HEALTHCARE BENEFITS GUIDE

BENEFIT PLANS EFFECTIVE

JANUARY 1, 2024–DECEMBER 31, 2024

Mitutoyo

Mitutoyo Research & Development America, Inc.

BENEFITS
BUILT FOR YOU

At Mitutoyo Research & Development America, Inc. (MRDA), we care about you. That's why we offer benefits that support your physical, emotional, and financial health.

This overview, in addition to information provided by the carriers, is intended to help you make this important decision. Please read the information provided thoroughly so that you can make the choices that work best for you and your family.

WHAT'S INSIDE

SUMMARY FOR 2024

MRDA will continue to pay 100% of each employee's monthly medical (including vision) and dental premiums and pay 75% of the monthly premiums for your covered dependents.

The medical plans will be staying with Kaiser Permanente (Kaiser) with the same options as last year. Below are highlights for each plan:

PPO Plan: $250/$500 Deductible, $4,000/$8,000 Out-of-Pocket Maximum, $20 copay

- Annual out-of-pocket maximum for out-of-network providers: Unlimited
- Whether you use a Kaiser or non-Kaiser provider, your office visit copay will be $20
- Prescription drug copays: $15 generic/$25 preferred brand/$45 non-preferred brand or generic for 30-day supply
- If you have your prescription filled at a Kaiser pharmacy, copays will be reduced to $5/$15/$35 (30-day supply)
- Prescription mail order copays: $10/$30/$70 for 90-day supply
- Diagnostic lab and X-ray: deductible applies and then is covered at 90%
- Hearing hardware: $3,000 per ear every 36 months, deductible does not apply (new)

HSA Plan: Employee Only Plan deductible: $2,500, With Family Plan deductible: $5,000, then coinsurance 20%

- Employee Only Plan out-of-pocket maximum: $5,100
- With Family Plan out-of-pocket maximum: $5,600 individual/$11,200 whole family (i.e. one family member pays no more than $5,600)
- Annual out-of-pocket maximum for out-of-network providers: Unlimited
- Whether you use a Kaiser or non-Kaiser provider, coinsurance will be 20% after deductible met (new)
- If you have your prescription filled at a Kaiser pharmacy, prescription drug coinsurance will be reduced from 20% to 10% after deductible met
- Hearing hardware: $3,000 per ear every 36 months, after deductible met (new)

Vision Exam (included in all three plans)

- Annual eye exam covered in full (once per consecutive 12 months)

Kaiser HMO HSA Plan: Employee Only Plan deductible: $2,500, With Family Plan deductible: $5,000, then coinsurance 20% (same as the other HSA plan)

- Because this is an HMO plan, all non-emergency services are limited to Kaiser Health Plan providers. Upon enrollment, you will either be assigned or may select a primary care physician (PCP) for yourself and each covered family member
- Employee Only Plan out-of-pocket maximum: $4,500
- With Family Plan out-of-pocket maximum: $8,500, whole family (i.e. one family member or combination of all family members pay up to $8,500)
- Prescription drug copays at Kaiser pharmacy: $15 generic/$30 preferred brand/$50 non-preferred brand or generic for 30-day supply after deductible met
- Prescription mail order copays: $45/$90/$150 for 90-day supply (no discount) after deductible met
- Hearing hardware: $3,000 per ear every 36 months, after deductible met (new)

Vision Hardware (included in all three plans)

Pediatric (Under Age 19)

- Eyeglasses: Frame and lenses are covered in full for one pair per calendar year
- Contact lenses (non-eye pathology): Contact lens fitting and evaluation exams are covered in full, but a 12-month supply of contact lenses are covered at 50% coinsurance per year in lieu of glasses
- A member is limited to either an annual frame/lens **or** annual contact lens benefit, not both

Adult (Age 19 and Over)

- $150 allowance per consecutive 12 months for eyeglass frames and lenses **and/or** contact lenses (has to be purchased within a single transaction)
- Contact lenses (non-eye pathology): Contact lens fitting and evaluation exam costs count toward the $150 hardware allowance

WHO IS ELIGIBLE

You are eligible the first of the month following or coinciding with date of hire if you are regularly scheduled to work at least 24 hours per week.

Many of the plans allow you to cover your eligible dependents, which include your legal spouse or state-registered domestic partner and/or children up to age 26.

A spouse from whom you are legally separated is not eligible to enroll.

Employees who waive coverage must show proof of other coverage, complete Waiver Forms, and submit them to Human Resources.

WHEN TO ENROLL

MRDA's open enrollment period is in the winter every year with a January 1 plan renewal date.

- **Current employees:** Open enrollment is the time each year when you may make benefit choices for the coming year. This is your annual opportunity to change plans and/or add or drop yourself, spouse, child(ren) from your health coverage.
- **New hires:** Enrollment must be completed and submitted no more than 30 days after your initial eligibility date or you may not be able to enroll until the plan's next open enrollment period.

HOW TO ENROLL

Please note that enrollment in medical and dental must match except for newborn children.

- **Medical and dental:** During open enrollment, forms are required only if you would like to make a change. New hires must complete an Enrollment or Waiver Form.
- **Health savings account (HSA):** If you enroll in one of the two HSA plans and wish to make tax-free contributions to your HSA via payroll deductions, you need to complete the HSA section in the Payroll Deduction Authorization Form. MRDA will also contribute money to your account, should you elect one of the two HSA plans. Refer to the MRDA contribution table on page 18.
- **Life, short-term disability, and long-term disability insurance:** Enrollment in these plans is automatic. Open enrollment is a great time to review and update your beneficiary, if needed.
- **Flexible spending account (FSA):** You must complete the Navia Flexible Spending Arrangement Enrollment Form if you want to participate in 2024, even if your contribution remains the same. Your enrollment does not automatically renew.
- **Payroll Deduction Authorization Form:** Everyone must complete this form.

CHANGING YOUR BENEFITS

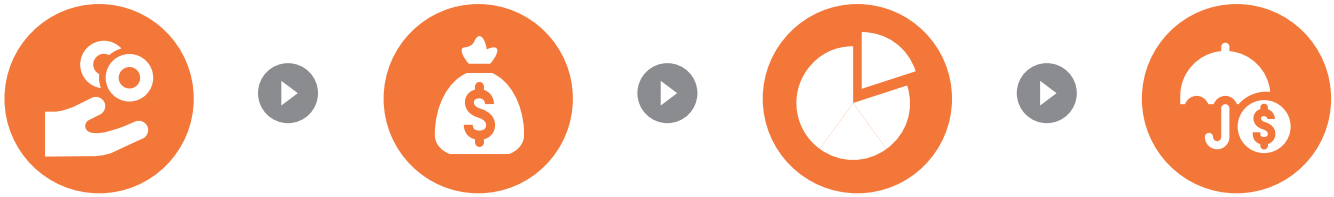
Once you enroll in your benefits, you cannot make changes until the next annual open enrollment period unless you qualify for Special Enrollment, as described below.

A qualifying family status change includes:

- Marriage or divorce/legal separation
- Birth or adoption of a child
- Death of a covered member
- Change in CHIPRA eligibility
- Commencement of a Qualified Medical Child Support Order
- Employment status change for you or your spouse
- Change in Medicare or Medicaid eligibility

Generally, you must notify Human Resources within 30 days of the qualifying status change in order to make a change to your benefits. All status changes require documentation and the type of benefit change requested must correspond with the event. If the qualifying event is due to loss of coverage other than loss of state medical assistance and/or CHIPRA, the application must be submitted within 30 days of the event.

KEY TERMS TO KNOW



Copay

A fixed dollar amount that you may pay for certain covered services. Typically, your copay is due up front at the time of service and does not apply to your deductible, only to your out-of-pocket maximum.

Deductible

The amount that you must pay each year for certain covered health services before the insurance plan will begin to pay.

Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.

Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan will pay 100% of covered services the rest of the year.

MEDICAL INSURANCE

MRDA offers three medical plan options through Kaiser: a traditional PPO plan and two high-deductible health plans (HDHPs).

Before you enroll in medical coverage, take some time to fully understand how each plan works. Refer to pages 8–10 for an overview of the benefits for each plan.

BEFORE YOU CHOOSE A PLAN, CONSIDER THIS:

Are you able to budget for your deductible by setting aside pre-tax dollars from your paycheck in a health savings account (HSA)? Also take into consideration the contribution MRDA will make to your HSA.

Consider the HSA plan or Kaiser HMO HSA plan.

Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care?

Consider the PPO plan.

What planned medical services do you expect to need in the upcoming year?

Do you or any of your covered family members take any prescription medications on a regular basis?

The PPO plan has four-tier copays. The HSA and the Kaiser HMO HSA plans need to meet the deductible first before the plan pays anything. However, these two HSA plans cover the preventive medications listed on the HSA Preventive Medications Flyer at no cost before you meet the plan deductible.

MEDICAL INSURANCE

BENEFIT PLAN COSTS

Listed below are the monthly costs for medical and dental insurance. MRDA will pay 100% of premiums for employees and 75% for their dependents. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, unless you request to pay your premiums through post-tax deductions.

Coverage Level	PPO					
	Monthly Medical/ Rx/Vision	Monthly Dental	Monthly Total	Monthly Employer Paid	Monthly Employee Paid	Semi-Monthly Employee Paid
Employee Only*	$820.69	$68.06	$888.75	$888.75	$0.00	$0.00
Employee/Spouse	$1,846.55	$141.44	$1,987.99	$1,713.19	$274.80	$137.40
Employee/Spouse/Child(ren)	$2,462.07	$237.86	$2,699.93	$2,247.13	$452.80	$226.40
Employee/Child(ren)	$1,436.21	$164.49	$1,600.70	$1,422.72	$177.98	$88.99
Employee/Spouse/Infant(s)	$2,462.07	$141.44	$2,603.51	$2,174.83	$428.68	$214.34
Employee/Infant(s)	$1,436.21	$68.06	$1,504.27	$1,350.39	$153.88	$76.94

*Employee Only: In addition, MRDA pays $20 per payroll.

Coverage Level	HSA					
	Monthly Medical/ Rx/Vision	Monthly Dental	Monthly Total	Monthly Employer Paid	Monthly Employee Paid	Semi-Monthly Employee Paid
Employee Only**	$567.93	$68.06	$635.99	$635.99	$0.00	$0.00
Employee/Spouse	$1,277.84	$141.44	$1,419.28	$1,223.46	$195.82	$97.91
Employee/Spouse/Child(ren)	$1,703.79	$237.86	$1,941.65	$1,615.23	$326.42	$163.21
Employee/Child(ren)	$993.88	$164.49	$1,158.37	$1,027.77	$130.60	$65.30
Employee/Spouse/Infant(s)	$1,703.79	$141.44	$1,845.23	$1,542.93	$302.30	$151.15
Employee/Infant(s)	$993.88	$68.06	$1,061.94	$955.46	$106.48	$53.24

**Employee Only: MRDA contributes an additional $20 per payroll to your HSA.

Coverage Level	Kaiser HMO HSA					
	Monthly Medical/ Rx/Vision	Monthly Dental	Monthly Total	Monthly Employer Paid	Monthly Employee Paid	Semi-Monthly Employee Paid
Employee Only**	$450.54	$68.06	$518.60	$518.60	$0.00	$0.00
Employee/Spouse	$1,013.72	$141.44	$1,155.16	$996.02	$159.14	$79.57
Employee/Spouse/Child(ren)	$1,351.62	$237.86	$1,589.48	$1,321.76	$267.72	$133.86
Employee/Child(ren)	$788.45	$164.49	$952.94	$844.36	$108.58	$54.29
Employee/Spouse/Infant(s)	$1,351.62	$141.44	$1,493.06	$1,249.44	$243.62	$121.81
Employee/Infant(s)	$788.45	$68.06	$856.51	$772.03	$84.48	$42.24

**Employee Only: MRDA contributes an additional $20 per payroll to your HSA.

MEDICAL INSURANCE—PPO

The table below summarizes the benefits of the PPO medical plan.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	PPO	
	In Network	Out of Network
Calendar Year Deductible	Embedded[1]	
Employee Only/Family	$250/$500	$500/$1,000
Out-of-Pocket Maximum (Includes deductible, copays, and coinsurance)	Embedded[1]	
Employee Only	$4,000	Unlimited
Family	$8,000	Unlimited
Preventive Care	Plan pays 100%	Not covered
Physician Services		
Primary Care Physician	$20 copay	30% after deductible
Virtual Care (May vary by service)	Plan pays 100%	Not covered[2]
Specialist	$20 copay	30% after deductible
Urgent Care	$20 copay	30% after deductible
Lab/X-Ray		
Diagnostic Lab/X-Ray	10% after deductible	30% after deductible
High-Tech Services (MRI, CT, PET)	10% after deductible	30% after deductible
Hospital Services		
Inpatient	10% after deductible	30% after deductible
Outpatient	10% after deductible	30% after deductible
Emergency Room	$150 copay, then 10% after deductible	
Mental Health		
Inpatient	20% after deductible	30% after deductible
Outpatient	$20 copay	30% after deductible
Therapies		
Physical, Massage, Occupational, Speech Therapy (45 combined outpatient visits per calendar year)	$20 copay	30% after deductible
Chiropractic Care (15 visits per calendar year)	$20 copay	30% after deductible
Acupuncture (12 visits per calendar year)	$20 copay	30% after deductible
Vision Exam		
Child and Adult (Once per 12 consecutive months)	Plan pays 100%	
Vision Hardware		
Age 19 and Over (Once per 12 consecutive months)	$150 allowance	
Under Age 19 (One pair of glasses [frames and lenses] OR 12-month supply of contacts per calendar year)	Plan pays 100% of frames/lenses Plan pays 50% of contact lenses in lieu of glasses	
Prescription Drugs		
Preferred Generic	$15 ($5 at Kaiser) copay	Not covered
Preferred Brand	$25 ($15 at Kaiser) copay	
Non-Preferred Drugs (Generic and Brand)	$45 ($35 at Kaiser) copay	
Preferred Specialty	50% up to $150 per script	
Mail Order (Up to a 90-day supply, only available through Kaiser)	$10/$30/$70 copay	

(1) The PPO deductible and out-of-pocket (OOP) maximum are embedded. This means if you cover a member of your family, the individual deductible and out-of-pocket maximum apply to each covered member of the family. The total family deductible will not exceed $500 and the family OOP maximum will not exceed $8,000 (in-network). (2) Excepting video visits, which members pay 30% after deductible (plus any applicable balance billing).

MEDICAL INSURANCE—HSA

The table below summarizes the benefits of the HSA medical plan.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	HSA	
	In Network	Out of Network
Calendar Year Deductible	Non-Embedded[1]	
Employee Only/Family	$2,500/$5,000	$5,000/$10,000
Out-of-Pocket Maximum (Includes deductible and coinsurance)	Embedded[1]	
Employee Only	$5,100	Unlimited
Family	$5,600/$11,200	Unlimited
Preventive Care	Plan pays 100%	50% after deductible
Physician Services		
Primary Care Physician	20% after deductible	50% after deductible
Virtual Care[2] (May vary by service)	Plan pays 100% after deductible	Not covered[3]
Specialist	20% after deductible	50% after deductible
Urgent Care	20% after deductible	50% after deductible
Lab/X-Ray		
Diagnostic Lab/X-Ray	20% after deductible	50% after deductible
High-Tech Services (MRI, CT, PET)	20% after deductible	50% after deductible
Hospital Services		
Inpatient	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible
Emergency Room	20% after deductible	
Mental Health (Inpatient/Outpatient)	20% after deductible	50% after deductible
Therapies		
Physical, Massage, Occupational, Speech Therapy (45 combined outpatient visits per calendar year)	20% after deductible	50% after deductible
Chiropractic Care (15 visits per calendar year)	20% after deductible	50% after deductible
Acupuncture (12 visits per calendar year)	20% after deductible	50% after deductible
Vision Exam		
Child and Adult (Once per consecutive 12 months)	Plan pays 100%, no deductible	
Vision Hardware		
Age 19 and Over (Once per consecutive 12 months)	$150 allowance	
Under Age 19 (One pair of glasses [frames and lenses] OR 12-month supply of contacts per calendar year)	Plan pays 100% of frames/lenses Plan pays 50% of contact lenses in lieu of glasses	
Prescription Drugs		
Listed Preventive Generic	Plan pays 100%, no deductible	Not covered
Preferred Generic	20% (10% at Kaiser) after deductible	
Preferred Brand	20% (10% at Kaiser) after deductible	
Non-Preferred Drugs (Generic and Brand)	20% (10% at Kaiser) after deductible	
Preferred Specialty	20% after deductible	
Mail Order (Up to a 90-day supply, only available through Kaiser)	10% after deductible[4]	

(1) Embedded vs. non-embedded: The HSA deductible is non-embedded which means if you cover a member of your family, the entire family deductible must be met prior to the plan paying. The HSA out-of-pocket (OOP) maximum is embedded, which means if an individual meets the individual OOP maximum, the individual will receive 100% coverage for the remainder of the year. Once the family OOP maximum is met, everyone receives 100% coverage for the remainder of the year. (2) Virtual care is almost always cheaper than going in person, whether your deductible has been met or not. (3) Excepting video visits, which members pay 50% after deductible (plus any applicable balance billing). (4) Members only pay for two months of medication vs. three months.

MEDICAL INSURANCE—KAISER HMO HSA

The table below summarizes the benefits of the Kaiser HMO HSA plan.

The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Kaiser HMO HSA In Network
Calendar Year Deductible Employee Only/Family	Non-Embedded[1] $2,500/$5,000
Out-of-Pocket Maximum (Includes deductible, copays, and coinsurance) Employee Only Family	Non-Embedded[1] $4,500 $8,500
Preventive Care	Plan pays 100%
Physician Services Primary Care Physician Virtual Care[2] (May vary by service) Specialist Urgent Care	 20% after deductible Plan pays 100% after deductible 20% after deductible 20% after deductible
Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET)	 20% after deductible 20% after deductible
Hospital Services Inpatient Outpatient	 20% after deductible 20% after deductible
Emergency Room	20% after deductible
Mental Health (Inpatient/Outpatient)	20% after deductible
Therapies Physical, Massage, Occupational, Speech Therapy (45 combined outpatient visits per calendar year) Chiropractic Care (10 visits per calendar year) Acupuncture (12 visits per calendar year)	 20% after deductible 20% after deductible 20% after deductible
Vision Exam Child and Adult (Once per consecutive 12 months)	 Plan pays 100%, no deductible
Vision Hardware Age 19 and Over (Once per consecutive 12 months) Under Age 19 (One pair of glasses [frames and lenses] OR 12-month supply of contacts per calendar year)	 $150 allowance Plan pays 100% of frames/lenses Plan pays 50% of contact lenses in lieu of glasses
Prescription Drugs Listed Preventive Generic Preferred Generic Preferred Brand Non-Preferred Drugs (Generic and Brand) Preferred Specialty Mail Order (Up to a 90-day supply, only available through Kaiser)	 Plan pays 100%, no deductible $15 copay after deductible $30 copay after deductible $50 copay after deductible See copays above after deductible $45/$90/$150 copay after deductible

(1) The Kaiser HMO HSA deductible and out-of-pocket (OOP) maximum are non-embedded which means if you cover a member of your family, the entire family deductible must be met prior to the plan paying. Once the family OOP maximum is met, everyone receives 100% coverage for the remainder of the year. (2) Virtual care is almost always cheaper than going in person, whether your deductible has been met or not.

MEDICAL INSURANCE

NETWORK REMINDERS AND TIPS

Your network will depend on what plan you choose. Make sure to check if your provider is listed as in-network for your plan before you make an appointment.

	PPO and HSA	Kaiser HMO HSA
Available network(s)	First Choice Health Network **fchn.com/providersearch/KFHPWAO** (Non-Kaiser Network Providers in WA, OR, MT, ID, AK) First Health Network **myfirsthealth.com** (Non-Kaiser Network Providers in Other States) Access PPO Network **kp.org/wa/directory** (Kaiser and Non-Kaiser Network Providers)	Kaiser Core Network **kp.org/wa/directory** (Kaiser Network Providers)
Primary care physician (PCP) designation required	To see a Non-Kaiser Provider: No To see a Kaiser Provider: Yes	Yes
Referral required to see a specialist	No (both Kaiser and Non-Kaiser Specialists)	Yes

PPO/HSA

When you see an in-network provider (under Access PPO, First Choice Health, or First Health network), the provider's bill is discounted, and both the plan and your share of the cost are paid based on the discounted rate. This saves you money and keeps the program costs down.

TIP: When you are asked what insurance you have, you should say "Kaiser". Many non-Kaiser providers or pharmacies will say "we are not contracted with Kaiser", then you will need to say it is covered by the "First Choice Health" network which is printed on your ID card (or "First Health" network when you are outside of WA, OR, MT, ID, AK).

When you use an out-of-network provider, your benefits will be paid at a lower level based on the allowable charge for the service. Any excess between the billed charge and the plan's allowable charge may be billed to you in addition to the higher coinsurance responsibility. This is commonly referred to as "balance billing."

If your dependent(s) live in Alaska, Oregon, Idaho, or Montana (for example, if your child attends an out-of-state school), they can use the First Choice Health network as well. If they live in any other states, they can use the **First Health network**. You can also use these networks when you are traveling in the United States.

KAISER HMO HSA

When you select the Kaiser HMO HSA plan, you may only see providers in Kaiser facilities, except for emergency services.

IMPORTANT

Before you access care for the first time in another Kaiser service area (including California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington state (Clark and Cowlitz counties), and Washington D.C.), call Member Services at 888-901-4636 to get a visiting member ID number.

NEW KAISER MEMBERS

If you are new to the Kaiser family, visit **healthy.kaiserpermanente.org/washington/new-members** or call 888-844-4607 or 206-630-0029.

MEDICAL INSURANCE

UNDERSTANDING THE MEDICAL PLANS

IF YOU ARE COVERED BY MORE THAN ONE HEALTH PLAN

If you are "double covered" which means covered under the MRDA plan and another plan (i.e. a spouse's or domestic partner's plan) the MRDA plan is considered "primary" for you and your spouse's plan is "secondary." When a claim is made, the primary plan pays first and coordinates with the secondary carrier for additional payment. Be sure to contact Kaiser's Member Services and provide them with your secondary insurance information so they can coordinate your benefits. Please note, if you select one of the two HSA plans (either the HSA or Kaiser HMO HSA), you may not have dual coverage unless the other plan is also a qualified high-deductible health plan.

DIAGNOSTIC X-RAY AND LAB

For high-end radiology, please note that prior authorization is required for CT, MRI, MRA, PET, and Dexa scans. The doctor's office is responsible for submitting this request for authorization before the procedure is performed. We recommend you call Member Services to verify it has been approved.

URGENT CARE/EMERGENCY ROOM

It is highly recommended that, if possible and appropriate, you use urgent care offices when the needed care is not a true emergency. Seeking non-emergency services in an emergency room (ER) can easily cost you double or triple what an urgent care visit would cost.

VISION

All three Kaiser plans (PPO, HSA, and Kaiser HMO HSA) include vision benefits (annual eye exam and hardware benefits). Most non-Kaiser providers (including Costco) will say they are not contracted with Kaiser or they don't bill to Kaiser directly. Please pay up front and get reimbursed by completing the **Kaiser Reimbursement Form**.

KAISER HMO HSA PCP AND REFERRAL REQUIREMENTS

If you enroll in the Kaiser HMO HSA plan, you and your covered dependents are required to designate a primary care physician (PCP). You may designate your PCP by logging into **kp.org/wa** or calling Member Services to get help. If you do not designate a PCP within 30 days of enrolling, Kaiser will designate one for you which may be changed at any time.

For the Kaiser HMO HSA plan, if you want to see any of the following specialists, you must obtain a PCP referral:

- Allergy
- Cardiology (Pediatric Cardiology at the Bellevue Medical Center is not part of direct access)
- Dermatology
- Gastroenterology
- General surgery
- Nephrology
- Neurology
- Oncology/Hematology
- Otolaryngology
- Sleep medicine
- Urology

MEDICAL INSURANCE

UNDERSTANDING PRESCRIPTIONS

PRIOR AUTHORIZATION

If your drug appears on the formulary list, but requires prior authorization, this means Kaiser must first give approval before the drug will be covered at the applicable copay or coinsurance. Certain drugs may only be available in 30-day supplies or through the Specialty Pharmacy. You can verify how your medications are covered in the formulary and if they require prior authorization on the Kaiser website at **healthy.kaiserpermanente.org/washington/health-wellness/drug-formulary**. Scroll down to "Large employer group (51+ employees) plans" and select the "4-tier In-Network Pharmacy Benefit" if you are on the PPO plan or the "3-Tier In-Network Pharmacy Benefit" if you are on the HSA or Kaiser HMO HSA plan.

If your drug requires prior authorization, you or your provider must complete an authorization request and submit to Kaiser along with additional information. Call the Kaiser New Member Welcome Team at 888-844-4607 or 206-630-0029 for support.

WHEN YOU WANT TO USE A NON-KAISER PHARMACY (PPO AND HSA ONLY)

When you are asked what insurance you have, you should say "Kaiser". Many non-Kaiser providers or pharmacies will say "we are not contracted with Kaiser", then you will need to say it is covered by the "OptumRx" network which is printed on your ID card. You may also need to provide the RxBIN and/or RxPCN numbers listed on your ID card. In order to make sure that your non-Kaiser pharmacy is contracted with "OptumRx", visit **kp.org/wa/optumrx-wa**.

MAIL ORDER

When using mail order for your Kaiser prescription refills, it can take 5–7 business days to arrive (it will be shipped to you free of charge anywhere in the United States). The best time to reorder is when you have about a 14-day supply of medication remaining. This will ensure you receive the medication you need when you need it.

You have three options to transfer your existing prescriptions to Kaiser's mail order. You can fill out a **paper request form** provided by Kaiser, call and ask your doctor's office to call your prescription in to Kaiser's mail order, or begin the process through your Kaiser portal. Your Kaiser portal is an easy way to access a lot of information about your plan. Once you have your Member Identification number, transferring existing prescriptions is a very simple online process. Once your mail order prescriptions have been set-up, you can refill online, with the Kaiser mobile app, or by phone.

HOW MUCH DOES IT COST?

If you are enrolled in an HSA plan and wish to search a prescription cost outside of a Kaiser pharmacy, one option is to go to **goodrx.com**. In the search bar, type in your prescription name, choose from the drop-down menu, and be sure to update the zip code in the city you would like to make the purchase. GoodRx will list the pharmacies in your area, along with the estimated cost of the drug. Sometimes there will be coupons available that offer additional savings. If you choose to use the coupon, your insurance cannot be used, which means the cost will not accrue towards your deductible or out-of-pocket maximum. The choice to use the coupon or run it through your medical plan is completely up to you.

MEDICAL INSURANCE

KAISER VIRTUAL CARE

Help is available when you need it with virtual care options through Kaiser. Access care from the comfort of your home using your computer, tablet, or mobile device using one of the virtual care options below.

Visit **healthy.kaiserpermanente.org/washington/get-care** to utilize virtual care.

- **Care Chat:** Chat online with a Kaiser Permanente clinician to get immediate care, treatment, and prescriptions.
- **E-visit:** Get a personalized care plan or prescriptions for common health conditions — just by filling out a short questionnaire.
- **Email:** Message your Kaiser Permanente doctor's office with non-urgent questions.
- **Video visit (now):** Talk to a clinician 24/7 for quality care when you need it — no appointment needed. There may be a wait time.
- **Video visit (scheduled):** Meet face-to-face with a clinician by video for the same high-quality care as an in-person visit.
- **Phone visit (now):** Talk to a clinician 24/7 for quality care when you need it — no appointment needed. There may be a wait time.
- **Phone visit (scheduled):** Schedule a time to talk with a primary care Kaiser Permanente doctor over the phone.
- **Consulting nurse line (24/7):** Talk with a licensed care clinician day or night for advice by phone or chat online.

MEDICAL INSURANCE

KAISER ONLINE TOOLS

Once you have your member ID number, register online with Kaiser to take advantage of their online services. To register, go to **kp.org/wa** and enter the required information.

You'll then have access to these secure online services for:

- Refill prescriptions
- Check your health coverage and benefit usage*
- Complete your Health Profile
- Easily search for doctors in your network
- Schedule some appointments with Kaiser providers
- View some lab results
- Email your Kaiser doctors
- Estimate procedure costs
- View your explanation of benefits (EOB) online

*You can see your own individual benefit usage information and the total of your family benefit usage information (including yourself). To inquire about individual limit tracking for your spouse and/or child(ren), call Member Services.

EXPLANATION OF BENEFITS (EOBS) FOR YOUR CHILD(REN)

EOBs are not available online for members under the age of 18. However, paper EOBs are automatically generated for claims processed with the below reasons and are mailed to your home address:

- Claims that are subject to deductible/coinsurance
- Non-covered services
- Benefit for type of service has been exhausted
- Denials for non-effective coverage
- Reprocessed claim (regardless of patient responsibility)

If your share of the cost for a service is $0 or if your only cost is a copay, paper EOBs are not automatically mailed. If you would like an EOB for one of these claims, you can contact Member Services to request that a paper copy be mailed. (If it is a claim for yourself, the EOB will also be available online through your Kaiser account.)

For teens (age 13–17): EOBs relating to Specially Protected Health Information (SPHI: information related to alcohol and/or drug abuse, mental health conditions, and reproductive care) will not automatically be mailed. Your teen may call Member Services to request a paper copy, but you cannot request one unless the teen has given written authorization to Kaiser to share such information with you. EOBs not related to SPHI will automatically be mailed to the teen's address on file. You can also call Member Services to request a paper copy be mailed to you.

ACCESS TO YOUR CHILD(REN)'S MEDICAL RECORDS

After you register online with Kaiser, you can request access to your child's online medical record if they get care at Kaiser Permanente medical offices in Washington. For more detailed information, visit **healthy.kaiserpermanente.org/washington/support/parental-access**.

If your child is 12 or younger ("Parental Access"): Except for EOBs and benefit usage, you will have access to the same tools and records as for yourself.

If your child is 13–17 ("Teen Proxy Access"): Washington State privacy laws make certain information confidential between teens and their health care providers. It also means some information can't be automatically shared with parents and legal guardians. You will have access to some tools and records, but not all. Your teen will be able to create their own limited account where they can access some tools and records as well.

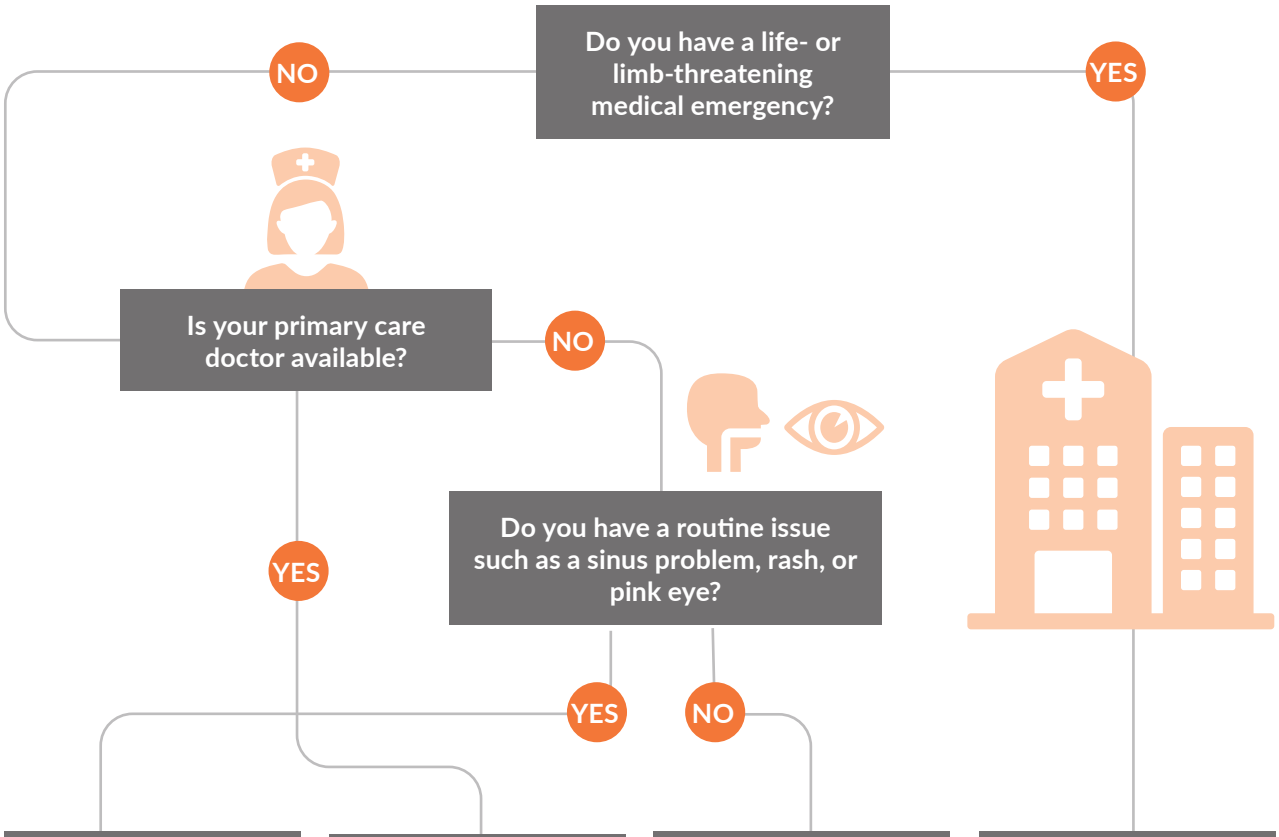
KAISER PERKS

Kaiser offers many plan perks including membership discounts at fitness club, gyms, and wellness coaching. For additional information, visit **healthy.kaiserpermanente.org/washington/health-wellness/discounts**.

MEDICAL INSURANCE

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



Use Virtual Visits	Go to Your Primary Care Doctor	Go to an Urgent Care Center	Go to the Emergency Room
Get care without leaving your house. An appointment with a physician is available from your phone or computer. Use Care Chat, the Kaiser phone app, or log into kp.org/wa.	For care during normal office hours, it's usually best to go to your primary care doctor. They can provide follow-up care and refer you to a specialist, if needed.	Urgent care centers typically don't require an appointment and are often open in the evenings and on weekends. Plus, in-network urgent care centers are faster and much less expensive than the ER.	In the case of a true medical emergency, go to the ER. At the ER, true emergencies are treated first, and other cases must wait—sometimes for hours. And, it will cost you a lot more to get care at the ER.
$	$$	$$$	$$$$

HSA AND FSA

You can save about 20%* on your care by putting money in a health savings account (HSA) or flexible spending account (FSA). This is because you don't pay taxes on your contributions. Please note, your deductions lower your federal tax withholding as well as Social Security and Medicare.

*Percentage varies based on your tax bracket.

COMPARE YOUR OPTIONS

	HSA Details on Page 18	Health Care FSA Details on Page 20	Limited Purpose Health Care FSA Details on Page 20	Dependent Care FSA Details on Page 20
Eligible plans	HSA or Kaiser HMO HSA	PPO	HSA or Kaiser HMO HSA	N/A
Eligible expenses	Medical, dental, vision	Medical, dental, vision	Dental, vision	Dependent care
When are the funds available for use	As the account is funded. MRDA and you (optional) contribute funds each pay period.	Immediately at the beginning of the plan year. If you use your entire fund up front, you will continue to have the monthly deductions throughout the year.	Immediately at the beginning of the plan year. If you use your entire fund up front, you will continue to have the monthly deductions throughout the year.	As the account is funded. If you fund $200 per pay, but your expense is $250, you claim the first $200 when your deduction is deposited, and then $50 at the next deposit.
You can change your election throughout the year	Yes	No	No	No
Funds roll over from one year to the next	Yes, unlimited	Yes, up to $640	Yes, up to $640	No

HEALTH SAVINGS ACCOUNT

If you enroll in the HSA or Kaiser HMO HSA plans, you may be eligible to open and fund a health savings account (HSA) through HealthEquity.

Similar to a flexible spending account (FSA), you can set money aside in this account on a pre-tax basis to use for healthcare expenses. Yet, it is different from an FSA in that it is a bank account that you own. If you leave the company, you take it with you. If you do not use the funds by the end of the year, it remains in your account for future use.

The HSA is set up in your name through HealthEquity. They will hold the funds, but you are responsible for managing them. The HSA is a tax-qualified account (similar to an IRA). You may make deposits on a pre-tax basis, subject to certain limits, and the money grows tax-free. Use of the funds for anything other than a qualified expense is a taxable event.

HEALTH SAVINGS ACCOUNT ELIGIBILITY

You are eligible to open an HSA if ALL of your answers to the following questions are NO.

- Are you enrolling in a standard health plan (not a high-deductible health plan)?
- Are you Medicare eligible (or 65 and older)?
- Can you be claimed as a tax dependent by another party?
- Do you have medical coverage through your spouse or another plan that is not a qualified high-deductible health plan?
- Does your spouse participate in a full health care flexible spending account (FSA) plan?

2024 IRS HEALTH SAVINGS ACCOUNT CONTRIBUTION MAX

Contributions (including employer contributions) to an HSA cannot exceed the IRS allowed annual maximums.

- **Individuals:** $4,150
- **All other coverage levels:** $8,300

If you are age 55+ by December 31, 2024, you may contribute an additional $1,000.

The IRS allowed annual maximum of $8,300 applies to you and your spouse, even if you contribute to separate HSAs. The amount you fund between BOTH accounts cannot exceed $8,300. Be sure to include any contributions made to your spouse's HSA (including employer contributions) when calculating your own contributions.

MRDA CONTRIBUTION

Coverage Level	HSA				
	Maximum Contribution Allowed for 2024		MRDA Annual Contribution		Your Annual Contribution Maximum
Employee	$4,150	=	$2,940*	+	$1,210
Employee/Spouse	$8,300	=	$3,540	+	$4,760
Employee/Spouse/Child(ren)	$8,300	=	$4,140	+	$4,160
Employee/Child(ren)	$8,300	=	$3,600	+	$4,700

Coverage Level	Kaiser HMO HSA				
	Maximum Contribution Allowed for 2024		MRDA Annual Contribution		Your Annual Contribution Maximum
Employee	$4,150	=	$3,660*	+	$490
Employee/Spouse	$8,300	=	$4,560	+	$3,740
Employee/Spouse/Child(ren)	$8,300	=	$5,340	+	$2,960
Employee/Child(ren)	$8,300	=	$4,740	+	$3,560

*Includes additional $20 per payroll contribution from MRDA.

HEALTH SAVINGS ACCOUNT

HSA USE

You may use your HSA funds for any qualified medical expense for you or any of your tax dependents, whether they are enrolled on your HSA health plan or not.

You may only reimburse yourself for expenses incurred after your HSA is first established. Qualified medical expenses include medical, dental, and vision care expenses (the same types of expenses that would be reimbursable through your health care FSA). When you use your HSA account, keep your receipts with your tax records so that you have verification that the account was used for a tax-qualified healthcare expense.

NON-TAX DEPENDENTS

Although you can cover your dependent children to age 26 and a state-registered domestic partner, in many of these instances, you are no longer able to claim them on your tax return. In examples like these, you cannot use your tax-deferred HSA funds toward any of their healthcare expenses. However, you may still contribute up to the family dollar maximum in your HSA.

While you may not use the funds from your HSA account toward services incurred by your over-age dependents, your older child may set up his or her own HSA, contribute on their own (in most cases take a tax deduction for the contribution) and may also contribute up to the family HSA maximum in their separate account.

ESTABLISHING AND MANAGING YOUR HSA

For those employees who already have an established HSA, you do not need to re-establish an HSA.

BANK: The HSA accounts are set up with **HealthEquity** by Human Resources upon your initial enrollment into the HSA or Kaiser HMO HSA plans. Once enrolled, you will receive a packet directly from HealthEquity with more detailed plan information. You can also visit **healthequity.com** or call 866-346-5800. They are available 24 hours a day, 7 days per week for assistance with your HSA.

You will get a debit card for your HSA, which you may use to pay for services subject to your deductible or coinsurance once your deductible has been met. Keep in mind that since this is an actual bank account, you may only use funds that have already been deposited into the account.

FEES: Because this is an actual bank account, MRDA will only have the ability to contribute to the account on a per pay period basis. In addition, it's subject to bank fees just as any other account would be. While you are an employee, there is a small monthly account fee paid by MRDA, but additional fees may apply for things like non-sufficient funds, paper statements, etc. that would be paid by the account holder. Once you enroll, you will receive a welcome kit outlining fees and other details on your account.

INTEREST AND INVESTMENTS: Your HSA will accrue a small amount of interest; rates increase with account size. Once your account exceeds a $2,000 balance, you will be allowed to invest mutual funds.

FILING YOUR TAXES: Each year you'll receive an IRS Form 1099-SA and IRS Form 5498-SA, which are used to complete IRS Form 8889.

- **IRS Form 1099-SA** provides you with the distributions made from your HSA in that tax year. You will receive a separate 1099-SA for each type of distribution made during the tax year. The five distribution types are normal, excess contribution removal, death, disability, and prohibited transaction. This information is used to complete IRS Form 8889.
- **IRS Form 5498-SA** provides you with all the contributions made to your HSA in that tax year. This information is used to complete IRS Form 8889.
- **IRS Form 8889** is attached to your IRS 1040 Form when you file your taxes.

FLEXIBLE SPENDING ACCOUNTS

MRDA offers three flexible spending account (FSA) options, which are administered by Navia Benefit Solutions.

An FSA allows you to place money in a tax-sheltered, short-term account for use in paying for approved qualified health care or dependent care expenses. The amount you designate for the year will be deducted pre-tax from your paycheck in equal amounts throughout the plan year. Once you incur expenses, you can request reimbursement from your account, or use the debit card to pay for the expense.

The expenses you claim must be incurred during the plan year (January 1–December 31, 2024). You will have an additional 90 days to submit and be reimbursed for expenses after the end of the plan year. Expenses must be incurred on or before December 31, 2024, and reimbursement requests must be submitted to Navia Benefit Solutions no later than March 31, 2025.

HEALTH CARE FSA

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars. If you, your spouse, or any employer is funding a health savings account (HSA) during the plan year, you are not eligible for the health care FSA (but you can enroll in the limited purpose health care FSA).

The health care FSA maximum contribution is $3,200 for the 2024 calendar year.

LIMITED PURPOSE HEALTH CARE FSA

If you, your spouse, or any employer is funding a health savings account (HSA) during the plan year, you are not eligible to fund a health care FSA. However, you can fund a limited purpose health care FSA, which can only be used to reimburse dental and vision expenses.

The limited purpose health care FSA maximum contribution is $3,200 for the 2024 calendar year.

DEPENDENT CARE FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself.

You may contribute up to $5,000 to the dependent care FSA for the 2024 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect $2,500 for the 2024 calendar year. In order to be eligible, both the employee and spouse must be working, looking for work, or a full-time student.

CARRYOVER FEATURE

Up to $640 of unused health care FSA (including limited purpose health care FSA) dollars may be carried over and be available for expenses incurred in the following year. Up to $640 will be available after the end of the claims run-out period which is March 31, 2025 (the claims run-out period is the extra time in the new year to submit expenses incurred the prior year). The amount carried over does not affect your ability to elect the maximum annual election allowed each plan year. For example, if you had $640 of unused funds at the end of 2024, the carry over balance will be added to your 2025 election, giving you up to a total of $3,840 in 2025 (assuming the annual maximum stays at $3,200).

This carryover provision does not apply to the dependent care FSA.

DENTAL INSURANCE

MRDA offers a dental insurance plan through Delta Dental of Washington.

The Delta Dental PPO plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider.

Locate a Delta Dental network provider at **deltadentalwa.com**.

The table below summarizes key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Delta Dental PPO—Enhanced Benefit Summary				
Effective Date	January 01, 2024			
Benefit Period	January 1–December 31			
Benefit Period Deductible Individual/Family (Waived on Class 1 Services)	$50/$150			
Annual Maximum	$1,500			
Diagnostic and Preventive Waiver	Class 1 services do not accumulate against the annual maximum			
TMJ Annual Maximum Lifetime Maximum	50% $1,000 $5,000			
Orthodontia Adults and Dependent Children Coinsurance and Lifetime Maximum (Per Person)	50% $1,000			
	Dental Network			
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	Out-of-State (Out-of-Service-Area Dentist)
Class I—Diagnostic and Preventive				
Exams, X-rays, and Cleanings Fluoride and Sealants Periodontal Maintenance	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Class II—Restorative				
Fillings and Posterior Composites Oral Surgery Endodontics (Root Canal) Periodontics Athletic Mouth Guard	10% after deductible	20% after deductible	20% after deductible	10% after deductible
Class III—Major				
Crowns and Bridges Dentures and Partial Dentures Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible

Regular dental visits tell your dentist a lot about your overall health, including whether or not you may be developing a disease like diabetes, heart disease, kidney disease, and some forms of cancer.

DENTAL INSURANCE

DELTA DENTAL PPO DENTISTS

Delta Dental PPO dentists complete claim forms and submit them directly to Delta Dental of Washington for processing. PPO dentists receive payment based on their pre-approved, discounted PPO fees and they cannot charge you more than these fees. You are responsible only for your deductibles, coinsurance, and/or amounts in excess of the plan maximums.

DELTA DENTAL PREMIER DENTISTS (NON-PPO)

Delta Dental Premier dentists are members of their traditional fee-for-service plan, but they are not part of the PPO network; therefore, your out-of-pocket costs may be higher. Delta Dental Premier dentists will still submit claims for you and receive payment directly from Delta Dental of Washington. Their payment will be based upon their pre-approved fees with Delta Dental of Washington. They also cannot charge you more than these fees. You are responsible only for your stated deductibles, coinsurance, and/or amounts in excess of the program maximums.

NON-PARTICIPATING DENTISTS IN WASHINGTON STATE

If you choose a non-participating dentist, you will be responsible for having the dentist complete and sign claim forms. It will also be up to you to ensure that the claims are sent to Delta Dental of Washington. Claim payments will be based on actual charges or Delta Dental of Washington's maximum allowable fees for non-participating dentists, whichever is less. You will be responsible for any balance remaining. Please be aware that Delta Dental of Washington has no control over non-participating dentists' charges or billing procedures.

OUTSIDE OF WASHINGTON STATE (FOR MRDA TEAM MEMBERS)

If you receive dental treatment from a dentist outside of Washington State, you will be responsible for having the dentist complete and sign claim forms. It will also be up to you to ensure that the claims are sent to Delta Dental of Washington. Claim payments will be based on actual charges or on Delta Dental of Washington's maximum allowable fees for participating dentists, whichever is less.

PREDETERMINATION (ESTIMATE) OF BENEFITS

If your dental care will be extensive, you may ask your dentist to complete and submit a request for an estimate, sometimes called a "predetermination of benefits." This will allow you to know in advance what procedures are covered, the amount Delta Dental of Washington will pay and your financial responsibility. A predetermination of benefits is not a guarantee of payment.

MYSMILE

MySmile personal benefits center, available at **deltadentalwa.com**, is customized to your individual needs and provides you with answers to your most pressing questions about dental coverage.

LIFE AND AD&D INSURANCE

MRDA provides basic life and AD&D insurance through Mutual of Omaha to all benefits-eligible employees at no cost.

BASIC LIFE AND AD&D INSURANCE

If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit through Mutual of Omaha. Benefits will reduce to 67% at age 65. **Please be sure to keep your beneficiary designations up to date.**

- **Employee life benefit:** 1.5x annual salary up to a maximum of $250,000
- **Employee AD&D benefit:** 1.5x annual earnings up to a maximum of $250,000
- **Portability/Conversion:** You can port or convert this coverage upon termination of active employment

DISABILITY INSURANCE

Disability insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

SHORT-TERM DISABILITY INSURANCE

MRDA automatically provides short-term disability (STD) insurance through Mutual of Omaha to all benefits-eligible employees at no cost. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive STD benefits if you are receiving workers' compensation benefits.

- **Benefit:** 60% of weekly earnings up to $1,500 per week*
- **Elimination period:** 14 days
- **Benefit duration:** Up to 11 weeks

*Offset with Washington Paid Family and Medical Leave benefits.

LONG-TERM DISABILITY INSURANCE

MRDA automatically provides long-term disability (LTD) insurance through Mutual of Omaha to all benefits-eligible employees at no cost. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 60% of monthly earnings up to $7,000 per month
- **Elimination period:** 90 days
- **Benefit duration:** Up to your Social Security Normal Retirement Age (SSNRA)

EMPLOYEE ASSISTANCE PROGRAM (EAP)

I'm in over my head. I wish I had someone to talk to.

I need help finding care for my mom.

Ugh, what else is going to go wrong?

The free EAP can support you. Call the EAP 24/7 at 800-777-4114 or visit fch.personaladvantage.com.

Employee assistance program (EAP) services are provided to you and your household members at no cost through First Choice Health.

The EAP provides a 24/7 self-service support through education materials on work/life topics such as caregiving, daily living, and work/life balance. You also have access to a live advocate 24/7 ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources in your community and online tools.

You can use our free and confidential EAP services to solve a wide range of concerns and problems:

- Marital and family issues
- Depression and anxiety
- Problems with substance abuse
- Problems with gambling
- Balancing work and home life
- Personal/family concerns

Receive up to **THREE FREE VISITS** per issue with a participating counselor.

In addition, the following enhanced services are available to you:

- **Legal services:** You can talk with an attorney for up to 30 minutes at no charge. Should you decide to retain the attorney, you will receive a 25% discount off the attorney's standard hourly fees (work-related issues are not covered).
- **Financial services:** You may speak with a financial professional by phone for up to 60 minutes at no charge for debt management issues, credit card education/consultation, and budgeting advice (investment advice is not provided).
- **ID theft and fraud resolution:** This benefit can help protect you from theft, fraud, or assist you should you become a victim of a fraud related crime.
- **Childcare and eldercare consultation:** You will be connected with a childcare or eldercare specialist who can assist in arranging care or resources for your child or older parent regardless of their location in the United States.

Your EAP is available 24 hours per day, 7 days per week. Simply call 800-777-4114 or visit **fch.personaladvantage.com** and use username mrda.

CONTACT INFORMATION

If you have any questions regarding your benefits or the material contained in this guide, please contact MRDA Human Resources.

Provider/Plan	Group Number	Contact Number	Website
Medical Kaiser Permanente	PPO: 8838400; Single-Enrolled HSA: 8838200; Employee + Dependent(s) HSA: 8838300; Single-Enrolled Kaiser HMO HSA: 2175600; Employee + Dependent(s) Kaiser HMO HSA: 2175700	888-901-4636	kp.org/wa
Dental Delta Dental of Washington	10560	800-554-1907	deltadentalwa.com
Health Savings Account HealthEquity	N/A	866-346-5800	healthequity.com
Flexible Spending Accounts Navia Benefit Solutions	MCE	800-669-3539	naviabenefits.com
Life and Disability Insurance Mutual of Omaha	G000BZ9R	800-775-6000	mutualofomaha.com
Employee Assistance Program First Choice Health	N/A	800-777-4114	fch.personaladvantage.com Username: mrda

This summary of benefits is not intended to be a complete description of the terms and Mitutoyo Research & Development America, Inc. insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Mitutoyo Research & Development America, Inc. maintains its benefit plans on an ongoing basis, Mitutoyo Research & Development America, Inc. reserves the right to terminate or amend each plan, in its entirety or in any part at any time.