

2024 Active Employee Bi-Weekly Benefit Contributions

Medical/Prescription Plans

2024 Bi-Weekly Medical Plan Contribution Rates	No Discount Earned	One Person Participates in Well-being Matters*	Both People Participate in Well-being Matters*
PPO Medical Plan and Rx			
You only	\$96.46	\$81.23	N/A**
You + Spouse	\$220.62	\$204.92	\$189.69
You + Child(ren)	\$169.85	\$154.62	N/A**
You + Family	\$320.31	\$304.62	\$289.38
CDHP Medical Plan and Rx ***			
You only	\$59.08	\$43.85	N/A**
You + Spouse	\$140.77	\$125.08	\$109.85
You + Child(ren)	\$98.31	\$83.08	N/A**
You + Family	\$198.00	\$182.31	\$167.08

*Employees hired on and after 6/1/2023 receive Well-being rates for 2024. Spouses added after 6/1/2023 are exempt from having to complete well-being requirements for the current year. In July 2024, these employees and spouses will have to earn 2,000 points between July 1 and November 1, 2024 to receive a medical plan premium discount for 2025.

**For these coverage levels, there is only one person eligible for the discount, so only one rate with the \$400 per year premium discounts is shown.

***If you enroll in the CDHP, the company will make a contribution to the Health Savings Account (HSA) as long as: 1) you confirm eligibility for the HSA by completing the questionnaire during enrollment; 2) you agree to the Fidelity HSA trust agreement; 3) you ensure your HSA is open at Fidelity and ready to receive contributions. Only those who actively enroll in the CDHP (not default into due to not making a medical plan election) will receive the company's contribution. If you are late establishing eligibility or agreeing to the trust agreement, your company contribution may be prorated based on when you opened the account. To change your contributions to the HSA, please go online and process a life event with the Arkema Benefits Center. Fidelity does not take changes to your HSA election.

Dental and Vision

2024 Bi-Weekly Dental Plan Contribution Rates	
You only	\$6.00
You + Spouse	\$11.54
You + Child(ren)	\$11.08
You + Family	\$18.46

2024 Bi-Weekly Vision Plan Contribution Rates	
You only	\$2.49
You + Spouse	\$4.48
You + Child(ren)	\$4.73
You + Family	\$7.47

Supplemental Health Coverage – Accident Insurance and Hospital Indemnity

2024 Bi-Weekly Aetna Accident Insurance Plan Rates	
You only	\$2.16
You + Spouse	\$4.32
You + Child(ren)	\$4.54
You + Family	\$6.70

2024 Bi-Weekly Aetna Hospital Indemnity Insurance Plan Rates	
You only	\$3.60
You + Spouse	\$8.18
You + Child(ren)	\$6.06
You + Family	\$10.09

Critical Illness Coverage

(Separate rates for tobacco users and non-tobacco users for each coverage level)

2024 Bi-Weekly Critical Illness Plan Rates \$10,000 Benefit NON-TOBACCO USER*				
Age	EE	EE + Spouse	EE + Child(ren)	Family
<20	\$0.72	\$1.56	\$0.72	\$1.56
20 – 24	\$0.72	\$1.56	\$0.72	\$1.56
25 – 29	\$1.19	\$2.46	\$1.19	\$2.46
30 – 34	\$1.54	\$3.15	\$1.54	\$3.15
35 – 39	\$2.07	\$4.20	\$2.07	\$4.20
40 – 44	\$2.99	\$6.04	\$2.99	\$6.04
45 – 49	\$4.50	\$9.04	\$4.50	\$9.04
50 – 54	\$6.99	\$13.99	\$6.99	\$13.99
55 – 59	\$10.53	\$21.06	\$10.53	\$21.06
60 – 64	\$15.09	\$30.17	\$15.09	\$30.17
65 – 69	\$20.77	\$41.52	\$20.77	\$41.52
70+	\$26.24	\$52.43	\$26.24	\$52.43

*Based on the Tobacco User status of the employee declared annually at Open Enrollment.

2024 Bi-Weekly Critical Illness Plan Rates \$10,000 Benefit TOBACCO USER*				
Age	EE	EE + Spouse	EE + Child(ren)	Family
<20	\$1.19	\$2.58	\$1.19	\$2.58
20 – 24	\$1.19	\$2.58	\$1.19	\$2.58
25 – 29	\$1.97	\$4.11	\$1.97	\$4.11
30 – 34	\$2.58	\$5.28	\$2.58	\$5.28
35 – 39	\$3.49	\$7.08	\$3.49	\$7.08
40 – 44	\$5.08	\$10.23	\$5.08	\$10.23
45 – 49	\$7.65	\$15.34	\$7.65	\$15.34
50 – 54	\$11.86	\$23.71	\$11.86	\$23.71
55 – 59	\$17.83	\$35.63	\$17.83	\$35.63
60 – 64	\$25.53	\$51.00	\$25.53	\$51.00
65 – 69	\$35.12	\$70.15	\$35.12	\$70.15
70+	\$44.35	\$88.57	\$44.35	\$88.57

*Based on the Tobacco User status of the employee

2024 Bi-Weekly Critical Illness Plan Rates \$20,000 Benefit NON-TOBACCO USER*				
Age	EE	EE + Spouse	EE + Child(ren)	Family
<20	\$1.44	\$3.11	\$1.44	\$3.11
20 – 24	\$1.44	\$3.11	\$1.44	\$3.11
25 – 29	\$2.37	\$4.92	\$2.37	\$4.92
30 – 34	\$3.07	\$6.30	\$3.07	\$6.30
35 – 39	\$4.14	\$8.39	\$4.14	\$8.39
40 – 44	\$5.99	\$12.06	\$5.99	\$12.06
45 – 49	\$9.00	\$18.08	\$9.00	\$18.08
50 – 54	\$13.98	\$28.00	\$13.98	\$28.00
55 – 59	\$21.05	\$42.12	\$21.05	\$42.12
60 – 64	\$30.17	\$60.33	\$30.17	\$60.33
65 – 69	\$41.54	\$83.04	\$41.54	\$83.04
70+	\$52.48	\$104.86	\$52.48	\$104.86

*Based on the Tobacco User status of the employee

2024 Bi-Weekly Critical Illness Plan Rates \$20,000 Benefit TOBACCO USER*				
Age	EE	EE + Spouse	EE + Child(ren)	Family
<20	\$2.38	\$5.17	\$2.38	\$5.17
20 – 24	\$2.38	\$5.17	\$2.38	\$5.17
25 – 29	\$3.95	\$8.22	\$3.95	\$8.22
30 – 34	\$5.16	\$10.57	\$5.16	\$10.57
35 – 39	\$6.98	\$14.17	\$6.98	\$14.17
40 – 44	\$10.16	\$20.46	\$10.16	\$20.46
45 – 49	\$15.31	\$30.68	\$15.31	\$30.68
50 – 54	\$23.70	\$47.42	\$23.70	\$47.42
55 – 59	\$35.65	\$71.26	\$35.65	\$71.26
60 – 64	\$51.06	\$101.99	\$51.06	\$101.99
65 – 69	\$70.25	\$140.31	\$70.25	\$140.31
70+	\$88.70	\$177.14	\$88.70	\$177.14

*Based on the Tobacco User status of the employee

Short-Term Disability/Salary Continuation Policy

After 6 months of service, the Company pays income replacement for up to 26 weeks if an employee becomes disabled and unable to work due to a non-work-related cause. The amount of income replaced depends on the employee’s years of service or contract. Disability and leaves are administered by Lincoln Financial Group. Keep your manager and human resources representative informed of your intent to take time off work as much in advance as you can.

Long Term Disability Insurance

The Company pays for each employee to have Basic Long Term Disability Benefits of 60% of Frozen Annual Base Pay (no commissions or bonus included) as of 1/1 (or Hire date) with a monthly benefit maximum of \$5,000. Buy-up LTD, if elected, provides 66.67% benefit with a maximum monthly benefit up to \$15,000. Employees earning an Annual Base Pay of more than \$100,000 will not receive the full 60% benefit under the Basic LTD option. Lincoln evaluates LTD after 6 months of short-term disability.

2024 Bi-Weekly Optional Long-Term Disability Buy-Up Rates	
(Frozen Annual Base Pay as of January 1 or hire date)	×\$0.296 and divide by 26 pay periods
100	

Employee and Dependent (spouse/child) Optional Life and AD&D Insurance

2024 Bi-Weekly Employee Optional Life Rates Per \$1,000 of Coverage		
Age	Non-Tobacco User*	Tobacco User*
<25	\$0.014	\$0.023
25 – 29	\$0.017	\$0.024
30 – 34	\$0.022	\$0.029
35 – 39	\$0.025	\$0.037
40 – 44	\$0.032	\$0.046
45 – 49	\$0.048	\$0.069
50 – 54	\$0.074	\$0.106
55 – 59	\$0.131	\$0.198
60 – 64	\$0.199	\$0.305
65 – 69	\$0.349	\$0.527
70 – 74	\$0.666	\$0.951
75+	\$0.666	\$0.951

*Based on the Tobacco User status of the employee – system will assign based on answer to tobacco question.

2024 Bi-Weekly Spouse Optional Life Rates Per \$1,000 of Coverage	
Age	Bi-Weekly Rate
<25	\$0.023
25 – 29	\$0.028
30 – 34	\$0.030
35 – 39	\$0.034
40 – 44	\$0.044
45 – 49	\$0.068
50 – 54	\$0.102
55 – 59	\$0.145
60 – 64	\$0.170
65 – 69	\$0.233
70 – 74	\$0.271
75+	\$0.951

2024 Bi-Weekly Child Life Rates	
\$5,000 Coverage	\$10,000 Coverage
\$0.32	\$0.63

2024 Bi-Weekly Employee & Spouse Optional AD&D Rates Per \$1,000 of Coverage	
Employee	Spouse
\$0.0097	\$0.0097

2024 Bi-Weekly Child AD&D Rates	
\$5,000 Coverage	\$10,000 Coverage
\$0.04	\$0.09

Other Voluntary Benefits Coverages

2024 Bi-Weekly ARAG Group Legal Rates	
Coverage	\$8.42

2024 Bi-Weekly Allstate ID Theft Rates	
Employee	\$3.00
Family	\$5.77

You can elect discounted pet insurance with Pet's Best through www.petsbest.com/ARKEMAPET. Payroll deduction of premiums is not offered at this time, but you can set up direct pay.