



# 2020 BENEFITS GUIDE





## ELECTING BENEFITS IS AN IMPORTANT AND PERSONAL DECISION.

Benefits support your health and financial well-being, and play a role in rewarding your contributions to the company's success. You are important to us so we consistently aim to provide benefits that are:



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### FLEXIBLE

so you choose benefits  
that meet your needs

### VALUABLE

part of your total  
rewards package

### COMPETITIVE

for our industry

### AFFORDABLE

to you & your family

*Please read carefully the information provided in this guide while you make your benefit decisions.*







# 2020 BENEFITS GUIDE

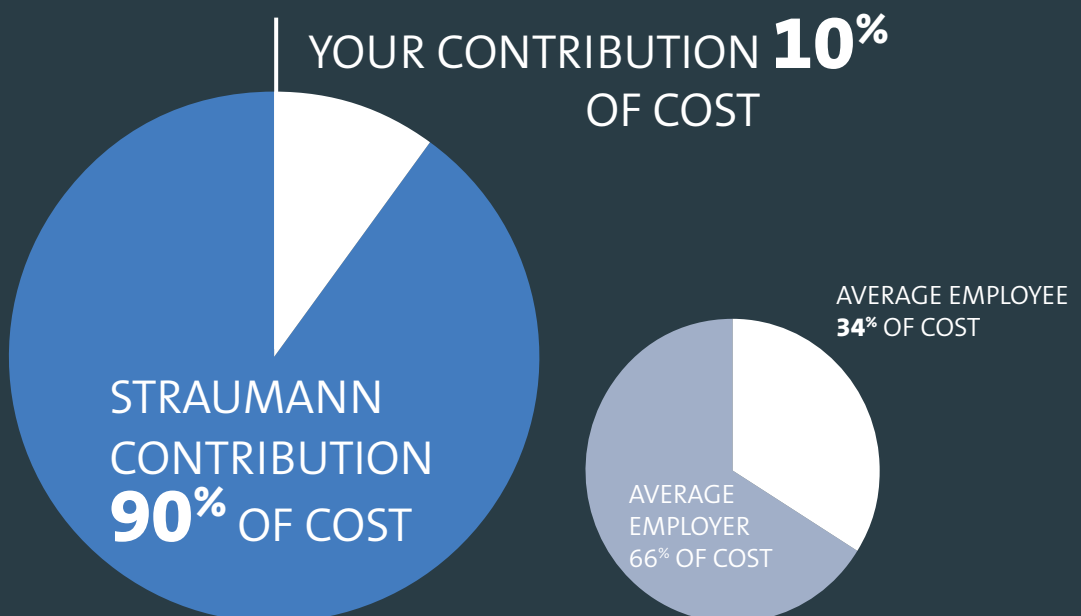
As a valued member of our Straumann Group family, we are committed to offering you and your family a comprehensive benefits package that supports your long-term health and financial well-being.

**Our benefits plan is benchmarked in the top 5%.**

We pay an average of 90% of your medical premiums for you and your dependents which means that you only contribute an average of 10%. We are proud to provide you with this very competitive offering!

The following is an illustration of how our benefits compare to our competitors in the marketplace:

## Employee contribution averages



For more details regarding your benefits, please visit the HR Forms and Communications Center under: [our.straumann.com](https://our.straumann.com) > Our.People | U.S. Employee Resources > Policies, Guides & Resources.

If you have any questions please contact: [benefits.nam@straumann.com](mailto:benefits.nam@straumann.com).

**OUR BENEFITS ARE  
FLEXIBLE SO YOU  
CHOOSE THOSE  
THAT MEET YOUR  
NEEDS**

**FLEXIBLE**







# HOW TO GET THE MOST FROM YOUR 2020 BENEFITS GUIDE

## When to Enroll

- **New Hire Enrollment:** New hires have **31 days** from their hire date to enroll in benefits. Unless otherwise noted, benefits coverage is available as of your hire date.
- **Open Enrollment.** Once a year, all U.S.-based eligible employees may elect or change benefits coverage. During this period, you choose the benefits that will best meet your needs for the upcoming year. **If you wish to enroll in a flexible medical and/or dependent care spending account (FSA) for 2020, you must complete this process as a part of Open Enrollment (see p. 26 for more details on FSA accounts.)**
- **Qualifying Change of Status:** In most cases, the decisions you make during open enrollment will remain in effect from January 1 through December 31, or from your hire date through the end of the calendar year. If you have a qualifying status change during the year, you may modify some of your elections by contacting Human Resources, as long as what you adjust is consistent with your qualifying event. You must make any coverage modifications within **31 days** of the qualifying event. If you do not, then you will need to wait until the next open enrollment period to make any additional adjustments.

### QUALIFYING EVENTS INCLUDE:

- Birth or adoption of a child
- Marriage or domestic partnership
- Divorce, legal separation, or termination of domestic partnership
- Death of a covered dependent
- Change in employment status for you or your spouse/domestic partner that results in a gain or loss of benefits, including salary continuance
- Change in your dependent's eligibility for benefits

For a complete list of eligible life status changes, please visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa).



## How to Enroll

To enroll or make changes to your benefits, you must be registered and have established a user ID in ADP Workforce Now (<https://WorkForceNow.adp.com>); this is the same website you view your pay statements.

If you have not established a user ID and password, please register using the code: **straumann1-ess** in ADP Workforce Now.

Once you have established a user ID and password in ADP Workforce Now, you may continue with your elections on this site or, between 8:00 am and 11:30 pm (Eastern Time) you may call the



**Straumann Benefits Line toll-free number 1-855-547-8508** to connected with a live representative that will be able to assist you with benefit questions and the enrollment process.

## Who can Enroll

Employees who are classified as regular, full-time employees\*, working at least 30 hours per week are eligible for the following benefits:

- Medical
- Dental
- Vision
- FSA benefits
- Short-term disability
- Long-term disability
- Life & accidental death and dismemberment benefits

Dependents – Eligible dependents include legal spouses and domestic partners, your own child, step child, or your domestic partner’s child. Additionally, dependent status can be claimed for a child that was legally adopted by you and/or a child who was lawfully placed with you for legal adoption by you. This includes an eligible foster child, defined as an individual who is placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

For most plans, dependent children may be covered up to age 26, regardless of the dependent’s financial dependency, student status, or employment status. However, if your child(ren) is considered legally disabled, then he/she may remain covered after they would otherwise lose dependent eligibility.

*\* If you are a temporary employee paid through Straumann Group, and are reasonably expected to work an average of 30 or more hours per week during the 12-month measurement period, then you are eligible for medical coverage beginning January 1st of the following calendar year, which is also the first day of the Stability Period. Eligibility for coverage will continue at least until the end of your 12-month stability period, provided you remain employed at least 30 hours per week.*







# YOUR CONTRIBUTION RATES

# EMPLOYEE CONTRIBUTIONS

## Medical Contributions

Below are the 2020 bi-weekly (26) payroll deductions.



### INDIVIDUAL

### EE + SPOUSE

### EE + CHILD(REN)

### FAMILY

HMO \$500	\$29.75	\$67.95	\$59.60	\$76.55
PPO \$500	\$44.25	\$102.95	\$90.00	\$116.40
PPO \$1500	\$18.18	\$51.35	\$42.44	\$61.15
HDHP \$2000	\$13.40	\$26.75	\$25.90	\$39.30

## Dental Contributions



### INDIVIDUAL

### EE + SPOUSE

### EE + CHILD(REN)

### FAMILY

DENTAL BLUE	\$5.19	\$12.82	\$11.80	\$15.07
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## Vision Contributions



### INDIVIDUAL

### EE + SPOUSE

### EE + CHILD(REN)

### FAMILY

EYEMED VISION PLAN	\$3.30	\$8.40	\$8.40	\$8.40
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# DOMESTIC PARTNER RATES

When you choose to cover a domestic partner and/or their children, the IRS requires your contributions for domestic partner coverage to be paid on a post-tax basis. Additionally, the fair market value of our share of the cost to cover your domestic partner, must be reported as additional taxable income to your imputed income\*.

*\* Imputed income is the term the IRS applies to the value of any benefit or service that should be considered income for the purposes of calculating your federal taxes. If your dependents do not qualify for pre-tax benefits, your deductions will be post-tax and the employer's cost will be taxable to you as imputed income.*

## How is imputed income Calculated?

Imputed income is the difference in the employer's premium cost incurred when your coverage tier changes as a result of adding a post-tax domestic partner or post-tax children of a domestic partner to your plan.

The employee with post-tax dependents will be paying both before-and after-tax deductions. The employee will have tax implications for the employer taxable piece of their deductions. They will see this as added income at the end of the year.




# DOMESTIC PARTNER RATES







## 2020 Medical Premiums for Domestic Partners

We offer medical, dental and vision coverage benefits to same sex and opposite sex domestic partners who do not qualify as a 'legal spouse' under the IRS definitions.

*Below are the 2020 bi-weekly (26) payroll deductions.*

	 EE + DP	PRE-TAX	POST-TAX	IMPUTED INCOME
HMO	\$67.95	\$29.75	\$38.20	\$279.16
PPO 500	\$102.95	\$44.25	\$58.70	\$264.80
PPO 1500	\$51.35	\$18.18	\$33.17	\$259.36
HDHP 2000	\$26.75	\$13.40	\$13.35	\$254.05





 FAMILY		 EE + DP + EE CHILDREN		
		PRE-TAX	POST-TAX	IMPUTED INCOME
HMO	\$76.55	\$59.60	\$16.95	\$342.23
PPO 500	\$116.40	\$90.00	\$26.40	\$297.23
PPO 1500	\$61.15	\$42.44	\$14.85	\$314.28
HDHP 2000	\$39.30	\$25.90	\$14.85	\$254.11

	 EE + DP + DP CHILDREN			 EE + DP + EE & DP CHILDREN		
	PRE-TAX	POST-TAX	IMPUTED INCOME	PRE-TAX	POST-TAX	IMPUTED INCOME
HMO	\$29.75	\$46.80	\$607.53	\$59.60	\$16.95	\$342.23
PPO 500	\$44.25	\$72.15	\$554.19	\$90.00	\$26.40	\$297.23
PPO 1500	\$18.18	\$42.97	\$560.22	\$42.44	\$18.71	\$314.28
HDHP 2000	\$13.40	\$25.90	\$491.82	\$25.90	\$13.40	\$254.11



## 2020 Dental Premiums for Domestic Partners

*Below are the 2020 bi-weekly (26) payroll deductions.*

DENTAL BLUE		PRE-TAX	POST-TAX	IMPUTED INCOME
	EE + DP	\$5.19	\$7.63	\$18.15
	EE + DP + EE CHILDREN	\$11.80	\$3.27	\$34.38
	EE + DP + DP CHILDREN	\$5.19	\$9.88	\$51.75
	EE + DP + EE & DP CHILDREN	\$11.80	\$3.27	\$34.38



## 2020 Vision Premiums for Domestic Partners

*Below are the 2020 bi-weekly (26) payroll deductions.*

EYEMED		PRE-TAX	POST-TAX	IMPUTED INCOME
	EE + DP	\$3.30	\$5.10	\$0.00
	EE + DP + EE CHILDREN	\$8.40	\$0.00	\$0.00
	EE + DP + DP CHILDREN	\$3.30	\$5.10	\$0.00
	EE + DP + EE & DP CHILDREN	\$8.40	\$0.00	\$0.00



**OUR BENEFITS ARE  
A VALUABLE PART  
OF YOUR  
TOTAL  
REWARDS  
PACKAGE**



**VALUABLE**



# YOUR HEALTH PLAN OPTIONS





## MEDICAL

### Blue Cross Blue Shield (BCBS) Plans of Massachusetts

If you elect the HMO Blue New England Deductible Plan, then you choose a primary care provider (PCP) for you and each member of your family from any New England state. You and your PCP determine if and when you need to see a specialist, need surgery, etc. Therefore, you and any applicable family members must receive a referral for any services. Except for emergency services, you or your family members will not be covered if you or they choose any medical services outside of the HMO Blue NE network.

If you live outside of New England, you must enroll in one of the Preferred Blue Plans since these plans provide you with a national network of physicians. To see if a doctor is in the Blue Cross network, visit [www.bluecrossma.com](http://www.bluecrossma.com) or call 1-800-358-2227.

The Preferred Blue PPO Plans give you the freedom to see any physician or

other healthcare professional from the BCBS network, including specialists, without a referral.

If you are enrolled in a PPO plan, you may also use a provider who is not part of the BCBS Network. If you do use an out-of-network (OON) provider, please note that you are subject to a higher deductible and co-insurance, as well as any charges in excess of the “reasonable and customary” (R&C) amount determined by the health carrier, which can be substantial. In addition, the amount you pay above the R&C charges do not apply to your out-of-pocket maximum. If you are currently using an out-of-network provider/facility or plan to do so in the future, we recommend that you contact BCBS directly with any questions.

*Note: All benefits are based on covered expenses. There are exclusions and limitations in each of these plans. This is not intended to be a complete list of benefits, exclusions, or limitations. Benefit summaries for each of these plans are available on the HR Forms and Communications Center at: [our.straumann.com](http://our.straumann.com) > Our People | U.S. Employee Resources > Policies, Guides & Resources.*

*Blue Cross Blue Shield offers a number of useful tools on their website at [www.bluecrossma.com](http://www.bluecrossma.com). If you are interested in receiving information from BCBS via email or your mobile phone, please log on to [www.bluecrossma.com/email](http://www.bluecrossma.com/email) to sign up.*



# MEDICAL PLAN COMPARISON CHART

BLUE CROSS BLUE SHIELD							
Plan	HMO Blue NE \$500 Deductible	Preferred Blue \$500 Deductible		 Preferred Blue PPO \$2,000 HDHP/HSA ALL ENROLLMENTS EFFECTIVE 1/1/20		Preferred Blue \$1,500 Deductible CLOSED TO NEW ENROLLMENTS AFTER 1/1/20	
	PCP/Referrals Required	No PCP/Referrals Required		No PCP/Referrals Required		No PCP/Referrals Required	
		In-Network	Out-of- Network	In-Network	Out-of-Network	In-Network	Out-of- Network
Calendar Year Deductible	\$500/Individual \$1,000/Family Per Plan Year	\$500/Individual \$1,000/Family Per Plan Year		\$2,000/Individual \$4,000/Family Per Plan Year		\$1,500/Individual \$3,000/Family Per Plan Year	
Out-of-Pocket Maximum	\$5,450/Individual \$10,900/Family Per Plan Year	\$5,450/Individual \$10,900/Family Per Plan Year		\$6,450/Individual \$12,900/Family Per Plan Year		\$5,450/Individual \$10,900/Family Per Plan Year	
OUTPATIENT CARE							
Diagnostic Office Visit (No Cost for Routine/ Preventive)	\$20 Per Visit	\$15 Per Visit after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible	\$15 Per Visit after Deductible	20% after Deductible
Specialist Office Visit	\$20 Per Visit	\$15 Per Visit after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible	\$15 Per Visit after Deductible	20% after Deductible
Emergency Room	\$150 Per Visit	\$150 Per Visit after Deductible		\$150 Per Visit after Deductible		\$150 Per Visit after Deductible	
X-Rays & Laboratory Tests	No Charge after Deductible	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible
MRI CT & PET Scans	No Charge after Deductible	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible
Routine Eye Exam (One Exam Every Cycle)	No Charge	No Charge	20% after Deductible	No Charge after Deductible	20% after Deductible	No Charge	20% after Deductible
Chiropractic	\$20 Per Visit	\$15 Per Visit after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible	\$15 Per Visit after Deductible	20% after Deductible
 Acupuncture	\$20 Per Visit	\$15 Per Visit after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible	\$15 Per Visit after Deductible	20% after Deductible
INPATIENT CARE							
Inpatient Hospital	No Charge after Deductible	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible
Surgical Day	No Charge after Deductible	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible
MENTAL HEALTH							
Outpatient	\$20 Per Visit	\$15 Per Visit after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible	\$15 Per Visit after Deductible	20% after Deductible
	Unlimited	Unlimited		Unlimited		Unlimited	
Inpatient	No Charge/ No Deductible	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible	No Charge after Deductible	20% after Deductible

Hearing aid benefit as of 1/1/20 includes BOTH  
Children & Adults: \$2,000/ear/3 years

**NEW**



## PRESCRIPTIONS

The pharmacy program through BCBS is designed to provide you and your physician with access to a wide variety of safe, clinically-effective medications. You have the option of purchasing your prescriptions at a participating retail pharmacy, or use the mail order program through Express Scripts.

BLUE CROSS BLUE SHIELD PRESCRIPTION DRUGS				
Plan	HMO Blue NE \$500 Deductible	Preferred Blue \$500 Deductible	Preferred Blue PPO \$2,000 HDHP/HSA <b>ALL ENROLLMENTS EFFECTIVE 1/1/20</b>	Preferred Blue \$1,500 Deductible <b>CLOSED TO NEW ENROLLMENTS AFTER 1/1/20</b>
Calendar Year Deductible	N/A	N/A	\$2,000/Individual \$4,000/Family Per Plan Year Medical & Rx Combined	N/A
Pharmacy 30-Day Supply	\$15/Generic \$30/Preferred Brand \$50/Non-Preferred Brand	\$15/Generic \$30/Preferred Brand \$50/Non-Preferred Brand	<b>After Deductible:</b> \$15/Generic \$30/Preferred Brand \$50/Non-Preferred Brand	\$15/Generic \$30/Preferred Brand \$50/Non-Preferred Brand
Mail Order 90-Day Supply	\$15/Generic \$30/Preferred Brand \$50/Non-Preferred Brand	\$30/Generic \$60/Preferred Brand \$100/Non-Preferred Brand	<b>After Deductible:</b> \$30/Generic \$60/Preferred Brand \$100/Non-Preferred Brand	\$30/Generic \$60/Preferred Brand \$100/Non-Preferred Brand
Prescription Drug Out-of-Pocket Max	\$1,000/Individual \$2,000/Family Per Plan Year	\$1,000/Individual \$2,000/Family Per Plan Year	\$6,450/Individual \$12,900/Family Per Plan Year <b>Medical &amp; Rx Combined</b>	\$1,000/Individual \$2,000/Family Per Plan Year

*\* Under HDHP Option, prescription costs are part of the \$2000/\$4000 deductible, and are not subject to co-pays until the respective deductible is met.*



## DENTAL

With Dental Blue, you and your family have something to smile about. As a member, you are offered a comprehensive dental plan that provides a wide range of benefits to meet a variety of your dental care needs. Dental Blue offers an extensive network of dentists. If you would like help choosing a dentist, please call Blue Cross Blue Shield at 1-800-358-2227 or visit: [www.bluecrossma.com](http://www.bluecrossma.com).

Note: If you are searching for a provider online, use the “*Dental Blue*” network, unless you are researching outside MA, RI & NH, in which case you should use the “*DenteMax*” network of dentists.

DENTAL PLAN				
	Preventative Benefits	Basic Benefits	Major Benefits	Orthodontic Benefits
Type	<ul style="list-style-type: none"> <li>• Routine Cleaning</li> <li>• Scaling</li> <li>• Sealants</li> <li>• Exams</li> <li>• X-Rays</li> </ul>	<ul style="list-style-type: none"> <li>• Fillings</li> <li>• Oral Surgery</li> <li>• Root Canals</li> <li>• Implants</li> <li>• Night Guards</li> </ul>	<ul style="list-style-type: none"> <li>• Crowns</li> <li>• Bridges</li> <li>• Dentures</li> </ul>	<ul style="list-style-type: none"> <li>• Braces</li> <li>• Retainers</li> </ul>
Deductible	None	\$50 Per Member/ \$150 Per Family	\$50 Per Member/ \$150 Per Family	None
Coverage Level	Full Coverage	80% Coverage	50% Coverage	Full Coverage
\$2,000 Calendar Year Maximum \$2,500 Lifetime Maximum for Orthodontia				



Oral health is a critical part of overall health. That’s why we offer a dental benefit that will allow you to roll over a portion of your unused dental benefits from year to year.

This means that you can accumulate benefit dollars to help offset higher out-of-pocket costs for complex procedures. This benefit applies to you automatically if you:

- Receive at least one service during the benefit period
- Remain a member of the plan for the entire benefit period
- Do not exceed the claim payment threshold in the benefit period

HOW MAXIMUM ROLL-OVER WORKS

Beginning 60 days after the last day of your previous benefit period, your roll-over amount will be added to your maximum benefit amount, for you to use that year and beyond (see below for amounts and maximums.)

To determine the amount of benefit dollars that are eligible to roll over, see chart below.

And, your roll-over amount keeps growing and is available for you to use as long as your employer offers this roll-over benefit.\* The last column will show you the total amount of additional benefit dollars you can earn. It’s one more way Blue Cross Blue Shield of Massachusetts is striving to improve health care for all our members.

If your dental plan’s annual maximum benefit amount is:	If your total claims don’t exceed this amount for the benefit period:*	Then we will roll over this amount for you to use next year and beyond:*	However, rollover totals will be capped at this amount:*
\$2,000	\$800	\$600	\$1,500

*\* This is not an FSA. The amount reflects your benefit maximum for a given year.*



If you or a dependent have a Straumann Group implant placed, you may be eligible for \$250 per implant for up to four implants, or \$1,000 for one full-arch restoration on at least four implants.

Please email  
[benefits.nam@straumann.com](mailto:benefits.nam@straumann.com)  
if you are requesting payment.

## IMPLANT BENEFIT

As a reminder, our plans cover the following dental implant procedures at 80% coverage (Basic):

- Surgical placement of implant body: endosteal implant
- Second stage implant surgery
- Surgical placement of interim implant body for transitional prosthesis: endosteal implant
- Surgical placement of mini implant
- Surgical placement: eposteal implant
- Surgical placement: transosteal implant

If you would like help choosing a dentist, a list of Straumann Group friendly surgeons within 50 miles of our offices in Andover, Mass. and Arlington, Texas, please email [benefits.nam@straumann.com](mailto:benefits.nam@straumann.com).



## VISION

Keep your eyes healthy with EyeMed. EyeMed doctors provide personalized care that focuses on keeping you and your family's eyes healthy year after year. You also have a comprehensive choice in eyewear including the latest in designer frames. To find an EyeMed doctor, visit [www.eyemed.com](http://www.eyemed.com) or call 1-866-939-3633.

### TAKE YOUR VISION ONLINE

Use your benefits to order glasses and/or contact lenses online while utilizing your in-network EyeMed benefits. To order contacts, visit [www.contactsdirect.com](http://www.contactsdirect.com), <https://www.lenscrafters.com/lc-us/contact-lenses> or Target Optical. For glasses, go to [www.glasses.com](http://www.glasses.com).

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Exam With Dilation as Necessary	\$0 Copay	Up to \$50
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Copay; \$150 allowance; 80% of charge over \$150	Up to \$120
Standard Plastic Lenses		
Single Vision	\$10 Copay	Up to \$42
Bifocal	\$10 Copay	Up to \$78
Trifocal	\$10 Copay	Up to \$130
Standard Progressive Lens	\$75 Copay	Up to \$140
Premium Progressive Lens*	\$95 Copay – \$120 Copay	
Tier 1	\$95 Copay	Up to \$140
Tier 2	\$105 Copay	Up to \$140
Tier 3	\$120 Copay	Up to \$140
Tier 4	\$75 Copay, 80% of charge less \$120 Allowance	Up to \$140
Lenticular	\$10 Copay	Up to \$130



continues from previous page		
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating*	\$57 – \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off	retail price N/A
Contact Lenses		
Conventional	\$0 Copay; \$150 allowance; 15% off retail price over \$150	Up to \$150
Disposable	\$0 Copay; \$150 allowance; plus balance over \$150	Up to \$150
Medically Necessary	\$0 copay, Paid in Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame Once every 24 months		

*\* Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level . All providers are not required to carry all brands at all levels.*

Your EyeMed benefit may be used in conjunction with your Blue Cross Blue Shield vision coverage.

BCBS allows for a routine vision exam once per member per year. Additionally, your benefits for adult preventive health services also include reimbursement for up to \$100 for each member in each calendar year for prescription lenses and/or frames or contact lenses (including measurement, fitting, and adjustments) requiring a prescription. Children covered under BCBS are eligible for one set of prescription lenses and/or frames or contact lenses per calendar year until the end of the month in which they turn age 19, subject to 35% member coinsurance.

**straumann**group

**OUR BENEFITS ARE  
COMPETITIVE FOR  
OUR INDUSTRY**



**COMPETITIVE**





# YOUR FINANCIAL BENEFIT OPTIONS





## Flexible spending accounts (FSA)

FSAs allow you to set aside pre-tax dollars throughout the year via payroll deductions. You can then use the amount set aside to pay for certain non-reimbursed healthcare and/or dependent care expenses. By participating in an FSA, you reduce your taxable income by the amount you choose to contribute. You do not pay federal income tax, Social Security taxes and in most states, state income taxes on the amount you contribute to these accounts.

To participate in the Flexible Spending Accounts (FSA) for 2020, you must complete the FSA enrollment form during Open Enrollment or within 31 days from your date of hire.

### THERE ARE TWO TYPES OF FSAs:

**1. Health Care Program** allows you to set aside up to \$2,750 per calendar year for medical, dental and vision expenses not covered by the plans. Keep in mind that government regulations do not allow you to purchase over-the-counter medications using FSA funds unless you have a prescription from your physician.

**Carry over:** You will be allowed to carry over up to \$500 into the next plan year.

**Expenses:** You have until March 31, 2021 to submit a claim for Medical Account eligible expenses incurred between January 1, 2020 and December 31, 2020. Any charges from 2020 that are not submitted by this date will not be paid.

You can file for reimbursement of expenses by submitting claim forms or by using the FSA debit card (medical only), which will automatically deduct the amount from your account. You can also have your reimbursement checks directly deposited into your bank account. For a complete list of eligible expenses, visit [www.irs.gov](http://www.irs.gov).

To learn more, please review your FSA Summary Plan Document. For additional information about Flexible Spending Accounts and allowable expenses, please contact Group Dynamic at 1-800-626-3539 or visit their website at [www.gdynamic.com](http://www.gdynamic.com).

If you select the HDHP Option w/HSA, you can **only** utilize a “Limited Purpose” FSA for any eligible Dental and/or vision expenses as the HSA can only be used for eligible medical services.

**2. Dependent Care Program** allows you to contribute up to \$5,000 per calendar year (subject to change) to pay for certain eligible child or elder care expenses while you and your spouse works or go to school at least 30 hours per week. Please note under IRS guidelines, you can only be reimbursed for dependent care that has already taken place. Also, you can only be reimbursed for the amount you have already contributed to your dependent care FSA. Unlike the health care FSA, the full amount of your dependent care election is not available January 1.

**Grace Period:** If at the end of the plan year (December 31, 2020), you have money left in your Dependent Care Account, you have a grace period until March 15, 2021 to spend those funds. After which time any unused funds will be forfeited.

**Run-off Period:** You have 90 days from the end of the plan year, or until March 31, 2021, to submit a claim for Dependent Care eligible expenses incurred between January 1, 2021 and March 15, 2021.



## Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Straumann Group provides all eligible employees working at least 30 hours with Basic Life and AD&D insurance coverage. The coverage of each benefit is 200% of your basic annual earnings. This insurance is effective on your date of hire. Basic Life and AD&D insurance is insured with The Hartford and is 100% company-paid.

All new hires will be automatically enrolled in basic coverage, but must elect their beneficiaries.

### SUPPLEMENTAL LIFE & AD&D INSURANCE

**Employee:** You may purchase additional life insurance at your own expense. This supplemental life coverage cannot exceed five times your annual base pay. If you wish to elect or increase coverage for employee supplemental life insurance, you may do so by completing an Evidence of Insurability form (EOI) located at [our.straumann.com > Our.People | U.S. Employee Resources > Policies, Guides & Resources](#). Carefully complete the information and return it to the address listed on the form. Within a few weeks, you will be notified if coverage has been approved or denied. Payroll deductions will not be taken until your EOI has been approved.

**One-Time Open Enrollment:** Employees may newly elect or increase existing Supplemental Life and AD&D coverage up to a benefit maximum of \$250,000 without completing Evidence of Insurability.

### SUPPLEMENTAL SPOUSE/DOMESTIC PARTNER AND DEPENDENT LIFE AND AD&D INSURANCE

You have the option to purchase spouse and dependent life and AD&D insurance coverage.

**Spouse:** \$5,000, \$25,000, \$50,000, \$75,000 or \$100,000. All amounts over \$25,000 are subject to Evidence of Insurability.

**Dependent:** You have the option to elect coverage for your children in the following increments: \$500 if the child is less than 6 months of age; \$10,000 if the child is greater than 6 months of age up to age 19, or age 26 if a full-time student.



NEW

Please note that the life and AD&D elections are combined and therefore must be the same amount for each coverage type.

If you wish to elect or increase coverage for Spouse/Domestic Partner and or dependent life and AD&D insurance, you may do so by completing an application located at [our.straumann.com](https://our.straumann.com) > [Our.People](#) | [U.S. Employee Resources](#) > [Policies, Guides & Resources](#). Supplemental employee and dependent rate sheets may also be found here.

The Hartford offers beneficiary assist counseling services at no additional cost with your life insurance coverage. The services provide impartial financial advice and planning support for beneficiaries, and for covered employees and their spouses who are terminally ill. To learn more, please contact The Hartford at 1-800-411-7239.





## 401(k) Plan Highlights

Straumann Group's 401(k) plan provides employees the choice of contributing to a traditional pre-tax 401(k) option, a Roth 401(k), or a combination of the two.

TRADITIONAL 401(K)	ROTH 401(K)
Immediate Eligibility	Immediate Eligibility
Auto Enrollment Feature*	No Auto Enrollment Feature
Pre-Tax Dollars	After-Tax Dollars
Taxable Upon Withdrawal	Tax-Free Upon Withdrawal
Employee Contribution Maximums: \$19,000 & Catch-Up (50 Years and Older) \$6,000	

**Employer Contributions: 100% of the first 4% you contribute regardless if employee contributions are pre-tax or post-tax**  
All employer contributions are on a pre-tax basis. EXAMPLE: If you make \$500 per paycheck then 4% is \$20 per paycheck, which means the company will match \$20 per paycheck

Visit the website: [www.401k.com](http://www.401k.com) or call 1-800-835-5097

*\*Does not apply to rehires*

## 401(k) Savings Plan

As part of the 401(k) plan, Straumann Group will make a matching contribution equal to 100% of the first 4% of your eligible salary. You must contribute to the plan to receive the matching contributions. You are fully vested in this plan after three years of service. You will be able to contribute up to \$19,000 in contributions to your 401(k) in 2020.

Fidelity administers the plan and offers several comprehensive investment funds from which you can choose.



All new hires are automatically enrolled at the rate of 4%. To make changes, simply visit [www.401k.com](http://www.401k.com) or call Fidelity at 1-800-835-5097. Once you have completed the enrollment procedures, your participation will begin as soon as administratively feasible. You can make changes to your contribution amounts at any point during the year.

If you are age 50 or over, you may make up to \$6,000 in additional catch-up contributions. Please visit [www.irs.gov](http://www.irs.gov) for information about the IRS 401(k) contribution limits.

401(K) VESTING CHART	
Years of Service	Vesting Percentage
Less than 1	0%
1	20%
2	50%
3	100%
You Must Be Employed for the Full Year from Your Hire Date or the Anniversary of Your Hire Date to Receive a Full Vesting Percentage.	







## Tuition Reimbursement Program

As part of our commitment to your ongoing growth and development, Straumann Group offers **up-to a maximum annual tuition reimbursement of \$5,250** to eligible employees in order to help cover the cost of job-related courses and/or degree programs at accredited academic institutions. To be eligible, you must work for the company for at least six months. Your reimbursement amount is based on the grade received.

To learn more, please see Employee Handbook at:

[our.straumann.com](https://our.straumann.com) > [Our.People](#) | [U.S. Employee Resources](#) > [Policies, Guides & Resources](#)

## 529 Savings Plan

The 529 College Savings Plan will not only allow participants to avoid sales charges that typical 529 plans have, but will also offer the following advantages:

- **Tax-advantaged investing** – Earnings in a 529 account grow free from federal tax.
- **Flexibility** – Assets can be used to fund expenses at any U.S. public or private college – undergraduate, graduate, professional or vocational. Qualified expenses include tuition, fees, room and board, and many more.
- **Investing for any beneficiary** – Participants can save for anyone (yourself, your children, grandchildren, nieces, nephews, friends, etc.) regardless of age or income.

Please contact [benefits.nam@straumann.com](mailto:benefits.nam@straumann.com) if you would like an application.

## Financial Planning Assistance

### FINANCIAL GOALS ANALYSIS

#### Features

Net Worth Statement

Education Planning

Retirement Planning

Stock Options

Asset Allocation

Insurance Planning

Current Estate Tax

GENERAL TIMEFRAME: 15 – 30 DAYS

Straumann Group has partnered with UBS to provide you with a completely confidential – and complimentary – financial plan.

The financial plan offered by UBS Financial Services, called Financial Goal Analysis, will guide you through these important processes:

- Identify your needs, wants, and wishes
- Assess where you are and where you want to go
- Identify whether your current strategy is on track

Then they'll review your plan with you periodically to make sure your strategy is still working toward achieving your ultimate goal.

To start, please contact:

Jesse K. Masterson 1-781-982-3629

[jesse.masterson@ubs.com](mailto:jesse.masterson@ubs.com)

## Student Loan Paydown Program

Benefit is up-to \$1000/year paid in equal (\$250) amounts on a quarterly basis. To be eligible for this program, you must be a regular, full-time, staff or manager and have at least one year of service by the end of the quarter in which the payment is made.

Eligible employees may also participate in the company's tuition reimbursement program. This benefit is considered taxable as income.

Straumann Group Loan Paydown Program Website: <https://straumanngroup.tuition.io>.

If you experience issues with logging in or have a question specific to Tuition.IO, call support: 1-855-353-9395 or email [support@tuition.io](mailto:support@tuition.io).

**straumann**group

**OUR BENEFITS  
ARE AFFORDABLE  
TO YOU AND  
YOUR FAMILY**



**AFFORDABLE**





# YOUR WORK-LIFE BENEFITS



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

We are proud to continue our partnership with KGA, Inc. to provide Wellness Work/Life (EAP) services for all employees. We believe that in providing a Wellness Work/Life Program for our employees, we acknowledge the fact that it is often difficult to balance work, life, and other stressors in today's fast-paced world. The program provides confidential assistance and supportive services when you or any household members need them.

KGA, Inc. has a global footprint and has provided Employee Assistance and Work/Life Programs for over 30 years and pride themselves on providing high-quality services to all their clients. Our partnership with KGA, Inc. will support our efforts to continue offering you consistently valuable benefits and resources.

We encourage you to log into <https://kgreer.com> and enter the following access information to learn more about the services and resources that are available to you.

**Username:** straumann **Password:** 9557



# TRAVEL ASSISTANCE

Through The Hartford, you are automatically covered for Travel Assistance when you are more than 100 miles from home for 90 days or less. Travel Assistance is provided by **Generali Global Assistance Inc.**, and begins even before you embark, with pre-trip information, and continues through your trip.

# IDENTITY THEFT ASSISTANCE

Through The Hartford, you are also automatically eligible for Identity Theft Assistance.

Coverage includes the following:

- Prevention Services
  - Education
  - Identity Theft Resolution Kit
- Detection Services
  - Fraud alert to three credit bureaus
- Resolution Guidance and Assistance
  - Credit information review
  - ID Theft Affidavit Assistance
  - Card replacement
- Personal Services
  - Translation
  - Emergency cash advance\*

Have a serious  
medical emergency?

Please obtain emergency medical services first (contact the local “911”), and then contact Generali Global Assistance, Inc. to alert them to your situation.

Call: 1-800-243-6108

Fax: 1-202-331-1528

Collect from other locations:

1-202-828-5885

Travel Assistance Identification #:

**GLD-09012**

Policy #: **889088**

*\*Cash advance available when theft occurs 100 miles or more from your primary residence. Must be secured by a valid credit card.*



# TIME AWAY FROM WORK

## Vacation time

All full-time employees earn vacation at the rate of 1.25 days (10 hours) per month to a maximum of 15 days (120 hours) per year. In addition, employees at the director level and above will earn vacation time at the rate of 1.67 days per month to a maximum of 20 days per year. Up to five days of accrued vacation may be carried over and must be used by June 30 of the following year\*. Beginning with the tenth year of employment, an employee will receive an additional 5 days (40 hours) of vacation time.

*\*This may differ for employees residing in California. Please review the company policy.*

## Sick Time

Regular full-time employees working 30 hours per week or more will receive a lump sum of 40 hours to be used during the calendar year. This time is immediately available, and sick time is no longer accrued. New hires starting on or after January 1, during their first year of employment, will receive a prorated lump sum of sick time hours based upon the following schedule:

### REGULAR FULL-TIME EMPLOYEES HIRED PRIOR TO

July 16	40 hours
August 16	32 hours
September 16	24 hours
October 16	16 hours
November 16	8 hours

Part-time and temporary employees will not receive a lump sum, but will accrue sick time at a rate of one hour per every 30 hours worked to a maximum of 40 hours per calendar year. See Employee Handbook for more details.

## Additional Benefits

### MATCHING GIFTS

100% of your contribution to a 501(c) or tax exempt organization is matched up to \$100 per employee per calendar year. Visit <https://straumann.yourcause.com>

### MILK STORK

Straumann Group partners with Milk Stork to support breast-feeding moms. Visit to [www.milkstork.com/straumann](http://www.milkstork.com/straumann) or call 1-888-207-6909 customer support line.

All employees with at least three years of service, but less than 10 will receive an additional floating holiday to use in 2020.

## Holidays

Straumann Group observes 11 holidays per year: Eight set holidays and three additional floating holidays to be taken at the discretion of the employee. These floating holidays are prorated based on your date of hire. For 2020, the designated holiday schedule is as follows:

New Year's Day	Wednesday, January 1
Memorial Day	Monday, May 25
Independence Day	Friday, July 3
Labor Day	Monday, September 7
Thanksgiving	Thursday, November 26 & Friday, November 27
Christmas Eve Day & Christmas Day	Thursday, December 24 & Friday, December 25

## Short-Term Disability

Straumann Group offers regular full-time employees working 30 hours per week a Short-Term Disability (STD) plan. The STD plan is a benefit that provides first day hospitalization coverage as well as eight-week C-section coverage for maternity, 60% of weekly wages up to a maximum benefit of \$2,000 per week for employees who are unable to work due to a non-work related

sickness or accident. This benefit is 100% paid by the company and is grossed up for tax purposes. Employees may be eligible for this benefit after 30 days of employment.

## Long-Term Disability

Straumann Group offers regular full-time employees working 30 hours per week with a Long-term Disability (LTD) plan. This contributory plan provides monthly LTD benefits of 60% of basic monthly earnings to a

maximum benefit of \$15,000 per month. This benefit is 100% company-paid and is grossed up for tax purposes.

## Parental leave

Straumann Group offers all eligible\* birth mothers, birth fathers, domestic partners or adoptive parents two continuous weeks of leave at 100% of regular base pay (less applicable taxes and benefit deductions).

*\*To be eligible, an employee must have been employed for at least 1 year and also meet the stated criteria state in our "Parental Leave" policy.*

# LET THEM SHINE

The Straumann Group is driven by our purpose: to touch, improve, and change patients' lives every day, in every part of the world.

To engage in this purpose in North America, we have created **Let Them Shine**—an employee-driven initiative supported by talented clinicians that provides free dental implant therapy to patients who cannot afford treatment.

Together, we will create more than smiles, we will restore confidence.





## Join Our Cause

Straumann North America employees can support Let Them Shine by making a bi-weekly pay period deduction.

Donations in *any amount* will go towards helping a patient in need to let them shine! Participation in this initiative is voluntary; funds will be deducted from an employee's payroll only if he/she clearly elects to donate through the online portal.

**All donations raised from Straumann Group employees will directly fund patient cases.** While the Straumann Group and our clinician partners will cover much of the cost of the implants

and professional services, employee contributions will cover lab costs for design and finishing the prosthetic.

## About Let Them Shine

Clinicians will identify underprivileged patients in need of dental implant therapy and nominate those patients to receive free care through Let Them Shine.

Our Straumann Group selection committee will select patients to receive free care from a nominating clinician using implants and prosthetics donated by the Straumann Group. Case selections will be based on a patient's need and the specifics of the proposed treatment plan.





A photograph of a woman with long brown hair and a young girl with dark hair, both smiling and embracing each other. The woman is wearing a dark blue top, and the girl is wearing a light purple top. The background is a soft, out-of-focus outdoor setting. A semi-transparent purple banner is overlaid across the middle of the image, containing the text "CONTACT INFORMATION" in white, bold, sans-serif capital letters.

# CONTACT INFORMATION

BENEFIT CARRIERS AT A GLANCE	
PLAN	INFO
401(k) Savings Plan	Fidelity Automated Retirement Benefits Line 1-800-835-5097 Reps are available from 8:30 AM – 8:00 PM EST <a href="http://www.401k.com">www.401k.com</a>
Employee Assistance Program (EAP)	KGA 1-800-648-9557 <a href="https://kgreer.com">https://kgreer.com</a> Username: straumann Password: 9557
Flexible Spending Accounts	Group Dynamic, Inc. 1-800-626-3539 <a href="http://www.gdynamic.com">www.gdynamic.com</a>
Life Insurance, AD&D & Survivor Support Assistance	The Hartford Life Insurance Survivor Support Assistance 1-800-411-7239 Health Champion for Disabled Members 1-800-964-3577 Disability Claims Support 1-888-301-5615 <a href="http://www.thehartford.com">www.thehartford.com</a>
Medical & Dental Insurance/ RX Drug and Basic Vision Insurance	Blue Cross Blue Shield 1-800-358-2227 <a href="http://www.bluecrossma.com">www.bluecrossma.com</a> Blue Care Line – 24 hours a day 1-888-247-BLUE (2583)
Supplemental Vision Insurance	EyeMed 1-866-939-3633 <a href="http://www.eyemed.com">www.eyemed.com</a>
Travel Assistance	Generali Global Assistance, Inc. Call: 1-800-243-6108 Fax: 1-202-331-1528 Collect from other locations: 1-202-828-5885 Travel Assistance Identification #: GLD-09012 Policy #: 88908

General Announcement and Inclement Weather Line: 1-978-747-2899

*The information in this booklet provided by Straumann Group contains a summary of the benefits provided under the medical plans available to eligible Straumann Group employees for the 2020 calendar year. Details are provided in the summary plan descriptions and other plan documents, which are available in the workgroup folder and from the applicable vendors. The plan documents contain the terms and conditions for each plan and govern the operation of the plans. If the content of this booklet or any oral representations made by any person regarding the plans conflicts with or is inconsistent with the provisions of any plan document, the provisions of the plan document control. The provision of the Benefits Guide and the contents thereof are not intended and shall not create any contractual relationship or guarantee of employment for any defined period of time between Straumann Group and any recipients of the Benefits Guide, including, without limitation, Straumann Group current and former employees. Eligibility for and enrollment in Straumann Group benefit plans is subject to all terms and conditions of the Plans. Straumann Group reserves the right to amend, modify and/or terminate any or all the plans at any time, at its discretion.*



A photograph of a man and a woman in a close embrace outdoors. The man, on the left, has dark hair and a beard, and is wearing a blue shirt. The woman, on the right, has long dark hair and is wearing a dark green dress with a yellow and red floral pattern. They are both smiling. A semi-transparent green rectangular overlay covers the lower half of the image. The word "GLOSSARY" is written in white, bold, sans-serif capital letters on the left side of this green overlay.

# GLOSSARY

When making decisions about health coverage, it is important to know the specific meanings of the terms used to discuss health insurance. While this glossary has many commonly used medical terms, it isn't intended to be a full list. Nonetheless, we hope that you will find it to be helpful.

**Allowed Amount** – Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

**Balance Billing** – When a provider bills you 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 \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

**Co-insurance** – Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

**Co-payment** – A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Deductible** – The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

**Health Insurance** – A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

**HSA** – A Health Savings Account (HSA) is a tax-favored savings account created for the purpose of paying medical, dental, vision, and other qualified expenses. You must be enrolled in the Straumann High Deductible Health Plan (HDHP) option to participate & contribute to this account.

**In-Network Co-Insurance** – The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

**In-Network Co-Payment** – A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

**Network** – The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**Non-Preferred Provider** – A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers.

**Out-Of-Network Co-Insurance** – The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

**Out-Of-Network Co-Payment** – A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network co-payments.

**Out-Of-Pocket Limit** – The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

**Plan** – A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

**Preferred Provider** – A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also “participating” providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

**Premium** – The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

**Primary Care Physician** – A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

**Provider** – A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

**Specialist** – A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.





# APPENDIX DISCLOSURE NOTICES



## HIPAA Special Enrollment Notice

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 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 toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact [benefits.nam@straumann.com](mailto:benefits.nam@straumann.com).

## Newborns' and Mothers' Health Protection Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act of 1998 (WHCRA) Enrollment Notice

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

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

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact [benefits.nam@straumann.com](mailto:benefits.nam@straumann.com).

## Patient Protection Disclosure Notice

The Straumann Group health HMO plan does require the designation of a primary care provider. The group health PPO plan does not require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Cross Blue Shield of Massachusetts Physician Selection Service at 1-800-821-1388, online at [www.bluecrossma.com](http://www.bluecrossma.com) or via the Blue Cross Blue Shield of Massachusetts provider directory.

You do not need prior authorization from Blue Cross Blue Shield of Massachusetts or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional

in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Cross Blue Shield of Massachusetts Physician Selection Service at 1-800-821-1388, online at [www.bluecrossma.com](http://www.bluecrossma.com) or via the Blue Cross Blue Shield of Massachusetts provider directory.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their

Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your



employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility.



<b>ALABAMA – MEDICAID</b>	<b>FLORIDA – MEDICAID</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtplecovery.com/hipp/">http://flmedicaidtplecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – MEDICAID</b>	<b>GEORGIA – MEDICAID</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 1-678-564-1162 ext 2131
<b>ARKANSAS – MEDICAID</b>	<b>INDIANA – MEDICAID</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) &amp; CHILD HEALTH PLAN PLUS (CHP+)</b>	<b>IOWA – MEDICAID</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563
<b>KANSAS – MEDICAID</b>	<b>NEW HAMPSHIRE – MEDICAID</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 1-603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>KENTUCKY – MEDICAID</b>	<b>NEW JERSEY – MEDICAID AND CHIP</b>
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710

<b>LOUISIANA – MEDICAID</b>	<b>NEW YORK – MEDICAID</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – MEDICAID</b>	<b>NORTH CAROLINA – MEDICAID</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 1-919-855-4100
<b>MASSACHUSETTS – MEDICAID AND CHIP</b>	<b>NORTH DAKOTA – MEDICAID</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – MEDICAID</b>	<b>OKLAHOMA – MEDICAID AND CHIP</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – MEDICAID</b>	<b>OREGON – MEDICAID</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 1-573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>MONTANA – MEDICAID</b>	<b>PENNSYLVANIA – MEDICAID</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – MEDICAID</b>	<b>RHODE ISLAND – MEDICAID AND CHIP</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 1-401-462-0311 (Direct Rlte Share Line)
<b>NEVADA – MEDICAID</b>	<b>SOUTH CAROLINA – MEDICAID</b>
Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820



<b>SOUTH DAKOTA – MEDICAID</b>	<b>WASHINGTON – MEDICAID</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – MEDICAID</b>	<b>WEST VIRGINIA – MEDICAID</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – MEDICAID AND CHIP</b>	<b>WISCONSIN – MEDICAID AND CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT – MEDICAID</b>	<b>WYOMING – MEDICAID</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 1-307-777-7531
<b>VIRGINIA – MEDICAID AND CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, ext. 61565

## PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## PART A: New Health Insurance Marketplace Coverage Options and Your Health Coverage

### GENERAL INFORMATION

When key parts of the health care law took effect in 2014, there came a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

### WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for 2020 health insurance coverage through the Marketplace is November 1 – December 15 for coverage starting January 1, 2020.

### CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

### DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the







coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.\*

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please contact

[benefits.nam@straumann.com](mailto:benefits.nam@straumann.com).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

\* An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<b>3. EMPLOYER NAME</b> Straumann Manufacturing	<b>4. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> #20-2613644	
<b>5. EMPLOYER ADDRESS</b> 60 Minuteman Road	<b>6. EMPLOYER PHONE NUMBER</b> 1-978-747-2500	
<b>7. CITY</b> Andover	<b>8. STATE</b> MA	<b>9. ZIP CODE</b> 01810
<b>10. WHO CAN WE CONTACT ABOUT EMPLOYEE HEALTH COVERAGE AT THIS JOB?</b> Linda Tokanel Benefits Specialist / HRIS Analyst		
<b>11. PHONE NUMBER</b> (if different than above) 1-978-747-2706	<b>12. EMAIL ADDRESS</b> benefits.nam@straumann.com	

Here is some basic information about health coverage offered by this employer.

### AS YOUR EMPLOYER, WE OFFER A HEALTH PLAN TO:

- ✓ Some employees. Eligible employees are: Classified as regular employees who work 30 hours or more per week.

### WITH RESPECT TO DEPENDENTS:

- ✓ We do offer coverage. Eligible dependents are: Legal spouses, domestic partners, dependent children.

(If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

*\* Even if your employer intends for your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.*

# MASSACHUSETTS ONLY

## MCAD Guidance Pregnant Workers Fairness Act | ISSUED 1/23/18

The Pregnant Workers Fairness Act (“the Act”) amends the current statute prohibiting discrimination in employment, G.L. c. 151B, §4, enforced by the Massachusetts Commission Against Discrimination (MCAD). The Act, effective on April 1, 2018, expressly prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. It also describes employers’ obligations to employees that are pregnant or lactating and the protections these employees are entitled to receive. Generally, employers may not treat employees or job applicants less favorably than other employees based on pregnancy or pregnancy related conditions and have an obligation to accommodate pregnant workers.

### UNDER THE ACT:

- Upon request for an accommodation, the employer has an obligation to communicate with the employee in order to determine a reasonable accommodation for the pregnancy or pregnancy – related condition. This is called an “interactive process,” and it must be done in good faith. A reasonable accommodation is a modification or adjustment that allows the employee or job applicant to perform the essential functions of the job while pregnant or experiencing a pregnancy-related condition, without undue hardship to the employer.
- An employer must accommodate conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless doing so would pose an undue hardship on the employer. “Undue hardship” means that providing the accommodation would cause the employer significant difficulty or expense.

- An employer cannot require a pregnant employee to accept a particular accommodation, or to begin disability or parental leave if another reasonable accommodation would enable the employee to perform the essential functions of the job without undue hardship to the employer.
  - An employer cannot refuse to hire a pregnant job applicant or applicant with a pregnancy-related condition, because of the pregnancy or the pregnancy-related condition, if an applicant is capable of performing the essential functions of the position with a reasonable accommodation.
  - An employer cannot deny an employment opportunity or take adverse action against an employee because of the employee's request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition.
  - An employer cannot require medical documentation about the need for an accommodation if the accommodation requested is for: (i) more frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting no more than 20 pounds; and (iv) private, non-bathroom space for expressing breast milk. An employer, may, however, request medical documentation for other accommodations.
  - Employers must provide written notice to employees of the right to be free from discrimination due to pregnancy or a condition related to pregnancy, including the right to reasonable accommodations for conditions related to pregnancy, in a handbook, pamphlet, or other means of notice no later than April 1, 2018.
  - Employers must also provide written notice of employees' rights under the Act: (1) to new employees at or prior to the start of employment; and (2) to an employee who notifies the employer of a pregnancy or a pregnancy-related condition, no more than 10 days after such notification.
- The foregoing is a synopsis of the requirements under the Act, and both employees and employers are encouraged to read the full text of the law available on the General Court's website here:
- <https://malegislature.gov/Laws/SessionLaws/Acts/2017/Chapter54>



If you believe you have been discriminated against on the basis of pregnancy or a pregnancy – related condition, you may file a formal complaint with the MCAD. You may also have the right to file a complaint with the Equal Employment Opportunity Commission if the conduct violates the Pregnancy Discrimination Act, which amended Title VII of the Civil Rights Act of 1964. Both agencies require the formal complaint to be filed within 300 days of the discriminatory act.

**Boston Headquarters**

One Ashburton Place, Room 601, Boston, MA 02108  
1-617-994-6000

**Springfield**

436 Dwight Street, Room 220, Springfield, MA 01103  
1-413-739-2145

**Worcester**

484 Main Street, Room 320, Worcester, MA 01608  
1-508-453-9630

**New Bedford**

128 Union Street, Suite 206 New Bedford, MA 02740  
1-774-510-5801

[www.mass.gov/mcad/](http://www.mass.gov/mcad/)







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