

Dependents added to coverage, including domestic partners, require verification to establish them as an eligible family member.

BENEFIT COVERAGE ELIGIBILITY

Employees

All regular, full-time U.S. salaried and non-union hourly employees are eligible to enroll in benefits offered through Benefit Essentials. Regular part-time employees working at least 20 hours per week and those employees participating in a phased-in retirement program are also eligible.

U.S. wage employees whose collective bargaining agreement establishes eligibility for this program may participate.

Eligible Family Members

You may enroll your eligible family members, including:

- Your spouse
- Your domestic partner*
- Your children to age 26
- Your domestic partner's children to age 26
- Dependent children over the age of 26 who are incapable of earning a living because of a disability that was in existence at the time they would have no longer been eligible for coverage under the plan

Eligible children include:

- Natural children
- Adopted children
- Stepchildren
- Foster children
- Children for whom you are responsible for providing health care coverage by court order
- Children for whom you are legal guardian
- Domestic partner's children

*Domestic partner eligibility is subject to certification and must be completed within 60 days of domestic partner eligibility date in order for your eligible domestic partner and his/her eligible children to receive coverage. For more information about certification and eligibility requirements, visit benefits.lubrizol.com. Annual recertification may be required.

The break-out of the post-tax piece of the benefit cost and the imputed income related to domestic partner benefits appear on the employee's pay advice. Below is information relating to post-tax deductions and imputed income.

FEDERAL AND STATE TAX IMPLICATIONS		
COST OF COVERAGE FOR ...	Your contributions are generally deducted from your pay ...	Lubrizol's contribution to the cost of coverage is generally ...
You and your legal dependents	Pre-tax for both state and federal taxes	Not taxed
Your domestic partner and your domestic partner's children	Post-tax for federal taxes; state taxes vary by state	Taxed as imputed income

This is an example of an employee who elected family core medical and comprehensive dental coverage to include the employee, domestic partner and domestic partner's child. They elected 2-person vision to include the employee and domestic partner. Post-tax deductions and imputed income apply to both the domestic partner and their child.

Active Employees – Full-time and Part-time
(Employee + Domestic Partner and Employee + Domestic Partner/Children)

MEDICAL ¹	Single + DP			Single + DP and DP's Child(ren)			Single + DP and Employee's Child(ren) or Employee's and DP's Child(ren)		
	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²
Core	\$17	\$0/\$17	\$267.52	\$25	\$0/\$25	\$502.11	\$25	\$8/\$17	\$267.52
Standard	\$86	\$31/\$55	\$261.63	\$122	\$31/\$91	\$511.69	\$122	\$67/\$55	\$261.63
Plus	\$164	\$66/\$98	\$272.47	\$235	\$66/\$169	\$552.57	\$235	\$137/\$98	\$272.47
GOA	\$86	\$31/\$55	\$261.63	\$122	\$31/\$91	\$511.69	\$122	\$67/\$55	\$261.63
Midland BCBS	\$76	\$25/\$51	\$258.33	\$93	\$25/\$68	\$395.40	\$93	\$42/\$51	\$258.33

DENTAL	Single + DP			Single + DP and DP's Child(ren)			Single + DP and Employee's Child(ren) or Employee's and DP's Child(ren)		
	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²
Network PPO Dental	\$7	\$3/\$4	\$6.39	\$13	\$3/\$10	\$23.34	\$13	\$9/\$4	\$6.39
Comprehensive Dental	\$14	\$7/\$7	\$9.93	\$20	\$7/\$13	\$26.42	\$20	\$13/\$7	\$9.93

VISION	Single + DP			Single + DP and DP's Child(ren)			Single + DP and Employee's Child(ren) or Employee's and DP's Child(ren)		
	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²	Your Contribution	Pre-Tax/ Post-Tax	Imputed Income ²
EyeMed Vision	\$7	\$4/\$3	\$0	\$11	\$4/\$7	\$0	\$11	\$11/\$3	\$0

What it looks like on the pay advice:

ADP Mobile

CO... FLS... DEPT... CLOCK... YDIS... NO...

LUBRIZOL
LUBRIZOL CORP
29400 LAKELAND BLVD.
WICKLIFFE, OH 44092-2298

Filing Status: Single/Married (file separately)
Exemptions/Allowances:
Federal: Standard Withholding Table

Earnings Statement **ADP**

Period Beginning: 01/04/2021
Period Ending: 01/17/2021
Pay Date: 01/22/2021

Earnings	rate	hours	this period	year to date
Regular				
Imprden G Fst			26.42	52.84
Imprmed G Fst			502.11	1,004.22

Imputed income amount added to earnings and

Net Check \$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are

Deductions	Statutory	this period	total to date
	Federal Income Tax		
	Social Security Tax		
	Medicare Tax		
	OH State Income Tax		
	Other		
	Dental	-10.00*	
	Dentl G Fst	-10.00	
	Grp Univer Life	-15.20	
	Health Savings	-26.92*	
	Imprden G Fst	-26.42	
	Imprmed G Fst	-502.11	
	Ltd	-0.79*	1.58
	Med G Fst	-12.50	25.00
	Medical	-12.50*	25.00

Imputed income deducted from pay

Other Benefits and Information

Co Match

Major

Co Match

Important Notes

COMPANY PHONE NUMBER 440-943-0200

W2'S WILL BE MAILED TO THE ADDRESS ON YOUR PAY ADVICE. TO UPDATE, PLEASE SUBMIT AN ADDRESS PAR...

Additional Tax Withholding Information

Taxable

On:

Lubrizol
29400 LAKELAND BLVD.
WICKLIFFE, OH 44092-2298

Advice number: [redacted]
Pay date: 01/22/2021

Deposited to the account of [redacted] account number [redacted] transit ABA [redacted] amount [redacted]

THIS IS NOT A CHECK

NON-NEGOTIABLE

Updated 02/2021