



**HUMAN
RESOURCES**

2025 BENEFITS GUIDE



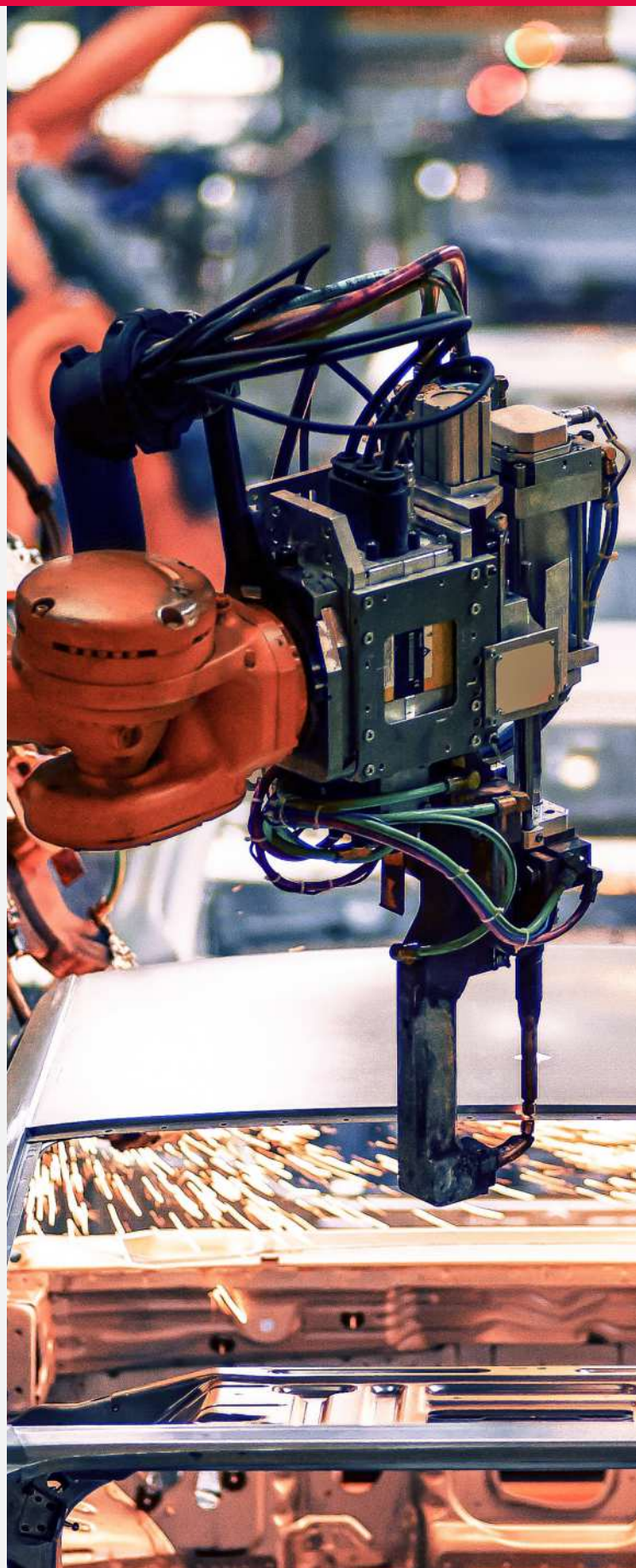
Build your HEALTH with GATES®



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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.

ELIGIBILITY

If you are a full-time employee, regularly scheduled to work 30 or more hours per week, you and your eligible family members may participate in Gates benefits.

In addition to employees, we extend benefit coverage to eligible dependents¹:



Your Spouse

Your spouse² is eligible for benefits if he/she:

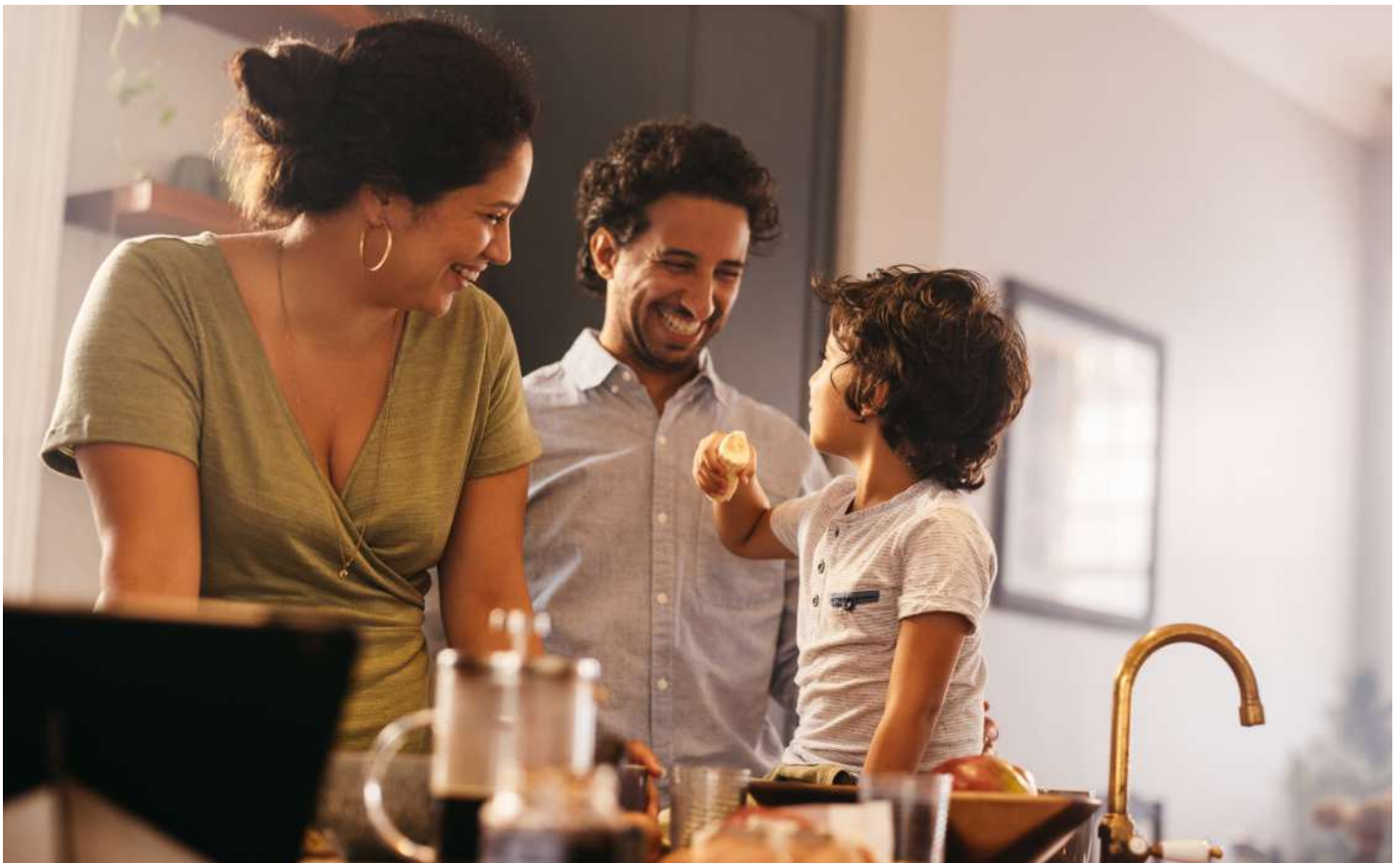
- Is ineligible for employee-only coverage through his/her employer
- Is eligible for coverage through his/her employer at a cost greater than \$160 per month for employee-only coverage



Your Children

Your biological, adopted, foster, stepchildren who you have legal guardianship and children in your custody due to a court order are eligible for benefits:

- Until the end of the month when they reach age 26
- Adult dependent children who became disabled before age 26 are also eligible for coverage beyond age 26. Please contact your local HR Business Partner if this applies to you



¹All dependents will be required to be verified through a dependent verification audit. Failure to provide proper documentation will result in coverage dropping to employee only.

²Spouse includes your common-law spouse if common-law marriage is recognized in your state of legal residency.

DEPENDENT VERIFICATION

How Do I Submit This Information?

Gates utilizes a secure, third party provider, Consova, for all dependent verifications. Consova will contact you directly via mail to your home address or email, with instructions on accessing their secure online portal and details about the documentation you are required to provide for your enrolled dependents. Failure to complete this audit will result in benefit coverage dropping to employee only. Questions or concerns regarding this process should be sent to Gates Benefits at BenefitsSupport@Gates.com.

What You Need to Submit to Consova

Dependent Relationship	Required Verification Documents
<ul style="list-style-type: none">Spouse <p>Legally separated and divorced spouses are not eligible for coverage.</p> <p><i>Your eligible spouse who does not have, or who is not eligible to elect coverage for themselves in a medical plan through their employer at a cost equal to or less than \$160 per month for employee-only coverage</i></p>	<p>A copy of your Marriage Certificate or Declaration of Informal Marriage or Common Law Affidavit</p> <p>AND</p> <p>A copy of page one of your jointly filed federal tax return (form 1040) or both of your tax returns if you file separately, from the most recent tax year. Please black out the first five digits of any Social Security Numbers and any IRS Identity Protection PINs.</p> <p>AND</p> <p>The Benefit Verification and Information Release Authorization Form.</p>
<ul style="list-style-type: none">Child(ren) under the age of 26Your biological child, legally adopted child or child in the process of being adoptedStepchildA child whom you have legal guardianship ofA foster childA child who is the subject of a Qualified Medical Child Support Order (QMCSO) issued to you	<p>A copy of the following documents (varies by the relationship of the child to the employee):</p> <ul style="list-style-type: none">Biological child or legally adopted child: State or county issued birth certificate showing employee's name or signed court order. If birth certificate lists employee's maiden name, please provide marriage certificate or other documentation of the official name change for the employeeStepchild: State or county issued birth certificate showing parents' names, copy of your marriage certificate, and a copy of page one of your jointly filed federal tax return (form 1040) or both of your tax returns if you file separately, from the most recent tax year. Please black out the first five digits of any Social Security Numbers and any IRS Identity Protection PINsChild whom you have legal guardianship: Signed court order and a copy of page one of your filed federal tax return (form 1040) from the most recent tax year claiming the child as a dependent. Please black out the first five digits of any Social Security numbers and any IRS Identity Protection PINsFoster child: Signed letter from social service agent confirming child has been placed under your care and a copy of page one of your filed federal tax return (form 1040) from the most recent tax year claiming the child as a dependent. Please black out the first five digits of any Social Security Numbers and any IRS Identity Protection PINsChild who is the subject of a Qualified Medical Child Support Order: Signed court order <p>Please Note: For dependent disabled children aged 26 or over, in addition to the birth certificate, we will also need a copy of page one of your filed federal tax return (form 1040) from the most recent tax year claiming the child as a dependent. Please black out the first five digits of any Social Security numbers and any IRS Identity Protection PINs.</p>

If you are unable to provide any of the documents requested, you will need to contact Consova for alternative documents if applicable.

Consova

833-662-0961

WHEN AND HOW TO ENROLL

Benefit plans are effective each year from January 1 through December 31. Benefit choices are generally made as a newly eligible employee, during Open Enrollment, and during a Qualifying Life Event (QLE).

Newly Eligible Employee

All new or newly eligible employees have 30 days from their hire date to make benefit elections. Benefits begin on the first day of the month immediately following their date of hire and remain in effect through the remainder of the calendar year unless they have a QLE.

If you do not complete your enrollment within 30 days, you will have to wait until Open Enrollment to sign up for benefits unless you have a QLE.

Global to U.S. Employee Transfers

If you are an existing Gates employee in a non-U.S. location and transfer to a U.S. location, you are immediately eligible for benefits effective your first day of U.S. employment status. Please coordinate with your Human Resources Business Partner for information on completing your benefit elections.

Open Enrollment

Choices you make during Open Enrollment are in effect through December 31 of the upcoming plan year unless you have a QLE.



Enroll through the Oracle System

If you are an employee with a Gates email address, you can access Oracle enrollment through the Gateway Portal.

You will be required to login using your Oracle ID and password. If you do not remember your Oracle login credentials, click on the “Login Assistance” button or contact the IT Service Desk for additional assistance.

If you do not have a Gates email address and access Oracle through other means, contact your local HR Business Partner for the login instructions.

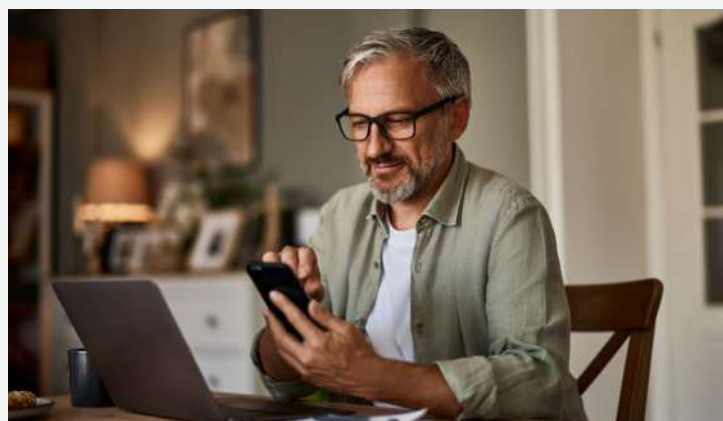
DO NOT WAIT UNTIL THE LAST DAY OF YOUR ENROLLMENT WINDOW TO LOGIN. Try to login within the first week of your enrollment event and notify Gates Benefits and the IT Helpdesk if you have any technical issues.

QUALIFYING LIFE EVENTS

Certain events throughout the year qualify you to make changes to your benefit plans consistent with your life change. They include:

- Marriage, divorce or legal separation
- Birth, adoption, placement, guardianship or court-ordered coverage of a dependent child
- Death of your spouse or dependent
- Enrollment in Medicare
- Covered dependent is no longer eligible
- Covered spouse or dependent gains or loses coverage due to their employment status or their own employer's Open Enrollment

For a complete listing of QLEs, contact BenefitsSupport@Gates.com or visit gateshealth.com. You have 30 days from the date of the event to submit this request. Documentation is required.



If you do not notify Gates Benefits or your local HR Business Partner within 30 days of the QLE, you must wait until the next benefits Open Enrollment period to make changes. Changes associated with the QLE will be effective the first of the month following the date of the event. In cases of birth or death, the effective date is the day of the QLE.

MEDICAL

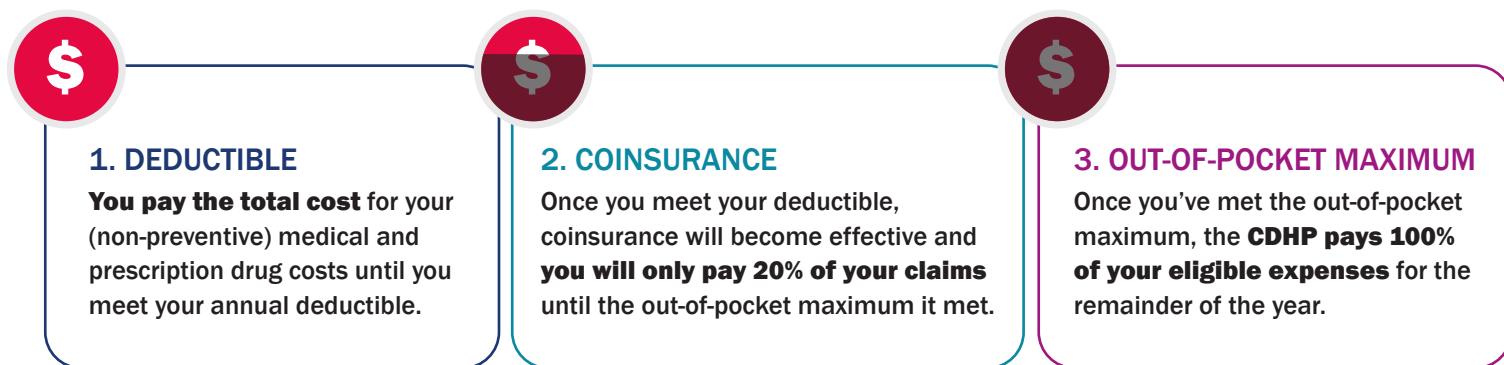
Gates strives to provide healthcare coverage that is as hard-working as our employees.

Gates offers three medical plan options, all provided by United Healthcare. All three plans have the exact same coverage, and Gates gives you the option on how you want to pay for it. There are two High Deductible Health Plans called CDHP1 and CDHP2 and a PPO option. We encourage you to review all options to ensure you choose the best plan for you and your family's needs.

How the Medical Plans Work

The main differences between the three plans are the premiums and how much you will pay when you use your benefits. On the two CDHP plans, your premiums (amount that comes out of your paycheck) will be lower, but the cost when you use your benefits will be higher until you meet the deductible. At that point co-insurance will begin. On the PPO plan, your premiums will be high, but your cost when you use your benefits will be lower. Both plans automatically come with a prescription drug plan that is administered by OptumRx. Our formulary is listed on [GatesHealth.com](https://www.gateshealth.com).

CDHP:



PPO:

Each visit and interaction has a set co-pay, so when you go to your Primary Care Physician you will pay a predetermined amount.



Helpful Insurance Terms



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

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.

UHC CONCIERGE TEAM

Healthcare can be confusing, 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
- Resolving claims and billing issues
- Connecting you to the right care resources for specific medical conditions
- Accessing and replacing your ID cards
- Obtaining nurse advocacy services



Scan or click the QR code to watch this short video to learn more about the UHC Concierge Team.

How the Medical Plans Compare

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	\$1,650	\$3,000	\$3,000	\$6,000	\$950	\$1,500
Employee + Family	\$3,300	\$6,000	\$6,000	\$12,000	\$1,900	\$3,000
Annual out-of-pocket maximum (medical and pharmacy cost-sharing combined)						
Employee Only	\$4,500	\$12,000	\$6,000	\$12,000	\$4,000	\$12,000
Employee + Family	\$9,000	\$24,000	\$12,000	\$24,000	\$8,000	\$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

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

2025 BI-WEEKLY MEDICAL PREMIUMS

2025 Medical Plan Rates

	<\$50k		\$50k-\$100k		\$100k-\$150k		\$150k>	
	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost
CDHP1								
Employee Only	\$41.55	\$272.27	\$58.81	\$255.01	\$73.54	\$240.28	\$85.82	\$228.00
Employee + Spouse	\$130.92	\$514.86	\$137.35	\$508.43	\$171.79	\$473.99	\$200.49	\$445.29
Employee + Child(ren)	\$118.16	\$464.63	\$123.95	\$458.83	\$155.03	\$427.75	\$180.92	\$401.87
Employee + Family	\$187.76	\$738.38	\$196.97	\$729.17	\$246.36	\$679.78	\$287.50	\$638.64
CDHP2								
Employee Only	\$23.76	\$265.07	\$36.06	\$252.77	\$43.42	\$245.40	\$50.67	\$238.15
Employee + Spouse	\$86.51	\$505.59	\$90.75	\$501.35	\$109.26	\$482.84	\$127.51	\$464.59
Employee + Child(ren)	\$78.06	\$456.27	\$81.89	\$452.44	\$98.59	\$435.74	\$115.08	\$419.25
Employee + Family	\$124.05	\$725.11	\$130.15	\$719.01	\$156.70	\$692.46	\$182.87	\$666.29
PPO								
Employee Only	\$65.30	\$282.10	\$77.18	\$270.22	\$119.15	\$228.25	\$140.27	\$207.13
Employee + Spouse	\$195.91	\$516.26	\$238.47	\$473.70	\$280.82	\$431.35	\$330.15	\$382.02
Employee + Child(ren)	\$184.03	\$458.66	\$213.81	\$428.88	\$251.99	\$390.70	\$296.53	\$346.16
Employee + Family	\$237.46	\$783.89	\$284.96	\$736.39	\$401.75	\$619.60	\$472.52	\$548.83



Additional Services for UHC Plan Members

Naviguard™

Naviguard™ is available at no additional cost to you through your Gates healthcare benefits and provides consumer advocacy to help with out-of-network medical bills. When you receive an unexpected out-of-network bill, Naviguard™ will help you navigate the resolution process every step of the way.

Free Annual Flu Shots

As part of your preventive care benefits, flu shots are available to all employees and their spouses who are enrolled in a UHC medical plan.

Free Breast Pump

Pregnant and postpartum women have access to comprehensive lactation support and counseling as well as breast-feeding equipment, in conjunction with each birth, without cost-sharing. UHC members may obtain breast pumps by contacting a network doctor up to 30 days before their delivery date or 365 days after their delivery date.

Fitness Reimbursement

Employees enrolled in a Gates medical plan may claim up to \$200 per year for qualifying fitness membership expenses. This includes gym and fitness center fees, Peloton monthly subscriptions, and P90X membership. In order to apply for reimbursement you must submit proof of payment. The full details for this benefit and the others can be found on the Perks page on gateshealth.com.

Grail – *for employees age 50 and above*

The Grail multi-cancer early detection test complements routine screenings to help detect cancers early. From helping eligible employees schedule a test, to follow-up consultations for diagnostic evaluation after they get results, the Grail test experience is designed to support employees at each step.

For additional information on these programs and more, visit gateshealth.com

You may also contact UHC at [866-787-6864](tel:866-787-6864).

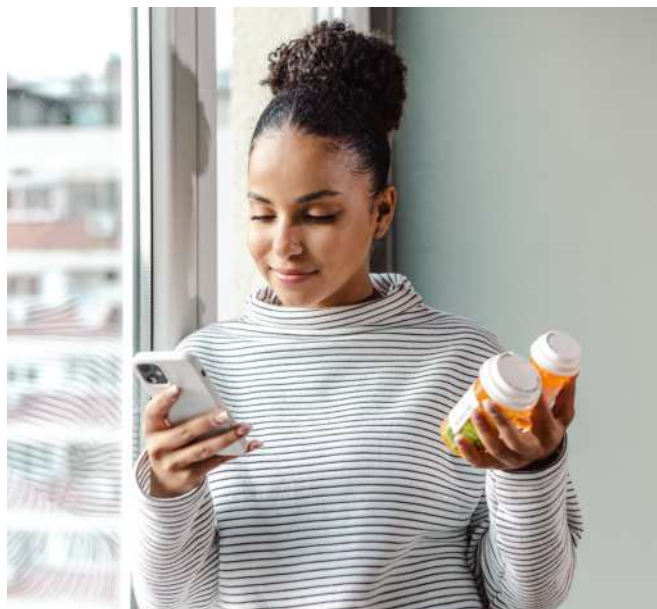
PRESCRIPTION DRUG COVERAGE

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 ¹				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 ¹				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



¹The deductible is waived for certain preventive medications.



Keeping Prescription Costs Down

- **Go generic if possible.** Generic drugs are the non-brand-name, FDA-approved versions of their brand-name counterparts. They are required to have the same active ingredients as the brand-name drug – but at a fraction of the price. Processes such as Step Therapy prioritize generic drug use in order to help you save the most on prescription drug costs (see the call-out to the right to learn more about Step Therapy).
- **Use OptumRx Home Delivery.** You have options for how to get your prescriptions filled – at a local pharmacy or through mail order. With OptumRx Home Delivery, you can receive up to a 90 day supply of your regular medications sent directly to your doorstep, saving you time and money. On [optumrx.com](https://www.optumrx.com), you can easily select which medications you do and don't want in the automatic refill program and change delivery dates as needed. Consult your doctor or OptumRx representative to determine the best option for you.

OptumRx

www.optumrx.com • 844-720-0029

STEP THERAPY FOR PRESCRIPTIONS

Step therapy, also known as "fail first," is a cost-saving measure used to manage prescription drug costs.

Here's how it works:

- 1 Initial Treatment:** When your healthcare provider prescribes a medication, your insurance plan may require you to try a preferred drug as the first step in treatment.
- 2 Monitoring:** Your response to the initial medication is monitored to determine its effectiveness.
- 3 Advance to Next Step:** If the initial medication does not produce the desired results or causes adverse effects, your healthcare provider may request approval to prescribe a different medication. This process may involve submitting documentation of your medical history and treatment outcomes.
- 4 Approval:** Once approved, you may proceed to the next step in treatment with the alternative medication.

BENEFITS OF STEP THERAPY:

- **Cost Savings:** Step therapy encourages the use of lower-cost medications first, potentially saving you money
- **Safety and Efficacy:** It ensures that you receive safe and effective treatment while minimizing the risk of unnecessary side effects

CONSIDERATIONS:

- **Patient Advocacy:** If you believe the prescribed treatment is medically necessary or the preferred drug is not effective for you, you can work with your healthcare provider to appeal the decision
- **Communication:** Stay informed about your insurance plan's step therapy requirements and discuss any concerns with your healthcare provider
- Understanding step therapy can help you navigate your prescription benefits effectively and ensure you receive the most appropriate treatment for your medical needs

For more information on step therapy and how it applies to your specific insurance plan, please reach out directly to Optum Rx or the benefits department at benefitssupport@gates.com.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) lets you save pre-tax dollars to pay for health expenses and we help by contributing to your account too!

If you are enrolled in a High Deductible Health Plan (HDHP) like Gates CDHP1 or CDHP2, you are eligible to set up an HSA through OptumBank.

2025 Contribution Limits¹

All contributions to your HSA are tax free, as well as any interest or other earnings you receive on your account. Everything saved in the account is yours, even if you leave Gates. You can save as much as you want to in your HSA, up to the limits based on your elected coverage and salary range as shown below:

Salary Range Contribution Options				
	<\$50k	\$50k–\$100k	\$100k–\$150k	\$150k>
Gates Annual Contribution (if you qualify for funding all four quarters in the year per the chart below)				
Employee Only	\$750	\$500	\$350	\$250
Employee + Family	\$1,250	\$1,000	\$700	\$500
Employee Annual Contribution Option (through payroll deductions)				
Employee Only	\$3,550	\$3,800	\$3,950	\$4,050
Employee + Family	\$7,300	\$7,550	\$7,850	\$8,050
Total combined maximum contributions for all salary ranges				
Employee Only	\$4,300			
Employee + Family	\$8,550			

If you are not enrolled in a Gates medical plan, there is a monthly maintenance fee of \$3 for accounts under \$5,000.

HSA Funding

Any employee who is enrolled in a Gates CDHP plan may participate with their own contributions into the Gates HSA. Employer funding is only available to those enrolled in a Gates CDHP medical plan. The amount you will receive is based on the coverage elected in the Gates CDHP medical plan and your salary. The employer-funded amount will be prorated on a bi-annual basis.

To be eligible to receive the bi-annual funding:

- You must be enrolled in a Gates CDHP medical plan
- You must be an active employee as of the payroll funding processing date
- Your Gates HSA account must be active, verified and open by the bi-annual deadline dates.

Bi-Annual Deadlines	Funding Timing
January 31, 2025	February 7, 2025
August 1, 2025	August 8, 2025

Bi-annual funding will be processed as soon as administratively feasible by payroll the month following each bi-annual deadline date.

¹If you are age 55 or older you are eligible to contribute an additional \$1,000 as a 'catch-up' contribution.

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, subject to a minimum \$2,000 account balance requirement.

Tax-Savings Example

Funds allocated to your HSA are allocated on a pre-tax basis. This means that if you allocate \$1,000 to your HSA, you will not pay normal income tax (20% or greater) and \$1,000 will be deposited into your account. By directing funds into your HSA, it allows you to save money which can be used for health claims and care.



Make the Most of Your HSA



Scan or click the QR Code to learn more about how your HSA works.

OptumRx

www.optumbank.com • 866-234-8913

FLEXIBLE SPENDING ACCOUNT (FSA)

Our Flexible Spending Accounts (FSA) allow you to pay for out-of-pocket medical and dependent care expenses with pre-tax dollars. You choose how much you'd like to contribute to your FSA for the year, and each pay period a portion of your election amount is deducted.

Coverage Summary

Health Care FSA	Limited Purpose FSA	Dependent Care FSA	Parking FSA
What can it be used for?			
<ul style="list-style-type: none"> Pay for qualified medical, pharmacy, dental and vision expenses Election amounts can only be changed due to a qualifying life event 	<ul style="list-style-type: none"> Pay for qualified dental and vision expenses Election amounts can only be changed due to a qualifying life event 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Pay for qualified parking and transit expenses This plan runs on a monthly basis so you can stop, start or change your contributions from month to month
Who can participate?			
Employees who are enrolled in the Gates PPO plan. If you are enrolled in Gates CDHP1 or CDHP2 medical plan, this option DOES NOT apply to you.	Employees who are enrolled in a Gates CDHP1 or CDHP2 plan. If you are enrolled in the Gates PPO medical plan, this option DOES NOT apply to you.	Anyone can participate in this benefit.	Only Denver employees can participate in the benefit.

2025 Contribution Limits

You choose how much you want to save annually into your FSA account (up to the limits outlined below). All contributions to your FSA are tax free. Employees can carry over up to \$640 for the Health FSA and \$610 for the Limited Purpose FSA into 2026. Any amount above that will be forfeited. You cannot transfer money from one FSA to another. Gates 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	\$3,200
Limited Purpose FSA	\$3,200
Dependent Care FSA	\$5,000 / \$2,500 if single or married and filing separately
Parking FSA	\$310/month

Tax-Savings Example

Funds allocated to your FSA are allocated on a pre-tax basis. This means that if you allocate \$1,000 to your FSA, you will not pay normal income tax (20% or greater) and \$1,000 will be deposited into your account. By directing funds into your FSA, it allows you to save money which can be used for health claims and care.



Calculate your FSA Costs



Scan or click the QR Code to access the UHC FSA Cost Calculator.



UHC

www.myuhc.com • UHC app • 800-438-6388

DENTAL

Gates offers two dental plans, the High Plan and Low Plan. Both offer basic services, major services, and orthodontics, with four free cleanings annually including two exams with a dentist for preventative services.

Coverage Summary

	Low Plan (Dental Plan 1)	High Plan (Dental Plan 2)
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 up to age 19	Plan pays 50% after deductible \$2,000 lifetime maximum	Plan pays 50% after deductible \$2,500 lifetime maximum

Bi-Weekly Dental Rates

	Low Plan		High Plan <\$100k		High Plan >\$100k	
	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost
Employee Only	\$8.46	\$6.81	\$10.01	\$9.28	\$11.57	\$7.72
Employee + Spouse	\$16.30	\$14.19	\$19.39	\$19.09	\$22.45	\$16.03
Employee + Child(ren)	\$18.45	\$16.58	\$22.20	\$22.02	\$25.71	\$18.52
Employee + Family	\$26.50	\$23.74	\$31.60	\$31.85	\$36.60	\$26.85



Dental Plan Information



Scan or click the QR Code to watch a quick video about Dental Plan Coverage.

MetLife

www.metlife.com/dental • 800-438-6388

VISION

Gates offers a comprehensive vision plan through Vision Services Plan (VSP) which includes access to great eye doctors, an annual exam, lenses, frames, and contact lenses. VSP has many providers all over the United States, including over 700 Visionworks locations and a variety of local optometrists and eyewear shops.

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	\$25 copay \$150 allowance 20% discount over VSP allowance	Up to \$70 reimbursement
Safety Frame All safety frames are tested and certified according to current ANSI & OSHA requirements	<ul style="list-style-type: none"> Covered-in-full frames up to the retail allowance 20% savings on any amount above the retail allowance 	
Contact Lenses Available once every 12 months in lieu of lenses & frames	\$150 allowance	Up to \$105 reimbursement

Bi-Weekly Vision Rates

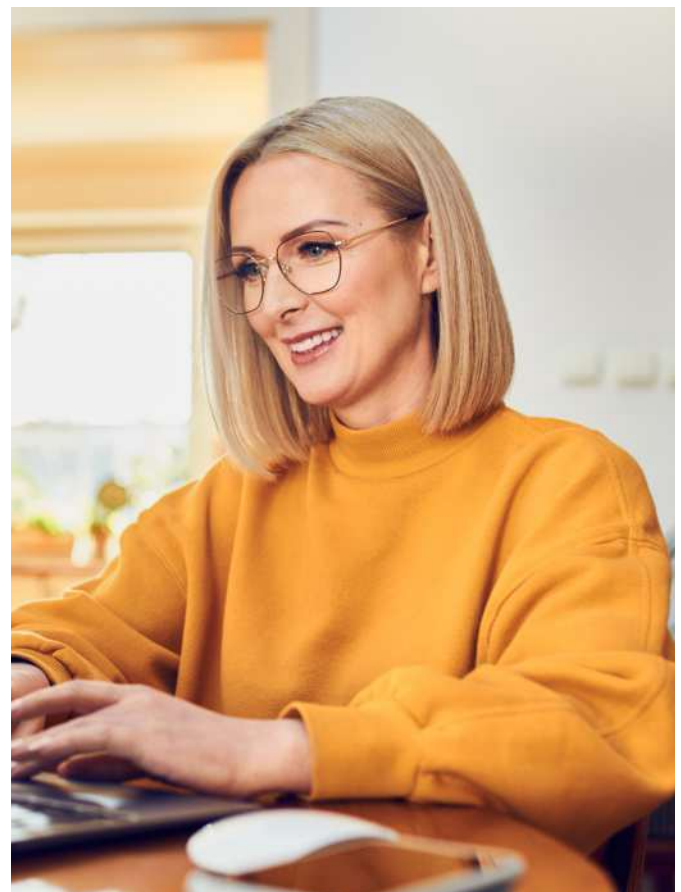
VSP Plan

Employee Only	\$3.87
Employee + Spouse	\$5.81
Employee + Child(ren)	\$6.12
Employee + Family	\$9.68

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

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance works to complement your medical coverage and pays a cash benefit in addition to what your medical plan may or may not cover. It's coverage that provides financial support when you or a loved one becomes seriously ill.

Coverage Summary

Eligible Individual	Initial Benefit	Requirements
Employee	\$10,000 or \$20,000	Coverage is guaranteed provided you are actively at work. ³
Spouse/Domestic Partner ¹	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the certificate. ³
Dependent Child(ren) ²		

Initial Benefit

Upon diagnosis (must occur after coverage effective date), Critical Illness Insurance provides you with a lump-sum payment of \$10,000 or \$20,000 in initial benefits. The total benefit amount available is 5 times that of the initial benefit amount, which is \$50,000 or \$100,000, in the event that you or a loved one experience more than one covered condition. The payment is paid directly to you and is yours to spend however you like, including for your or your family's everyday living expenses. You pay the full cost of coverage through MetLife on a post-tax basis.

38 Conditions Covered Including:

- Benign Brain Tumor, Coma, Coronary Artery Bypass Graft (CABG), Heart Attack, Invasive & Non-Invasive Cancer, Severe Burn, Stroke

Health Screening Benefits

MetLife will provide an annual benefit when an employee is enrolled in Critical Illness of \$50 per calendar year for taking one of the over 50 eligible screening/prevention measures including:

- Routine health check up
- Blood test to determine total cholesterol
- Oral cancer screening

For the full listing of the 38 conditions and health screening benefits, please visit www.gateshealth.com.

Recurrence Benefit⁴

What happens if you become ill again? Your plan pays a Recurrence Benefit – additional coverage, equal to the coverage you received the first time you became ill for the following Covered Conditions:

- Benign Brain Tumor
- Coma
- Coronary Artery Bypass Graft (CABG)
- Heart Attack
- Invasive & Non-Invasive Cancer
- Severe Burn
- Stroke

A Recurrence Benefit is only available if an Initial Benefit has already been paid for the Covered Condition. There is a benefit suspension period between recurrences.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit and is 5 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 500% or \$50,000 or \$100,000.

¹Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

²Dependent Child coverage varies by state. Please contact MetLife for more information.

³For all states but CA: Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

For CA sites: Coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of their job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

⁴We will not pay a Recurrence Benefit for a covered condition that recurs during a benefit suspension period. We will not pay a recurrence benefit for either a full benefit cancer or a partial benefit cancer unless the covered person has not had symptoms of or been treated for the full benefit cancer or partial benefit cancer for which we paid an initial benefit during the benefit suspension period.

Critical Illness Rates

Attained Age	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse / Child(ren)	
	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000
<25	\$2.68	\$1.34	\$4.71	\$2.35	\$4.89	\$2.45	\$6.83	\$3.42
25-29	\$2.86	\$1.43	\$4.89	\$2.45	\$4.98	\$2.49	\$7.02	\$3.51
30-34	\$3.69	\$1.85	\$6.09	\$3.05	\$5.82	\$2.91	\$8.31	\$4.15
35-39	\$5.08	\$2.54	\$8.03	\$4.02	\$7.20	\$3.60	\$10.25	\$5.12
40-44	\$7.57	\$3.78	\$11.72	\$5.86	\$9.69	\$4.85	\$13.85	\$6.92
45-49	\$11.17	\$5.58	\$16.89	\$8.45	\$13.29	\$6.65	\$19.02	\$9.51
50-54	\$16.52	\$8.26	\$24.18	\$12.09	\$18.65	\$9.32	\$26.31	\$13.15
55-59	\$23.63	\$11.82	\$33.88	\$16.94	\$25.85	\$12.92	\$36.09	\$18.05
60-64	\$33.69	\$16.85	\$47.63	\$23.82	\$35.82	\$17.91	\$49.85	\$24.92
65-69	\$49.85	\$24.92	\$69.60	\$34.80	\$51.97	\$25.98	\$71.72	\$35.86
70+	\$69.42	\$34.71	\$97.85	\$48.92	\$71.63	\$35.82	\$99.97	\$49.98



Critical Illness Information



Scan or click the QR Code to watch a quick video about Critical Illness Insurance.

MetLife

www.metlife.com • 800-438-6388

ACCIDENT INSURANCE

Accidents happen and can cause huge financial strain. Accident Insurance helps you cover the costs of an injury, giving you an extra level of financial protection when you need it most.

Accident Insurance, administered by MetLife, works to complement your medical coverage and pays a cash benefit in addition to what your medical plan may or may not cover. It's coverage that provides a financial cushion for life's unexpected events by providing you with a lump-sum payment (one convenient payment) when your family needs it most.

The payment you receive is yours to spend however you like. It pays if you have tests, receive medical services, treatment or care for one of more than 150 covered events as defined in your group certificate. This includes hospitalization resulting from an accident, and accidental death or dismemberment. You pay the full cost of coverage through MetLife on a post-tax basis.

Coverage Summary

Coverage	Accident Insurance pays out a lump sum if you incur an injury as a result of an accident
Options available	<ul style="list-style-type: none">High and low plans availableHigh plan generally pays 2x low plan benefitsDetails available on gateshealth.com
Who is covered?	Choose which plan is best for you: <ul style="list-style-type: none">Employee OnlyEmployee & SpouseEmployee & Child(ren)Employee & Family
Services covered	Over 150 covered events and services, such as fractures, dislocations, 2nd & 3rd degree burns and medical treatments or tests resulting from an accident. Please visit gateshealth.com for full list of covered services

Coverage Example

Kathy's daughter, Molly, plays soccer. During a recent game, she was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Please Note: Amounts listed are for the High Plan (may vary for Low Plan).

Covered Event	Benefit Amount
Ambulance (ground)	\$300
Emergency Care	\$200
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired with a crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,450

Accident Rates

	Low Plan	High Plan
Employee Only	\$1.79	\$3.44
Employee + Spouse	\$3.17	\$6.08
Employee + Child(ren)	\$3.40	\$6.55
Employee + Family	\$4.29	\$8.25



Accident Information



Scan or click the QR Code to watch a quick video about Accident Insurance.

MetLife

www.metlife.com • 800-438-6388

HOSPITAL INDEMNITY

Help prevent financial stress and supplement your healthcare coverage with lump-sum benefits paid directly to you.

During a hospital stay, you might need various treatments, tests and therapies to get up and about again. These services could result in out-of-pocket costs beyond what your medical plan may cover, such as deductibles, co-pays and out-of-network care costs while hospitalized. With MetLife's Hospital Indemnity Insurance, you will receive a lump-sum payment to use however you see fit (regardless of any other payments you may receive from your medical plan), if you or a loved one becomes hospitalized.

Coverage Summary			
Plan Feature	Benefit	Benefit Amount	Coverage
Admission Benefit	<ul style="list-style-type: none"> Admission¹ Intensive Care Unit (ICU) Supplemental Admission (Benefits paid concurrently with Admission Benefit when Covered Person is admitted to ICU) 	\$1,000	4 times per calendar year
Confinement Benefit	<ul style="list-style-type: none"> Confinement² ICU Supplemental Confinement (Benefits paid concurrently with Confinement Benefit when Covered Person is confined in ICU) 	\$100	31 days per calendar year. ICU Benefit will pay an additional benefit for 31 of those days
Newborn Confinement Benefit	Newborn Confinement for newborn nursery care ³	\$100	2 days per routine delivery 4 days per cesarean delivery
Inpatient Rehabilitation Unit Benefit⁴	Inpatient Rehabilitation for injury or sickness	\$100	31 days per calendar year

Coverage Example

After having chest pains at home, Susan heads to her local hospital and requires immediate admission to the Intensive Care Unit (ICU) for treatment. After two days in the ICU, she moves to a standard room and spends two additional days recovering in the hospital. Susan is then released to her primary care physician for follow-up treatment. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. Hospital Indemnity payments can help cover these unexpected costs or in any other way Susan sees fit.

Covered Event	Benefit Amount
Regular Hospital Admission (1x)	\$1,000
ICU Supplemental Admission (1x)	\$1,000
Regular Hospital Confinement (3 total days)	\$100
ICU Supplemental Confinement (1 day)	\$400
Benefits paid by Hospital Indemnity Insurance	\$2,500

¹The Admission Benefit for residents of CT and ID will be increased to \$825/\$1,650 for plan design(s) Low/High and \$850/\$1,725 for plan design(s) Low/High, respectively, because some benefits in this plan design are not available. See the Schedule of benefits in the CT and ID certificate. The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement. Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Consult your certificate for details.

²When plan includes an Admission Benefit, the Confinement Benefit begins on Day 2.

³The Newborn Confinement Period Begins Immediately following the child's birth.

⁴Benefit(s) that requires prior Admission or Confinement. Inpatient Rehabilitation Unit Benefit is standardly applied for covered Accidents only. It is available as an add-on for Sickness.

Hospital Indemnity Rates

Employee Only	\$4.99
Employee + Spouse	\$12.36
Employee + Child(ren)	\$8.51
Employee + Family	\$15.60



Hospital Indemnity Information



Scan or click the QR Code to watch a quick video about Hospital Indemnity Insurance.

MetLife

www.metlife.com • 800-438-6388

LEGAL PLAN

Access to quality, prepaid legal services can give you peace of mind.

In-network providers that contract with MetLife can provide you with legal advice and consultation without additional costs. Available topics include money matters, home and real estate, personal issues, estate planning, civil lawsuits, family or elder-care issues and vehicle and driving matters.

What’s Covered?

MetLife’s Legal Plan provides legal assistance from a network attorney with no waiting periods, no deductibles and no claim forms required for some of the most frequently needed personal legal matters. If you enroll in this plan, you and your family members will be covered for the following types of personal legal services:

- Personal, confidential legal consultation from an attorney, by office visit or telephone
- Family matters, estate planning, debt matters, juvenile matters, traffic matters, consumer protection and real estate matters
- Wills, codicils, living trusts, deeds, affidavits, notes, powers of attorney and other personal legal document review

You pay the full cost of coverage through MetLife Legal Plans on a post-tax basis

Please Note: These legal services cannot be used to take an action against Gates.

Legal Rate	
Employee	\$7.27



Legal Plan Information



Scan or click the QR Code to watch a quick video about the Legal Plan.

MetLife Legal Plans

www.legalplans.com • 800-821-6400

IDENTITY AND FRAUD PROTECTION PLAN

Smart, simple identity and fraud protection all in one place. Proactive protection to help stop threats before they strike.

With MetLife and Aura Identity and Fraud Protection, you'll have the option to enroll in a robust digital security plan to help protect you and your family from financial and identity fraud. Stay a step ahead of threats with credit monitoring & alerts, optional credit lock and financial account monitoring to help keep your assets safe.

Plan Features

- **Financial Fraud Protection:** Get alerted to new inquiries to your credit, suspicious transactions on your bank accounts and changes to your home or car title
- **Identity Theft Protection:** Stay a step ahead of threats with credit monitoring & alerts, optional credit lock and financial account monitoring to help keep your assets safe
- **Privacy & Device Protection:** Shop, bank and work online more safely and privately with safety tools, including VPN/Wi-Fi security, safe browsing and password manager. Our solution also requests removal of your personal info from data broker lists to help reduce spam like robocalls, robotexts and more
- **Customer Service:** 24/7/365 customer support to answer account, technical or billing questions. Plus, resolution specialists provide white glove case management services to victims of fraud

Plan Options

- **Protection Plus Plan:** Robust protection for your identity, finances, privacy and unlimited devices per adult member
- **Individual for Protection Plus:** Protection for the employee only
- **Family Coverage for Protection Plus:** Our inclusive definition of "Family" allows the employee to add up to 10 additional adults and unlimited minors to the plan. Added members are not required to live in the same household

Identity Protection Rates	
Employee	\$3.90
Employee + Family	\$6.44

MetLife

www.metlife.com • 800-438-6388



LIFE AND AD&D INSURANCE

While nothing can take away the pain of losing a loved one or experiencing a disabling event, Life and Accidental Death & Dismemberment (AD&D) Insurance can help to ease the financial pressure on your family should the unexpected occur.

Basic Life and Accidental Death & Dismemberment Insurance

Gates provides an amount of Life and AD&D insurance to all eligible employees at no cost to you. Each of these benefits is provided based on the following:

Salaried & Non-Union Hourly Employees

- 1x annual base salary rounded to the next higher \$1,000¹

Union Hourly Employees (Elizabethtown & Galesburg)

- Refer to your current union contract book for the amounts allocated by date and year

Bi-weekly AD&D Insurance Rates	
Voluntary	
Employee	\$0.010
Spouse	\$0.011
Child	\$0.013
Dependent Child(ren)	
Child	\$0.085



¹Please refer to the policy for applicable maximums.

Supplemental Life, Accidental Death & Dismemberment Insurance

You have the option to purchase additional Life and/or AD&D insurance through The Hartford for yourself, your spouse and dependent children. In order to enroll in Spouse and Dependent Life/AD&D Insurance you must enroll yourself in Employee Supplemental Life/AD&D Insurance. Please note that age reductions and/or termination of coverage may apply depending on your and/or your spouse's age.

Type	Options	When is EOI required? (Applies to life insurance only)
Employee	1x – 4x annual base salary up to a maximum of \$1,250,000 (combination of Basic + Supplemental)	When increasing coverage by more than 1x annual earnings; When the coverage amount is above the guaranteed issue amount of \$500,000; or When electing coverage for the first time outside your initial eligibility period
Spouse	Increments of \$10,000 up to \$100,000 or 100% of your Employee Supplemental Life/AD&D Insurance coverage	When increasing by more than one \$10,000 increment outside your initial eligibility period
Dependent	Increments of \$10,000 up to \$30,000	EOI is not required

TO COMPLETE EVIDENCE OF INSURABILITY (EOI) MEDICAL UNDERWRITING

You will receive a notification directly from The Hartford following enrollment, inviting you to complete your Evidence of Insurability (EOI) online. The link and login credentials will be sent in this post-enrollment notification. Visit myhartfordbenefits.com/gatescorporation/Login

Bi-weekly Employee & Spouse Supplemental Life Insurance Rates

Age	Employee & Spouse Rate Non-Nicotine	Employee & Spouse Rate Nicotine
Under 25	\$0.014	\$0.023
25-29	\$0.017	\$0.028
30-34	\$0.023	\$0.037
35-39	\$0.025	\$0.042
40-44	\$0.035	\$0.059
45-49	\$0.056	\$0.096
50-54	\$0.085	\$0.148
55-59	\$0.152	\$0.249
60-64	\$0.207	\$0.346
65-69	\$0.355	\$0.586
70 +	\$0.654	\$1.056



Life and AD&D Information



Scan or click the QR Code to access additional resources from The Hartford.

The Hartford

mytomorrow.thehartfordtools.com/gatescorporation/GatesCorp • 888-563-1124

DISABILITY INSURANCE

Sometimes life throws you a curveball and you may be unable to work due to illness or injury. Gates provides short- and long-term disability protection at no cost to all eligible employees.

You are automatically enrolled in the Gates-provided Short-Term and Long-Term Disability benefits. If you would like to purchase additional Long-Term Disability coverage, you will need to make that election during Open Enrollment.

Short-Term Disability Insurance

(Company-provided at no cost to you)

Short-Term Disability (STD) Insurance replaces a portion of your income if you are unable to work because of a personal non-work related injury, illness or childbirth. Only non-occupational injuries and non-occupational illnesses are covered.

Plan Features	
Elimination Period	Benefits start on the 8th consecutive calendar day for a disability period due to illness, a disabling pregnancy-related condition or injury. The elimination period is waived for birth of a child/maternity – benefits start immediately as of date of birth.
Schedule of Short-Term Disability Income Benefits	
Weekly Benefit	66.66% of your pre-disability earnings calculated on a weekly basis, will be paid through payroll for illness, disabling pregnancy-related condition or injury. 100% of your pre-disability earnings calculated on a weekly basis paid through payroll for birth of a child/maternity.
Maximum Weekly Benefit (Combined total with all Other Income Benefits)	\$2,600
Maximum Weekly Benefit Period	25 weeks, unless it ends earlier for one or more of the reasons stated in your SPD.

The Hartford

www.thehartford.com/learn/st-lt-disability-page

866-269-6249

Long-Term Disability Insurance

(Company-provided at no cost to you)

Long-Term Disability (LTD) Insurance replaces a portion of your income as a monthly benefit if you continue to be unable to work for a period of long-term disability caused by an illness or injury that occurs while your coverage is in effect. Occupational injuries and illnesses and non-occupational injuries and illnesses are both covered including some conditions related to pregnancy. All LTD payments are issued directly to the recipient by The Hartford.

The company-provided LTD benefit is 50% of your monthly pre-disability earnings, maximum benefit is \$5,000/month.

Long-Term Disability Buy-Up Option

You may purchase additional coverage through the Buy-Up Option which increases your coverage to 60% of your monthly pre-disability earnings to a maximum benefit of \$6,000/month. This option requires Evidence of Insurability (EOI) underwriting if you did not previously elect the Buy-Up Option when first eligible (at new hire or when transitioning to full-time employee status).

Long-Term Disability Buy-Up	
Rate per \$100 of covered monthly payroll (gross pay). The maximum covered monthly payroll is \$10,000.	\$0.373



Disability Information



Scan or click the QR Code to access additional resources from The Hartford.

GATES LEAVE POLICIES

Bereavement

Full-time and part-time with benefits employees are eligible, from date of hire, for paid leave of up to five (5) workdays, over a seven (7) day period, to grieve and/or attend the funeral of an immediate family member. Immediate family is defined as the employee's:

- Spouse
- Child
- Parent and parent-in-law
- Sibling

Full-time and part-time with benefits employees are eligible, from date of hire, for paid leave of up to three (3) workdays, over a seven (7) day period, to grieve and/or attend the funeral of an extended family member. Extended family member is defined as the employee's:

- Daughter/son in-law
- Brother/sister in-law
- Grandparent and grandparent-in-law
- Great grandparent and great grandparent-in-law
- Grandchild and grandchild-in-law
- Great grandchild and great grandchild-in-law
- Dependent (as defined by IRS guidelines)

Jury Duty

The Company realizes that it is the obligation of all U.S. citizens to serve on a jury or act as a witness when summoned to do so. All employees will be allowed time off to perform such civic service as required by law.

Upon receipt of notification from the state or federal courts of an obligation to serve on a jury or to act as a court witness, the employee should notify his/her supervisor. The employee is required to provide copies of the subpoena or jury summons to his/her supervisor.

The supervisor will verify the notification and make scheduling adjustments to accommodate the employee's obligation and update the time reporting system to indicate jury duty was taken. If the required absence presents a serious conflict for management, the employee may be asked to try to postpone the jury duty. The employee is also expected to verify service and keep management informed of the expected length of jury duty service and to report to work for the major portion of the day if he/she is excused by the court.

Non-exempt/hourly employees on jury duty leave will be paid for time spent on jury duty service in accordance with state law, however, exempt employees will be paid their full salary for any week in which they perform authorized work for the Company. Documentation may be requested to support the leave.

Family Medical Leave of Absence (FMLA)

Gates complies with the FMLA by providing up to 12 weeks of job-protected FMLA Leave during a 12 month period to Eligible Employees for the following reasons:

- Incapacity due to pregnancy, prenatal care, or child birth
- To care for the employee's child after birth, adoption, or foster placement, or prior to the actual adoption or foster placement of the child if required for the adoption or foster placement to proceed
- To care for the employee's spouse, child or parent who has a Serious Health Condition
- For an employee's Serious Health Condition that makes the employee unable to perform the employee's job

Leave provided under the FMLA is unpaid. However, depending on the circumstances of the leave, and as specified in this policy, the employee's time off may end up being paid (whether at the employee's regular pay rate or some lesser percentage thereof), unpaid or a combination of paid and unpaid. The Company requires the use of accrued sick pay for the employee's own Serious Health Condition, and the use of available vacation for all other qualifying events.



For full policy details, please navigate to <https://gates4.sharepoint.com/sites/Gateway/>.

GATES LEAVE POLICIES

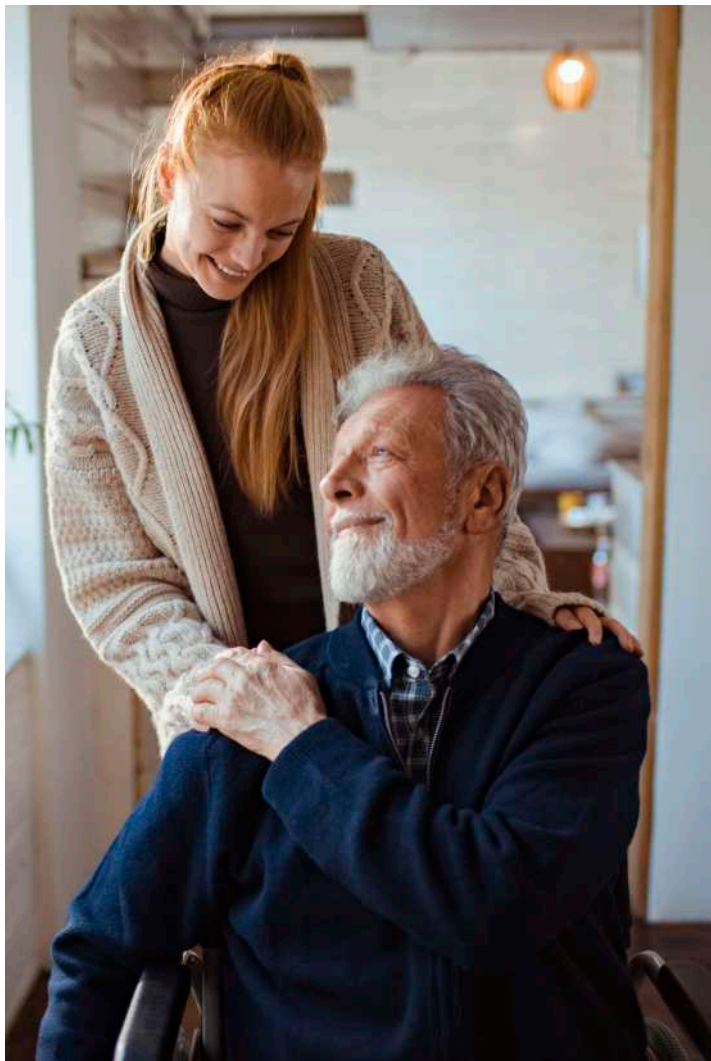
FAMLI (Colorado Employees Only)

General Leave Provisions

Gates complies with the FAMLI Act by providing paid FAMLI Leave to Eligible Employees for the following reasons:

- Caring for a new child during the first year after the birth, adoption, or foster care placement of that child
- Caring for a family member with a Serious Health Condition
- Caring for your own Serious Health Condition
- Making arrangements for a family member's Qualifying Exigency
- Obtaining safe housing, care and/or legal assistance for yourself (or family member) experiencing specific issues related to domestic violence, sexual assault or abuse or stalking

Eligible Employees may be entitled to up to 12 weeks of paid FAMLI Leave per year. In addition, Eligible Employees who have a Serious Health Condition caused by pregnancy complications or childbirth complications may be entitled to up to 4 additional weeks of paid FAMLI Leave per year for a total of 16 weeks.



Parental Leave

Gates recognizes that flexibility and family-friendly policies are essential to cultivating an atmosphere in which employees can thrive professionally, as well as meet their essential family needs. Gates has instituted this Policy to provide a Parental Leave benefit in order to give each employee additional flexibility and time to bond with a new child and to adjust to his or her new family situation.

Personal Leave

Gates recognizes that there may be special situations that may require an employee to be away from work for an extended period of time. This personal leave policy allows an employee to be absent from work without pay for a specified time for personal reasons ("Personal Leave").

Military Leave

Gates is committed to supporting its employees in the United States Armed Forces, including the National Guard and Military Reserves. Recognizing that employees may require time away from work to fulfill their military service commitments, Gates has implemented this Military Leave of Absence Policy to comply with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and/or applicable state law.

If the leave required by the USERRA should change, Gates will provide military leave to the extent required under the USERRA. In the event of any conflict between this Policy and any applicable law, including any state-level military leave laws, employees will be afforded all rights required by law.

For full policy details, please navigate to <https://gates4.sharepoint.com/sites/Gateway/>.

401(K) RETIREMENT SAVINGS PLAN

We give you all the tools you need to plan for a comfortable and secure retirement. We encourage all eligible employees to take advantage of Gates' 401(k) plan and the full suite of services available through Charles Schwab.

Eligibility & Automatic Enrollment

Full-time employees are eligible to enroll and make contributions to the Gates Matchmaker 401(k) Plan (the 401(k) Plan) after receiving their first paycheck. If you do not enroll yourself, you will be automatically enrolled after 30 days at a 3% pre-tax contribution rate. Your contributions will occur as soon as administratively feasible after enrollment.

Temporary employees are eligible after one year of service and at least 1,000 hours of service in a twelve-month period.

Automatic Savings Adjustment

Every April, your pre-tax contributions will automatically increase by 1%, and will continue to increase by 1% each year thereafter until you reach 8% of eligible compensation. No action is required on your part to make this happen.

You always have the ability to opt out of this automatic adjustment, or change your contribution rate on your own at any time. If you prefer not to participate, you **MUST** go online to gateshealth.com/retirement or contact Schwab Participant Services at 800-401-5866 and opt out of participation.

Charles Schwab

www.workplace.schwab.com

800-724-7526



ACCESSING YOUR ACCOUNT

You may access your account and make changes to your information at any time in the following ways:



Go online to the 401(k) Plan's website at gateshealth.com/retirement. Use the "Register Now" link to establish your login ID and password. Once you have successfully created your login credentials, you will be able to login to www.workplace.schwab.com or the Schwab Retirement Workplace App and follow the prompts to enroll



Get the Schwab Retirement Workplace App at workplace.schwab.com/mobile



Contact Participant Services at 800-401-5866 from 6:00am to 10:00pm (CT), Monday through Friday

ADDITIONAL AVAILABLE FEATURES OF YOUR 401(K) PLAN THROUGH SCHWAB

- Loans and In-Service Withdrawals
- Learning Center
- Retirement Modeling Tool
- Essentials Program
- Managed Account and Advisory Services through Morningstar Investment Management LLC & Schwab Retirement Planner®
- High Yield Investor Checking and Savings Accounts



Scan or click the QR code to learn more.

401(K) RETIREMENT SAVINGS PLAN

Your Contributions

You determine how much to contribute from each paycheck. The 401(k) Plan allows pre-tax, Roth 401(k), after-tax and catch-up contributions (age 50+). With automatic enrollment, your contributions will be invested in the Target Retirement Date Investment Model (TDM) based on your date of birth, as determined by the 401(k) Plan, until you make a new investment election. More detailed information on the investment options can be found on the Schwab plan website.

Pre-tax Contributions¹

You may contribute any whole percentage from 1% to 75% of your eligible compensation for each payroll period on a pre-tax basis (up to the annual IRS limit). Pre-tax contributions are made before taxes, reducing your current taxable income. Taxes are deferred until you withdraw money from your account.

Roth 401(k) Contributions¹

You may contribute any whole percentage from 1% to 75% of your eligible compensation for each payroll period on an after-tax basis (up to the annual IRS limit). Because Roth 401(k) contributions are made on an after-tax basis, both the contributions and any earnings are not subject to additional taxes or penalties upon distribution as long as the contributions have been held for at least five years and you have reached age 59 ½, become disabled or died.

Contribution Limits¹

There is a combined limit of 75% for pre-tax, Roth 401(k) and/or after-tax contributions.

Catch-Up Contributions¹

For each calendar year in which you are age 50 or older, you are entitled to make additional pre-tax deferral and/or Roth 401(k) contributions, called catch-up contributions (up to the annual IRS limit).

You may change your contribution rate or stop contributions at any time. Any change will be made as soon as administratively feasible.

Company Contributions

Gates is committed to your Financial Wellbeing beyond your time with us and contributes additional money into your 401(k) account to help you meet your retirement goals.

Company Basic Contribution

As a benefit for eligible 401(k) Plan members, the company will make a company basic contribution in the amount of 3% of your eligible compensation each payroll period, 100% vested immediately upon hire.

Match on Your Contributions

The company will also match 100% on the first 3% of eligible compensation that you contribute to the 401(k) Plan as pre-tax or Roth 401(k) contributions each payroll period. After-tax and catch-up contributions are not eligible for company matching contributions. The employer contribution is paid on a pre-tax basis and may be taxable at withdrawal.

Vesting

Vesting refers to the amount of your 401(k) Plan account that you could take after you leave Gates employment. You are 100% vested in your own contributions and any associated earnings. You are also immediately 100% vested in the company Basic Contribution. You will be vested in the company's matching contributions according to the chart below.

Years of Service	Company Match Vesting Schedule ²
1 year	0%
2 years	0%
3 years	100%

¹At the time this guide was created, 2025 limits were not finalized. Please refer to the IRS and gateshealth.com for updated limits.² Account balances are 100% vested if you reach age 65, die or become disabled while employed by Gates.



DON'T LEAVE FREE MONEY ON THE TABLE

Double the money Gates gives you by contributing at least 3% of your own money into the plan to gain an additional 3% company match.

3%
Company Basic
Contribution

+

3%
Employee
Contribution

+

3%
Company
Match

=

9%
TOTAL CONTRIBUTIONS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Balancing the demands of work, home, family, finances, health and wellbeing can be challenging at times. We want to ensure that if any issues come up, you have our support every step of the way.

Our Employee Assistance Program (EAP) through Magellan is a confidential service, offering you and your household members access to counseling and life-enhancing programs. Core services¹ within this program are paid for by Gates – they won't cost you anything. No one at Gates will be informed of any personal information you share with Magellan.



24/7 Confidential, Professional Help Services

Lifestyle Coaching

Includes six, 45-minute sessions per year with a certified lifestyle coach to help you achieve your goals related to career planning, healthy weight, relationships, personal improvement and more.

Counseling

Includes five sessions per issue, per year, per person with experienced counselors for needs such as stress, anxiety, drug and alcohol dependence, grief, loss, relationships and parenting.

Digital Emotional Wellness Tools

Unlimited access to the Neuroflow app that provides self-directed in-app coaching and tools for anxiety, stress, depression, pain, sleep, alcohol, drug and nicotine misuse or recovery and other emotional wellness needs.

Legal Assistance

Legal service consultations and discounted legal services such as estate planning, family law, mediation and document preparation.

Financial Coaching

Access to certified Money Coaches for concerns such as debt and credit, spending and saving, maternity leave, large purchases and caring for parents.

Identity Theft Resolution

Consultation with a Fraud Resolution Specialist™ (FRS), identity theft education and free credit report.

Work-Life Services

Personalized referrals to service providers including childcare, adult care, education, home improvement and more.

LifeMart

Discounts for car, home, vacation and day-to-day essentials.



NATIONAL SUICIDE PREVENTION LIFELINE

Call the NCP Lifeline 800-273-8255 or text 988

NATIONAL ALLIANCE OF MENTAL HEALTH

In a crisis? Text NAMI to 741741 or call the NAMI Helpline 800-950-6264

MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

For general information on mental health and to locate treatment services in your area, call the Treatment Referral and Substance Abuse Helpline 800-662-HELP (4357)

Magellan

magellanhealthcare.com/member-sites • 800-424-4268

¹Fees may apply to elected services that extend beyond Gates' core program.



POWERING YOUR PERKS

As a Gates employee, choosing your benefits does not end at Open Enrollment. With the Perks@Work program, you have access to additional “perks” that enhance both your personal and professional life, year-round.

Gates Employee Referral Award

Our U.S. based employees are eligible to receive up to \$1,500¹ for referring an individual who is hired and joins Gates in the United States region.

In order to be eligible for the award, the referral applicant is required to have formally applied through the “Gates Careers” page via www.Gates.com or at a Gates facility. The referral must be documented by the referral applicant in the designated space on a Gates employment application and received by Gates prior to extension of an offer of employment to the referred candidate. Payment of an earned Award will be processed by payroll for the pay period following each of the applicable anniversary milestones (as set forth below) following the referral candidate’s start date according to the schedule below. Employees must be actively employed by Gates at time of Award payment to receive the Award. Please direct any questions regarding this Award Program to your local Human Resources representative.

How it works

Level/ Job Grade	3 Months	6 Months	1 Year	Total Reward
Non-coded (Production)	\$100	\$200	\$500	\$800
Coded (Professional Bands 10-17)	\$1,500			\$1,500

¹All award amounts are the gross amount – the actual amount received will be less applicable taxes and/or withholdings.

Dress for Your Day

All professional employees may wear jeans to work every day, not just on Fridays! When you’re not working with clients, we encourage you to dress how you feel most comfortable and in a way that helps you be your best self and deliver your best work. At Gates, we want to celebrate everyone’s unique style, while still maintaining a positive and professional environment.

Matching Gifts Program²

The Gates Industrial Corporation Foundation Matching Gift Program (the Foundation) is an ideal way to support your favorite not-for-profit organizations or educational institutions that qualify. The Foundation will match your donations to qualifying 501(c) (3) not-for-profit organizations on a dollar-for-dollar basis up to \$50,000 per calendar year in total matching donations. There is a \$25 minimum. All U.S. full-time employees of Gates Corporation are welcome to participate in the Matching Gift Program. Find the form at gateshealth.com.

²Political & religious organizations are exempt from this program.

Supplemental Out-Of-Country Assistance Programs

If you are traveling outside of the U.S. for work, AIG provides Gates employees with Medical Assistance, Travel Insurance (lost/stolen baggage assistance, ATM locators, roadside assistance and more), Concierge Services, Identity Theft Assistance and Security Assistance. As part of your Gates’ business travel accident program through AIG, you also have supplemental out-of-country accident and sickness medical coverage. This program provides benefits if you suffer a covered injury or contract an emergency sickness that requires you to be treated by a physician while traveling outside your country of permanent residence, during any trip as defined by the policy.

FOR MORE INFORMATION



The Perks outlined in this guide provide high level summaries and are only a sampling of what is available to you.

Scan or click the QR code (or visit gateshealth.com)

for more detailed information including full details on the Perks, how to access deals and to submit requests.



DISCOUNT PERKS

Automobile Purchase Discounts

Through the Gates Partner Recognition Programs, there are great deals and exclusive savings on Ford, Subaru, GM, Nissan, Volvo and many more vehicle manufacturers.

WallyPark Airport Parking at DIA

Located only 30 minutes from HQ, WallyPark Airport Parking at Denver International Airport is a great option for Gates employees to use for both business and personal related travel.

United Airlines

While we love flying with you for work, we know that sometimes you need a break. Gates' relationship with United gives you access to up to 10% off your personal travel.

Priority Bicycles “Unchain Your Ride” with Gates Carbon Drive

As a Gates employee, you have access to amazing savings from Priority Bicycles. Use promo code: “**Gates20**” at checkout for 20% off of any of their low maintenance, Gates belt drive bicycles and accessories.

AT&T®

As an employee of Gates, you are eligible for qualified wireless plans and eligible wireless accessories.

Dell®

As an employee of Gates, you can now receive exclusive savings from Dell®. Through the Dell® Member Purchase Program, you can enjoy exclusive offers, always-on savings, early access to premier events and a dedicated account team.

Microsoft®

Microsoft® offers a 30% discount to employees of enterprises with O365/M365 on a Home/Family M365 subscription.

Vari®

Vari® provides Gates employees with 15% off various office desks and office equipment.

Magellan LifeMart

We understand how expensive everyday life can be. That's why we have partnered with Magellan's LifeMart so you can access an online discount center and mobile app for all your needs and wants. LifeMart makes everyday life a little more affordable — and a lot more fun — with both national and local discounts from brands you know and love. Whether you're planning a major purchase like a car, home or vacation, or just want to save on day-to-day essentials, LifeMart is your lifeline.

Examples of your discount options:

- Car buying and services
- Child and elder care
- Clothing, flowers and gifts
- Financial and legal products
- Fitness centers and nutrition plans
- Furniture, appliances and electronics
- Theme park and movie tickets
- Travel, hotels and car rentals

Contact Magellan at **1-800-424-4268 (TTY 711)** or visit magellanhealthcare.com/member-sites to get started.



INSURANCE PERKS

Home & Auto Insurance

Introducing Gallagher Marketplace – a money-saving hub where you have year-round access to additional benefits that are on your “must-have” list.

Gallagher Marketplace is an easy way for you to access additional benefits in one place – like home and auto insurance, renters insurance, boat insurance, RV insurance, extended vehicle warranties and more.

Designed with you in mind

- Enroll at any time, not just during Open Enrollment
- Side by side online quotes from multiple carriers
- Licensed insurance advisors to help find the policy that meets your needs
- Ability to schedule a callback for a time that's most convenient
- Multiple payment options (Direct Bill)
- Potential costs savings with bundling



Scan or click the QR Code to learn more about Home & Auto.

HomeDay

HomeDay is your guide in the home buying process. By pre-negotiating with the main parties in the home buying process and operating an in-house mortgage brokerage, this perk is able to provide a large amount of direct financial assistance to you. On average, the HomeDay benefit returns its users \$4,000 upon closing.

WishBone Pet Health Insurance

Give your best friend their best life with Wishbone Pet Health Insurance.

Wishbone offers high-value, easy-to-use pet health insurance at exclusive employee benefit rates.

With Wishbone, you get:

- 90% reimbursement on accidents and illnesses
- A low \$250 annual deductible
- Fast claims processing
- Visit any licensed veterinarian
- Easy-to-use member account
- And so much more!

Plus, choose one of two optional routine care add-ons to maximize your savings on pet care. All Wishbone policies include 24/7 pet telehealth and a durable pet ID tag with a lost pet recovery service. You can enroll at anytime (Direct bill).

Visit www.wishboneinsurance.com/gates to get a quote and enroll in Wishbone Pet Insurance.





FINANCIAL PERKS

PNC WorkPlace Banking® Program

Gates employees have access to the PNC WorkPlace Banking® Program. This program consists of an array of financial products and services that will help keep your financial priorities on track.

Rocket Mortgage

Gates employees have the option to use Rocket Mortgage to receive great deals through the Rocket Mortgage Insider's Program. This program includes a personalized mortgage review, VIP treatment from the Rocket Mortgage dedicated team of Home Loan Experts and various deals and savings throughout the year. These savings roll out on a quarterly basis so make sure to keep up to date and check out gateshealth.com.



FITNESS PERKS

YogaDownload.com

Gain access to an ever-growing library of 900+ online yoga classes you can do at home or on-the-go. Gates employees can receive a year-long Elite Membership for \$29 – regularly \$90!

ClassPass

All Gates employees are eligible to register with ClassPass. Gates will cover the cost of the monthly fee for the unlimited life classes and online app features. Our partnership also provides reduced rates should you wish to participate in some of the other features of the program.



EDUCATION PERKS

Scholarship Program

Gates Industrial Corporation Foundation offers college scholarships to eligible and qualifying dependent children of Gates Corporation employees. The process starts as students enter their junior year in high school. Interested high school juniors must submit an application by March 31 of their junior year and take the PSAT/NMSQT in October of their junior year. Successful applicants will be awarded an annual scholarship of \$4,000 to the college of the student's choice for four years.

Tuition Reimbursement

At Gates, we consider our people one of our greatest assets. U.S. non-union full-time employees and part-time with benefits employees, working 30 or more hours per week, with twelve months continuous service are eligible to receive financial assistance for continued learning and development. The annual amount maximum is \$5,250 per year based on the reimbursement date. For a detailed overview of the Educational Aid Policy, go to gateshealth.com.

Student Loan Refinancing

Gates has partnered with national loan servicer, SoFi, to assist employees with paying down student debt faster with a reduced interest rate.

FOR MORE INFORMATION



The Perks outlined in this guide provide high level summaries and are only a sampling of what is available to you.

Scan or click the QR code (or visit gateshealth.com)

for more detailed information including full details on the Perks, how to access deals and to submit requests.

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 Pension/Retirement Service Center	855-409-6689
Gates Legal Ethics & Compliance Hotline	844-490-5805 gatescorp.ethicspoint.com

Gates Resource Reference	Contact
Gates Payroll	Payroll@Gates.com
Gates IT Service Desk	303-744-4440 ITServiceDesk@Gates.com
Crisis Hotline	800-327-7451 or text "support" to 78137

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 Critical Illness Insurance Accident Insurance Hospital Indemnity Identity Protection Plan	MetLife Group# 300277	www.metlife.com	800-438-6388
Legal Plan	MetLife Legal Plans Access code: 4360010	www.legalplans.com	800-821-6400
Vision	Vision Service Plan Group# 12157714	www.vsp.com	800-877-7195
Life and AD&D Insurance	The Hartford Group# 805413	www.mytomorrow.thehartfordtools.com/ gates-corporation/GatesCorp	888-563-1124
Disability Insurance	The Hartford Group# 805413	www.mytomorrow.thehartfordtools.com/ gates-corporation/GatesCorp	866-269-6249
401(k) Retirement Savings Plan	Charles Schwab	www.gateshealth.com/retirement	800-724-7526
Employee Assistance Program (EAP)	Magellan	www.magellanhealthcare.com/ member-sites/	800-424-4268
Proof of Employment Income	Thomas and Company Gates Employer Code: GATES	www.thomas-and-company.com	615-620-0569
Dependent Verifications	Consova	www.consova.com/gates	833-662-0961

Information and policies for time off including Sick, Vacation, Holidays, and all leaves of absence can be found on the Gates HR SharePoint page collab.gatesint.com/HRNS/Policy/_layouts/15/start.aspx#/SitePages/Home.aspx. You may also contact your local human resources representative with any questions or to request printed copies of this information.

2025 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, 2024 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 2025 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 2024. 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.flmedicaidtprecovery.com/flmedicaidtprecovery.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.medicicaid.la.gov or www.ldh.la.gov/la hipp 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 2024, 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
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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.

¹An 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.

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

