



Employee Benefits

2025



We perform
under pressure.

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Working together is what makes PDC Machines a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2025 benefits. Contact your Benefits Contact with any questions at 866-331-2793.

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Scan for Your Plans!



Scan with your smartphone to access enrollment materials online anytime.



See page 37 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to PDC Machines. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

Dear PDC Machines employee,

You matter to us. So, the things that are important to you matter to us, too. That's why we offer comprehensive benefits options for you and your family, including medical, dental, life and disability, and additional benefits coverage. We are committed to excellence in our work and in our offerings for 2025.

This guide includes:

- An overview of your 2025 benefits options
- Explanations of each offering to help you make the best decisions for you and your family
- Contact information for all benefits vendors
- Costs associated with your benefits

Keep in mind.

Healthcare costs grow steadily each year in the U.S. due to an aging population, increased demand for care (resulting in higher prices for premiums and prescription drugs), and an increase in chronic illness. PDC Machines cares about your health, so we do all we can to keep your healthcare costs reasonable. Use this guide to discuss your options and make the best choices for you and your family. Taking advantage of preventive care, focusing on wellness, and budgeting your costs can prepare you for the year ahead.

Any questions?

We're here to help. Contact your Benefits Contact, Lockton Advantage, at 866-331-2793.



Eligibility and Enrollment

PDC Machines' benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of PDC Machines who is regularly scheduled to work 30 or more hours of service per week, you are eligible to participate in medical, dental, life and disability plans, and additional benefits.

Coverage Dates

Your elections are effective following 30 days of your first day of employment. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

Dependents

Dependents eligible for coverage include:

- Your legal spouse (or common-law spouse where recognized).
- Domestic partners.
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Note

Open Enrollment is your annual chance to choose your benefits, unless you have a Qualifying Life Event, such as marriage or the birth/adoption of a child.



Now's the Time to Enroll!

What are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.

Common qualifying events include:

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Eligibility for coverage through the Marketplace
- Changes in address or location that may affect coverage
- Entitlement to Medicare or Medicaid

Some lesser-known qualifying events are:

- Turning 26 and losing coverage through a parent's plan
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Reach out to PDC Machines' Benefits Contact with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!



Ready for Open Enrollment?

PDC Machines covers a significant amount of your benefit costs. Your contributions for medical and dental benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your portion.

Open Enrollment Action Items



Update your personal information.

If you've experienced any life changes since the last Open Enrollment period — such as the birth of a child or a move — you may need to change your elections or update your pertinent details.



Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions.



Review available plans' deductibles.

Foresee a lot of medical needs this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower premiums.



Check your networks.

Going in-network often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.

Medical Benefits

Medical benefits are provided through Meritain Health. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 2025 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

	HDHP 4000 WITH HSA	CHOICE 4000 PLAN	CHOICE 3000 PLAN
BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	\$21.97	\$51.79	\$83.64
EMPLOYEE + SPOUSE	\$50.57	\$118.88	\$192.82
EMPLOYEE + CHILD(REN)	\$40.72	\$95.80	\$154.98
FAMILY	\$70.24	\$157.73	\$255.11

How to Find a Provider

Visit www.meritain.com or call Customer Care at 800-925-2272 for a list of Meritain Health network providers.

To register, follow these simple steps. You will need your member ID and group ID from your ID Card.

1. Go to www.meritain.com and click Register.
2. Select Member under I Am A and enter your group ID. Then click Continue.
3. Enter the requested information and then select Submit.
4. Create a username and password and then confirm your email address.

To find a network provider, click Doctors and Hospitals. Then select your network Aetna Choice Point of Service.

Note

Preventive care offered by an in-network physician, such as an annual physical, is often covered at 100%.



Medical Plan Summary

This chart summarizes the 2025 medical coverage provided by Meritain Health. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	HDHP 4000 WITH HSA		CHOICE 4000 PLAN		CHOICE 3000 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE						
INDIVIDUAL	\$4,000	\$8,000	\$4,000	\$8,000	\$3,000	\$6,000
FAMILY	\$8,000	\$16,000	\$8,000	\$16,000	\$6,000	\$12,000
COINSURANCE (MEMBER PAYS)	10%*	40%*	20%*	40%*	10%*	40%*
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)						
INDIVIDUAL	\$6,500	\$13,000	\$6,000	\$16,000	\$5,000	\$12,000
FAMILY	\$13,000	\$26,000	\$12,000	\$32,000	\$10,000	\$24,000
PREVENTIVE SERVICES						
PREVENTIVE CARE/WELL BABY	Covered in full	40% after deductible	Covered in full	40% after deductible	Covered in full	40% after deductible
ADULT/PEDIATRIC ROUTINE EYE EXAM	One exam per year	One exam per year	One exam per year	One exam per year	One exam per year	One exam per year
PHYSICIAN SERVICES (MEMBER PAYS)						
PRIMARY CARE OFFICE VISIT	10% after deductible	40% after deductible	\$25 copay	40% after deductible	\$20 copay	40% after deductible
SPECIALIST OFFICE VISIT	10% after deductible	40% after deductible	\$50 copay	40% after deductible	\$40 copay	40% after deductible
URGENT CARE (EXAM)	10% after deductible	40% after deductible	\$75 copay	40% after deductible	\$75 copay	40% after deductible
LENSES (\$250 BENEFIT MAX PER 24 MONTHS)	10% after deductible	40% after deductible	10% after deductible	40% after deductible	\$0 copay; deductible Waived	40% after deductible
CHIROPRACTIC SERVICES	10% after deductible	40% after deductible	\$40 copay; 20 visits	40% after deductible	\$50 copay; 20 visits	40% after deductible
PHYSICAL/OCCUPATIONAL THERAPY	10% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
HOSPITAL/OTHER MEDICAL EXPENSES (MEMBER PAYS)						
INPATIENT HOSPITAL SERVICES	10% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
EMERGENCY ROOM	10% after deductible	10% after deductible	\$150 copay	\$150 copay	\$150 copay	\$150 copay
OUTPATIENT SURGERY	10% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
OUTPATIENT SERVICES-LAB/X-RAY	10% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
DURABLE MEDICAL EQUIPMENT	10% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
MRI/MRA, CT/CTA SCAN, PET SCAN	10% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible

*After deductible

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a "per individual" deductible amount will also be applied toward the "per family" deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the "per family" deductible amount. The same typically applies for the out-of-pocket maximum.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Express Scripts. Information on your benefits coverage and a list of network pharmacies is available online at www.express-scripts.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Formulary, Non-Formulary, or Specialty.

PRESCRIPTION DRUG	HDHP 4000 WITH HSA		CHOICE 4000 PLAN		CHOICE 3000 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
GENERIC	\$15*	\$15*	\$15	\$15	\$15	\$15
FORMULARY	\$40*	\$40*	\$40	\$40	\$40	\$40
NON-FORMULARY	\$70*	\$70*	\$70	\$70	\$70	\$70
SPECIALTY	10% copay (up to a \$250 maximum)	Not covered	Generic Specialty: 10% Copay (up to a \$250 maximum) Formulary/ Non-formulary: 30% Copay	Not covered	Generic Specialty: 10% Copay (up to a \$250 maximum) Formulary/ Non-formulary: 30% copay	Not covered

*After deductible

MAIL ORDER (90-DAY)	HDHP 4000 WITH HSA		CHOICE 4000 PLAN		CHOICE 3000 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
GENERIC	\$37.50*	Not covered	\$37.50	Not covered	\$37.50	Not covered
FORMULARY	\$100*	Not covered	\$100	Not covered	\$100	Not covered
NON-FORMULARY	\$175*	Not covered	\$175	Not covered	\$175	Not covered
SPECIALTY	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

*After deductible

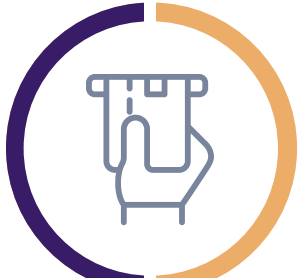
Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Note: Apps like GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. Make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. So, if you choose to use a discount card from an app, such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

Out-of-Pocket Costs

These are the types of payments you're responsible for:



Copay

The fixed amount you pay for healthcare services at the time you receive them.



Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.



Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



Coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.

Virtual Care

When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

Teladoc

Teladoc provides 24/7/365 access to a national network of U.S. board-certified Physicians who can resolve many of your medical issues. Teladoc services involve the delivery of clinical medicine via phone, tablet, or other communication devices.

Teladoc providers treat conditions, such as:

- Cold and flu
- Bronchitis
- Respiratory infection
- Sinus problems
- Allergies
- Behavioral health services by board certified psychiatrists, licensed psychologists, therapists, or counselors for people 18 and over (i.e. anxiety, depression, PTSD/stress, panic disorder, family & marriage issues, eating disorders, grief, substance use, trauma, ADHD, and work pressures)
- Urinary tract infection
- Pediatric care
- Poison ivy
- Pink eye
- Ear infections



Note

A virtual visit or FaceTime directly with your primary care physician (vs. Meritain Health) might also be an option, and typically costs the same as an office visit.

How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How does a PPO (Preferred Provider Organization) work?

- You'll pay more in premiums, but perhaps less at the time of service.
- You can choose from a network of providers who offer a fixed copay for services.
- You can also use a Health Reimbursement Account in conjunction, which provides a safety net for unexpected medical deductible costs.
- If you expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

How does an HDHP (High Deductible Health Plan) work?

- You'll pay less in premiums. (Think less money from your paycheck.)
- You'll pay for the full cost of non-preventive medical services until you reach your deductible.
- You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- If you expect to mostly use preventive care (which is covered), this plan could be for you.



Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What about the COVID-19 vaccine?

The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.



Telemedicine

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

Costs and Time Considerations**

- Usually a first-time consultation fee and a flat fee or copay for any visit thereafter
- Usually immediate access to care
- Prescriptions through telemedicine or virtual visits not allowed in all states



Primary Care Center

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment



Urgent Care Center



Emergency Room

Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

Costs and Time Considerations**

- Often requires a copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but waiting periods may be longer (urgency decides order)

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

Costs and Time Considerations**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in the HDHP 4000 Plan to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

Inspira Financial will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses; no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)



Pre-tax Paycheck Contributions



Employer Contributions (pre-tax)

HSA



Tax-free Payments (for qualified medical expenses)

Unused funds roll over annually

Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.

You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in PDC Machines' HSA, you must elect the HDHP 4000 HSA plan with PDC Machines. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. PDC Machines will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with Inspira Financial. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.* Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

What your HSA covers?

Your HSA covers a lot of eligible items. Check out <https://inspirafinancial.com/individual/health-benefits/hsa#eligible-expenses> or irs.gov for more information on this. Below is a list of some items that are covered with an HSA:

- Acupuncture
 - Over-the-counter Medications
 - Baby Health Monitor
 - Bariatric Surgery (for obesity treatment)
 - Braces
 - Compression Socks
- Crutches
 - Feminine Hygiene Products
 - First Aid Kit or Supplies
 - Lasik Eye Surgery
 - Long-Term Care Services
 - Safety Glasses

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2025, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$4,300
FAMILY	\$8,550
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Employer HSA Contribution

PDC Machines wants to partner with you on your health and help plan for the unexpected. As such, the company will provide you with a contribution toward your Health Savings Account when you enroll in the HDHP medical plan. Contributions will be provided per pay period. The annual amount you will receive if you are enrolled on January 1 is listed below.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	\$1,500

HSA contributions over the IRS annual contribution limits (\$4,300 for individual coverage and \$8,550 for family coverage for 2025) are not tax deductible and are generally subject to a 6% excise tax.

- If you've contributed too much to your HSA this year, you have two options:
- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
 - Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The PDC Machines HSA is established with Inspira Financial. You may be able to roll over funds from another HSA. For more enrollment information, contact your Benefits Contact or visit www.inspirawallet.com.

Note

*State income taxes are also waived on HSA contributions in almost all states.

Health Reimbursement Account

When you elect health coverage in the Choice 4000 Plan or the Choice 3000 Plan, PDC Machines will automatically establish a Health Reimbursement Account (HRA) in your name and contribute to that account.

An HRA is a pot of money that's IRS approved and employer funded. You can use the funds to cover costs that you would normally pay out of pocket for before meeting your deductible. PDC Machines provides an HRA employer contribution of \$1,500 once an employee reaches \$1,500 in medical expenses.

HRA FUNDING

EMPLOYEE

\$1,500

You can use your HRA dollars for yourself and any dependents on your plan, such as your spouse and/or child(ren). All eligible deductible expenses will be automatically reimbursed through your Meritain Health HRA plan, up to the annual reimbursement limit. Please note that Auto Reimbursement is only available to active employees. If you separate from your employer for any reason, you will be required to submit any eligible services to the HRA during the three-month termination filing period. Reimbursements will be deposited into your account weekly the Friday after the claim is processed. To sign up for direct deposit, send a completed form with voided check or deposit slip through one of the following options:

- Fax: 716-541-6636
- Add/update online: www.meritain.com. Select the Flex/CDHP link to access your account and then select the Tools and Support tab under the "How do I?" section. Finally, select the Change Payment Method option and follow the instructions.

Eligible Medical Expenses

- Any qualified medical expenses covered by the plan. Think doctors' visits, diagnostic tests, PPE, and prescriptions.
- Any combination of deductible, coinsurance, or copay expenses.
- Other medical care expenses incurred that are not covered by the health plan as defined by the IRS section 213(d).

Using Your HRA

You can use your HRA dollars toward your deductible. You will pay the first \$1,500 toward your deductible and then the HRA will pay up to \$1,500 in deductible expenses as you receive care. Preventive care is covered 100% by the plan, so there's no need to use HRA dollars.

Only medical expenses incurred during the same plan year of the HRA will be debited from the account balance. Claims must be submitted within three months following the date the services were incurred. Terminated employees can use any fund balance remaining at termination for eligible claims that incurred prior to the date of termination. Remaining account balances will be forfeited unless coverage under COBRA is elected.

Submitting a Claim

When you receive a covered service from an in-network provider, the provider submits the claim to the plan for processing to ensure that:

- The service is covered.
- You receive any discounts that have been negotiated with a network physician.
- The claim counts toward the deductible and out-of-pocket maximum.

Meritain will then use available HRA funds to reimburse you directly for expenses applied once you have paid \$1,500 in deductible.

IRS Rules

- Only the employer can contribute to an HRA.
- If your HRA dollars are not completely used in a plan year, the unused funds will not remain in the HRA to be used for future medical expenses.
- Any contributions the employer makes to the HRA are not taxable to you. Further, any qualified claim payments made from your HRA are not taxable to you.

Note

The HRA is owned by PDC Machines, so if you leave, the funds stay behind and you will no longer have access to them, unless you elect COBRA.

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. PDC Machines offers affordable plan options from Guardian for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Guardian at www.guardianlife.com.

Dental Premiums

PDC offers dental coverage at no cost to you.

Oral Health Rewards Program

Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

Dental Plan Summary

This chart summarizes the dental coverage provided by Guardian for 2025.

		IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE			
	INDIVIDUAL	\$50	\$50
	FAMILY	\$150	\$150
ANNUAL MAXIMUM			
	PER PERSON	\$3,000	\$3,000
COVERED SERVICES (MEMBER PAYS)			
PREVENTIVE SERVICES (Oral exam, cleanings, sealants, fluoride, space maintainers, X-rays)		0%	
BASIC SERVICES (Fillings, root canal, scaling and root planing, oral surgery, periodontic services, endodontic services)		20%*	
MAJOR SERVICES (Crowns, bridges, dentures, implant services)		50%*	
ORTHODONTICS (Child(ren) to age 19)		50%	
ORTHODONTIC LIFETIME MAXIMUM		\$2,000	
MAXIMUM ROLLOVER (APPLIES TO ALL LEVELS)			
ROLLOVER THRESHOLD		\$1,000	
ROLLOVER AMOUNT		\$500	
ROLLOVER IN-NETWORK AMOUNT		\$750	
ROLLOVER ACCOUNT LIMIT		\$1,500	

Note

Oral health is linked to your overall health — keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.

*After deductible

Vision Benefits

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by Guardian (utilizing the VSP network) for 2025. To find an in-network provider, visit www.guardianlife.com or call 888-600-1600.

GUARDIAN VISION			
BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	\$3.38		
EMPLOYEE + SPOUSE	\$6.77		
EMPLOYEE + CHILD(REN)	\$5.73		
EMPLOYEE + FAMILY	\$9.45		
PLAN SERVICES	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
EYE EXAMINATION	\$10 copay	\$50 allowance	Once every 12 months
LENSES			
SINGLE VISION	\$25 copay	\$48 allowance	Once every 12 months
BIFOCAL	\$25 copay	\$67 allowance	Once every 12 months
TRIFOCAL	\$25 copay	\$86 allowance	Once every 12 months
LENTICULAR	\$25 copay	\$126 allowance	Once every 12 months
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
CONTACT LENS FITTING	Included in the Contact Lens allowance, 15% discount on the fee	Included in the Contact Lens allowance	Once every 12 months
ELECTIVE	\$130 allowance	\$120 allowance	Once every 12 months
MEDICALLY NECESSARY	\$25 copay then covered in full	\$210 allowance	Once every 12 months
FRAMES			
ALLOWANCE	\$130 allowance + 20% off balance \$70 allowance at Costco, Walmart and Sam's Club)	\$48 allowance (not applicable for Costco, Walmart, or Sam's Club)	Once every 24 months
LASER SURGERY DISCOUNT	Up to 15% off the usual charge, or 5% off promotional price	Not covered	

Choose from a large network of ophthalmologists, optometrists, and opticians from private practices to retailers like Costco® Optical, Walmart, Sam's Club, and Visionworks.

Find a vision provider at www.guardianlife.com/vision-insurance. Download a claim form at www.guardianlife.com/forms-and-claims.



Survivor Benefits

Basic Life and Accidental Dismemberment (AD&D) Insurance

PDC Machines provides employees with Basic Life and AD&D insurance as part of your basic coverage through Guardian, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death. This coverage is offered at no cost to you.

Your Basic Life and AD&D insurance benefit is \$25,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you elect to waive other coverage.

Voluntary Life and AD&D Insurance

Employees may purchase Voluntary Life and AD&D insurance in addition to what is provided by PDC Machines. You may also purchase Life and AD&D insurance for your spouse and/or dependents if you purchase insurance for yourself. Life and AD&D cannot be elected separately and will be the same benefit amount. Premiums are paid through payroll deductions.

What Is a Beneficiary?

Your beneficiary is the person you designate to receive your life insurance benefits in the event of your death. This includes any benefits payable under Basic Life offered by PDC Machines. You receive the benefit payment for a dependent's death under the Guardian insurance.

BASIC EMPLOYEE LIFE AND AD&D

COVERAGE AMOUNT	\$25,000
WHO PAYS	PDC Machines
MAXIMUM BENEFIT	\$25,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

VOLUNTARY EMPLOYEE LIFE AND AD&D

COVERAGE AMOUNT	\$10,000 Increments
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$100,000

VOLUNTARY SPOUSE LIFE AND AD&D

COVERAGE AMOUNT	\$5,000 Increments
WHO PAYS	Employee
MAXIMUM BENEFIT	\$250,000 or 50% of employee amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$25,000

VOLUNTARY CHILD LIFE AND AD&D

COVERAGE AMOUNT	Birth to 14 days: \$500 15 days to age 26: \$1,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	\$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$10,000

If You Are Age 65 or Older:

If you are over age 65 but under age 70 on your effective date of insurance, the amount of your Basic Life Insurance will be limited to 65% of such amount. On and after your 70th birthday, the amount of such insurance will be 50% of the amount of such insurance in effect on the effective date of your insurance. If you are age 70 or older on the effective date of your insurance, the amounts of your Basic Life Insurance on your effective date of insurance will be limited to 50% of such amount.

If you are under age 65 on the effective date of your insurance, the amounts of your Basic Life Insurance on and after age 65 will be 65% of such insurance in effect on the day before your 65th birthday. On and after your 70th birthday, the amount of such insurance will be 50% of the amount of such insurance in effect on the day before your 65th birthday.

Voluntary Life and AD&D Rates

Your cost will be based on your age and elected benefit amount. See the chart below for details.

VOLUNTARY LIFE AND AD&D INSURANCE				
BI-WEEKLY RATES ILLUSTRATED ARE PER \$1,000 OF COVERAGE				
EMPLOYEE AGE (AS OF JANUARY 1, 2025)	EMPLOYEE RATE		SPOUSE RATE*	
	VOLUNTARY LIFE	AD&D	VOLUNTARY LIFE	AD&D
<30	\$0.042	\$0.014	\$0.042	\$0.014
30 - 34	\$0.046	\$0.014	\$0.046	\$0.014
35 - 39	\$0.055	\$0.014	\$0.055	\$0.014
40 - 44	\$0.083	\$0.014	\$0.083	\$0.014
45 - 49	\$0.129	\$0.014	\$0.129	\$0.014
50 - 54	\$0.208	\$0.014	\$0.208	\$0.014
55 - 59	\$0.318	\$0.014	\$0.318	\$0.014
60 - 64	\$0.503	\$0.014	\$0.503	\$0.014
65 - 69	\$0.854	\$0.014	\$0.854	\$0.014
70+	\$1.592	\$0.014	\$1.592	\$0.014

*Spouse rates are based on the employee's age

VOLUNTARY CHILD LIFE/AD&D INSURANCE	
BI-WEEKLY RATE IS PER \$1,000 OF COVERAGE	
VOLUNTARY LIFE	AD&D
\$0.120	\$0.014

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE/AD&D COVERAGE WILL COST:

\$	÷ 1,000 =	\$	x Age Based Rate =	\$
Benefit Elected				Bi-Weekly Premium

Income Protection

You and your loved ones depend on your regular income. That’s why PDC Machines offers disability coverage to protect you financially in the event you cannot work as a result of an illness or debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Basic Short-Term Disability (STD) Insurance

Short-Term Disability benefits through Guardian are an employer-paid benefit and are no cost to the employee. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions may apply. See your plan documents or your Benefits Contact for details.

WEEKLY MAXIMUM BENEFIT	\$2,500
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	25 weeks

Basic Long-Term Disability (LTD) Insurance

Long-Term Disability benefits through Guardian are an employer-paid benefit and are no cost to the employee. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or your Benefits Contact for details.

MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.



Accident Insurance

PDC Machines offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including readying for any financial impact.

Accident coverage through MetLife provides benefits for you and your covered family member for expenses related to an accidental injury that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.



ACCIDENT COVERAGE

SUMMARY OF BENEFITS*

FRACTURES	Up to \$10,000
DISLOCATIONS	Up to \$10,000
EMERGENCY CARE	\$200
NON-EMERGENCY INITIAL CARE	\$100
MEDICAL TESTING BENEFIT (X-RAY, MR/MRI, ULTRASOUND, NCV, CT/CAT, EEG)	\$200
PHYSICIAN FOLLOW-UP VISIT	\$100
THERAPY SERVICES	\$50
HOSPITAL OR ICU BENEFIT	Up to \$1,500
BURNS (2ND AND 3RD DEGREE)	Up to \$15,000
CONCUSSION	\$500
COMA	\$10,000
LACERATION	Up to \$700
AMBULANCE	Ground: \$400 Air: \$1,250
PROSTHETIC DEVICE	Up to \$2,000
MEDICAL APPLIANCE	Up to \$1,000
BLOOD BENEFIT	\$500

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

BI-WEEKLY PREMIUMS

EMPLOYEE ONLY	\$4.57
EMPLOYEE + SPOUSE	\$9.14
EMPLOYEE + CHILD(REN)	\$11.12
EMPLOYEE + SPOUSE AND CHILD(REN)	\$13.09

Critical Illness

Critical Illness Coverage

Critical Illness Insurance through MetLife can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Plan Design – Covered Conditions

- **Initial Benefit** means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- **Recurrence Benefit** means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

COVERED CONDITIONS*	INITIAL BENEFIT	RECURRENCE BENEFIT
BENIGN TUMOR CATEGORY		
BENIGN BRAIN TUMOR	100% of benefit amount	100% of initial benefit
CANCER CATEGORY		
INVASIVE CANCER	100% of benefit amount	100% of initial benefit
NON-INVASIVE CANCER	25% of benefit amount	100% of initial benefit
SKIN CANCER	5% of benefit amount, but not less than \$250	None
CORONARY ARTERY DISEASE CATEGORY		
CORONARY ARTERY BYPASS GRAFT (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% of benefit amount	100% of initial benefit
CHILDHOOD DISEASE CATEGORY		
CEREBRAL PALSY	100% of benefit amount	None
CLEFT LIP OR CLEFT PALATE	100% of benefit amount	None
CYSTIC FIBROSIS	100% of benefit amount	None
DIABETES (TYPE 1)	100% of benefit amount	None
DOWN SYNDROME	100% of benefit amount	None
SPINA BIFIDA	100% of benefit amount	None
FUNCTIONAL LOSS CATEGORY		
COMA	100% of benefit amount	100% of initial benefit
LOSS OF: ABILITY TO SPEAK; HEARING; OR SIGHT	100% of benefit amount	None
HEART ATTACK CATEGORY		
HEART ATTACK	100% of benefit amount	100% of initial benefit
SUDDEN CARDIAC ARREST	50% of benefit amount	None

*This is a summary. Refer to plan details for comprehensive list of coverage benefits.

BI-WEEKLY PREMIUM FOR EMPLOYEES WHO ELECT \$15,000 OF COVERAGE

AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE + CHILDREN
<25	\$2.70	\$5.54	\$4.43	\$7.27
25–29	\$3.12	\$6.44	\$4.85	\$8.17
30–34	\$3.81	\$7.96	\$5.54	\$9.69
35–39	\$4.98	\$10.59	\$6.78	\$12.32
40–44	\$6.92	\$14.61	\$8.65	\$16.41
45–49	\$9.83	\$20.35	\$11.63	\$22.08
50–54	\$13.92	\$27.00	\$15.65	\$28.80
55–59	\$20.49	\$37.87	\$22.22	\$39.60
60–64	\$28.11	\$50.33	\$29.84	\$52.06
65–69	\$38.22	\$66.95	\$39.95	\$68.68
70–74	\$50.12	\$88.48	\$51.92	\$90.28
75+	\$67.22	\$123.58	\$68.95	\$125.31

BI-WEEKLY PREMIUM FOR EMPLOYEES WHO ELECT \$30,000 OF COVERAGE

AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE + CHILDREN
<25	\$5.40	\$11.08	\$8.86	\$14.54
25–29	\$6.23	\$12.88	\$9.69	\$16.34
30–34	\$7.62	\$15.92	\$11.08	\$19.38
35–39	\$9.97	\$21.18	\$13.57	\$24.65
40–44	\$13.85	\$29.22	\$17.31	\$32.82
45–49	\$19.66	\$40.71	\$23.26	\$44.17
50–54	\$27.83	\$54.00	\$31.29	\$57.60
55–59	\$40.98	\$75.74	\$44.45	\$79.20
60–64	\$56.22	\$100.66	\$59.68	\$104.12
65–69	\$76.43	\$133.89	\$79.89	\$137.35
70–74	\$100.25	\$176.95	\$103.85	\$180.55
75+	\$134.45	\$247.15	\$137.91	\$250.62



**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- » The payment you get isn't based on the size of your medical bill.
- » There might be a limit on how much this policy will pay each year.
- » This policy isn't a substitute for comprehensive health insurance.
- » Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- » Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- » To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- » For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- » If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity Coverage

Hospital Indemnity Insurance through MetLife can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits.

SUBCATEGORY	BENEFIT LIMITS(APPLIES TO SUBCATEGORY)	BENEFIT	BENEFIT AMOUNTS
HOSPITAL BENEFITS			
ADMISSION BENEFIT	4 time(s) per calendar year	Admission	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$1,000
CONFINEMENT BENEFIT	30 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$200
CONFINEMENT BENEFIT FOR NEWBORN NURSERY CARE	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care	\$50
INPATIENT REHABILITATION BENEFIT	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$100
OTHER BENEFITS			
HEALTH SCREENING BENEFIT	1 time(s) per calendar year per covered person	Health Screening	\$50

BI-WEEKLY PREMIUMS

TYPE	BI-WEEKLY (26)
EMPLOYEE ONLY	\$8.56
EMPLOYEE + SPOUSE	\$22.83
EMPLOYEE + CHILD(REN)	\$14.40
EMPLOYEE + SPOUSE AND CHILD(REN)	\$28.68

Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The PDC Machines 401(k) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE

PLAN NAME	PDC Machines 401(k) Plan
RECORDKEEPER	Vanguard
WEBSITE	my.vanguardplan.com
ELIGIBILITY	After completing 90 days of service

All About 401(k)

This employer-sponsored retirement account can help your future self by saving money tax-free from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Eligible employees can invest for retirement while receiving tax advantages. Administrative services are provided by Vanguard. You may start making pre-tax contributions into the plan after completing 90 days of service. You must be at least 21 years of age to be eligible.



How to Enroll

1. Go to my.vanguardplan.com.
2. Click "Get Started" next to "Set Up Your Online Account."
3. Complete all questions to confirm identity and set up your online account.
4. Once you complete the questionnaire, you can make your contribution selections under "My Account" and "Update Savings Rate." The percentage or amount that you put in this area will begin to be deducted after 90 days of employment.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions.

The annual IRS limit for 2025 is \$23,500, and the standard catch-up contribution limit for individuals ages 50 and older is \$7,500.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in and you won't be subject to penalties for overcontributing.



How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. Changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Vanguard at 877-662-7447 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a Long-Term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

Investing in the Plan

It's up to you how to invest the assets. The PDC Machines 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit my.vanguardplan.com.

Note

The average American starts saving for retirement at age 27. But it's never too late!
(Source: [Annuity.org](https://www.annuity.org))

Employee Assistance Program

PDC Machines cares about you and wants you to succeed in all aspects of life, so we offer this additional program to help make your day-to-day easier.

Employee Assistance Program

We know life is complicated, and sometimes we all just need a little help. The Employee Assistance Program (EAP) is available through St. Luke's Penn Foundation to keep your concerns confidential and help guide you through difficult situations. And it comes at no cost to you — whether you're enrolled in any other company-sponsored plan or not.

Through this program, you have access to mental health assistance and legal help from a number of professionals. You have access to helpful resources by phone, and the EAP benefit includes six face-to-face or telehealth counseling sessions per employee household with a licensed professional. Counselors are available face to face and virtually Monday – Thursday 8:30AM to 9PM EST and Friday 8:30AM to 5PM EST. You can use two of the six sessions for face-to-face or telehealth psychiatrist sessions (adults 18 or older). All services provided are confidential and will not be shared with PDC Machines. You may access information, benefits, educational materials and more either by phone at 215-257-6556, by email at PennFoundationEAP@sluhn.org or online at www.PFEAP.com.

The Program provides referrals to help with:

- Emotional health and well-being
- Alcohol or drug dependency
- Marriage or family relationship problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss

Discounted Legal Benefits

Employees who are part of a St. Luke's Penn Foundation EAP benefit by receiving a free, 15-minute phone consultation and a discount on legal services such as:

- Wills
- Living Wills
- Powers of Attorney
- Divorce Mediation
- Elder Mediation



Employee Benefit Programs

PDC Machines wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Working at PDC Machines offers more than just a salary. Included in your “total compensation” is the value of the benefit dollars that PDC Machines contributes to help you provide security for you and your family. PDC Machines makes contributions to major benefit plans that create a substantial level of financial security on an immediate and longer-term basis. Some benefits, such as Social Security, Workers’ Compensation and Unemployment Compensation, cover you in the manner prescribed by law. Other benefits, such as health and dental insurance and paid time off, are provided as part of our philosophy to attract, retain and motivate a capable team of employees.

The following benefit description is not all-inclusive, and PDC Machines reserves the right to change, modify, or terminate benefits, plans and carriers in its sole discretion in accordance with applicable laws and regulations. Summary plan descriptions (SPDs) and other information that explain the coverage of certain benefit plans in greater detail will be available for your review on the employee self-service portal. Actual plan documents are the final authority on all matters relating to benefits provided through the plan. Eligibility for coverage or benefits under any such plan or plans shall be determined in accordance with the plan provisions.

The following benefit programs are available to eligible employees (please refer to each program’s specific guidelines regarding eligibility):

Time Away From Work

- Holidays
- Paid Time Off (PTO)
- Jury and Witness Duty
- Bereavement Leave
- Family and Medical Leave of Absence
- Military Leave of Absence

Health Benefits

- Medical Plan
- Prescription Plan
- Health Savings Account
- Health Reimbursement Arrangement
- Dental Plan
- Benefits Continuation (COBRA)
- Vision Plan

Other Insurance and Disability Income Protection

- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Life Insurance and Accidental, Death and Dismemberment Insurance Critical Illness, Cancer, Hospital Confinement, and Accident Insurance

Statutory Benefits

- Social Security
- Unemployment Insurance
- Worker’s Compensation Insurance and Transitional Duty Program

Retirement Benefits

- 401(k) Retirement Savings Plan

Other Benefit Programs

- Professional Associations
- Employee Assistance Program
- Employee Service Awards Program
- Professional Certification Awards
- Telecommuting for certain positions
- Safety Equipment Reimbursement Program or safety equipment supplied

Time Away From Work

PDC Machines provides the following paid holidays to eligible regular full-time employees.

- New Year's Day
- Labor Day
- Presidents' Day
- Thanksgiving Day
- Memorial Day
- Day After Thanksgiving
- Independence Day
- Christmas Day

Each year PDC Machines will distribute a list of the specific dates for PDC Machines organization wide observance of the standard holidays. If an observed holiday falls on your regularly scheduled workday, you'll get holiday pay. The holiday pay you receive corresponds to the hours you would be scheduled to work on that day.

In addition to the company holidays listed above, employees will also be given three Floating Holidays that can be used any time throughout the year with manager approval. Floating Holidays do not carry over if unused by the end of the year.

Paid Time Off (PTO)

PDC Machines believes that employees benefit from scheduled time away from work for rest and relaxation. Paid Time Off (PTO) is a term that covers ALL vacation, sick, and personal time. Bereavement, company-paid holidays, and other peripheral time off do not fall under the umbrella of PTO and are calculated and paid separately. All PDC Machines' employees were notified in their offer letter and other benefit documents of the amount of PTO they will earn. Regular, full-time employees are eligible for paid time off. Eligible employees may begin taking paid time off after 90 days of employment. Please note that any PTO offering stated in your original company offer that differs from the PTO accrual chart will prevail.

PTO is accrued on a bi-weekly basis and is prorated in any partial year of employment. PTO may be scheduled any time throughout the year with prior approval from your supervisor. Approval will be based on business requirements for Company operations. PDC Machines reserves the right to determine time off schedules and to rearrange time off schedules consistent with work and staffing needs. Time off approvals will be determined on a first-come first-served basis. Planned requests for 40 hours or more must be made at least two weeks in advance of the first day off. Employees may not request or take more than 120 hours off consecutively, in any combination of time off types (PTO, Bereavement, Paid Holidays, etc.) outside of a bona fide leave of absence.

PTO is not accrued during a leave of absence. Employees are strongly encouraged to take all their PTO each year to refresh and recharge.

- Vacation and sick time are combined into one PTO "bank" for you to choose and use as you wish.
- PTO will refresh and reset on January 1 every year and run on a calendar year.
- Employees will be credited with 40 PTO hours at the start of every year on January 1, followed by their individualized PTO accruals every two weeks. This system eliminates the need for employees to incur negative PTO balances. If you are an executive, please contact the Human Resources department regarding your FlexPTO benefit.
- You can carry over up to 40 hours of PTO each year, but carryover is forfeited if not used by March 31 of the following year.
- Should your employment at PDC Machines terminate, voluntarily or involuntarily, you will be paid out for the earned, prorated positive balance in your PTO bank.

If you are an executive, please contact Lockton Advantage at 866-331-2793 or PDCBenefits@lockton.com for information about your PTO benefits.



Bands of Time Off per Tenure and Employment Classification

TENURE SCHEDULE				
TENURE (YEARS)	PRODUCTION FLOOR	INDIVIDUAL CONTRIBUTOR	SR. INDIVIDUAL CONTRIBUTOR / LEAD / SUPERVISOR	MANAGER
0 to 4	15/120	15/120	20/160	25/200
5 to 9	20/160	20/160	25/200	28/224
10 to 14	25/200	25/200	28/224	28/224
15+	28/224	28/224	28/224	28/224

Amount of Time Off (Days/Hours)

Note: The numbers above are representative of the amount of days/hours you receive in PTO benefits, based on your tenure.

Jury Duty and Witness Duty Leave

PDC Machines encourages employees to fulfill their civic responsibilities by serving on jury duty when required. If you are summoned for jury duty, please present the summons/notice to your supervisor immediately. It is anticipated that you will report to work during your regular scheduled working hours except when your presence is required for jury duty. Your presence at jury duty will not be counted towards your time off.

Employees will not be compensated for jury duty; however, exempt employee FLSA rules must still be followed.

PDC Machines will also provide leave for witness duty in accordance with federal and state law. If you require time off to attend court for witness duty, or because you or a family member were a victim of a crime, please contact their Supervisor for more information.

Bereavement Leave

Regular full-time employees, who have completed 90 days of employment with the Company, may request a leave of absence with pay for a maximum of five (5) working days upon the death of a member of their immediate family. Paid days will be based on regularly scheduled hours. "Immediate Family" members are defined as spouse/domestic partner, natural or adopted children, parent, parent-in-law, sibling, grandparent, grandchild, and corresponding step-relatives. This leave also applies when an employee, or spouse/partner of an employee has experienced a pregnancy loss.

Employees will be excused and may be paid up to a maximum of two (2) business days in the event of a death of an extended family member. "Extended family member" is defined as siblings-in-law, grandparents-in-law, aunts, uncles, cousins, nieces, and nephews.

Employees will be excused and will be paid for one (1) business day in the event of the death of a close friend.

Bereavement Leave can be provided per occurrence and documentation should be submitted to validate the request. Bereavement pay is calculated using your base pay rate at the time of leave multiplied by the number of hours you are regularly scheduled to work during that time. Any additional time needed due to extenuating circumstances can be taken if positive PTO balance exists, up to the time-off maximum of 120 hours. Bereavement Leave used in conjunction with PTO does not extend the time-off maximum past 120 hours of consecutive time-off. If no positive PTO balance exists, and you require additional time-off past the bereavement leave allotment, you may request a personal, unpaid leave of absence.



Family and Medical Leave of Absence

It is the intent of PDC Machines to fully comply with the provisions of the Family and Medical Leave Act (FMLA) providing for unpaid leave, for certain family and medical reasons, and to provide eligible employees the opportunity to take advantage of this benefit for the purpose it is intended. FMLA entitles eligible employees up to 12 weeks of unpaid, job-protected leave per year, with reinstatement to the same or an equivalent job upon return to work. For purposes of this benefit, the year will be calculated beginning from the date the employee's first FMLA leave begins.

FMLA provides eligible employees leave for any of the following reasons:

- To care for the employee's newborn child within one year of birth, or placement with the employee of a child for adoption/foster care within one year of placement
- For a serious health condition that makes the employee unable to perform the essential functions of their job
- To care for an employee's spouse, child, or parent with a serious health condition
- Family leave due to a call to active duty or any qualifying exigency
- Caregiver leave for an injured service member or veteran, of up to 26 weeks

Maternity Leave

Full-time employees who have been employed at PDC Machines for at least 12 months, are eligible for up to eight weeks of supplemented maternity leave associated with the birth of an employee's own child or the placement of a child with the employee in connection with adoption or foster care. When used in conjunction with Short-Term disability, PDC Machines will pay the remaining 40% of the employee's salary for up to eight weeks of the STD claim. If the STD claim is less than eight weeks, PDC Machines will pay an amount which makes the employee "whole" for the difference, up to and including the eighth week.

Temporary and part-time employees are not eligible for paid maternity leave under this policy.

Maternity leave pay can also be combined with available PTO and/or Short-Term disability to increase the amount of paid time. Maternity Leave earnings must be reported to Short-Term Disability carrier (if applicable) by the employee. The Family and Medical Leave Act (FMLA) allows employees up to 12 workweeks of unpaid leave annually. Paid leave under this policy will run concurrently with FMLA leave.

Upon returning to work from leave, a doctor's note is required stating that the employee can perform her job duties.

Maternity leave of absence does not guarantee reinstatement to an employee's original position unless used in conjunction with FMLA. Likewise, a leave of absence does not guarantee continued employment with the company. If an employee does not return to work at the end of maternity leave, the company will consider this a voluntary resignation. If an employee does not return from leave, or FMLA, the employee will be required to pay back all company-paid contributions toward health and non-health benefits.

Paternity Leave

PDC Machines will provide up to one week of paid paternity leave to employees following the birth of an employee's child, or the placement of a child with an employee in connection with adoption or foster care. The purpose of paid paternity leave is to enable the employee to care for and bond with a newborn or a newly adopted or newly placed child. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable.

In addition, employees must meet one of the following criteria:

- Be a spouse or committed partner of a woman who has given birth to a child
- Have adopted a child or been placed with a foster child (in either case, the child must be age 17 or younger).

Eligible employees will receive a maximum of one week of paid paternity leave per birth, adoption, or placement of a child/children. The fact that a multiple birth, adoption, or placement occurs (e.g., the birth of twins or adoption of siblings) does not increase the one-week total amount of paid paternity leave granted for that event. In addition, in no case will an employee receive more than one week of paid paternity leave in a rolling 12-month period, regardless of whether more than one birth, adoption, or foster care placement event occurs within that 12-month time frame.

Amount and Duration of Leave

The 40 hours of paid paternity leave is compensated at 100% of the employee's regular, straight-time weekly pay. Paid paternity leave will be paid on regularly scheduled pay dates. Approved paid paternity leave may be taken at any time during the six-month period immediately following the birth, adoption, or placement of a child with the employee. Paid paternity leave may not be used or extended beyond this six-month time frame. Employees must take paid paternity leave in one continuous period of leave and must use all paid paternity leave during the six-month time frame indicated above. Any unused paid paternity leave will be forfeited at the end of the six-month time frame.

Upon termination of the individual's employment at the company, he will not be paid for any unused paternity leave for which he was eligible.

Military Leave of Absence

PDC Machines is committed to protecting the job rights of employees absent on military leave. In accordance with federal and state law, it is the company's policy to honor employee obligation to perform service for any of the Uniformed Services of the United States. Specifically, no person will be denied employment, reemployment, promotion, or other benefit of employment on the basis of such membership. Furthermore, no person will be subjected to retaliation or adverse employment action because such person has exercised his or her rights under applicable law or Company policy. Employees must present official documentation to Human Resources prior to the military leave.

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Reimbursement Account (HRA) – A personal healthcare account funded by your employer that you can use to pay for qualified medical expenses.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.





Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.

Required Notices

Important Notice From PDC Machines, LLC About Your Prescription Drug Coverage and Medicare Under the HDHP 4000 with HSA - Meritain, Choice 4000 Plan - Meritain and Choice 3000 Plan - Meritain Plan(s)

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium
2. PDC Machines, LLC has determined that the prescription drug coverage offered by the HDHP 4000 with HSA - Meritain, Choice 4000 Plan - Meritain and Choice 3000 Plan - Meritain plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current PDC Machines, LLC coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with PDC Machines, LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed at the end of these notices for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PDC Machines, LLC changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	January 1, 2025
Name of Entity/Sender:	PDC Machines, LLC
Contact—Position/Office:	Human Resources
Address:	1875 Stout Drive Warminster, PA 18974
Phone Number:	866-331-2793

Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 866-331-2793.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 866-331-2793.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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

To request special enrollment or obtain more information, contact Human Resources at 866-331-2793.

Important Contacts

Medical

Meritain Health
800-925-2272
www.meritain.com
Policy #: 15932

Pharmacy

Express Scripts
800-988-1943
www.express-scripts.com

Supplemental Health (Term Life & Whole Life)

Colonial Life
610-453-4242
www.coloniallife.com
wmadonna14@comcast.net

Accident

Metlife
800-638-6420
Policy #: 5956319

Critical Illness

Metlife
800-638-6420
Policy #: 5956319

Dental

Guardian
888-600-1600
www.guardianlife.com
Policy #: 00073429

Health Savings Account

Inspira Financial
855-384-8249
www.inspirawallet.com

Health Reimbursement Account

Meritain Health
800-566-9305
www.meritain.com

Long-Term Disability

Guardian
888-600-1600
www.guardianlife.com
Policy #: 00073429

Basic and Voluntary Life and AD&D

Guardian
888-600-1600
www.guardianlife.com
Policy #: 00073429

Hospital Indemnity

Metlife
800-638-6420
Policy #: 5956319

Vision

Guardian
888-600-1600
www.guardianlife.com
Policy #: 00073429

Retirement

Vanguard
877-662-7447
my.vanguardplan.com

Employee Assistance Program

St. Luke's Penn Foundation
215-257-6556
www.PFEAP.com

Short-Term Disability

Guardian
800-268-2525
www.guardianlife.com
Policy #: 5956319

PDC Machines Benefits Contact

Lockton Advantage
866-331-2793
PDCBenefits@lockton.com





We perform
under pressure.