DRIVEN BY POSSIBILITY™

2024 SEPARATION OF SERVICE/ COBRA GUIDE

BENEFITS DECISIONS GUIDE FOR FORMER EMPLOYEES AND COBRA PARTICIPANTS

TABLE OF CONTENTS

Transitions have the potential to be overwhelming and confusing; there are often questions about what's available and what's next.

To help make this process as straightforward as we can, we've created this guide to help you prepare for the next steps in the process. Please take the time to review this helpful information regarding Gates Corporation's compensation and benefits programs:

- Health Benefits
- COBRA Rates for Medical, Dental and Vision Plans (2024)
- Accessing your Gates Matchmaker 401(k) Plan

After reviewing the enclosed information, should you have any questions, please do not hesitate to contact **benefitssupport@gates.com**.

Your COBRA Benefits Package Includes:

- Medical Coverage through UnitedHealthcare with no charge for in-network preventive care
  - **CDHP1, CHDP2 and PPO**
  - **CDHP Plans include Health Savings Account (HSA)**
- Prescription Drug Coverage through OptumRx
- Dental Coverage through MetLife
- Vision Coverage through VSP

If you eligible to receive pension plan benefits, contact benefits support at **benefitssupport@gates.com** as soon as you know your expected retirement date.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by Gates. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to the Gates Human Resources/ Benefits Department.

IMPORTANT CONTACTS

If you have any questions about your benefits we are here to help. For general questions, please contact Gates Benefits or the specific vendor referenced below.

Gates Resource Reference	Contact
Gates Human Resources/Benefits	1-833-2help4u (833-243-5748) BenefitsSupport@Gates.com
Gates Payroll	Payroll@Gates.com

For questions about COBRA (continuation of benefits), contact UnitedHeathcare at **866-747-0048**, via email at COBRA_kyoperations@uhc.com or online at uhcservices.com.

Benefit	Vendor	Website	Phone number
Medical	**UnitedHealthcare (UHC)** **UHC Concierge Team** Group# 0742857	www.myuhc.com	866-787-6864
Prescription Drugs	**OptumRx**	www.optumrx.com	844-720-0029
Health Savings Account (HSA) **Flexible Spending Accounts**	**Optum Health/UHC** **HSA:** Group# 742857 **FSA:** Group# 782509	www.optumbank.com www.myuhc.com	866-234-8913 866-787-6864
Dental	**MetLife** Group# 300277	www.metlife.com/dental	800-438-6388
Vision	**Vision Service Plan** Group# 12157714	www.vsp.com	800-877-7195
Life and AD&D insurance	**The Hartford** Group# 805413	www.mytomorrowbenefits.com/GatesCorporation/00520	888-563-1124
401(k) Retirement Savings Plan	**Charles Schwab**	www.gatesretirement.com	800-724-7526
Gates Retirement Plan (Pension)	**Willis Towers Watson**	N/A	855-409-6689

OVERVIEW

This document outlines your options and the process for continuing your Gates Corporation health and welfare benefits after your last day with Gates Corporation.

You will no longer be eligible to participate in Gates Corporation's active employee benefit plans. Generally, your coverage ends on the last day of the month in which your employment ends. However, you have the option to continue or convert your coverage. Options are described below.

Medical, Dental And Vision Coverage – COBRA Benefits

If you are enrolled in the medical, dental and/or vision plans on your last day of employment with Gates Corporation, that coverage will remain in effect until the end of the month in which your employment ends.

You can choose to continue medical, dental and/or vision coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) for up to 18 months. You will be required to pay the full monthly cost of coverage plus a COBRA administration fee directly to the Benefits Administrator.

You will receive information on your medical, dental and/or vision continuation options directly from the COBRA Administrator up to 45 days from your loss of coverage end date.

The information will contain a COBRA enrollment form and will include the cost of coverage during the COBRA continuation period.

You must enroll in COBRA within 60 days of the date you lose coverage or by the date on the COBRA Enrollment Notice, whichever is later. You will have COBRA coverage provided you enroll within the designated timeframe.

You must make the choice to enroll in COBRA coverage in order for your benefit elections to continue beyond the end of the month in which your employment ends. All correspondence and communications will be between you and the COBRA Administrator.

Life Insurance Plans

If you are enrolled in the Basic Insurance, Supplemental and/or Dependent Life Insurance plans on your last day of employment, the coverage ends on the last day of the month that your employment ends. You may be eligible to convert the coverage to an individual policy.

You must apply for conversion to an individual contract and pay the first premium within 31 days after your coverage ends.

If you want information to convert your coverage to personal coverage, contact The Hartford at **888-563-1124**.

Accidental Death & Dismemberment (AD&D)

If you are enrolled in the AD&D plans your coverage will end on the last day of the month in which your employment ends.

COBRA ELIGIBILITY & COORDINATION WITH MEDICARE

If you are age 65+ upon separation from Gates, you qualify for COBRA for up to 18 months.

If you are under age 65 upon separation from Gates but turn 65 within 18 months of electing COBRA, your COBRA elections will cease at age 65. If your covered spouse is under age 65 when your COBRA rights cease, they will be eligible to continue their COBRA coverage for up to 36 months from the date you turn 65 (their coverage will also cease if they turn 65 within the 36 month period).

Please direct all specific questions regarding these special eligibility rules to the COBRA Administrator.

The COBRA Administrator's toll free number is 866-747-0048. You can also email them at COBRA_kyoperations@uhc.com or go online to www.uhcservices.com.

OVERVIEW

Short-Term Disability (STD) and Long-Term Disability (LTD)

If you are enrolled in the STD or LTD plan, your coverage will end on the last day of your employment.

Gates Matchmaker 401(K) Plan

You will receive a package of information from Charles Schwab Participant Services within four weeks of your termination date explaining your options under the Gates Matchmaker 401(k) Plan. You can also get information by visiting the plan's website at www.gatesretirement.com or by calling Participant Services at **800-401-5866**. You can continue to make transfers between funds and take withdrawals or distributions after your termination date.

Your package will explain the options that are available to you, such as leaving your money in the plan, setting up installment payments (only available if account balance is greater than $5,000), taking a partial or complete withdrawal or rolling over your balance to another qualified plan or IRA. Please review the advantages and disadvantages of each option carefully before making any elections. Withdrawals made prior to age 59 ½ are not only subject to federal, state and local tax but may also be subject to a 10% penalty tax. If you choose to leave your money in the plan, please keep Charles Schwab Participant Services updated with any future address changes.

If you have an outstanding loan balance when you leave employment with the company, you will have the option to pay the unpaid balance in full at the time of your separation from service or make scheduled payments via Automated Clearing House (ACH). If you are unable or choose not to pay back your outstanding loan amount, the unpaid amount of the loan will be removed from your account and considered a distribution, which will be taxable to you, and reported to you and the IRS on Form 1099R. Taxes and penalties may apply. Initiating a distribution, even if you are making payments on your loan, will cause the loan to be immediately distributed and taxable.

Gates Retirement Plan (Pension)

If you are eligible to receive pension plan benefits, you must contact the Gates Pension Administrator, Willis Towers Watson, at **855-409-6689**. Pension payments will not begin until you have completed the proper election forms and returned them to the Pension Administrator for processing.

Supplemental Retirement Benefit Plan (VP And Above)

The Gates Corporation Supplemental Retirement Benefit Plan ("the Plan") is a nonqualified plan subject to government regulations and established for a select group of Gates Corporation employees only. Distribution of your account balance will be made (or will begin) on the earlier of the first day of the seventh month following your date of separation from service with Gates Corporation or your Specified Date, as defined under the Plan. Distribution will be made based on your elections that are on file, either in a single lump sum payment or in equal annual installments over a two- to five-year period.

Job Bands 9-15 Vacation Pay Upon Termination Of Employment

Earned, unused vacation will be paid out to band 9-15 employees upon termination. Any unearned but used vacation must be paid back to Gates Corporation, to the extent permitted by law.

Job Bands 16-23 Vacation Pay Upon Termination Of Employment

Band 16-23 employees do not accrue time off. No time will be paid upon termination.

Compliance With Section 409A Of The Code

To the extent applicable, it is intended that the compensation and benefits provided to you comply with the provisions of Section 409A of the Internal Revenue Code of 1986, as amended, so that the income inclusion provisions of Section 409A(a)(1) of the Code do not apply to you. All of the compensation and benefit provisions shall be administered in a manner consistent with this intent. Reference to Section 409A of the Code will also include any regulations or other formal guidance promulgated with respect to such Section by the U.S. Department of the Treasury or the Internal Revenue Service.

2024 MONTHLY COBRA RATES

Medical COBRA Rates	
CDHP1	
Employee Only	$660.11
EE+Spouse	$1,358.36
EE+Children	$1,225.86
Employee+Family	$1,948.09
CDHP2	
Employee Only	$607.53
EE+Spouse	$1,245.46
EE+Children	$1,123.95
Employee+Family	$1,786.17
PPO	
Employee Only	$730.74
EE+Spouse	$1,498.01
EE+Children	$1,351.87
Employee+Family	$2,148.35

Dental COBRA Rates	
High Plan	
Employee Only	$41.36
EE+Spouse	$82.55
EE+Children	$94.88
Employee+Family	$136.10
Low Plan	
Employee Only	$32.76
EE+Spouse	$65.38
EE+Children	$75.13
Employee+Family	$107.77

Vision COBRA Rates	
Employee Only	$8.56
Employee + Spouse	$12.83
Employee + Children	$13.54
Employee + Family	$21.39

MEDICAL

Gates strives to provide healthcare coverage that is as hard-working as our employees.

For 2024, you have three medical plan options to choose from for you and your eligible family members.

- UHC CDHP1
- UHC CDHP2
- UHC PPO

Each of our medical plans provides comprehensive coverage including in-network preventive care at 100%. Each plan has differences in coverage levels and out-of-pocket costs. We encourage you to review all options to ensure you choose the best plan for you and your family's needs.

UHC Concierge Team

Healthcare can be complicated, so we've engaged UHC's Concierge services to help you. The Concierge Team provides "white glove" treatment to help you navigate the complex world of healthcare. Services include (but not limited to):

- Finding a network provider
- Claims & billing issues
- Connecting you to the right care resources for specific medical conditions
- ID card access and replacement
- Nurse advocacy services

Watch this short video to learn more about the UHC Concierge Team.

Click the screen or scan the QR code to watch

Access Your Plan Information Anywhere, Anytime

Register or sign in to www.myuhc.com, download the UHC app to manage your plan on the go, or call 866-787-6864.

United Healthcare

Helpful Insurance Terms

Scan the QR Code for a list of common health insurance terms and what they mean.

MEDICAL

Coverage Summary						
	CDHP1		CDHP2		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible (calendar year)						
Employee Only **Employee + Family**	$1,600 $3,200	$3,000 $6,000	$3,000 $6,000	$6,000 $12,000	$750 $1,500	$1,500 $3,000
Annual out-of-pocket maximum (medical and pharmacy cost-sharing combined)						
Employee Only **Employee + Family**	$4,000 $7,150	$12,000 $24,000	$6,000 $12,000	$12,000 $48,000	$3,500 $7,900	$12,000 $24,000
Medical service costs (what you pay)						
Preventive Care	No charge	Deductible + 40% of allowable charges[1]	No charge	Deductible + 50% of allowable charges[1]	No charge	Deductible + 40% of allowable charges[1]
Primary Care Office Visit	Deductible + 20%	Deductible + 40% of allowable charges[1]	Deductible + 20%	Deductible + 50% of allowable charges[1]	$35 copay	Deductible + 40% of allowable charges[1]
Specialist Office Visit	Deductible + 20%	Deductible + 40% of allowable charges[1]	Deductible + 20%	Deductible + 50% of allowable charges[1]	$65 copay	Deductible + 40% of allowable charges[1]
Inpatient Hospitalization	Deductible + 20%	Deductible + 40% of allowable charges[1]	Deductible + 20%	Deductible + 50% of allowable charges[1]	Deductible + 20%	Deductible + 40% of allowable charges[1]
Outpatient Services	Deductible + 20%	Deductible + 40% of allowable charges[1]	Deductible + 20%	Deductible + 50% of allowable charges[1]	Deductible + 20%	Deductible + 40% of allowable charges[1]
Urgent Care Visit	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	$75 copay	Deductible + 40% of allowable charges[1]
Emergency Room Visit	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%
X-Ray, Lab and Chiropractic, Office Visits	Deductible + 20%	Deductible + 40% of allowable charges[1]	Deductible + 20%	Deductible + 50% of allowable charges[1]	Deductible + 20%	Deductible + 40% of allowable charges[1]
Complex Imaging (MRI/CT/PET)	Deductible + 20%	Deductible + 40% of allowable charges[1]	Deductible + 20%	Deductible + 50% of allowable charges[1]	$200 at freestanding centers; Deductible + 20% everywhere else	Deductible + 40% of allowable charges[1]

[1]Allowable charges refers to the maximum reimbursement for out-of-network services, as calculated based on a percentage of Medicare reimbursement for the same services.

PRESCRIPTION DRUG COVERAGE

When you elect a medical plan, you are automatically enrolled in prescription drug coverage with OptumRx.

Coverage Summary

	CDHP1		CDHP2		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
RETAIL PHARMACY COSTS FOR UP TO A 30-DAY SUPPLY						
	What you pay after deductible is met*				What you pay	
Generic	$5 copay	$5 copay + cost difference of OptumRx's discounted price	$5 copay	$5 copay + cost difference of OptumRx's discounted price	$5 copay	$5 copay + cost difference of OptumRx's discounted price
Brand formulary	20% ($30 min./ $60 max.)	20% ($30 min./ $60 max.) + cost difference of OptumRx's discounted price	20% ($30 min./ $60 max.)	20% ($30 min./ $60 max.) + cost difference of OptumRx's discounted price	20% ($30 min./ $60 max.)	20% ($30 min./ $60 max.) + cost difference of OptumRx's discounted price
Brand non-formulary	20% ($60 min./ $120 max.)	20% ($60 min./ $120 max.) + cost difference of OptumRx's discounted price	20% ($60 min./ $120 max.)	20% ($60 min./ $120 max.) + cost difference of OptumRx's discounted price	20% ($60 min./ $120 max.)	20% ($60 min./ $120 max.) + cost difference of OptumRx's discounted price
MAIL-ORDER PROGRAM COSTS FOR UP TO A 90-DAY SUPPLY						
	What you pay after deductible is met*				What you pay	
Generic	$12.50 copay	Not covered	$12.50 copay	Not covered	$12.50 copay	Not covered
Brand formulary	20% ($80 min./ $160 max.)	Not covered	20% ($80 min./ $160 max.)	Not covered	20% ($80 min./ $160 max.)	Not covered
Brand non-formulary	20% ($150 min./ $300 max.)	Not covered	20% ($150 min./ $300 max.)	Not covered	20% ($150 min./ $300 max.)	Not covered

**The deductible is waived for certain preventive medications.*

OptumRx Home Delivery

You can get up to a 90-day supply of the medications you take regularly sent to your doorstep using OptumRx Home Delivery. Save money and take advantage of the convenience, 24/7 access and reminders. On www.optumrx.com, you can easily select which medications you do and don't want in the automatic refill program and change delivery dates. Consult your doctor or OptumRx representative to determine the best option for you.

OptumRx

www.optumrx.com

844-720-0029

OPTUMRx®

Keeping Prescription Costs Down

- **Go generic if possible.** Generic drugs are the non-brand-name, FDA-approved versions of their brand-name counterparts. They're required to have the same active ingredients as the brand-name drug – but at a fraction of the price. Ask your doctor or pharmacist if a generic is a good option for you.
- **Use mail order delivery.** You have options for how to get your prescriptions filled - at a local pharmacy or through mail order. When using mail order, you may be able to save money on copay costs. Consult your doctor or OptumRx representative to determine the best option for you.

HEALTH SAVINGS ACCOUNT (HSA)

This account will remain available for eligible expenses.

Any contribution from Gates Corporation to your Health Savings Account will end with your last paycheck.

You may be eligible to make contributions to your account.

For additional information contact Optum Health (www.myuhc.com; 866-234-8913). All correspondence and communications will be between you and Optum Health.

2024 Contribution Limits

You can save as much as you want to in your HSA, up to the limits shown below:

	Employee Only Coverage	Employee + Family
Total maximum contributions for all salary ranges		
	$4,150	$8,300

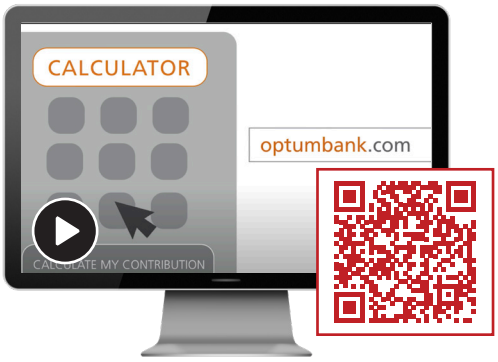
Using Your HSA Savings

You can use the money from your HSA to pay for qualified health expenses, including expenses for your spouse and/or tax dependents. Full details of the expenses you can claim can be found in IRS Publication 502 at www.irs.gov.

You can also use your HSA to save more for your retirement and you can invest it in mutual funds, stocks, bonds and more if you wish, subject to a minimum account balance requirement.

Make the Most of Your HSA

This quick video will help you understand how your HSA works.



Click the screen or scan the QR code to watch

OptumRx

www.optumbank.com

866-234-8913

OPTUM Bank®

FLEXIBLE SPENDING ACCOUNT (FSA)

If you are a participant in the Flexible Spending Account program(s), any expenses you incur through the date on which your employment ends will be eligible for reimbursement on a pre-tax basis.

- **Debit Card** (Healthcare Flexible Spending Account/Dependent Care Flexible Spending Account) – Your debit card will no longer be active. You can still submit expenses by printing the form from Optum Health's website (www.myuhc.com) and either mail, fax or scan it and send to Optum Health with the appropriate documentation.
- **Healthcare Flexible Spending Account** – Reimbursement can be up to the total amount you have elected to contribute through payroll deduction. You may continue to contribute to your Healthcare Flexible Spending Account (FSA) through COBRA in order to continue to be eligible to submit expenses that occur after your last day of active employment (reimbursable then only on an after-tax basis). Contributions will be made through the COBRA Benefits Administrator. You will receive information on your healthcare FSA continuation options directly from the COBRA Administrator. If you choose NOT to continue making contributions, you may submit eligible expenses incurred up to the date your employment ends for reimbursement. Under the federal "use it or lose it" rule, any unused funds will be forfeited.
- **Dependent Care Flexible Spending Account** – You may not continue participating in the Dependent Care Flexible Spending Account. Any funds you have contributed up to the date your employment ends may be used for expenses incurred prior to that date.

Coverage Summary

Health Care FSA	Limited Purpose FSA	Dependent Care FSA
What can it be used for?		
▪ Pay for qualified medical, pharmacy, dental and vision expenses ▪ Unused funds in this account are forfeited at the end of the year ▪ Election amounts can only be changed due to a qualifying life event	▪ Pay for qualified dental and vision expenses ▪ Unused funds in this account are forfeited at the end of the year ▪ Election amounts can only be changed due to a qualifying life event	▪ Pay for qualified child or elder care expenses ▪ Unused funds in this account are forfeited at the end of the year ▪ Election amounts can only be changed due to a qualifying life event
Who can participate?		
Only employees who are **NOT** registered in a high deductible health plan – if you are enrolled in Gates CDHP1 or CDHP2 medical plan, this option **DOES NOT** apply to you. If you are enrolled in a Gates PPO medical plan, this option **DOES** apply to you.	Only employees who **ARE** registered for a high deductible health plan – if you are enrolled in Gates CDHP1 or CDHP2 medical plan, this option **DOES** apply to you. If you are enrolled in a Gates PPO medical plan, this option **DOES NOT** apply to you.	Anyone can participate in this benefit.

2024 Contribution Limits

You choose how much you want to save annually into your FSA account (up to the limits outlined below). We will calculate the per pay period deduction based on your annual election to spread out the collection of your investment contributions evenly throughout the year.

	Maximum Total Annual Contributions
Health Care FSA	$3,050
Limited Purpose FSA	$3,050
Dependent Care FSA	$5,000 / $2,500 if single or married and filing separately

UHC

www.myuhc.com
or use the UHC app
800-438-6388

United Healthcare

Scan the QR code to access the UHC FSA Cost Calculator.

DENTAL

Dental coverage is a highly valued benefit, and for good reason! Good oral health has been shown to enhance your mental and overall wellbeing, and knowing that you're covered should you need to see a dentist or specialist for a big-ticket procedure is a big relief.

Coverage Summary		
	Low Plan (Dental Plan 1)	**High Plan (Dental Plan 2)**
Employee Only Deductible **Employee + Family Deductible**	$50/person $100 max/family	$25/person $50 max/family
Annual Maximum Benefit	$1,500/person	$3,000/person
Preventive Services Exams, cleanings, X-rays (full mouth, panorex, bitewing) and Fluoride to age 19	100% covered	100% covered
Basic Services Fillings, root canals, extractions, oral surgery, endodontics, periodontics, periapical X-rays	Plan pays 80% after deductible	Plan pays 90% after deductible
Major Services Crowns, inlays/onlays, bridges, dentures and bruxism appliances	Plan pays 50% after deductible	Plan pays 60% after deductible
Orthodontics Adult (employee/spouse) Child to age 19	Plan pays 50% after deductible $2,000 lifetime maximum	Plan pays 50% after deductible $2,500 lifetime maximum

Click the screen or scan the QR code to learn more about MetLife dental plans.

MetLife

www.metlife.com/dental

800-438-6388

MetLife

VISION

Regular eye exams are an important part of health maintenance, no matter your age. If you or your family members wear glasses or contact lenses, you already know that the cost of vision care can quickly add up. Not only that, but regular eye examinations can detect general health problems at their earliest stages.

Coverage Summary		
	In-Network	**Out-of-Network**
Exam Available once every 12 months	$20 copay	Up to $45 reimbursement
Lenses Available once every 12 months	$25 copay	Up to $30 – $105 reimbursement
Frames Available once every 12 months *(verify allowance specifications with VSP)*	$25 copay $150 allowance 20% discount over VSP allowance	Up to $70 reimbursement
Contact Lenses Available once every 12 months in lieu of lenses & frames	$150 allowance	Up to $105 reimbursement

We offer comprehensive vision coverage through VSP, which provides you and your family with access to great eye doctors, quality eyewear and affordable eye care.

VSP has many providers all over the United States. These providers include over 700 Visionworks locations and a variety of local optometrists and eyewear shops.

Laser Vision Correction Discount

VSP offers discounts on laser vision correction through contracted facilities. Save an average of 15% off regular pricing or 5% off promotional pricing.

Details available at www.vsp.com.

Vision Service Plan

www.vsp.com

800-877-7195

2024 IMPORTANT NOTICES

Federal laws require that Gates provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage of healthcare plans. The following sections explain these rules; please read them carefully and keep them where you can find them.

Medicare Creditable Coverage Notice

All Gates active employees received the Notice which was mailed on October 15, 2023 to their home address on file. If you did not receive a copy, please contact benefitssupport@Gates.com

Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in Gates' health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next Open Enrollment period, provided that you request enrollment within 30 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Gates will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP

For these enrollment opportunities, you will have 60 days - instead of 30 - from the date of the Medicaid/CHIP eligibility change to request enrollment in the Gates group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan option.

Women's Health and Cancer Rights Act (WHCRA) Notice

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
- 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. If you would like more information on WHCRA benefits, contact your plan administrator at benefitssupport@Gates.com

Newborns' and Mothers' Health Protection Act Notice

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). If you would like more information on maternity benefits, contact your plan administrator at benefitssupport@Gates.com

Health Insurance Portability and Accountability Act (HIPAA)

Gates has adopted a Health Insurance Portability and Accountability Act (HIPAA) Privacy Policy regarding the privacy of employees' personal health information. This notice describes how medical information about you may be used and disclosed. You may request a full copy of the HIPAA Privacy Notice by contacting your HR representative. The HIPAA Privacy Notice is also included in the Gates 2023 Summary Plan Description

Consolidated Omnibus Budget Reconciliation Act (COBRA)

If you're an employee with medical, dental or vision coverage through Gates, you have the right to choose continuation coverage if you lose your group health coverage due to reduction in your hours of employment or the termination of your employment for reasons other than gross misconduct. Your eligible dependents may also have the right to elect and pay for continuation of coverage for a temporary period in certain circumstances where coverage under the plan would otherwise end, such as divorce, or dependent children who no longer meet eligibility requirements.

Important note: This brief summary of the right you and your dependents have to continue insurance is not intended as the official notice of your rights required by federal and state law. We've included this brief summary to inform you that you have these rights. You'll receive a separate, detailed explanation of your right to continue health insurance coverage when applicable. Specific information is also available from your HR representative.

CHIP/Medicaid Notice

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 August 2023. Contact your State for more information on eligibility:

Alabama – Medicaid	**Website:** http://myalhipp.com/ **Phone:** 1-855-692-5447
Alaska – Medicaid	**The AK Health Insurance Premium Payment Program** **Website:** http://myakhipp.com/ **Phone:** 1-866-251-4861 **Email:** CustomerService@MyAKHIPP.com **Medicaid Eligibility:** http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Arkansas – MCHIP	**Website:** http://myarhipp.com/ **Phone:** 1-855-MyARHIPP (855-692-7447)
California – Medical	**Health Insurance Premium Payment (HIPP) Program:** http://dhcs.ca.gov/hipp **Phone:** 916-445-8322 **Email:** hipp@dhcs.ca.gov
Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**Health First Colorado Website:** https://www.healthfirstcolorado.com/ **Health First Colorado Member Contact Center:** 1-800-221-3943/ State Relay 711 **CHP+:** https://www.colorado.gov/pacific/hcpf/childhealth-plan-plus **CHP+ Customer Service:** 1-800-359-1991/ State Relay 711 **Health Insurance Buy-In Program (HIBI):** https://www.colorado.gov/pacific/hcpf/health-insurancebuy-program **HIBI Customer Service:** 1-855-692-6442

Florida – Medicaid	**Website:** https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html **Phone:** 1-877-357-3268
Georgia – Medicaid	**Website:** https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp **Phone:** 678-564-1162 ext 2131
Indiana – Medicaid	**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
Iowa – Medicaid and CHIP (Hawki)	**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
Kansas – Medicaid	**Website:** https://www.kancare.ks.gov/ **Phone:** 1-800-792-4884
Kentucky – Medicaid	**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:** KIHIPP.PROGRAM@ky.gov **KCHIP Website:** https://kidshealth.ky.gov/Pages/index.aspx **Phone:** 1-877-524-4718 **Kentucky Medicaid Website:** https://chfs.ky.gov
Louisiana – Medicaid	**Website:** www.medicaid.la.gov or www.ldh.la.gov/lahipp **Phone:** 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
Maine – Medicaid	**Enrollment Website:** https://www.maine.gov/dhhs/ofi/applications-forms **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
Massachusetts – Medicaid and CHIP	**Website:** https://www.mass.gov/info-details/masshealthpremium-assistance-pa **Phone:** 1-800-862-4840
Minnesota – Medicaid	**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
Missouri – Medicaid	**Website:** http://www.dss.mo.gov/mhd/participants/pages/hipp.htm **Phone:** 573-751-2005
Montana – Medicaid	**Website:** http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP **Phone:** 1-800-694-3084
Nebraska – Medicaid	**Website:** http://www.ACCESSNebraska.ne.gov **Phone:** 1-855-632-7633 **Lincoln:** 402-473-7000 **Omaha:** 402-595-1178
Nevada – Medicaid	**Medicaid Website:** http://dhcfp.nv.gov **Medicaid Phone:** 1-800-992-0900
New Hampshire – Medicaid	**Website:** https://www.dhhs.nh.gov/oii/hipp.htm **Phone:** 603-271-5218 **Toll free number for the HIPP program:** 1-800-852- 3345, ext 5218

New Jersey – Medicaid and CHIP	**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
New York – Medicaid	**Website:** https://www.health.ny.gov/health_care/medicaid/ **Phone:** 1-800-541-2831
North Carolina – Medicaid	**Website:** https://medicaid.ncdhhs.gov/ **Phone:** 919-855-4100
North Dakota – Medicaid	**Website:** http://www.nd.gov/dhs/services/medicalserv/medicaid/ **Phone:** 1-844-854-4825
Oklahoma – Medicaid and CHIP	**Website:** http://www.insureoklahoma.org **Phone:** 1-888-365-3742
Oregon – Medicaid	**Website:** http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html **Phone:** 1-800-699-9075
Pennsylvania – Medicaid	**Website:** https://www.dhs.pa.gov/providers/Providers/Pages/Medical/ HIPP-Program.aspx **Phone:** 1-800-692-7462
Rhode Island – Medicaid and CHIP	**Website:** http://www.eohhs.ri.gov/ **Phone:** 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
South Carolina – Medicaid	**Website:** https://www.scdhhs.gov **Phone:** 1-888-549-0820
South Dakota – Medicaid	**Website:** http://dss.sd.gov **Phone:** 1-888-828-0059
Texas – Medicaid	**Website:** http://gethipptexas.com/ **Phone:** 1-800-440-0493
Utah – Medicaid and CHIP	**Medicaid Website:** https://medicaid.utah.gov/CHIP **Website:** http://health.utah.gov/chip **Phone:** 1-877-543-7669
Vermont – Medicaid	**Website:** http://www.greenmountaincare.org/ **Phone:** 1-800-250-8427
Virginia – Medicaid and CHIP	**Website:** https://www.coverva.org/en/famis-select or https://www.coverva.org/en/hipp **Medicaid Phone:** 1-800-432-5924 **CHIP Phone:** 1-800-432-5924
Washington – Medicaid	**Website:** https://www.hca.wa.gov/ **Phone:** 1-800-562-3022
West Virginia – Medicaid	**Website:** http://mywvhipp.com/ **Toll-free phone:** 1-855-MyWVHIPP (1-855-699-8447)
Wisconsin – Medicaid and CHIP	**Website:** https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm **Phone:** 1-800-362-3002
Wyoming – Medicaid	**Website:** https://health.wyo.gov/healthcarefin/medicaid/programs-and- eligibility/ **Phone:** 1-800-251-1269

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

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

U.S. Department of Health and Human Services
Centers for Medicare & Medical 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.

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance was introduced: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the 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.

[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.

How Can I Get More Information?

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

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.

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.

Employer Name **Gates**	*Employer Identification Number (EIN)* **84-0857401**	
Employer Address **1144 15th St., Suite 1400**	*Employer Phone Number* **833-243-5748**	
City **Denver**	*State* **CO**	*Zip Code* **80202**
Who can we contact about employee health coverage at this job? **Global Benefits Department**		*Email Address* **benefitssupport@gates.com**

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:

☐ Some employees. Eligible employees are:

With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

☐ 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.

Notice Regarding Wellness Program

HIPAA Notice of Reasonable Alternative Standards (For Health-Contingent Wellness Programs)

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program, if any, 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 benefitssupport@Gates.com 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.

EEOC Notice (for Wellness Plans that include Disability-Related Inquiries or Medical Examinations).

GINA Spousal Notice and Authorization for Wellness Program

(for Wellness Plans that allow Spouses or Domestic Partners to participate in Disability-Related Inquiries or Medical Examinations)

You are receiving this Notice and Authorization because Gates is making a voluntary wellness program available to you as the spouse or domestic partner of an employee. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as applicable, among others. Your spouse or domestic partner who is an employee (or former employee) of Gates will receive a separate Notice regarding the wellness program.

Federal law requires that you provide knowing, written, and voluntary authorization prior to Gates's wellness program collecting your genetic information, which includes information about your current or past health status. By reading this Notice and Authorization, you are agreeing that you have read and understood it and that you are knowingly and voluntarily providing information about the manifestation of your diseases and certain other conditions (as well as your family medical history) – considered genetic information – as part of the wellness program. You may also be asked to complete a medical examination (e.g., a biometric screening). If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting benefitssupport@Gates.com