

GET READY TO CHOOSE ...

# Benefits that work for you



Annual Enrollment is October 14 – 25, 2024

**Lubrizol**

# What we'll be talking about today...

- Enrollment Basics
- Items to Elect
- Benefit Resources



# What's Changing for 2025?

**Medical Plan Contributions**

**Prescription Drug Change – Brand-name Drugs Only**

**Dental Plan Contributions**

**Health Savings Account (HSA) Contribution Limits**

**No changes to annual deductible or out-of-pocket maximums for all of Lubrizol's CDHP plans!**



# What to Know and Do

Elections Default to 2024 Coverage	Elections Default to No Coverage
NO ACTION REQUIRED	ACTION REQUIRED
Medical/Prescription Drug, Dental and Vision	Health Savings Account - Employee Contribution
Life Insurance (Basic & Supplemental) and LTD	Dependent Care Account - Employee Contribution
Medical & Tobacco/Nicotine Surcharges	Vacation Buy

# Your 2025 Benefit Choices

Benefit Program	Benefit Options
<b>HEALTH</b>	
Medical and Prescription Drug	<ul style="list-style-type: none"> <li>• Core</li> <li>• Standard</li> <li>• Plus</li> <li>• Lubrizol OOA</li> <li>• No coverage</li> </ul> <p>Core, Standard, and Plus plans use the UnitedHealthcare Choice Plus network; the Lubrizol OOA plan uses the UnitedHealthcare Options network</p>
Dental	<ul style="list-style-type: none"> <li>• Comprehensive</li> <li>• Network PPO</li> <li>• No coverage</li> </ul> <p>All plans use MetLife's PDP network</p>
Vision	<ul style="list-style-type: none"> <li>• Comprehensive</li> <li>• No coverage</li> </ul> <p>The vision plan uses EyeMed's Access network</p>
<b>FINANCIAL</b>	
Dependent Care Account (DCA)	<ul style="list-style-type: none"> <li>• Contribute up to \$5,000</li> <li>• No participation</li> </ul>
Basic Life Insurance	Lubrizol provides coverage equal to \$50,000 or two times your eligible pay, up to \$1 million
Supplemental Life Insurance <sup>1</sup>	<p>Term Life Insurance</p> <ul style="list-style-type: none"> <li>• Supplemental coverage for you up to eight times your base annual earnings</li> <li>• Coverage for your spouse/eligible domestic partner up to \$250,000</li> <li>• Coverage for your child(ren) of \$5,000 or \$10,000 per eligible child</li> <li>• No coverage</li> </ul>
Income Protection (or Disability)	<ul style="list-style-type: none"> <li>• Lubrizol provides Short Term Disability coverage</li> <li>• Lubrizol provides Long Term Disability coverage equal to 60% of your eligible base pay</li> <li>• You can increase your coverage to 70% of your eligible base pay</li> </ul>
<b>BALANCE</b>	
Vacation Buy Program – Where Applicable	<ul style="list-style-type: none"> <li>• Buy up to five days (one day = eight hours)</li> <li>• Waive participation</li> </ul>





# Medical & Prescription Drug Coverage

## Compare your Medical and Prescription Drug Benefits

TYPE OF PROVIDER	Core <sup>1</sup>	Standard	Plus
	<i>Individual • 2-person • Family</i>	<i>Individual • 2-person • Family</i>	<i>Individual • 2-person • Family</i>
Lubrizon's Annual HSA Contribution	N/A	\$500 • \$750 • \$1,000	\$1,000 • \$1,500 • \$2,000
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Preventive Care	\$0		
Annual Deductible <sup>2</sup>	\$4,250 • \$6,375 • \$8,500	\$3,250 • \$4,875 • \$6,500	\$2,250 • \$3,375 • \$4,500
Annual Out-of-Pocket Maximum	\$5,750 • \$7,875 • \$10,000	\$4,750 • \$6,375 • \$8,000	\$3,750 • \$4,875 • \$6,000
Biweekly Contribution <sup>3</sup>	\$2.40 • \$23.58 • \$33.69	\$31 • \$86 • \$122	\$78.42 • \$186.99 • \$267.80
Surcharges	Medical: \$45 Tobacco/Nicotine: \$35		
Medical Coinsurance			
Network	20%		
Non-network	40%		
Emergency Room Visits	20%		
Hearing	Hearing aid, hearing aid exams, and diagnostic hearing care (not preventive) have \$500 limit, payable every two years		
Prescription Drug — Retail and Mail Order <sup>4</sup>	Preventive: 0% Generic: 10% Brand Formulary: 20% Brand Non-formulary: 30% Biotech/Specialty (available only through mail order): 35%		

- For the Core plan, the annual out-of-pocket maximum for 2-person and family coverage has an individual cap of \$5,750. Once any one family member reaches the individual cap of \$5,750, Lubrizon starts paying 100% of that person's covered expenses for the rest of the plan year.
- All covered expenses, including medical, prescription drug, behavioral health, and substance abuse treatment expenses, apply to the annual deductible. The amount you pay for your annual deductible also counts toward your out-of-pocket maximum.
- Actual amounts may vary slightly due to system rounding. For more details on your contributions for coverage, refer to Lubrizon Biweekly Contributions at [go.lubrizon.com/ae](https://go.lubrizon.com/ae).
- Please refer to the benefits website for the most current drug lists.

**NO ACTION  
REQUIRED**  
Elections Default  
to 2024 Coverage

Compare plans at  
**[benefits.lubrizon.com](https://benefits.lubrizon.com)**

# Three Different CDHPs

## Identical Elements – Varying Dollar Amounts

Bi-Weekly Contributions

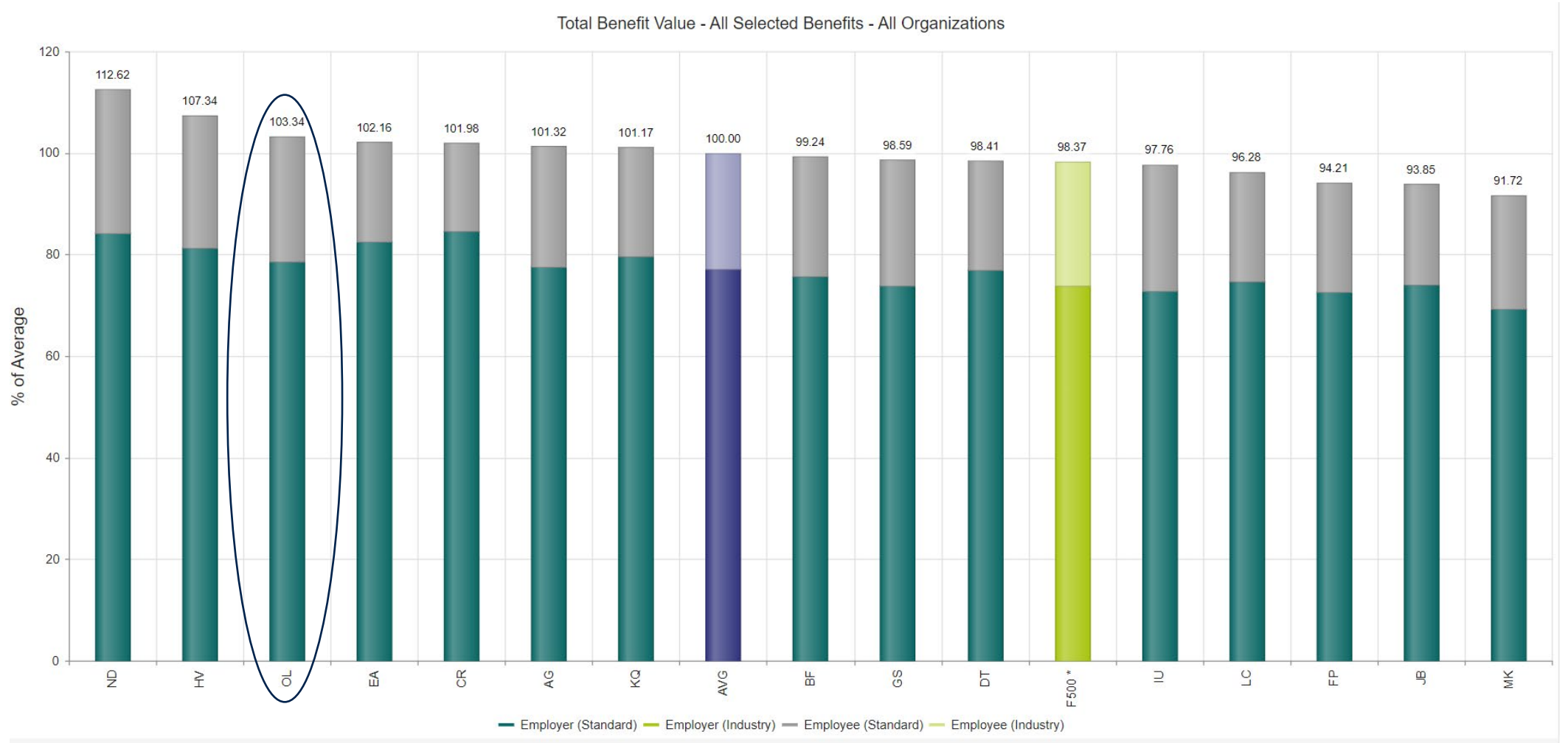
Annual Deductible

Coinsurance

Annual Out-of-Pocket Maximum

Medical & Tobacco/Nicotine Surcharges

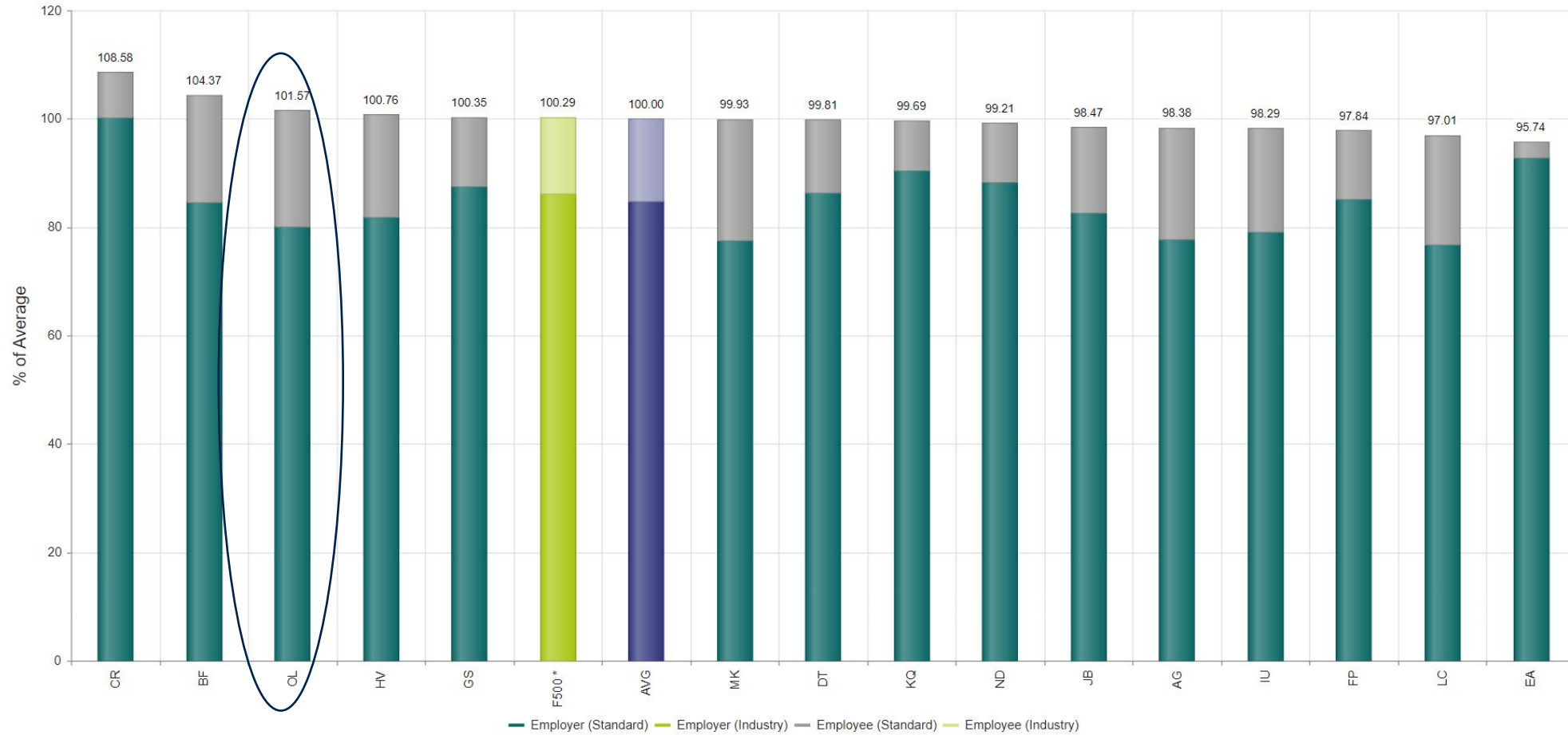
# Benchmarking- Total Benefit Value





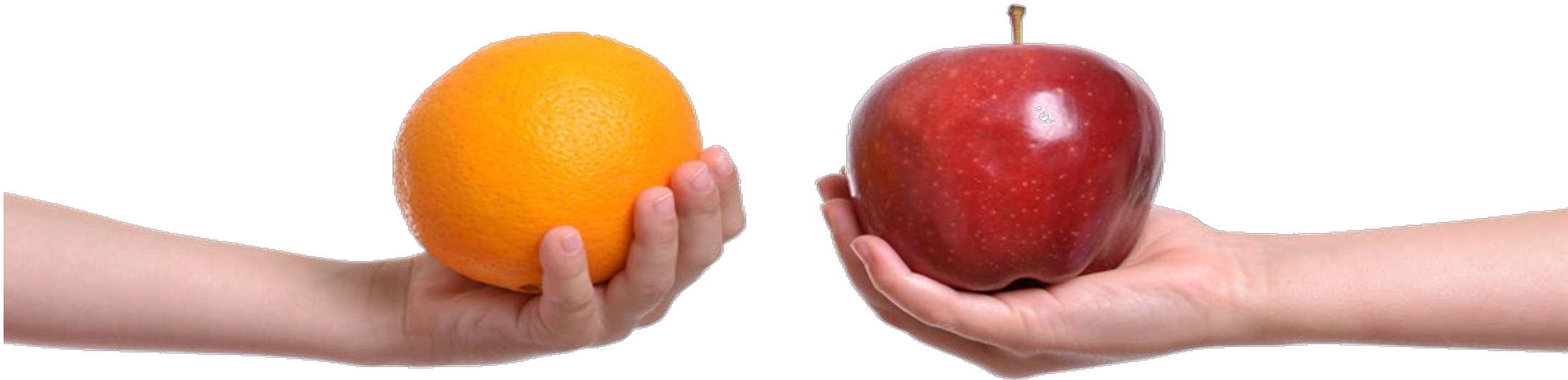
# Chemval Medical

Total Benefit Value - Medical (Active) - All Organizations



# Considerations in Choosing a Plan

- Are you eligible to participate in a Health Savings Account?
- What were your medical and prescription expenses in 2024?
- What are your anticipated expenses for 2025?
- Are you planning to change providers?
- What will your HSA balance be on December 31, 2024?



# Your Health Savings Account

## HSAs are individually-owned bank accounts

- The account belongs to you.
- Unspent money in your account carries over from year to year.
- It remains yours even if you change jobs or retire.

## HSAs are used to help pay for both current and/or future health care expenses

- You can withdraw money tax-free for qualified health expenses for you, your spouse and your eligible dependents.
- Or you can save funds to pay for future expenses.
- You can continue to use funds even if you stop contributing.

## HSAs are triple tax-advantaged

- Contributions are made pre-tax,
- Funds can grow tax free, and
- Withdrawals for qualified medical expenses are tax-free.

**IRS Annual Contribution Limit**  
\$4,300 Single | \$8,550 Family

**ACTION  
REQUIRED**  
Update Your  
Contribution  
Level

### Learn More about an HSA

For more information about the advantages of an HSA and how it works with a CDHP, visit [benefits.lubrizol.com](https://benefits.lubrizol.com) or [optumbank.com](https://optumbank.com), or call Optum Bank at 1-866-234-8913.



# Prescription Drug Change – Brand Drugs Only

What this is:

- Prescription drug pricing fluctuates throughout the year.
- Lubrizol is making a change to how the Plan will treat rebates.

What this is not:

- Lubrizol is not changing deductibles or out-of-pocket maximums.
- Lubrizol is not changing formularies
- Lubrizol is not changing the drug cost sharing.

You will be notified if you are impacted by this change.



# How to Fill Your Prescriptions

You have three ways to fill your prescription:

1	Retail Pharmacy	<b>FILL YOUR PRESCRIPTION</b> at any pharmacy participating in CVS Caremark's retail network. This is your best option for short-term prescriptions that you need right away (for example, a 10-day supply of antibiotics for an ear infection). You may purchase prescriptions for 30 days or less (with one refill).
2	Mail Order Program	<b>THE MAIL ORDER OPTION</b> allows you to purchase up to a 90-day supply of your medication (with up to three refills per year).
3	Maintenance Choice Program (90-day Supply)	<b>YOU CAN PURCHASE A 90-DAY MAINTENANCE PRESCRIPTION</b> at a CVS retail pharmacy or a 90-day prescription through mail order. For maintenance drugs, the Mail Order Program or the Maintenance Choice Program is mandatory after your initial fill plus one refill at a retail pharmacy. Call CVS Caremark at <b>1-844-742-5087</b> to see if your prescription is on the maintenance list.



# Dental Coverage

FEATURE	Lubrizol Comprehensive Dental Option	Lubrizol Network PPO Dental Option
Annual Maximum Benefit	\$2,000	\$1,000
Orthodontia Lifetime Maximum Benefit	\$1,500 per child	\$1,000 per child
	<b>You Pay</b>	<b>You Pay</b>
Annual Deductible	\$25 Individual - \$75 Family	\$50 Individual - \$150 Family
Biweekly Contribution	Individual \$8.23 2-person \$16.47 Family \$23.53	Individual \$3.52 2-person \$8.22 Family \$15.26
Preventive Care <ul style="list-style-type: none"> <li>• Oral exams (two per calendar year)</li> <li>• Cleanings (two per calendar year)</li> <li>• X-rays</li> </ul>	\$0 (annual deductible does not apply)	
Basic Restorative <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Simple extractions</li> </ul>	20% after annual deductible	Network: 20% after annual deductible  Non-network: 50% after annual deductible
Major Restorative <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Inlays</li> <li>• Dentures</li> </ul>	50% after annual deductible	
Orthodontia <ul style="list-style-type: none"> <li>• Children under age 26</li> </ul>	50%	

Certain limitations and exclusions may apply. Refer to the detailed benefits coverage information at [benefits.lubrizol.com](https://benefits.lubrizol.com).



Keep your teeth and gums healthy — and your smile bright — with \$0 preventive care included in your dental coverage.



**NO ACTION  
REQUIRED**  
Elections Default  
to 2024 Coverage



# Vision Coverage

FEATURE	Network Member Cost (What You Pay)	Out-of-Network Benefit (What the Plan Will Reimburse You)
<b>Biweekly Contribution</b>	Individual \$3.75 2-person \$6.56 Family \$10.26	
<b>Exam with Dilation as Necessary</b> Once every calendar year	\$0 copay	Up to \$35
<b>Retinal Imaging</b>	Up to \$39	\$0
<b>Standard Contact Lens Fit and Follow-up</b>	Up to \$55	\$0
<b>Premium Contact Lens Fit and Follow-up</b>	90% of retail price	\$0
<b>Eyeglass Frames</b> Once every calendar year	\$0 copay, 80% of charge over \$150	Up to \$75
<b>Standard Plastic Lenses<sup>1</sup></b> Once every 12 months instead of contact lenses		
• Single vision	\$15 copay	Up to \$25
• Bifocal	\$15 copay	Up to \$40
• Trifocal	\$15 copay	Up to \$55
• Standard progressive	\$15 copay	Up to \$55
• Premium progressive	\$15 copay, 80% of charge over \$120	Up to \$55
<b>Lens Options</b> Paid by member and added to the base price of the lenses		
• Tint (solid and gradient)	\$15	\$0
• UV coating	\$0	Up to \$5
• Standard scratch resistance	\$0	Up to \$5
• Standard polycarbonate	\$0	Up to \$5
• Standard anti-reflective	\$45	\$0
• Polarized	80% of retail price	\$0
• Other add-ons and services	80% of retail price	\$0
<b>Contact Lenses (Materials Only)<sup>2</sup></b> Once every calendar year instead of standard plastic lenses		
• Conventional	\$0 copay, 85% of charge over \$150	Up to \$120
• Disposable	\$0 copay, 100% of charge over \$150	Up to \$120
• Medically necessary <sup>1</sup>	\$0 copay, paid in full	Up to \$200
<b>Lasik and PRK Vision Procedures</b>	85% of retail price or 95% of promotional pricing; call 1-800-988-4221	\$0



**NO ACTION  
REQUIRED**  
Elections Default  
to 2024 Coverage

<sup>1</sup> Plan allows the member to receive either contacts and frames, or frames and lens services.

<sup>2</sup> Contact lenses are defined as medically necessary if the patient is diagnosed with specific medical conditions where the patient's vision cannot be corrected using standard spectacle lenses. Contact EyeMed at 1-866-723-0513 for additional information.

# Dependent Care Account

## Eligible Dependents

You may use the DCA for:

- A dependent under federal tax law who is a child under the age of 13
- Your spouse or dependent under federal tax law who is physically or incapable of caring for himself/herself and lives with you for more than one-half of the taxable year

**ACTION  
REQUIRED**

Update Your  
Contribution  
Level



# Life Insurance



**NO ACTION  
REQUIRED**  
Elections Default  
to 2024 Coverage



# Life Insurance

COVERAGE FOR	Coverage Options	Cost of Coverage	Evidence of Insurability (EOI) Requirements
You	1 to 8 times your eligible pay, up to \$2 million benefit	Depends on your age and the amount of coverage you choose	New elections and additional coverage amounts may require you to provide EOI that is satisfactory to Securian before the coverage can become effective
Your Spouse/Eligible Domestic Partner	\$10,000 increments, up to \$250,000	Depends on your spouse's or domestic partner's age and the amount of coverage you choose	New elections and additional coverage amounts may require you to provide EOI that is satisfactory to Securian before the coverage can become effective
Your/Your Domestic Partner's Eligible Child(ren) <sup>1</sup>	\$5,000 or \$10,000 per child between the age of 14 days and 26 years	Depends on the amount of coverage you choose	Not required for child coverage

<sup>1</sup> Certain criteria must be met for children to be considered eligible dependents for supplemental life insurance. Please refer to criteria posted at [benefits.lubrizol.com](https://benefits.lubrizol.com).

**NO ACTION  
REQUIRED**  
Elections Default  
to 2024 Coverage



# Short & Long Term Disability



**NO ACTION  
REQUIRED**  
Elections Default  
to 2024 Coverage



# Vacation Buy Program

- Must enroll each year if you want to participate.
- May buy up to five additional vacation days as long as regular vacation is less than max
- Additional vacation days are paid through equal payroll deductions throughout the year.
- A vacation day is defined as 8 hours
- Amount deducted from biweekly pay will change to reflect any pay change received throughout the year.
- Vacation bought accrues each pay.
- Generally, lose any vacation time not used by year-end—even days bought.

**ACTION  
REQUIRED**  
Update Your  
Contribution  
Level





# More Benefits That Work for You

## Help is available over the phone or online, anytime

Emotional Wellbeing Specialists are available by phone to provide help with a range of life concerns and stressors, including:

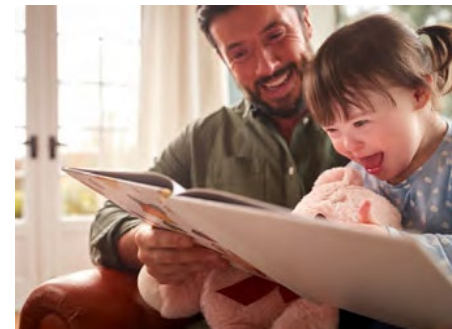
- Relationship problems
- Workplace conflicts and changes
- Parenting and family issues
- Eldercare support
- Stress, anxiety and depression
- Legal and financial concerns

You can also access 6 counseling visits either in person or virtually with a provider in our large network – at no cost. All conversations are confidential, and we never share your personal records with your employer or anyone else without your permission.

**Optum**

Support for  
**everyday**  
life

## Parent and Family Resources



# How to Make Your Elections



## HOW TO ENROLL

Enroll online at [go.lubrizol.com/  
BenefitsEnrollment](https://go.lubrizol.com/BenefitsEnrollment) (or  
[Lubrizol.BenefitsNow.com](https://Lubrizol.BenefitsNow.com)  
from outside the Lubrizol  
network) or call the  
Lubrizol Benefits Center at  
**1-844-747-1641.**



# How to Make Your Elections



<http://go.lubrizol.com/BenefitsEnrollment>

Health & Insurance ▾ Life Changes Health Financial Balance Tools & Resources

Quick Actions [Edit](#)

Dependent Verification

Benefits Summary

Dependents

Your help requests

Recommended



**It's Annual Enrollment! You have 11 days left to make your benefit choices.**

Review your options and enroll



**Life Happens**

Log an Event



To-Dos [View all](#)

[Enroll in Your Annual Benefits](#)

Due Oct 27, 2023

[Prefer to get text messages?](#)



# How to Verify Dependents



# Don't Forget! Included Health is Here to Help

## Need Help with Your Health Care Benefits? Start with Included Health.

Health care can be confusing. Whenever you have questions or need help with your Lubrizol benefits, Included Health can assist with:

- **Enrollment support services**  
Get help to understand your choices and make confident enrollment decisions.
- **Top-rated doctors**  
Get matched to providers in your network.
- **24/7 virtual care**  
See a doctor in minutes on your phone from anywhere.
- **Coverage specialists**  
Find out what's covered by your plan.
- **Expert medical opinions**  
Obtain an expert second opinion from one of the country's top specialists for your condition.
- **Billing experts**  
Have your bills checked for errors before you pay.



### Included Health is available 24/7:



1-855-431-5532



[includedhealth.com/Lubrizol](https://includedhealth.com/Lubrizol)



Download the mobile app for health care support on the go. It's free on the App Store and Google Play.

To better direct you to resources, Included Health will ask you questions related to your preferences. You can opt out of these questions. Included Health does not share your preferences with Lubrizol.

# Lubrizol Retirement Program

## Retirement income from these sources:

### 1 401(k) Plan

- Lubrizol matches your contributions dollar-for-dollar on the first 6% of eligible pay you make to the plan
- Contribute at least 6% of pay to maximize your Lubrizol benefit

### 2 An annual Age-Weighted Defined Contribution (or AWDC)

- Lubrizol contributes 3% to 7.5% of your eligible pay each year based on your age as of December 31 of each year

### 3 Health Savings Account

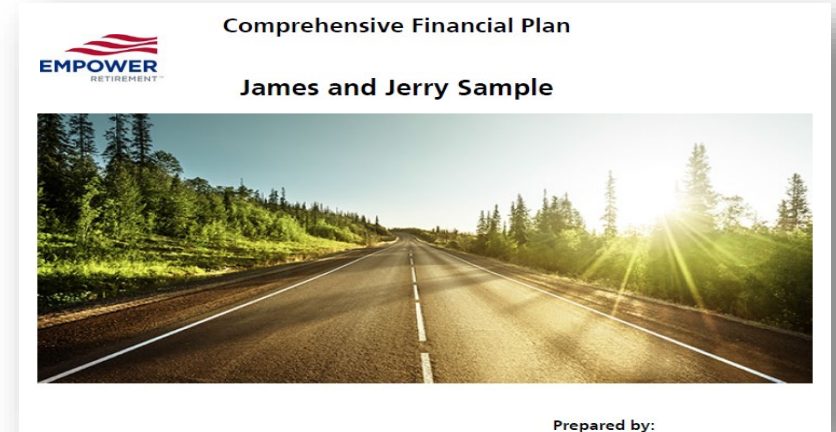
- Individually owned bank account
- Lubrizol makes a contribution to the HSA for employees enrolled in the standard and plus plans based on the plan and tier selected.



# Empower Financial Planning

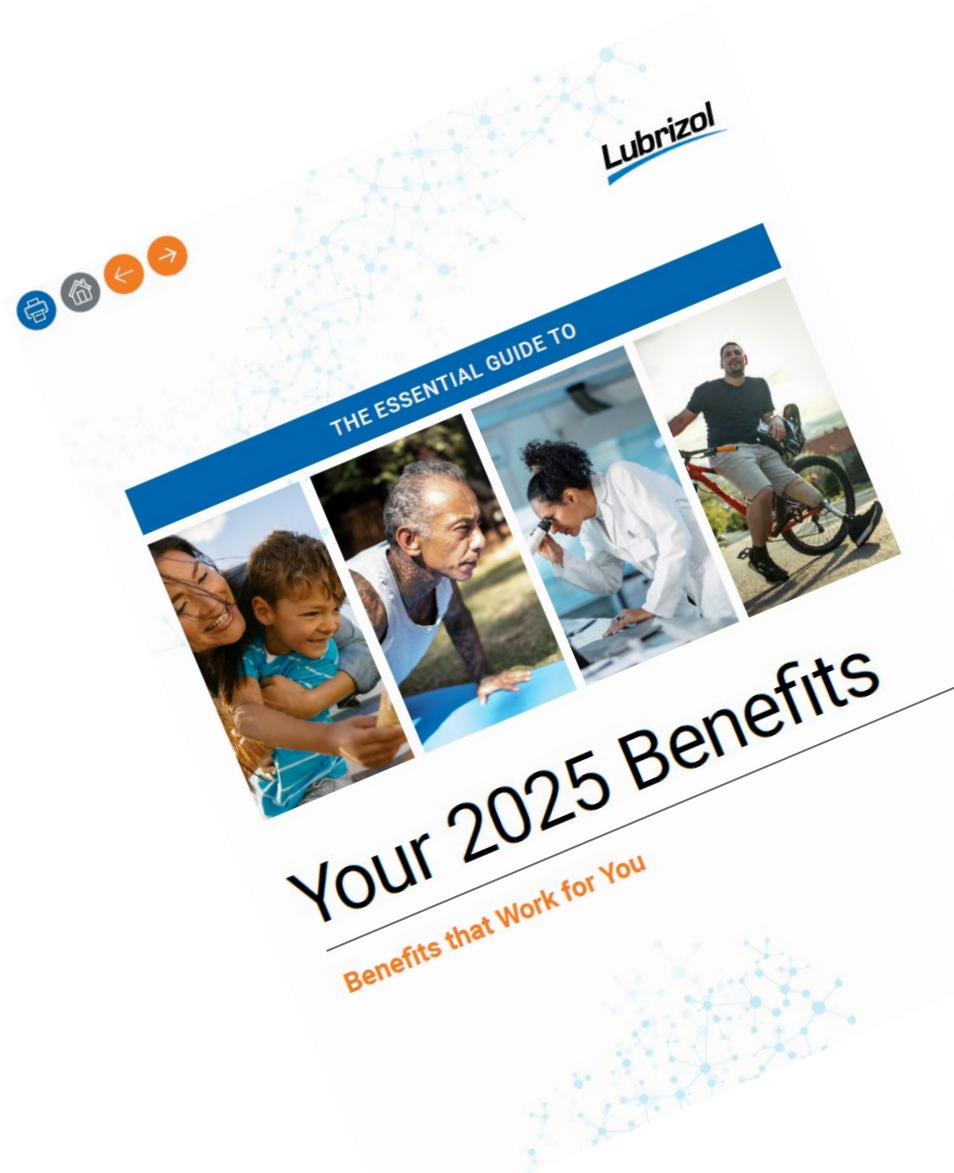
## Pre-Retirement / In Retirement Financial Plan

- Net worth statement
- Budgeting
- College planning
- Insurance coverage
- Asset allocation report
- Roth conversion planning
- Taxable vs tax-deferred planning
- Income planning
- Social Security planning
- RMD planning
- Estate planning



- Estimated 5 hours of total consultation time
- Average of 3 conversations take place
- Comprehensive report follows engagement
- 90% of time includes spouse/partner

# Helpful Resources



[benefits.lubrizol.com](https://benefits.lubrizol.com)

# What Questions Do You Have?



**ENROLLMENT QUESTIONS?** Call the Lubrizol Benefits Center at **1-844-747-1641**, or send a benefits request in MyHR.