20 visit per calendar year) • Nutritional Counseling \$0 copay (30 visits per calendar year) 	
Emergency Room	\$500 copay
Urgent Care	\$70 copay
Prescription Drug (per 30-day supply)	
<ul style="list-style-type: none"> • Tier 1 \$10 copay • Tier 2 \$35 copay • Tier 3 \$60 copay • Tier 4 25% of the cost of the drug to \$100 Maximum • Tier 5 25% of the cost of the drug to \$100 Maximum 	
	Drugs on the Preventive Drug List are covered 100%
Mail Order (per 90-day supply)	
<ul style="list-style-type: none"> • Tier 1 \$30 copay • Tier 2 \$105 copay • Tier 3 \$180 copay • Tier 4 25% to \$300 Maximum • Tier 5 25% to \$300 Maximum 	

Rates Per Pay Period		
	Limited Plan	
Coverage Options	Wellness	Standard
Employee Only	\$91.50	\$117.00
Employee + Spouse	\$193.50	\$244.50
Employee + Child(ren)	\$163.50	\$189.00
Family	\$276.00	\$327.00

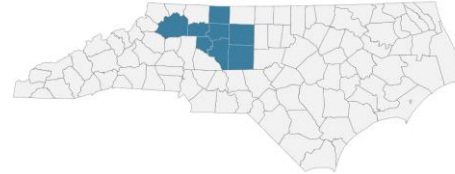
Limited Plan Network

Following is a snapshot of the BlueHPN markets across Hafele America Co.:

Greensboro-Winston Salem-High Point (“Triad”) | NC

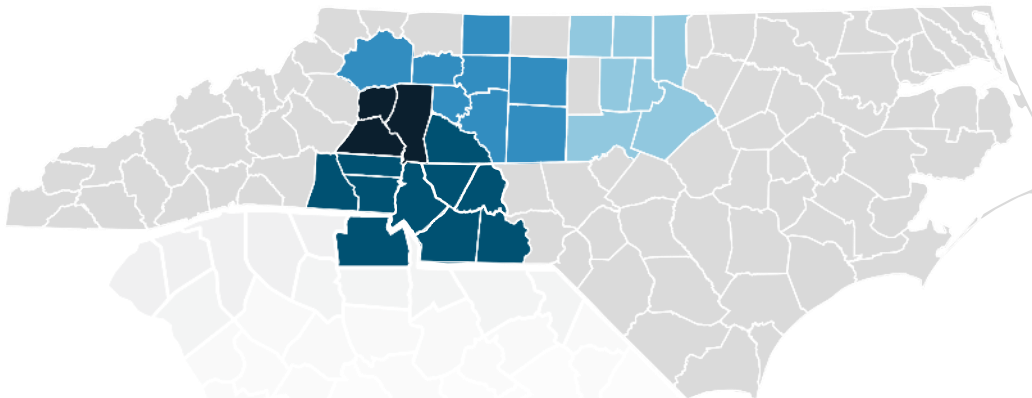
Geographic Footprint

The MSA includes all or parts of the following three-digit ZIP codes: 270 – 274, 286



Key Provider Composition (not comprehensive)

Included Facilities	Baptist MC; Davie MC; Lexington MC; High Point MC; Randolph MC; Wilkes MC; Cornerstone Health Care
Included Physicians	Wake Forest University Physicians/Providers; Randolph MC employed providers; Cornerstone Health Care; Labcorp; Quest Diagnostics
Excluded Facilities	Novant Health; Cone Health
Excluded Physicians	Novant Health professional providers; Cone Health professional providers



- Raleigh, Durham, Chapel Hill**
- Caswell
 - Chatham
 - Durham
 - Granville
 - Orange
 - Person
 - Wake



- Winston Salem, Greensboro, High Point**
- Davidson
 - Davie
 - Forsyth
 - Guilford
 - Randolph
 - Stokes
 - Wilkes
 - Yadkin



- Charlotte, Concord, Gastonia, York SC**
- Anson
 - Cabarrus
 - Cleveland
 - Gaston
 - Lincoln
 - Mecklenburg
 - Rowan
 - Stanly
 - Union



- Hickory Statesville**
- Alexander
 - Catawba
 - Iredell

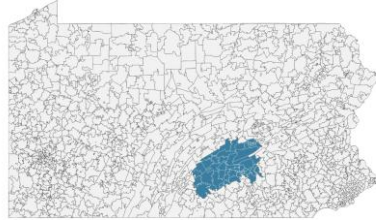
Limited Plan **Network**, continued

Following is a snapshot of the BlueHPN markets across Hafele America Co.:

CAPITAL Harrisburg | PA

Geographic Footprint

The MSA includes the following three-digit ZIP codes: 170-172



Key Provider Composition (not comprehensive)

Included Facilities	UPMC facilities
Included Physicians	UPMC physicians; Quest Diagnostics
Excluded Facilities	Penn State Health facilities
Excluded Physicians	Penn State Health physicians; Lab Corp

HIGHMARK Harrisburg | PA

Geographic Footprint

The MSA includes the following three-digit ZIP codes: 170-176, 180, 195, 196



Key Provider Composition (not comprehensive)

Included Facilities	Penn State Health facilities; WellSpan Health facilities; Lancaster General Hospital facilities; OSS Orthopaedic Hospitals
Included Physicians	Penn State Health providers; WellSpan Health providers; Lancaster General Hospital providers; OSS Orthopaedic Hospital providers; ancillary HPN providers; Quest Diagnostics; LabCorp
Excluded Facilities	UPMC Pinnacle; Tower Health
Excluded Physicians	UPMC providers; Tower Health providers

Limited Plan **Network**, continued

Following is a snapshot of the BlueHPN markets across Hafele America Co.:

Los Angeles-Long Beach-Anaheim | CA

Geographic Footprint

The MSA includes all or parts of the following three-digit ZIP codes: 900-908, 910-918, 926-928, 930, 935



BLUE SHIELD CA

Key Provider Composition (not comprehensive)

Included Facilities	Cedars-Sinai MCs; Providence Hosps; Hoag MemHosp; USC Hosps; CHOC Hosp; UC Irvine MC; UCLA MCs; Dignity Hosps; Los Robles Regional MC; Huntington MemHosp; Long Beach Mem MC; Childrens Hosp of LA; Saddleback MemMC; Orange Coast MemMC; St Johns Regional MC; Community MemHosp of San BuenaVentura; Los Alamitos MC; Henry Mayo Newhall Hosp; Glendale Adventist MC; Good Samaritan Hosp LA; Lakewood Regional MC; PIH Health Hosp Downey
Included Physicians	Quest Diagnostics; LabCorp; Cedars-Sinai MG; City of Hope Med Foundation; Hoag MG; Providence St Johns MG; MemCare MG; Dignity Health; CHOC Childrens Spec; Childrens Hosp LA MG; Huntington Med Foundation; Providence MG; Torrance Mem MG; Carbon Health MG; Planned Parenthood; Premier HealthCare; Pacific Valley MG; South Orange County MG; Mission Heritage MG; Saddleback MG
Excluded Facilities	LAC Harbor UCLA MC; LAC USC MC; LAC Olive View UCLA MC
Excluded Physicians	UCLA MG; USC Care MG; Cedars-Sinai MG; UC Irvine MG; HealthCare Partners MG; CHLA Teaching Clinics; Magella MG; Genesis HealthCare Partners; Optum Care MG

ANTHEM

Key Provider Composition (not comprehensive)

Included Facilities	Cedar's Sinai; Children's Hospital Los Angeles; Memorial Care; University of California Los Angeles Hospitals; University of California Irvine; Children's Hospital of Orange County (known as CHOC)
Included Physicians	Optum MG (professionals) which includes the group formerly known as Healthcare Partners; Cedar's Sinai (professionals); Quest Diagnostics; LabCorp
Excluded Facilities	Presbyterian Intercommunity Hospital; Providence St. Joseph Health; University of Southern California
Excluded Physicians	University of California Los Angeles (physicians only); University of California Irvine (physicians),

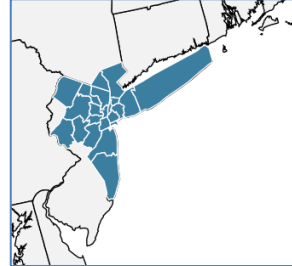
Limited Plan **Network**, continued

Following is a snapshot of the BlueHPN markets across Hafele America Co.:

New York-Northern New Jersey-Long Island | NY-NJ

Geographic Footprint

The MSA includes the following three-digit ZIP codes across the NYC metro area: 005, 063, 070-080, 085, 087-089, 100-119



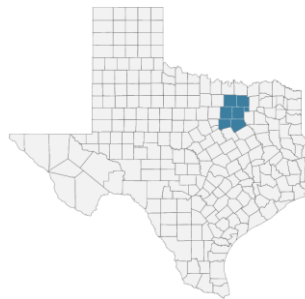
Key Provider Composition (not comprehensive)

Included Facilities	New York Presbyterian; Memorial Sloan Kettering Cancer Center; Mt. Sinai; Hosp for Special Surgery; Northwell; Westchester MC; Maimonides; Bon Secours; St. Barnabas MC; Hackensack University MC; Morristown MC; Hunterdon MC; Englewood Hosp & MC; St. Joseph's Hosp & MC; RWJ - New Brunswick, St; Clare's, Hamilton; Capital Health; Hackensack UMC at Mountainside; Hackensack UMC at Palisades, The Valley Hosp; University Hosp; Jersey City MC
Included Physicians	Columbia Doctors; Cornell Medicine; Advantage Care Physicians; Allied Physician Group; Bon Secours; WestMed and ProHealth; Summit MG; RWJBarnabas Health MG; Hackensack Meridian MG; Atlantic MG; Hunterdon Medical Associates; Advocare; City MD; Quest; Labcorp
Excluded Facilities	NYU Langone; Health and Hospital Corp.; SUNY Stonybrook; Catholic Health Systems; One Brooklyn; Medisys
Excluded Physicians	Professionals affiliated with NYU Langone; Health and Hospital Corp.; SUNY Stonybrook; Catholic Health Systems; One Brooklyn; Medisys; Buffalo MG; North Jersey Health and Wellness Family Medicine; Genesis labs

Dallas-Fort Worth-Arlington | TX

Geographic Footprint

The Dallas MSA includes all or parts of the following three-digit ZIP codes: 750-754, 760-762, 766



Key Provider Composition (not comprehensive)

Included Facilities	Baylor Scott and White; Medical City Dallas; Cook Children's; Methodist
Included Physicians	Health Texas Provider Network; Cook Children's Physician Network; Texas Oncology; Pediatrix; Airrosti; Sanitas; Lab Corp; Quest Diagnostics
Excluded Facilities	USMD Health System; Texas Health Resources; UT Southwestern; Southwestern Health Resources; Children's Health
Excluded Physicians	UTSW physicians; THR Community Based PCPs; Children's Health MG; TDDC

Health Reimbursement Arrangement

Administered by Hafele America Co.

Eligibility

Health Reimbursement Arrangement (HRA) enrollment is automatic for all employees enrolled in the Core, Buy-Up, or Limited medical plans. There are no HRA enrollment forms.

General Information

There is no cost to employees for participation in the HRA and the HRA benefit is tax-free. Unused HRA funds may not be cashed out and they will not carry over into subsequent plan years.

How the HRA Works

The HRA subsidizes group medical plan participants enrolled in the Core, Buy-Up, and Limited plans for a portion of the Calendar Year Deductible. The Deductible for Single participants is \$5,000. Participants with Family coverage pay a \$10,000 Deductible. Hafele America Co. will reimburse participants the following amounts:

Single Deductible – \$3,000 (Core & Limited Plans) / \$4,000 (Buy-Up plan)

Family Deductible – \$6,000 (Core & Limited Plans) / \$8,000 (Buy-Up plan)

The participants are responsible for the remaining deductibles: \$2,000 for Individual on the Core & Limited Plans, \$1,000 for Individual on the Buy-Up Plan, and \$4,000 for Family on the Core & Limited Plans and \$2,000 for Family on the Buy-Up Plan.

Participants receive reimbursement for the Deductibles funded by Hafele America Co. by completing the HRA Reimbursement Request form and attaching a copy of the BCBS Explanation of Benefits (EOB).



HSA Plan Benefits

Benefit Provision	In-Network	Out-of-Network
Deductible (per Calendar Year) • Individual • Family Member • Family	\$3,000 \$3,400 \$6,000	\$6,000 \$6,800 \$12,000
Out-of-Pocket Maximum • Individual • Family Member • Family	(Includes Deductible & Copays) \$4,900 \$4,900 \$9,800	(Includes Deductible & Copays) \$9,800 \$9,800 \$19,600
Coinsurance	You pay 20% after Deductible (unless noted otherwise)	You pay 50% after Deductible (unless noted otherwise)
Office Visits • Preventive Care • PCP • Primary360 (virtual PCP) • Specialist • Virtual Visit (Teladoc) • Mental Health • Chiropractic Care (20 visit per calendar year) • Nutritional Counseling (30 visits per calendar year)	100% Covered 20% after deductible 0% after deductible 20% after deductible 0%, after deductible 20% after deductible 20% after deductible 0%, no deductible	30% after deductible 50% after deductible Not Covered 50% after deductible Not Covered 50% after deductible 50% after deductible 30% after deductible
Emergency Room Urgent Care	20% after deductible 20% after deductible	20% after deductible 50% after deductible
Prescription Drug (per 30-day supply) • Tier 1 • Tier 2 • Tier 3 • Tier 4 • Tier 5	Deductible, then \$10 Deductible, then \$10 Deductible, then \$40 Deductible, then \$105 Deductible, then \$150 Drugs on the Preventive Drug List are covered 100%	Deductible, then \$10 Deductible, then \$10 Deductible, then \$40 Deductible, then \$105 Deductible, then \$150
Mail Order (per 90-day supply) • Tier 1 • Tier 2 • Tier 3 • Tier 4 • Tier 5	Deductible, then \$30 Deductible, then \$30 Deductible, then \$120 Deductible, then \$315 Deductible, then \$450	Not Covered

Rates Per Pay Period		
Coverage Options	HSA Plan	
	Wellness	Standard
Employee Only	\$85.50	\$111.00
Employee + Spouse	\$180.00	\$231.00
Employee + Child(ren)	\$137.00	\$180.00
Family	\$256.00	\$307.00

Health Savings Account

Administered by **Optum Bank**

Eligibility

To contribute to a Health Savings Account (HSA) you must be enrolled in the Medical HSA plan.

General Information

An HSA is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. The funds can even be invested once your account balance reaches a certain threshold, making it a great addition to your retirement portfolio.

How the HSA Works

Funds can be contributed to the HSA by either the employer or employee. Hafele America Co. will contribute the following amounts to the HSA depending on the coverage tier:

Single Coverage - \$500 per year

Family Coverage - \$1,000 per year

Contributions to the HSA are tax-free up to the following IRS limits:

Single - \$4,400 per year

Family - \$8,750 per year

There is also an annual catch-up contribution of \$1,000 allowed for those age 55 and older.

Please note that the annual contribution limits listed above include both employer and employee contributions.

All money used in the HSA to pay for qualified medical expenses is also tax-free. Unused funds remain in your account and rollover year after year with tax-free interest. HSAs are portable, so you take it with you if you leave the company. It's your money.

Important Caveats:

- You cannot enroll in a regular health care FSA and an HSA. If you elect the HSA, you will be able to enroll in a limited purpose FSA, which is only for dental and vision expenses. (Enrollment in a dependent care FSA is still allowed with an HSA.)
- Contributions to an HSA must stop once an individual is enrolled in Medicare – funds can still be used for eligible medical expenses, but no further contributions can be made.

HSA Frequently Asked Questions

What is a Health Savings Account? What are the advantages?



Q
A

What is a Health Savings Account (HSA)?

An HSA is a type of account you can use to set aside money to pay for qualified health care expenses. You don't have to pay taxes on money contributed to or withdrawn from an HSA, as long as the money is spent on a qualified health care expense.

Q
A

What is a qualified high deductible health plan (QHDHP), and what does it have to do with an HSA?

To open an HSA, you must be enrolled in a qualified high deductible health plan (QHDHP), such as Hafele's Medical HSA Plan. As the name implies, QHDHPs have higher deductibles than traditional health plans and do not have any copays. The advantage of this type of plan is that the premiums are lower than other types of plans and you have more control over your health care costs.

Q
A

How does an HSA work?

You contribute funds to the HSA to fund the account, often through payroll deductions. Your employer may also contribute to the account. Use your HSA debit card to pay for a qualifying expense. Or, if you don't have a debit card, pay for the expense and submit to your HSA for reimbursement.

Q
A

Do I qualify for an HSA?

The key qualification for an HSA is that you must be enrolled in Hafele's Medical HSA Plan, with no other health coverage. You also cannot be enrolled in Medicare or claimed as a dependent on someone else's taxes. For more details on eligibility requirements, see IRS Publication 969.

Q
A

How much can I contribute?

The IRS sets a limit for HSA contributions each year. For 2026, the limit is \$4,400 for an individual and \$8,750 for a family. These limits include both employee and employer contributions.

Q
A

Who can use the money in my HSA?

You may use the money in the HSA to pay for qualified expenses for you, your spouse and dependents. You can use the money for expenses for your spouse and dependents, even if they are not enrolled in the Medical HSA Plan, as long as they do not participate in a full purpose FSA.

Q
A

Do I need any documentation to prove my expenses were qualified?

In general, you will not need to provide documentation at the time of withdrawing funds but keep your receipts! If you are audited, you will need to prove to the IRS that distributions from the HSA were used for qualified health care expenses.

Q
A

What happens if I use the money in my HSA for something other than a qualified health care expense?

If you're under 65, you'll have to pay a 20% penalty and taxes on the withdrawn funds. If you're 65 or older, you will only have to pay taxes on the funds but will not have to pay the penalty.

Q
A

What if I don't use all the money in my HSA?

The money will rollover to the next year and will even grow with tax-free interest. There's no limit to the amount you can rollover.

Q
A

What if I change jobs or health plans?

HSAs are portable, which means you keep your HSA even if you change employers or health plans.

For more details on HSA rules and eligibility, refer to IRS Publication 969 or your HR department.



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Blue Connect and Teladoc

BlueConnect™

Register today. It's this easy:

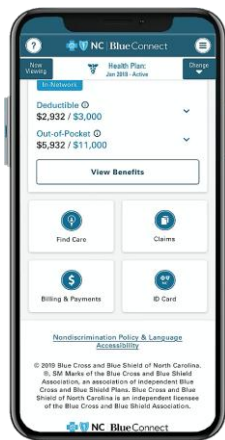
- Go to BlueConnectNC.com and select “**Register Now**”
- Have your BCBSNC ID card handy to register.
- If you don't have your BCBSNC ID card, you can still register by having a code sent to your phone.
- Create a user ID and password.
- Choose security questions.
- Enter email address and click “OK”.

Once registered, you'll be able to:

- Select your PCP
- See your deductible, claims and benefits
- Get health tips, articles and videos on everything from weight loss to prescription costs
- Access digital ID cards
- Get policy information
- Pay your bill
- You can even link additional BCBSNC policies to your Blue Connect account.

BlueConnect App - Access your health plan anytime and just about anywhere you go

- **Search** Blue Connect Mobile NC in the app store
- **Benefits** – see your deductible, amount applied to your deductible & out-of-pocket limit; click the Benefits arrow to move to your Benefits Information page where you'll find detailed information about your benefits, your Explanation of Benefits (EOB), prior review info, and a Summary of Benefits and Coverage.
- **Claims** – shows summary information for your most recent claims. Go to the Claims Information page by clicking the Claims arrow to see which of your claims have been processed.



BCBSNC is expanding their telehealth services through Teladoc Health with Primary360. With Primary360, members can connect regularly, by phone or video, with a U.S. board certified doctor and a dedicated Care Team of nurses and medical assistants. Together, they will create a personalized care plan to help you meet your long-term health goals, coordinate care across a range of services and provide ongoing support.

Members enrolled in the Core, Buy-up, or HSA plan have access to Primary360, which includes the below services:

- **Virtual Primary Care*** – annual checkups, overall health management and care plans provided by a U.S. board certified doctor and dedicated Care Team.
- **Acute Care** – treatment available 24/7 for non-emergency and common conditions through same-day appointments.
- **Mental Health Counseling** – phone or video visits with licensed therapists or psychiatrists
- **Dermatology** – online review, diagnosis and treatment plan provided by a dermatologist with 24 hours
- **Nutrition Counseling** – personalized support and tips for healthy eating and overall well-being offered by registered dietitians.

*If you are enrolled in the Limited plan, Primary360 is not available, but you still have access to acute care and mental health counseling visits through Teladoc.

Pay \$0!

Members on the Core, Buy-up, and Limited PPO plans will have a \$0 copay for virtual visits. Members on the HSA plan will pay 0% coinsurance after the deductible is met.

3 ways to sign up today So it's ready when you need it!

- **Download the Teladoc mobile app** (iOS- / Android™-supported)
- **Go to TeladocHealth.com** and click “**Sign in/Register**”
- **Call 1-855-549-2214**

Voluntary Accident & Critical Illness

Voluntary Accident

Voya Financial

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident on or after your coverage effective date. You can use this money however you like, including: deductibles, child care, housecleaning, groceries or utilities. Accident Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

If you enroll in Accident Insurance coverage, you have access to the Wellness Benefit, which provides an annual benefit if you complete a health screening test, whether or not there were any out-of-pocket costs. The Wellness Benefit is designed to encourage you to maintain a healthy lifestyle, since the tests screen for a wide range of potential illnesses and diseases.

Emergency Treatment Benefit	
Emergency Room	\$325
X-Ray	\$100
Urgent Care	\$250
Ambulance Ground / Air	\$550 / \$2,400
Annual Wellness	
Incentive Benefit Employee & Spouse	\$50
# Visits	1 per year
Incentive Benefit for Children	\$50 for each child
Onsite biometric screening can qualify for wellness visit	Yes
Fracture Benefit (Non-Surgical / Surgical)	
Coccyx	\$400 / \$800
Hand, Wrist, or Forearm	\$1,800 / \$3,600
Ankle, Foot, or Kneecap	\$1,800 / \$3,600
Hip	\$3,000 / \$6,000
Leg	\$2,500 / \$5,000
Ribs	\$400 / \$800
Skull (Simple - except bones of the face)	\$1,400 / \$2,800
Shoulder Blade	\$1,800 / \$3,600
Collar Bone	\$1,440 / \$2,880
Pelvis	\$3,200 / \$6,400

Follow-Up and Physical Therapy	
Physical Therapy Benefit	\$60 up to 10 per accident
Accident Follow-up Treatment Benefit	\$125
Accidental Death	
Employee	\$50,000
Spouse	\$25,000
Children	\$10,000
Common Carrier Accidental Death	
Employee	\$100,000
Spouse	\$50,000
Children	\$25,000
Accidental Dismemberment Benefits	
Loss of both hands or both feet or sight in both eyes	\$28,000
Loss of one hand or one foot AND sight in one eye	\$22,000
Loss of one hand AND one foot	\$22,000
Loss of one hand OR one foot	\$12,500
Loss of two or more fingers or toes	\$1,800
Loss of one finger or toe	\$1,250
Covered Injuries - Dislocations (Non-Surgical / Surgical)	
Hip Joint	\$2,550 / \$5,100
Knee	\$1,600 / \$3,200
Shoulder	\$1,000 / \$2,000
Ankle or Foot	\$1,000 / \$2,000
Wrist	\$750 / \$1,500
Toe or Finger	\$200 / \$400
Expanded Benefits	
Burns	\$1,500 - \$20,000
Lacerations	\$60 - \$800
Eye Injury	\$200 - \$400
Emergency Dental Work	\$200 extraction, \$400 crown
Brain Concussion	\$350
Tendons, Ligaments, and/or Rotator Cuffs	\$600 - \$1,600
Ruptured Discs (surgical repair)	\$900

Inpatient	
Hospital Admission	\$1,750
Hospital Confinement	\$325
ICU Admission	\$4,000
ICU Confinement	\$450
Major Surgery	\$2,000
Prosthetic Devices (one / two or more)	\$1,250 / \$2,000
Blood, Plasma, and Platelets	\$625
Rates Per Pay Period	
Employee Only	\$4.15
Employee + Spouse	\$6.63
Employee + Child(ren)	\$8.35
Family	\$10.83

Voluntary Critical Illness

Voya Financial

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition on or after your coverage effective date. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

If you enroll in Critical Illness Insurance coverage, you have access to the Wellness Benefit, which provides an annual benefit if you complete a health screening test, whether or not there were any out-of-pocket costs. The Wellness Benefit is designed to encourage you to maintain a healthy lifestyle, since the tests screen for a wide range of potential illnesses and diseases.

Base Module	
Heart Attack (cardiac arrest is not a heart attack)	100%
Cancer	100%
Stroke	100%
Major Organ Transplant	100%
Coronary Bypass	50%
Carcinoma in situ	50%
Major Organ Module	
Type 1 Diabetes	100%
Severe Burns	100%
Transient ischemic attacks (TIA)	10%
Ruptured or dissecting aneurysm	10%
Abdominal aortic aneurysm	10%
Thoracic aortic aneurysm	10%
Open heart surgery for valve replacement or repair	25%
Transcatheter heart valve replacement or repair	10%

Coronary angioplasty	10%
Implantable (or internal) cardioverter defibrillator (ICD) placement	25%
Pacemaker placement	10%
Enhanced Cancer Module	
Benign Brain Tumor	100%
Skin Cancer	10%
Bone Marrow Transplant	50%
Stem Cell Transplant	50%
Child Only Conditions	
Cerebral Palsy	50% of Employee's Amount
Cystic Fibrosis	50% of Employee's Amount
Down Syndrome	50% of Employee's Amount
Muscular Dystrophy	50% of Employee's Amount
Spina Bifida	50% of Employee's Amount
Quality of Life Module	
Permanent Paralysis	100%
Loss of Sight, hearing or speech	100%
Coma	100%
Multiple sclerosis	100%
Amyotrophic lateral sclerosis (ALS)	100%
Parkinson's Disease	100%
Alzheimer Disease	100%
Huntington's Disease	100%
Wellness Benefit	
Employee, Spouse & Child	\$75 each per calendar year
Coverage	
Employee	Choice of \$10,000 or \$20,000
Spouse	50% of employee amount
Child	50% of employee amount
Total Maximum Benefit	Unlimited (skin cancer – 1x per calendar year, 10x per lifetime)
Additional Occurrence	6 month separation for same diagnoses for cancer or skin cancer
Re-Occurrence	Unlimited (skin cancer – 1x per calendar year, 10x per lifetime)
Guarantee Issue	Yes
Waiting Period	None
Benefit Reduction	50% at age 70
Portability	Included
Pre-existing Condition	None

Employee Coverage

Bi-Weekly Rates (26 Pay Periods)

Includes Wellness Benefit Rider

Uni.Tobacco

Attained Age	\$10,000	\$20,000
Under 25	\$1.06	\$2.12
25-29	\$1.52	\$3.05
30-34	\$1.89	\$3.78
35-39	\$2.58	\$5.17
40-44	\$4.02	\$8.03
45-49	\$6.51	\$13.02
50-54	\$9.32	\$18.65
55-59	12.74	\$25.48
60-64	\$19.71	\$39.42
65-69	\$25.71	\$51.42
70+	\$30.18	\$60.37

Spouse Coverage*

Bi-Weekly Rates (26 Pay Periods)

Includes Wellness Benefit Rider

Uni.Tobacco

Attained Age	\$5,000	\$10,000
Under 25	\$0.55	\$1.11
25-29	\$0.74	\$1.48
30-34	\$0.97	\$1.94
35-39	\$1.32	\$2.63
40-44	\$1.98	\$3.97
45-49	\$2.93	\$5.86
50-54	\$4.04	\$8.08
55-59	\$5.24	\$10.48
60-64	\$6.78	\$13.57
65-69	\$9.90	\$19.80
70+	\$15.09	\$30.18

*Spouse rate is based on spouse's age

Children Coverage

Bi-Weekly Rates (26 Pay Periods)

Includes Wellness Benefit Rider

Coverage Amount	Rate
\$5,000	\$0.18
\$10,000	\$0.37

Dental Benefits

Delta Dental

Your dental benefits allow you to select any dentist of your choice, but if you choose a dental provider in the Delta Dental network, your out-of-pocket costs will be lower, and you will not be balanced billed. You may elect dental coverage independent of your medical election. There are two plans from which you can choose.

Benefit Provision	Core Plan	Buy Up Plan
Deductible • Individual • Family	\$50 \$150	\$50 \$150
Coinsurance • Preventive & Diagnostic Services	100% covered, no deductible	100% covered, no deductible
• Basic Services	80%, after the deductible	80%, after the deductible
• Major Services	None	50%, after the deductible
Annual Maximum	\$1,000	\$2,000
Orthodontia Covers both Adults & Children	None	50% (\$1,000 max)



Dental Plans		
Coverage Options	Rates Per Pay Period	
	Core	Buy Up
Employee Only	\$6.46	\$13.85
Employee + Spouse	\$13.38	\$26.31
Employee + Child(ren)	\$14.77	\$29.08
Family	\$22.62	\$40.15

Vision Benefits

Superior Vision

You also have the option to purchase vision coverage for you and your family through Superior Vision.

Annual Exams:	\$10 copay
Materials:	\$25 copay
Frames Allowance:	\$175
Contact Lens Allowance:	\$175
Contact Lens Fitting Exam:	Up to \$40 Allowance

You are allowed to get a new pair of glasses or contacts every 12 months. However, you may not use the vision benefit for both glasses and contacts within the same 12 months.

For more information regarding your vision coverage, you may contact Superior Vision at 1-800-507-3800.

Vision Plan	
Coverage Options	Rates Per Pay Period
Employee Only	\$3.50
Employee + Spouse	\$6.91
Employee + Child(ren)	\$6.28
Family	\$10.32



Basic Life and AD&D Insurance

Voluntary Life and AD&D Insurance

Voya Financial

Basic Life and AD&D Benefit

Employees Coverage levels include amounts equal to your annual base salary, rounded to the next higher \$1,000, not to exceed \$50,000.

Voluntary Employee Life and AD&D Benefit

Employees may purchase coverage in \$10,000 increments up to a maximum benefit of \$500,000 or 5 x salary, whichever is less. Coverage is guaranteed with no health questions up to \$200,000 for employees. See below rate table for cost of coverage. **Please note that if you do not elect coverage during your initial eligibility period, evidence of insurability may be required for a future election.**

Voluntary Spouse Life and AD&D Benefit

Employees who purchase voluntary employee life may purchase spouse coverage in \$5,000 increments up to a maximum benefit of \$250,000. Spouse coverage amount may not exceed 50% of the amount elected by the employee. Spouse coverage is guaranteed with no health questions up to \$50,000. You must have coverage on yourself to elect coverage on your spouse. See the below rate table for cost of coverage. **Please note that if you do not elect coverage during your initial eligibility period, evidence of insurability may be required for a future election.**

Voluntary Dependent Child(ren) Life and AD&D Benefit

Employees who purchase voluntary employee life may also purchase coverage for their eligible dependent child(ren) in the amount of \$10,000. Children are covered up to age 26. Child life and AD&D insurance can be purchased for \$1.70 per month. This premium is the same regardless of the number of children you are covering. You must have coverage on yourself to elect child life coverage.

Voluntary Employee & Spouse Life/AD&D	
Age Band	Biweekly Rate/\$1,000
<25	\$0.0554
25-29	\$0.0508
30-34	\$0.0600
35-39	\$0.0646
40-44	\$0.0785
45-49	\$0.1200
50-54	\$0.1800
55-59	\$0.3000
60-64	\$0.4938
65-69	\$0.7846
70+	\$0.9646

To calculate your post tax per pay period deduction, use this formula:

$$\frac{\text{Elected Benefit Amount}}{\$1,000} = \frac{\text{Coverage per } \$1,000}{\text{Age Rate}} \times \text{Age Rate} = \text{Your Per Pay Period Cost}$$

Example: If you are age 42 and want to purchase \$50,000, your per pay period cost would be as follows:
 $\$50,000 \div \$1,000 = 50 \times \$0.0785 = \3.93

Short Term & Long Term Disability

Voya Financial

Short Term Disability:

Elimination Period:

Benefits Begin: Weekly

Benefit:

Weekly Benefit Maximum:

Benefit Duration:

Paid 100% by Hafele

14 days

on the 15th day

60% of weekly earnings

\$2,300

11 weeks

Long Term Disability:

Elimination Period:

Benefits Begin:

Monthly Benefit Percentage:

Monthly Benefit Maximum:

Benefit Duration:

Definition of Disability:

Paid by Employee

90 days

on the 91st day

60% of monthly base earnings

\$10,000

to Social Security Normal Retirement Age

The inability to perform your own occupation (for the first 24 months of disability); then the inability to perform the duties of any occupation for which you have been educated or trained.

LTD Cost

Voluntary LTD coverage can be purchased for \$0.50 per \$100 of monthly salary.

To calculate your post tax per pay period deduction, use the below formula:

$$\frac{\text{Annual Salary}}{12} = \frac{\text{Monthly Salary}}{1} \div \$100 \times \$0.50 \times 12 \div 26 = \text{Your Per Pay Period Cost}$$

Example: If your annual salary is \$45,000, your per pay period cost would be as follows:

$$\$45,000 \div 12 = \$3,750 \div \$100 \times \$0.50 \times 12 \div 26 = \$8.65$$

Please note that if you do not elect LTD during your initial eligibility period, evidence of insurability will be required for a future election.



Employee Assistance Program (EAP)



Group name: Hafele America Co.

Available when you are enrolled in Group Term Life Insurance coverage through Voya, Employee Assistance Program (EAP) services are offered by Hafele America Co. and provide confidential solutions to life's challenges at no additional cost to you.



Confidential Emotional Support

Our highly trained clinicians are available for counseling, in person or via telehealth sessions up to 3 visits. Find assistance for anxiety, depression, grief and life adjustments, relationship conflicts, and more.



FamilySource®

Receive qualified referrals and resources from our specialists for finding child and elder care, hiring movers or home repair contractors, planning events, locating pet care, and more.



LegalConnect®

Talk to our attorneys for practical assistance with your most pressing legal issues, including divorce, adoption, family law, wills, trusts and more. Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



FinancialConnect®

Our financial experts can assist with a wide range of topics such as retirement and tax planning, mortgages, budgeting, debt, bankruptcy, and more.

Support anywhere, anytime

To access your EAP services 24/7, as well as articles, podcasts, and videos, you can visit: guidanceresources.com and use Web ID: **My5848i**

Download the mobile app from the Apple App Store or Android Google Play Store by searching **Guidance Now™**.

For assistance, please call **877-533-2363** or **800-697-0353** for TTY

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Flexible Spending Accounts (FSA)

Administered by Flores

What type of Flexible Spending Accounts does Hafele America Co. offer?

Hafele America Co. offers a Health Care FSA, Limited Health Care FSA, Dependent Care FSA, and Commuter Benefit FSA, all administered by Flores.

What is the difference between the Health Care FSA and the Limited Health Care FSA?

Health Care FSA funds can be used for medically necessary medical, dental, vision, prescription, and over-the-counter medications and supplies.

When you enroll in a High Deductible Health Plan with an HSA, you are only eligible to enroll in a Limited Health Care FSA. This FSA may only be used for eligible dental and vision expenses. Vision exams, prescription glasses, dental exams, x-rays, crowns, and orthodontia are all eligible expenses.

What is the Benefit of the FSA?

Flexible Spending Accounts allow you to set aside pre-tax dollars for health care and dependent care out-of-pocket expenses not covered by medical, dental or visions plans. The commuter benefit account can reimburse you for allowable parking and transit costs with tax-free dollars. As a reminder, if you choose to enroll in the new HDHP with the HSA, you can only enroll in the Limited Health Care FSA.

What is the Maximum Deferral Allowed?

For the Health Care FSA and the Limited Health Care FSA, the maximum deferral amount is \$3,400. You may also rollover up to \$680 from your previous year's balance. The Dependent Care FSA maximum deferral amount is \$7,500. The minimum health care and dependent care deferral requirement is \$100 under the FSA plan. If you have work related, qualified transportation expenses (QTE), you can elect up to a monthly maximum of \$340 of pre-tax dollars.

Can I participate in the Health Care FSA if I am not covered under the Hafele America Co. Benefit Plans?

Yes, you may defer pre-tax earnings for yourself and/or your dependents for eligible FSA expenses, even if you choose not to participate in the benefit plans offered through your employment with Hafele America Co.

Can I participate in the Health Care FSA if I am enrolled in the Health Savings Account?

If you are enrolled in the HSA, you can only participate in the Limited Health Care FSA, which only allows for dental and vision expenses.



Traditional and Roth 401K Plans

Administered by Fidelity

When am I eligible to enroll?

After one month of service.

When can I enroll in the plan?

First day of each month. Your plan offers an Automatic Enrollment feature. Refer to Enrollment Information below.

How much can I contribute?

Eligible employees can contribute 1% to 60% of eligible compensation, includes of pre-tax and/or Roth deferrals (IRS limit of \$24,500 for 2026). You can change your contribution the beginning of the payroll period. Hafele will match 50% of the first 6% in eligible compensation deferred.

Can I make a catch-up contribution?

If you are age 50 or over by the end of the taxable year and have reached the annual IRS limit or Plan's maximum contribution limit for the year, you may make additional salary deferral, pre-tax contributions to the Plan up the IRS Catch-Up Contribution Limit (2026 = \$32,500). If you are age 60-63 by the end of 2026, you may contribute an additional \$11,500 above the IRS limit.

When am I vested?

Employee contributions are vested 100% immediately. The company match and discretionary profit-sharing contributions are vested based on years of service.

Can I take out a loan?

Although your plan account is intended for the future, you may take a loan from your account.

What are the investment options?

Please see the Summary Plan Description for investment options.

In addition to traditional 401k hardship withdrawals, what are my available withdrawal options?

- Qualified birth or adoption
- Domestic abuse
- Emergency withdrawal
- Qualified declared disaster
- Long term care contracts

For additional detailed information, please reach out to an HR representative.

Enrolling in the retirement plan

If you haven't already, enrolling in your plan is the right step towards a more secure retirement. It's easy to join your plan and make that next great investment in yourself.

- First, go to Fidelity NetBenefits at www.401K.com.
- Next, set up your password. If you're already a Fidelity customer, you can use your existing password. Please note, you will be prompted to enter your email address.
- Finally, click on the link to enroll.

If you have any questions or need help before getting started, visit www.401K.com or call Fidelity at 1-800-835-5097. Your plan has an automatic enrollment feature. If the automatic feature applies to you and you do not take action, you will be automatically enrolled. You will receive a separate notification explaining when the automatic enrollment will occur.

Voluntary

Long Term Care Insurance

Overview

Long term care is the type of care you need when you are no longer able to do the things you take for granted every day. It is needed when simple things, such as getting out of bed, eating, or even taking a shower, become too difficult to do on your own.

Long term care insurance (LTCi) allows family members to act as care managers rather than caregivers. Furthermore, it helps maintain freedom of choice and ensures high quality of care. These benefits make LTCi a critical part of personal financial planning.

Legacy Services is an independent broker that has specialized in LTCi for twenty years. During no obligation phone consultations, we provide in-depth analysis of the top traditional and hybrid LTCi contracts.

Eligibility

Applicants must be aged 30-75 and reside in the U.S. (50 states and DC). Eligible participants include all full-time and part-time employees, retirees, spouses/domestic partners of employees/retirees, and family members. Acceptance is not guaranteed. An application covering health history must be completed.

Plan Options

Multiple Carriers - There are differences in rate charts, underwriting guidelines, and policy options which make certain carriers better for certain people. Legacy represents multiple carriers with high financial ratings.

Plan Options – This program offers traditional LTCi policies and life+LTCi hybrid policies. There are a wide range of coverage levels and options to customize coverage. All policies are fully portable.

Partnership – Most states have implemented Long Term Care Partnership Programs that provide extra asset protection. Each dollar that your Partnership policy pays out in benefits entitles you to keep a dollar of your assets if you need to apply for Medicaid.

How to Apply

Personalized Service – Everyone has unique needs that must be discussed individually. For this reason, our program features no obligation phone consultations with advisors who specialize in LTCi. They ask a series of questions designed to give each participant advice for their personal situation, including: suitability, selecting a carrier, coverage levels, and appropriate policy options. Then they will provide pricing.

Applying – Eligible participants can apply anytime during the year. An LTCi advisor will walk you through the entire application process. Approval takes 6-8 weeks. Depending on your age and health status, this process may include a 20-30 minute phone health interview, review of medical records, and/or a face-to-face interview. If recent medical records are not available, a physical exam may be requested.

Premiums

The LTCi benefit is a voluntary plan so the participant pays 100% of the premium. Premiums are based on the participant's age, gender, health, marital status, carrier, and coverage level selected.

There is no payroll deduction. Premiums can be paid monthly (via automatic bank draft), quarterly, semi-annually, or annually. There is a discount for paying premiums annually.

For More Information

Our toll-free number is 800-230-3398. For sample pricing, an online seminar, or to schedule a no obligation phone consultation, please go to www.legacyltd.com.



Voluntary Pet Insurance

Nationwide

Pet-loving employees can fetch the best health coverage for their pets with My Pet Protection ChoiceSM, available only through workplace benefit programs.

Nationwide offers two ready-made employee plans, plus the ability to customize a coverage plan for individual pets and their specific care needs.

Every My Pet Protection ChoiceSM policy includes guaranteed issuance and these additional benefits to support pet families:

- Emergency boarding and kenneling fees
- Lost pet due to theft or straying
- Lost pet advertising and reward
- Mortality benefit

Easy to use, easy to understand

Using a Nationwide pet insurance plan is easy:

- Visit any vet, anywhere
- Submit a claim from any device
- Get reimbursed for eligible expenses once the deductible is met



My Pet Protection Choice SM	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual deductible options	\$250	\$250	\$100 to \$500
Reimbursement level	80%	80%	50%, 70% or 80%
Accident coverage	✓	✓	✓
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓
Illness coverage	✓	✓	Optional
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
Hereditary & congenital coverage	✓	✓	Optional when purchased with illness coverage
Annual maximum	\$5,000	\$5,000	\$2,500 or \$5,000
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome, and more	✓	✓	✓
Wellness coverage (for dogs & cats)		✓	Optional
Annual maximum		\$450	\$450 or \$800
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention, and more		✓	✓
Spay/neuter or dental ² and one additional test ²			✓

Easy Enrollment

Enroll at any time throughout the year!

There are three simple ways to sign up for pet insurance:

1. Go directly to the dedicated URL created just for Hafele America Co.:
<https://benefits.petinsurance.com/hafele>

2. Call 877-738-7874 and mention that you're an employee of Hafele America Co. to receive preferred pricing

3. Scan the QR code and enter your company name.



Benefit Resource Center

Need help deciding which medical plan to enroll in or have a claim that you need assistance with? The Benefit Resource Center is here to help!



Call the Benefit Resource Center (“BRC”),
We’re Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



Benefit Resource Center

BRCSouth@usi.com | Toll Free: 855-874-0835
Monday through Friday 8:00am to 5:00pm Eastern & Central
Standard Time

Important Notices

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

Important Notices Continued

PATIENT PROTECTION MODEL DISCLOSURE

Blue Cross Blue Shield of North Carolina generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Cross Blue Shield of North Carolina at www.BlueConnectNC.com.

For children, you may designate a pediatrician as the primary care provider.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

Important Notices Continued

NOTICE REGARDING WELLNESS PROGRAMS

Hafele America Co.'s wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for total cholesterol, HDL, TC/HDL ratio, and blood glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$50 per month for accumulating 100 points by participating in various wellness activities. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive 20 points. You can earn even more points if your biometric results are within normal ranges.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Hafele America Co. may use aggregate information it collects to design a program based on identified health risks in the workplace, Hafele America Co.'s wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 336-434-2322.

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 336-434-2322 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Important Notices Continued

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Human Resources
3901 Cheyenne Drive, PO Box 4000
Archdale, NC 27263
336-434-2322

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This HIPAA Notice of Privacy Practices (the "**Notice**") contains important information regarding your medical information. Our current Notice is posted on the homepage of the Company's intranet. You also have the right to receive a paper copy of this Notice and may ask us to give you a copy of this Notice at any time. If you received this Notice electronically, you are entitled to a paper copy of this Notice. If you have any questions about this Notice please contact the person listed in Part 8, below.

The Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**") imposes numerous requirements on employer health plans regarding how certain individually identifiable health information – known as protected health information or PHI – may be used and disclosed. This Notice describes how the Häfele America Co. Group Health Plans ("**Plans**"), and any third party that assists in the administration of the Plans, may use and disclose your protected health information for treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your protected health information. "Protected health information" is information that is maintained or transmitted by the Plans, which may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you and will use it to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request of it. This Notice applies to all of the medical records we maintain. ***For Group Medical Plans, our insurers' Notices of Privacy Practices will apply, except for the limited medical information the Group Medical Plans may receive and maintain from you when you ask us to assist you in a claims processing or benefit determination dispute, information related to your enrollment or disenrollment in the Group Medical Plans and certain summary health information. This Notice will only apply to a Group Medical Plan to the extent it has such medical information related to you.***

Your personal doctor or health care provider may have different policies or notices regarding their use and disclosure of your medical information.

We are required by law to abide by the terms of this Notice to:

- Make sure that medical information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the Notice that is currently in effect.

Important Notices Continued

It is important to note that these rules apply to the Plans, not Hafele America Co. as an employer.

1. How We May Use And Disclose Medical Information About You. **HIPAA** generally permits use and disclosure of your health information without your permission for purposes of health care treatment, payment activities, and health care operations. These uses and disclosures are more fully described below. Please note that this Notice does not list every use or disclosure, instead it gives examples of the most common uses and disclosures.

- **Treatment:** When and as appropriate, we may use or disclose medical information about you to facilitate medical treatment or services by providers. We may disclose medical information about you to health care providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about you with physicians who are treating you.
- **Payment:** When and as appropriate, we may use and disclose medical information about you to determine your eligibility for the Plans' benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility and coverage under the Plans, or to coordinate your coverage. For example, we may disclose information about your medical history to a physician (including your physician) to determine whether a particular treatment is experimental, investigational, or medically necessary or to decide if the Plans will cover the treatment. Additionally, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or with another health plan to coordinate benefit payments.
- **Health Care Operations:** When and as appropriate, we may use and disclose medical information about you for the Plans' operations, as needed. For example, we may use medical information in connection with: conducting quality assessment and administration improvement; underwriting, premium rating, and other activities relating to coverage; submitting claims for stop loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities of the Plans. For example, we may use your information to review the effectiveness of wellness programs or in negotiating new arrangements with our current or new insurers. We will not use or disclose your genetic information for underwriting purposes.

We will always try to ensure that the medical information used or disclosed will be limited to a "Designated Record Set" and to the "Minimum Necessary" standard, including a "limited data set," as defined in HIPAA and ARRA (as defined in Part 3, below) for these purposes. We may also contact you to provide information about treatment options or alternatives or other health-related benefits and services that may be of interest to you.

OTHER PERMITTED USES AND DISCLOSURES

- **Disclosure to Others Involved in Your Care:** We may disclose medical information about you to a relative, a friend, or to any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim and asks us to help verify the status of a claim, we may agree to help them confirm whether or not the claim has been received and paid.
- **Disclosure to Health Plan Sponsor:** Information may be disclosed to another health plan maintained by Häfele America Co. for purposes of facilitating claims payments under that plan. In addition,

Important Notices Continued

medical information may be disclosed to Häfele America Co. personnel solely for purposes of administering benefits under the Plans.

- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.
- **To Comply with Federal and State Requirements:** We will disclose medical information about you when required to do so by federal, state, or local law. For example, we may disclose medical information when required by the U.S. Department of Labor or other government agencies that regulate us; to federal, state, and local law enforcement officials; in response to a judicial order, subpoena, or other lawful process; and to address matters of public interest as required or permitted by law (for example, reporting child abuse and neglect, threats to public health and safety, and for national security reasons). We are required to disclose medical information about you to the Secretary of the U.S. Department of Health and Human Services if the Secretary is investigating or determining compliance with HIPAA or to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. We may disclose your medical information to a health oversight agency for activities authorized by law (such as audits, investigations, inspections, and licensure).
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.
- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Business Associates:** We may disclose your medical information to our business associates. We have contracted with entities (defined as "business associates" under HIPAA) to help us administer your benefits. We will enter into contracts with these entities requiring them to only use and disclose your health information as we are permitted to do so under HIPAA.
- **Other Uses:** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. We may release your medical information to a coroner or medical examiner. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your information to the correctional institution or law enforcement official.

Uses and disclosures other than those described in this Notice will require your written authorization. Your written authorization is required for: most uses and disclosures of psychotherapy notes; uses and disclosures of PHI for marketing purposes; and disclosures that are a sale of PHI. **You may revoke your authorization at any time, but you cannot revoke your authorization if the Plans have already acted on it.**

Important Notices Continued

The privacy laws of a particular state or other federal laws might impose a stricter privacy standard. If these stricter laws apply and are not superseded by federal preemption rules under the Employee Retirement Income Security Act of 1974, the Plans will comply with the stricter law.

2. Your Rights Regarding Medical Information About You. You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your medical information that may be used to make decisions about your benefits under the Plans.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. If the Plans do not maintain the health information, but know where it is maintained, you will be informed of where to direct your request.

- **Your Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plans.

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend any of the following information:

- Information that is not part of the medical information kept by or for the Plans.
- Information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Information that is not part of the information which you would be permitted to inspect and copy.
- Information that is accurate and complete.
- **Your Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures" (that is, a list of certain disclosures the Plans have made of your health information). Generally, you may receive an accounting of disclosures if the disclosure is required by law, made in connection with public health activities, or in similar situations as those listed above as "Other permitted uses and disclosures". You do not have a right to an accounting of disclosures where such disclosure was made:
 - For treatment, payment, or health care operations.
 - To you about your own health information.
 - Incidental to other permitted disclosures.
 - Where authorization was provided.
 - To family or friends involved in your care (where disclosure is permitted without authorization).

Important Notices Continued

- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances.
- As part of a limited data set where the information disclosed excludes identifying information.

To request this list or accounting of disclosures, you must submit your request, which shall state a time period, which may not be longer than six years and may not include dates before **April 14, 2003**. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Notwithstanding the foregoing, you may request an accounting of disclosures of any "electronic health record" (that is, an electronic record of health-related information about you that is created, gathered, managed, and consulted by authorized health care clinicians and staff), provided that you must submit your request and state a time period which may be no longer than three years prior to the date on which the accounting is requested. In the case of any electronic health record created on your behalf on or before January 1, 2009, this paragraph shall apply to disclosures made on or after January 1, 2014. In the case of any electronic health record created on your behalf after January 1, 2009, this paragraph shall

- **Your Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations.

You also have the right to request a limit on the medical information we disclose about you to someone

who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. If the Plans do agree to a request, a restriction may later be terminated by your written request, by agreement between you and the Plans (including orally), or unilaterally by the Plans for health information created or received after the Plans have notified you that they have removed the restrictions and for emergency treatment.

To request restrictions, you must make your request in writing and must tell us the following information:

- What information you want to limit.
- Whether you want to limit our use, disclosure, or both.
- To whom you want the limits to apply (for example, disclosures to your spouse).

Effective February 17, 2010 (or such other date specified as the effective date under applicable law) we will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the Plans for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Important Notices Continued

You must make any of the requests described above, to the person listed in Part 8, below.

3. **Breach Notification.** Pursuant to changes to HIPAA required by the Health Information Technology for Economic and Clinical Health Act of 2009 and its implementing regulations (collectively, "**the HITECH Act**") under the American Recovery and Reinvestment Act of 2009 ("**ARRA**"), this Notice also reflects federal breach notification requirements imposed on the Plans in the event that your "unsecured" protected health information (as defined under the HITECH Act) is acquired by an unauthorized party.

We understand that medical information about you and your health is personal and we are committed to protecting your medical information. Furthermore, we will notify you following the discovery of any "breach" of your unsecured protected health information as defined in the HITECH Act (the "**Notice of Breach**"). Your Notice of Breach will be in writing and provided via first-class mail, or alternatively, by e-mail if you have previously agreed to receive such notices electronically. If the breach involves:

- 10 or more individuals for whom we have insufficient or out-of-date contact information, then we will provide substitute individual Notice of Breach by either posting the notice on the benefits web site on the Häfele America Co. intranet or by providing the notice in major print or broadcast media where the affected individuals likely reside.
- Less than 10 individuals for whom we have insufficient or out-of-date contact information, then we will provide substitute Notice of Breach by an alternative form.

Your Notice of Breach shall be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and shall include, to the extent possible:

- A description of the breach.
- A description of the types of information that were involved in the breach.
- The steps you should take to protect yourself from potential harm.
- A brief description of what we are doing to investigate the breach, mitigate the harm, and prevent further breaches.
- Our relevant contact information.

Additionally, for any substitute Notice of Breach provided via web posting or major print or broadcast media, the Notice of Breach shall include a toll-free number for you to contact us to determine if your protected health information was involved in the breach.

4. **Changes To This Notice.** We can change the terms of this Notice at any time. If we do, the new terms and policies will be effective for all of the medical information we already have about you as well as any information we receive in the future. We will send you a copy of the revised notice.

5. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Plans or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plans, contact the person listed in Part 8, below.

All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Important Notices Continued

6. Other Uses Of Medical Information. Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you grant us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we may be required to retain our records related to your benefit determinations and enrollment.

7. Effective Date. The effective date of this Notice is November 9, 2016

8. Contact Information. All correspondence relating to the contents of this Notice should be directed as follows:

Attn: Sr. Human Resource Manager (336) 434-8147
Häfele America Co. 3901 Cheyenne Drive Archdale, NC 27263

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services

Important Notices Continued

- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian,

Important Notices Continued

that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Important Notices Continued

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Important Notices Continued

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- January 1, 2026
- Attn: Sr. Human Resources Manager, 336.434.8147

Important Notices Continued

Important Notice from Hafele America Co. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Hafele America Co. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Hafele America Co. has determined that the prescription drug coverage offered by the Hafele America Co. Medical Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Hafele America Co. coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Hafele America Co. coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

Important Notices Continued

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Hafele America Co. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2026
Name of Entity/Sender:	Hafele America Co.
Contact--Position/Office:	Sr. Human Resources Manager
Address:	3901 Cheyenne Drive, High Point, NC 27263
Phone Number:	336-434-8147

Important Notices Continued

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidptprecovery.com/flmedicaidptprecovery.com/hipp/index.html Phone: 1-877-357-3268

Important Notices Continued

<p align="center">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Important Notices Continued

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Hafele America Co.		4. Employer Identification Number (EIN) 56-1952217	
5. Employer address 3901 Cheyenne Drive		6. Employer phone number 336-434-8147	
7. City Archdale	8. State NC	9. ZIP code 27263	
10. Who can we contact about employee health coverage at this job? Gary Davis			
11. Phone number (if different from above) 336-434-8108		12. Email address Gary.Davis@hafele.us	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

All full-time permanent employees working 30 or more hours per week

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Dependents are defined as the employee's legal spouse or a child of the employee or the employee's spouse. A child is defined as a natural child, stepchild, legally adopted child, a child placed in the care of the employee or the employee's spouse for adoption or foster care, a child for whom legal guardianship has been awarded to the employee or the employee's spouse, or a child for whom healthcare coverage is required through a Qualified Medical Child Support Order or other court or administrative order. Children can be covered up to age 26. Disabled children can be covered beyond age 26. Proof of such incapacity and dependency may be required.

We do not offer coverage.

If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

* An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Illinois Essential Health **Benefits**

Employer Name:	Hafele America Co.
Employer State of Situs:	North Carolina
Name of Issuer:	Blue Cross Blue Shield of NC
Plan Marketing Name:	HSA, Core, Buy-Up, & Limited Medical Plans
Plan Year:	2026

Ten (10) Essential Health Benefit (EHB) Categories

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/Ambulance	Emergency services	Pg. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes

Illinois Essential Health **Benefits** Continued

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 – 27	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes
36	Mammography – Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis – Bone Mass Management	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes

Illinois Essential Health **Benefits** Continued

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes
<p><i>Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.</i></p>				
<p><i>Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this disclosure is not a guarantee of benefits.</i></p>				



This document is a brief summary of benefits offered as of 01/01/2026 and is not considered "Evidence of Coverage." Please refer to the policy/plan documents for a complete description of the controlling terms, coverages, exclusions, limitations and conditions of coverage. In case of any discrepancy between this information and the policy/plan documents, the policy/plan documents will prevail.

Hafele America Co. reserves the right to terminate, suspend, withdraw, or modify the benefits described in the policy/plan documents, in whole or in part, at any time. No statement in this or any other document, and no oral representation should be construed as a waiver of this right. This summary is the confidential property of Hafele America Co.