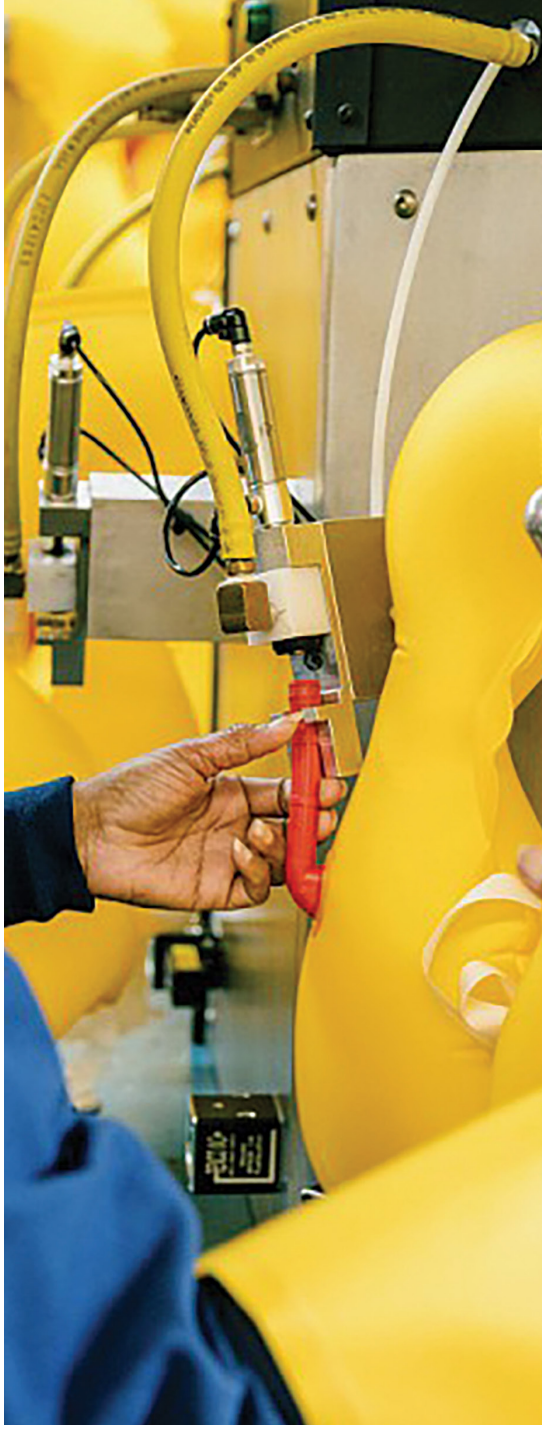


2023 Benefits Guide

SAFRAN

Table of Contents

Working together is what makes Safran a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2023 benefits. Contact the Safran USA Benefits Team with any questions.

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See page 36 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Safran USA, Inc. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Eligibility and Enrollment

Dear Safran employee,

Safran offers you a comprehensive benefit program that includes medical, dental, and vision plan options, as well as virtual health options, pre-tax spending account options, and life & disability coverage. This guide will help you understand the options so that you can customize a benefits package that's right for you and your family. Safran benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of Safran who is regularly scheduled to work at least 30 hours a week, you are eligible to participate in medical, dental, vision, life, disability plans, and additional benefits. Employees covered under a collective bargaining unit may not have access to all benefits. Please see your collective bargaining unit agreement for any questions regarding what benefits you are eligible for.

Coverage Dates

New employees have 31 days from the date of hire to enroll in Safran benefits. Once elected, coverage begins on the first of the month following your date of hire. Due to IRS regulations, once you have made your choices for the 2023 plan year, your benefits cannot be changed until the next annual enrollment period unless you experience a qualifying life event.

When Coverage Ends

Medical, dental, vision, and Employee Assistance Program (EAP) coverage ends on the last day of the month when your employment ends. Flexible Spending Account, Life/AD&D, and disability coverage ends on the day your employment ends.

Dependents

Dependents eligible for coverage include:

- Your legal spouse and domestic partner (or common-law spouse where recognized). *Due to IRS regulations, domestic partner coverage will be deducted on a post-tax basis and is subject to imputed income, which is included on your W-2.*
- Natural children, step children, legally adopted children, and other children who you have legal custody or are the legal guardian. Other eligibility provisions for children include:
  - **Medical, dental and vision plans:** Eligible children will be covered to the end of the month in which they turn 26, regardless of marital or student status.
  - **Life and accident plans:** Children up to age 26 who are not actively serving in the military, regardless of marital or student status.
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility will be required for any new dependents that you enroll in your benefits. Documentation will be provided to Consova. See Dependent Eligibility Section on the next page for additional information.



Dependent Eligibility Verification

Safran has an obligation, as well as a legal requirement, to you and all employees to only allow enrollment for dependents that are eligible for coverage. Covering ineligible participants on our health plans affects all participants. We value you as an employee and want to continue to provide a comprehensive and affordable health plan for you and your eligible family members.

Employees adding any new dependents to a Safran health plan during your enrollment for 2023 will be required to provide written proof of eligibility (e.g., state issued marriage certificates, federal tax returns, state issued birth certificates, adoption paperwork, etc.) for each enrolled dependent. Consova will email you a letter describing the process you must complete to confirm your dependents' eligibility. If you do not provide the required documentation, your dependents will be removed from benefits coverage and will **not** be eligible for COBRA continuation.

You may contact Consova if you have any questions at 855-261-6215. It's important to update your email address in Selia to ensure that all emails from Consova or Safran USA, Inc. reaches you. Avoid losing coverage for your dependents by responding promptly to the dependent verification audit.

Working Spouse/Domestic Partner Surcharge

If your spouse/domestic partner has access to medical coverage through their employer, and you enroll them on a Safran medical plan, you will be subject to a $100 monthly surcharge. If your spouse/domestic partner does not work, works only part time, is not eligible for coverage or has lost coverage as an active employee but has been offered COBRA, this surcharge does not apply.

Note: Safran reserves the right to verify whether or not your spouse/domestic partner is provided coverage elsewhere. We expect this information to be consistent with the information you reported during your enrollment. Misrepresenting whether your spouse has access to medical coverage may result in disciplinary action.

Please see your collective bargaining unit agreement for any questions regarding Working Spouse/Domestic Partner surcharges.

Now's the Time to Enroll!

What are Qualifying Life Events?

You can enroll in benefits when you start a new job or during Open Enrollment. Changes in your life called Qualifying Life Events (QLEs) determined by the IRS may allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 31 days from the date of the event to request changes to your coverage. Your change in coverage must be consistent with your change in status.

Common qualifying events include:

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in a spouse/domestic partner's employment status (resulting in a loss or gain of coverage)
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Eligibility for coverage through the Marketplace
- Changes in address or location that may affect coverage
- Entitlement to Medicare or Medicaid
- Turning 26 and losing coverage through a parent's plan
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Contact the Safran Benefits Team with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

Note

This enrollment is your opportunity to chose your benefits. After your enrollment, you cannot change your benefits unless you experience a qualifying event.

Ready for New Hire Enrollment?

Safran covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your payroll deduction.

Enrollment Action Items

Learn about the benefits Safran offers!

- The Benefit Guide helps you to prepare for enrollment and contains very useful reference material. You may find the Benefits Guide at www.safranbenefits.com. Read the Benefit Guide carefully to get answers to your questions.
- Let Alex help you make your benefit election by visiting www.myalex.com/safranusa/2023.
- Visit the safranbenefits.com website for additional vendor information and use the password: Safran2023.
- Contact Accolade for additional help/guidance on Safran benefits by registering at member.accolade.com or downloading the Accolade mobile app (on the App Store or Google Play) or by calling 866-386-0099.

Review your options with your family.

Make sure you include any other individuals who will be affected by your elections in the decision-making process.

Gather enrollment information.

You will need dependent information such as names, Social Security numbers and dates of birth to enroll your dependents and to designate beneficiaries.

If you will be participating in the Flexible Spending Accounts (FSAs), you should estimate your healthcare or dependent care costs, so you allocate the appropriate amount to be used during 2023.

If you are enrolled in the HDHP, you should estimate your healthcare costs to ensure you allocate the appropriate amount into your Health Savings Account (HSA). You may also participate in the Limited Purpose FSA for dental and vision out-of-pocket expenses.

Enroll online through the ADP Self Service Portal.

Log into ADP at myadp.com and complete your enrollment within 31 days from your date of hire.

Any questions?

We're here to help.

Contact Safran USA Benefits Team benefits@safrangroup.com or at 888-768-9042.

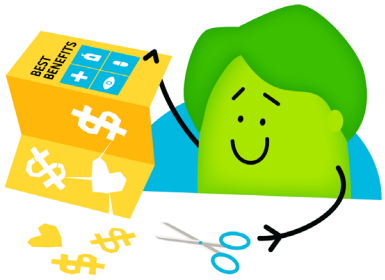
Please Note: If you are covered by a collectively bargained agreement, the benefits and costs reflected in this brochure may not apply to you. Please contact your local HR for more information.

Enrollment Decision Tools

alex® Understanding Your Plan Options

ALEX walks you through your benefits and helps you make decisions. Selecting the right benefit plans can be a challenge. You might have questions such as:

- Which medical plan is best for me?
- How much should I save in my flexible spending or health savings accounts?
- Should I get additional life insurance?



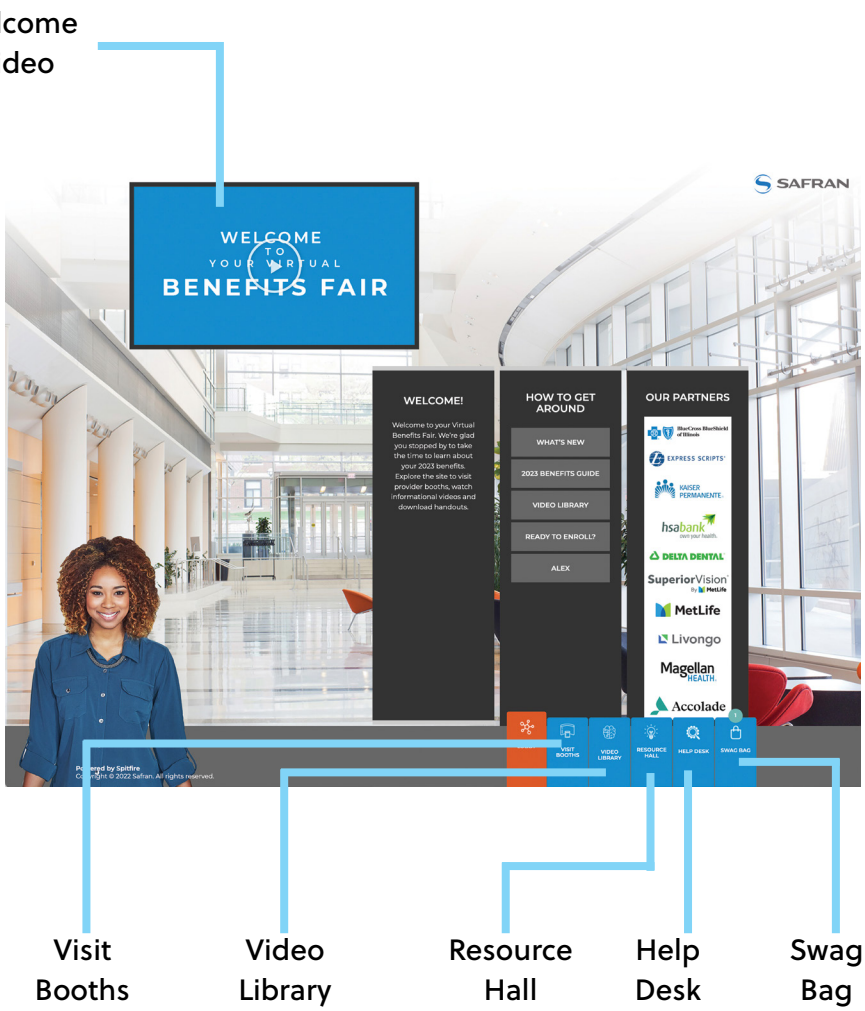
These decisions are important, and a lot goes into making the right choice. To make the process easier for you, visit ALEX at www.myalex.com/safranusa/2023, and respond to the quiz-like questions. ALEX will prompt you for some basic information about you and your family, ask a few questions, and help you determine the best choices based on your responses.

Talking with ALEX feels like having a conversation with a real person because ALEX uses simple language and avoids insurance jargon. His explanations and recommendations are easy to understand.

ALEX is available from any computer or smartphone with an internet connection, and you can use it with your family as you consider your options.

Virtual Benefits Fair: Connect with the Safran Benefits and Carriers

With the Virtual Benefits Fair, Safran employees and spouses/domestic partners can safely attend events for your enrollment that Safran would have previously held in-person. The fair will provide you a better understanding of all the benefits and resources available through Safran. Go to www.safranbenefits.com and use the password: Safran2023 to learn more about your benefits for 2023.



Wellness

Safran FIT!

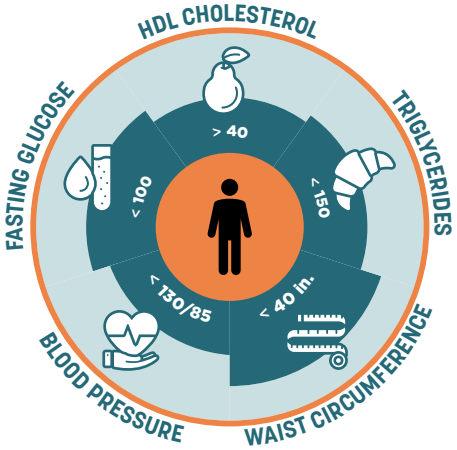
It's never too late to better your wellness. Safran is here to help with Safran FIT. This health-management benefit is included for all benefits-eligible employees and is completely confidential.

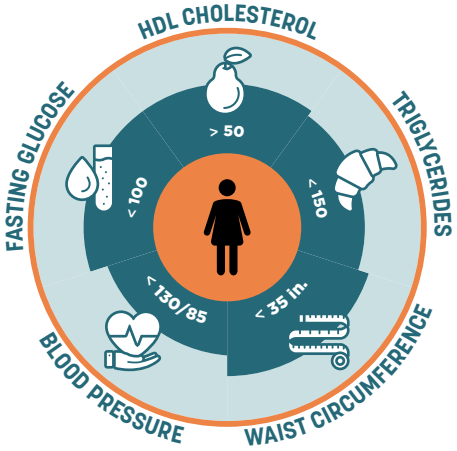
Healthcare costs continue to rise, and with the recent inflation, employees are paying more out of pocket for their healthcare, among other things. Safran is taking a proactive approach to reducing overall healthcare spend. We are implementing an outcomes based wellness program called Know Your Numbers to create individual health engagement.

Metabolic syndrome is a condition that increases an individual's risk of having a serious health condition like a stroke, heart attack, or diabetes. You have metabolic syndrome if 3 out of the 5 risk factors measured during a wellness screening are outside of the normal limits.

The five risk factors are:

- Blood pressure
- Waist circumference or BMI
- Fasting blood glucose
- Triglycerides (bad cholesterol)
- HDL Cholesterol (good cholesterol)





The good news is that metabolic syndrome is largely preventable. Understanding your risk factors and making healthier lifestyle changes can help you improve your health and lower your risk of metabolic syndrome. This is why Safran is implementing the Know Your Numbers program. Making lifestyle changes that improve your risks factors will improve your health and will reduce your risk of having a serious health condition.

For the 2023 plan year, newly hired employees who enroll in a Safran Medical Plan will automatically receive the $260 annual wellness credit.

For the 2024 plan year, the wellness incentive will increase to **$600 per year**. You and your covered spouse will need to complete the wellness screening and the health assessment. You will earn the $600 wellness incentive if you:

- Meet 3 out of the 5 healthy biometric ranges or
- If you do not meet the criteria, you still have options to earn the 2024 wellness incentive. Your physician can complete a waiver if you have a medical condition that prevents you from meeting 3 out of the 5 measures.
- You may participate in 4 weekly health coaching sessions with a health coach on the safranfit.com website.

Please know your information is managed by a third party, Marquee Health. Safran will not receive any of your personal health information or screening results. Your personal health information is confidential. The only information Marquee will provide Safran is confirmation that you have met the wellness incentive.

My Rewards Program

In addition to the Wellness Credit, Safran offers all employees and spouses/domestic partners that are enrolled on a Safran medical plan the ability to participate in the My Rewards Program. You can complete qualifying wellness activities to earn points that you can redeem for Amazon E-Gift cards. More information will be provided in the My Rewards Activity Guide.

Tobacco User Surcharge

Safran has a $100 monthly tobacco user surcharge to help control employee medical premium costs. This surcharge applies to any employee enrolled in the medical plan that attests to being a tobacco user during enrollment.

Need Help Quitting? Visit www.safranfit.com to participate in a tobacco cessation program. After 12 weeks of counseling, your tobacco surcharge may be removed.

Note

Quitting smoking improves your health and quality of life and can even add as much as 10 years to your life expectancy! (Source: CDC)



Notice Regarding Wellness Program

Safran FIT is a voluntary wellness program available to all medical enrolled employees and covered spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, participants who choose to participate in the wellness program and/or tobacco-free program will receive the wellness credit applied to their medical contributions and will not be subject to the tobacco surcharge. See medical rates for details. To qualify, participants may earn program credit through completing a biometric screening. Although you are not required to complete the HRA or participate in the biometric screening, only participants who do so will receive the wellness credit applied to their medical contributions.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting 888-768-9042.

The information from your HRA or blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Safran USA, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, Safran FIT will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies, Marquee Health, and eHealth.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact 888-768-9042.

Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Mental Health and Your Medical Plan

You have EAP services provided by Magellan. When your covered EAP services run out, your medical plan covers behavioral and mental health services. The costs for this service will be dependent upon the plan you are enrolled in. Coverage includes virtual therapy from MDLive. Via video or telephone, you can receive confidential 1-on-1 counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. See plan documents for specifics on coverage for inpatient and outpatient services.

An important aspect of your overall wellbeing is emotional wellness – the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

The Big Five of Emotional Wellness

1

Practice mindfulness.

Practice deep breathing, enjoy a stroll, and stay present in each moment.

2

Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a video call or text.

3

Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.

4

Improve your outlook.

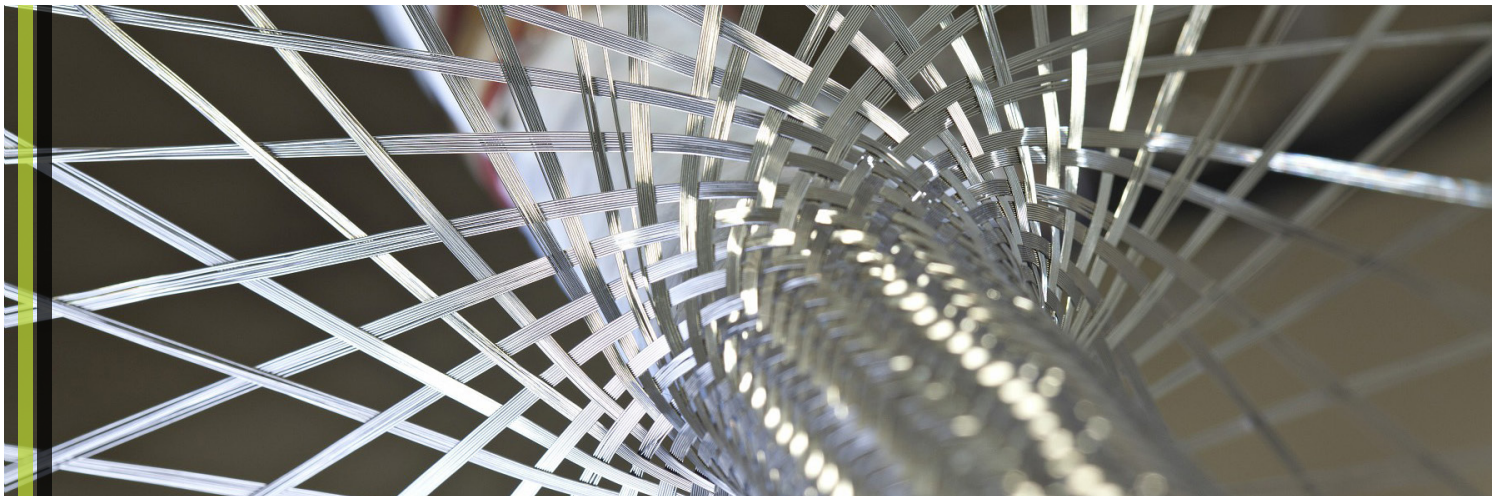
Treat people with kindness, including yourself.

5

Deal with your stress.

Think positively, exercise regularly, and set priorities.





Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.

National Suicide Prevention Lifeline

Call 800-273-TALK (8255); En Español 888-628-9454

The Lifeline is a free, confidential crisis hotline that connects callers to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals.

Crisis Text Line

Text "HELLO" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

Veterans Crisis Line

Call 800-273-TALK (8255) and press 1 or text to 838255

The Veterans Crisis Line can be used by phone or text to connect veterans with a trained responder 24/7. The service is available to all veterans, even if they are not registered with the VA or enrolled in VA healthcare.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Note

According to the American Psychological Association, 61% adults say they could have used more emotional support in 2020.

Healthcare Navigation

Most people don't think about their health benefits until they need them. Employees and covered dependents can connect with your Accolade Health Assistant or nurse to help answer your health and benefits questions, big or small. You will also have access to virtual care, where you can speak with a top doctor, or you can get in touch with a specialist for a second opinion about your diagnosis, treatment plan, or medication within a matter of days.

Here are Just a Few Ways Accolade Can Help

- Schedule a same or next-day virtual care appointment with a doctor for urgent care needs, ongoing care, or preventive care
- Schedule online therapy with a licensed mental health therapist of your choice
- Explain your health plan coverage and confusing bills
- Connect you to all your employer benefits and health programs
- Arrange for a second opinion at no cost if you're feeling unsure about a diagnosis or treatment plan

Virtual Care Health Benefit!

You and your covered family members will have access to PlushCare, a virtual care platform brought to you by Accolade.

With PlushCare, you get:

- Doctors who have trained at the top 50 U.S. medical schools
- Same and next-day virtual primary care visits
- Online therapy for mental health
- 24/7 support from your Care Team
- Prescriptions and refills
- Ongoing care for diabetes, high blood pressure, anxiety, and more

See a doctor or therapist from the comfort of your home!

We're making it even easier to get the care you need when you need it. With PlushCare, Accolade's virtual care service, you can schedule same or next-day appointments with a board-certified doctor or mental health therapist. Read doctor and therapist profiles and choose a time that works for your schedule. It's that easy!

Expert Medical Opinion!

NO COST access to a second opinion from a world-renowned doctor. As part of your healthcare and benefits support from Accolade and 2nd.MD, you can get an expert medical opinion from a top specialist about a diagnosis, treatment option, surgery, or medication that you may be feeling unsure about.

2nd.MD will help by:

- Connecting you to the right specialist for your condition or concern
- Collecting your medical records
- Setting up a convenient phone or video consultation within days
- Providing you with more peace of mind about your decision

Activate Your Accolade Account!

- Visit member.accolade.com or download the Accolade mobile app on the App Store or Google Play.
- Enter basic information like your name, date of birth, and ZIP code to complete your registration.
- Log in to view your benefits and learn more about valuable resources available to you and your family.
- Start messaging your Health Assistant or nurse with health and benefits questions, big or small!

Helpful Tip!

Your covered family members can create their own account to view benefits and directly message a Health Assistant or nurse.

Medical Benefits

Medical benefits are provided through BlueCross BlueShield and Kaiser Permanente (only available in CA and WA). Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family.

How to Find a Provider

Visit Accolade online at member.accolade.com or by calling 866-386-0099 for a list of BCBS network providers. Visit www.kp.org or call CA: 800-464-4000 WA: 888-901-4636 for a list of Kaiser Permanente network providers.

BlueCross BlueShield Network:

The Premium PPO Plan and HDHP Plans will use the BCBS Network that may vary based upon the state in which you reside. Florida residents will select Network Blue, Georgia residents will select Blue Open Access POS, New Hampshire residents will select Blue Choice Open Access POS, New Jersey residents will select Horizon Managed Care Network, Oklahoma residents will select Blue Preferred and All Other States will select Participating Provider Option (PPO).

The new HPN Plan will use the BCBS Network called the Blue High Performance Network. *This plan will only have In-Network benefits* with providers who deliver higher quality of care. Employees should research this network to ensure your providers and preferred hospitals are in network before enrolling in this plan. This network is only available in certain parts of CA, KY, NY, OH, TX, and WA.

Employees can confirm if their providers and preferred hospital are in network by:

- Visiting member.accolade.com
- Or by calling Accolade at 866-386-0099 (Monday through Friday from 8am to 11pm EST)

If employees enroll in the HPN Plan and travel outside of the HPN area or have dependents in college that are not in a HPN area, then you will only have access to Emergency Services. If you are traveling or have dependents in college and living in another city and/or state, we encourage you to verify if there are HPN providers and hospitals available in the area.



Kaiser Permanente

If you reside in CA or WA, you may enroll in the Kaiser Permanente Medical Plan. Kaiser has a new web-based site where employees can access the 2023 plan designs, obtain information on telemedicine/virtual visits, and where to seek care at. You can access the site by visiting my.kp.org/safran.

Note

Preventive care offered by an in-network physician, like well-woman exams or annual physicals, is often covered at 100%.

Medical Plan Summary

This chart summarizes the 2023 medical coverage provided by BCBS and Kaiser (only available in CA and WA). All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services (where allowed by elected medical plan) are subject to Reasonable and Customary (R&C) limitations.

	HDHP		PPO		**HPN** (AVAILABLE IN CERTAIN AREAS)	KAISER - CA/WA
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY
SAFRAN ANNUAL HEALTH SAVINGS ACCOUNT CONTRIBUTION**	$500 Individual/ $1,000 Family		N/A		N/A	N/A
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	$3,000	$9,000	$1,000	$3,000	$1,000	$200
FAMILY	$6,000	$18,000	$2,000	$6,000	$2,000	$400
COINSURANCE (YOU PAY)	20%*	55%*	20%*	55%*	20%*	10%*
CALENDAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)						
INDIVIDUAL	$5,000	$20,000	$4,000	$16,000	$4,000	$3,000
FAMILY	$10,000	$40,000	$8,000	$32,000	$8,000	$6,000
COPAYS/COINSURANCE						
PREVENTIVE CARE	100% Covered	Not Covered	100% Covered	Not Covered	100% Covered	100% Covered
PRIMARY CARE	20%*	55%*	$30 Copay	55%*	$30 Copay	$30 Copay
SPECIALIST SERVICES	20%*	55%*	$50 Copay	55%*	$50 Copay	$50 Copay
TELEMEDICINE	20%*	55%*	$30 Copay	Not Covered	$30 Copay	N/A
URGENT CARE	20%*	55%*	$75 Copay	55%*	$75 Copay	$30 Copay
EMERGENCY ROOM	20%*	20%*	20%*	20%*	20%*	10%*
INPATIENT FACILITY CHARGE	20%*	55%*	20%*	55%*	20%*	10%*
OUTPATIENT FACILITY CHARGE	20%*	55%*	$75 Copay, then 20%*	55%*	$75 Copay, then 20%*	CA - 10%* WA - $50 Copay*

*After deductible

** As a new hire, your HSA contribution is prorated from your eligibility effective date and funded the month following your eligibility date. The Safran annual employer Health Savings Account contribution is funded semi-annually in January and July. If you are covered by a collective bargaining unit, all options may not be available to you. Please see your local HR Business Partner or contact the Safran USA Benefits Team at benefits@safrangroup.com if you have questions.

The Medical Plans: The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a "per individual" deductible amount will also be applied toward the "per family" deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the "per family" deductible amount.



Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

If you are enrolled in the BCBS Medical Plans, your Prescription Drug Program is coordinated through Express Scripts (ESI). You may find information on our benefits coverage and search for network pharmacies by logging on to www.express-scripts.com/Safran or by calling the Customer Care number at 844-404-7944. If you are enrolled in the Kaiser Medical Plans, your Prescription Drug Program will be provided through Kaiser. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	HDHP		PPO		HPN (AVAILABLE IN CERTAIN AREAS)	KAISER - CA/WA
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY
RX DEDUCTIBLE	Combined with Medical Deductible		$250 Individual/ $500 Family (Applies to Brand and Specialty Drugs)		$250 Individual/ $500 Family (Applies to Brand and Specialty Drugs)	None
RETAIL RX (30-DAY SUPPLY)						
GENERIC	20%*	Not Covered	$15 Copay	Not Covered	$15 Copay	$15
PREFERRED	20%*	Not Covered	20% to $75*	Not Covered	20% to $75*	$50
NON-PREFERRED	20%*	Not Covered	30% to $150*	Not Covered	30% to $150*	CA - $50 WA - N/A
SPECIALTY DRUGS	20%*	Not Covered	30% to $300	Not Covered	30% to $300	20% up to $250
MAIL ORDER RX (90-DAY SUPPLY)						
GENERIC	20%*	Not Covered	$30 Copay	Not Covered	$30 Copay	$30
PREFERRED	20%*	Not Covered	20% to $150*	Not Covered	20% to $150*	$100
NON-PREFERRED	20%*	Not Covered	30% to $300*	Not Covered	30% to $300*	CA - $100 WA - N/A
SPECIALTY DRUGS	20%*	Not Covered	30% to $750*	Not Covered	30%to $750*	20% up to $250

*After deductible

SaveonSP (For BCBS Enrolled Members)

SaveonSP is a program covering certain specialty medications and ensures that, once you are enrolled and eligibility is confirmed, you have no financial responsibility for those medications. Your specialty medication will be filled through Accredo, an exclusive specialty pharmacy. The 270+ medications included in the SaveonSP program consist of products covering conditions such as Hepatitis C (Hep C), Multiple Sclerosis (MS), Psoriasis, Inflammatory Bowel Disease (IBD), Rheumatoid Arthritis (RA), Oncology, and others.

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. **But generic versions cost 80% to 85% less on average than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Note: Apps like GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. Make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. So if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

Key Features of Each Plan

Which plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

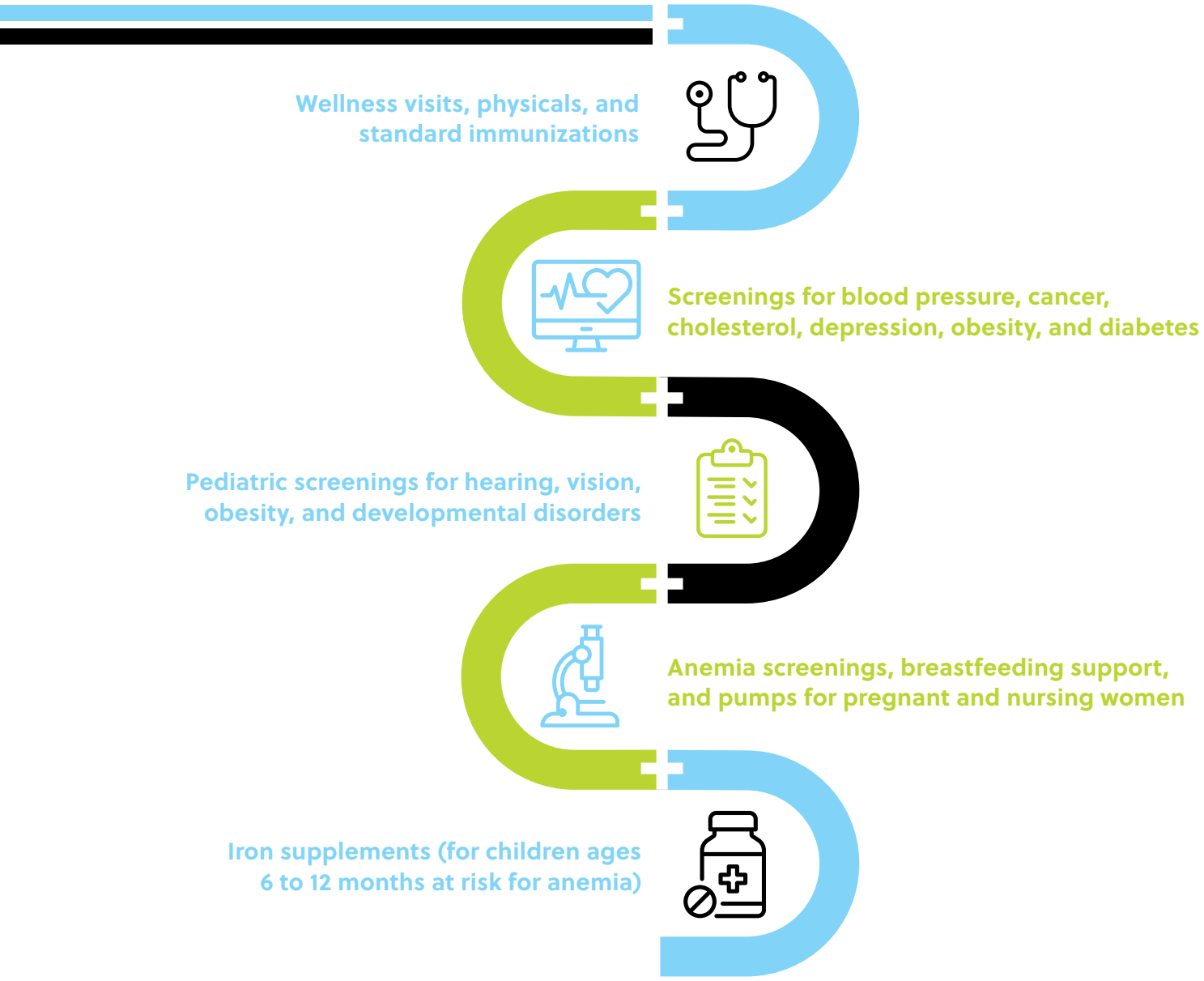
	HDHP	PPO	**HPN** (AVAILABLE IN CERTAIN AREAS)	KAISER - CA/WA
ACCESS TO MEDICAL PROVIDERS	In- and Out-of-Network Providers	In- and Out-of-Network Providers	In-Network Providers Only	In-Network Providers Only
DEDUCTIBLE	High	Low	Low	Low
EMPLOYEE PER PAYCHECK COST	Low	High	Low	Moderate
PREVENTIVE CARE	Covered 100%	Covered 100%	Covered 100%	Covered 100%
ASSESS TO HEALTH SAVINGS ACCOUNT (HSA)	"Yes Safran will also contribute semi-annually to your HSA in January and July."	No	No	No
ACCESS TO HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)	Limited Purpose FSA Only	Yes	Yes	Yes



Preventive Care

Routine checkups and screenings are considered preventive, so they're paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic visit and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What about the COVID-19 vaccine?

The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.



Nurse Line

When to Use

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

BCBS members will use Accolade for the Nurse Line.

Accolade: Call 866-386-0099 or visit member.accolade.com

Kaiser: NCAL 866-454-8855
SCAL 833-574-2273
WA 800-297-6877

Types of Care*

Answers to questions regarding:

- Symptoms
- Self-care/home treatments
- Medications and side effects
- When to seek care

Costs and Time Considerations**

- Usually available 24 hours a day, 7 days a week
- Typically free as part of your medical insurance



Telemedicine

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services may be accessed through Accolade Plush Care, MDLive for BCBS members, Kaiser or through your current provider if they provide telemedicine.

Types of Care*

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

Costs and Time Considerations**

- The cost of your telemedicine visit will be dependent upon the medical plan you are enrolled in.
- Usually immediate access to care
- Prescriptions through telemedicine or virtual visits not allowed in all states



Primary Care Center

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health
- Annual physicals and well baby exams

Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Urgent Care Center

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

Costs and Time Considerations**

- Often requires a copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but waiting periods may be longer (urgency decides order)

Emergency Room

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

Costs and Time Considerations**

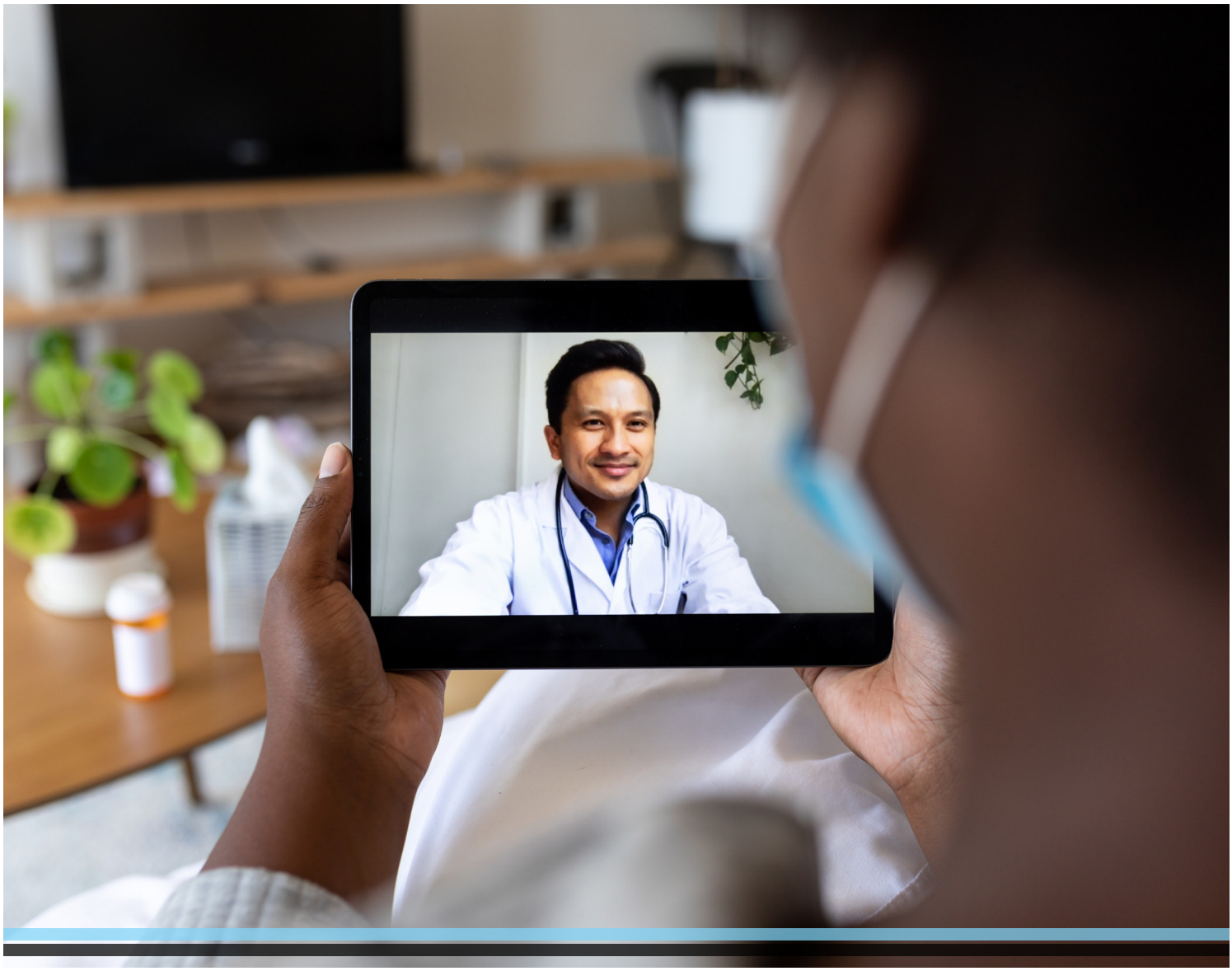
- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.



Virtual Visits / Telemedicine

When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

Safran provides virtual medicine benefits through many of the benefit partners. You have telemedicine provided through the Safran medical carriers (BCBS and Kaiser) and PlushCare through Accolade. MDLive, Kaiser, and PlushCare offers on-demand access to board-certified doctors through online video, telephone, or secure email. General health issues can be addressed at home for a copay per consultation. Virtual medicine is useful for after-hours non-emergency care, when your primary care doctor is unavailable, if you need prescriptions or refills or if you're traveling. Virtual visits aren't good for conditions requiring exams or tests, complex or chronic problems, or emergencies like sprains or broken bones.

Telemedicine doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine. For more information, visit www.mdlive.com/bcbsil if enrolled on the BCBS medical plan, call 866-464-8855 if enrolled in the Kaiser medical plan, or for the new telemedicine benefit provided through Accolade visit PlushCare.com/accolade.

Your cost per consultation will be based upon the medical plan in which you are enrolled. Please visit the Medical Benefits page for cost information.

Telemedicine doctors can treat many medical conditions, including:

- Cold & flu
- Allergies
- Bronchitis
- Bladder infection/ urinary tract infection
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems



Note

A virtual visit or Facetime directly with your primary care physician (vs. PlushCare/MDLive/Kaiser) might also be an option — and typically costs the same as an office visit.

Health Savings Account

A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax free. You must be enrolled in a HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

HSA Bank will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's non-HDHP.
- Your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)



Tax-free Interest



Employer Contributions
(semi-annually)



Employee Contributions
(pre-tax)

HSA



Tax-free Payments
(for qualified medical expenses)

Note

Not sure how much to contribute? Think about how much you may need in order to cover any anticipated or emergency medical services this year. Consider contributing the amount of your plan's in-network deductible so you know you're covered.

You Own Your HSA

Your HSA is a personal bank account that you own and administer. You decide how much you contribute, when to use the money for qualified medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You may accumulate funds year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

To enroll in Safran's HSA, you must elect the HDHP plan with Safran. While making your elections via ADP, make an annual election up to the IRS annual limit as shown under the HSA Funding Limits on this page considering both your and Safran's contributions. You are not required to contribute to the HSA in order to receive employer funds, but you must be enrolled in a HDHP plan. If you are enrolled in an HDHP plan and you do not elect to contribute to an HSA account, Safran will open an HSA account on your behalf in order to deposit the employer contribution. HSA Bank will mail an enrollment packet to your home.



HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with HSA Bank. The money in your HSA (including interest and investment earnings) grows tax free. When the funds are used for qualified medical expenses, they are spent tax free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2023, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	$3,850
FAMILY	$7,750
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	$500
FAMILY	$1,000

If you are covered by a collective bargaining unit, all options may not be available to you. Please see your local HR Business Partner or contact the Safran USA Benefits Team at benefits@safrangroup.com if you have questions.

Safran provides an HSA employer contribution that will be deposited on a semi-annually basis (January and July). You do not need to contribute to a HSA to receive the employer contribution but you must be enrolled in a HDHP plan. As a new hire, your HSA contribution is prorated from your eligibility date and funded the month following your eligibility effective date. If you are enrolled in Medicare, contact the Benefits Department so that no employer contributions are completed.

HSA contributions over the IRS annual contribution limits ($3,850 for individual coverage and $7,750 for family coverage for 2023) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, please contact HSA Bank.

The Safran HSA is established with HSA Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact Safran USA Benefits Team or visit HSA Bank at www.hsabank.com or by calling 888-553-4110.

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to $3,050 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You do not need to elect any other benefits to participate. You may pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Limited Purpose Flexible Spending Account (For HDHP Participants Only)

A Limited Purpose Flexible Spending Account (LPFSA) works with a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. The contribution limit is $3,050.



Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA. You do not need to elect any other benefits to participate. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently in your account.

- With the Dependent Care FSA, you can set aside up to $5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- Expenses are reimbursable if the provider is not your dependent.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Please Note: FSA, Limited Purpose FSA, and Dependent Care FSA contributions will not rollover from 2022 to 2023, nor will you remaining 2023 FSA contributions roll over to 2024. Please submit claims timely to be reimbursed.

Using the FSA

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

When submitting a claim, submit a claim form along with the required documentation. If you need to submit a receipt, HSA Bank will notify you. Always save receipts for your records and in the event a receipt is needed. Contact HSA Bank with reimbursement questions.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

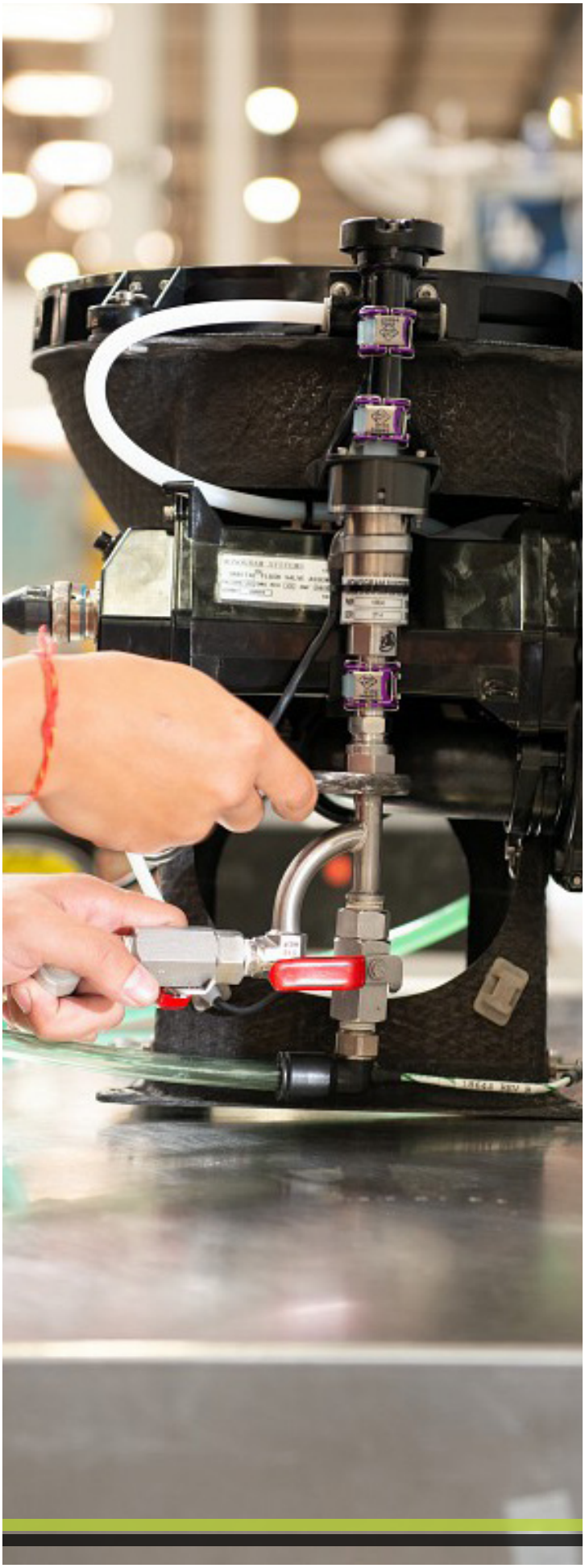
General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2023 plan year.
- Funds cannot be transferred between FSAs.
- If you leave or retire from Safran, you lose any remaining funds for dates of service occurring after your separation from employment.
- You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- You have until March 31, 2024, to submit any claims that you incurred by December 31, 2023.
- You cannot change your FSA election in the middle of the plan year without a qualifying life event.
- Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.
- Those considered highly compensated employees (family gross earnings were $125,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

Note

You can use your FSA funds to pay for deductibles, copays, coinsurance, menstrual products, over-the-counter medications, and more for you and your dependents. Visit www.irs.gov for more info.



Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Safran offers affordable plan options from Delta Dental for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Delta Dental at www.deltadentalins.com or call 800-521-2651. If you enroll in either the Premium Dental PPO or the Core Dental PPO, you may choose from both In- and Out-of-Network Providers. However, if you enroll in the DeltaCare USA (DHMO), you may only use an In-Network Provider.

Dental Plan Summary

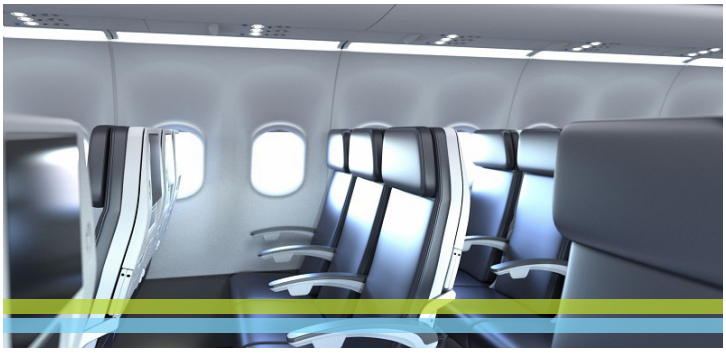
This chart summarizes the dental coverage provided by Delta Dental for 2023.

	PREMIUM DENTAL PPO		CORE DENTAL PPO		DELTACARE USA (DHMO)
	DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER AND OUT OF NETWORK DENTISTS	DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER AND OUT OF NETWORK DENTISTS	IN NETWORK ONLY
CALENDAR YEAR DEDUCTIBLE					
INDIVIDUAL	$0	$50	$0	$50	$0
FAMILY	$0	$150	$0	$150	$0
CALENDAR YEAR MAXIMUM					
PER PERSON	$2,000	$2,000	$1,000	$1,000	No Annual Maximum
COVERED SERVICES					
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Fluoride Applications, Sealants, Space Maintainers, Full Mouth X-Rays, Panoramic X-Rays, Bitewing X-Rays	The plan pays 100% (not subject to deductible but applied toward annual maximum)	The plan pays 100% (not subject to deductible but applied toward annual maximum)	The plan pays 100% (not subject to deductible but applied toward annual maximum)	The plan pays 100% (not subject to deductible but applied toward annual maximum)	$0-$5 Copay
BASIC SERVICES Oral Surgery, Endodontics, Non-Surgical Periodontics, Fillings, Denture Repair	You pay 10%	You pay 30%	You pay 20%	You pay 40%	Copays Vary
MAJOR SERVICES Surgical Periodontics, Crowns, Inlays/Onlays and Cast Restorations, Dentures, Bridges	You pay 50%	You pay 50%	You pay 50%	You pay 50%	Copays Vary
ORTHODONTICS	You pay 25%	You pay 50%	You pay 50%		$1,150-$1,900 Copay
ORTHODONTIC LIFETIME MAXIMUM	$2,000 (Children and Adults)		$1,000 (Children to age 26)		No Maximum

If you are covered by a collective bargaining unit, all options may not be available to you. Please see your local HR Business Partner or contact the Safran USA Benefits Team at benefits@safrangroup.com if you have questions.

Note

Oral health is linked to your overall health — keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.



Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. Safran provides quality vision care for you and your family through Superior Vision by MetLife.

Vision Network Providers

Your Plan's in-network providers have agreed to charge lower fees, which helps keep money in your pocket. If you choose to use a provider who doesn't participate in your Plan's network, your out-of-pocket costs may be higher. To find a network provider, visit Superior Vision by MetLife at metlife.com/mybenefits or by calling 833-393-5433.

Vision Plan Summary

This chart summarizes the vision coverage provided by Superior Vision by MetLife for 2023.

	VISION		
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	$10	Up to $42 Allowance	Once every 12 months
LENSES			
SINGLE VISION	$10 Copay	Up to $29 Allowance	Once every 12 months
BIFOCAL	$10 Copay	Up to $43 Allowance	
TRIFOCAL	$10 Copay	Up to $53 Allowance	
LENTICULAR	$10 Copay	Up to $84 Allowance	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
STANDARD CONTACT LENS FITTING AND EVALUATION	Covered in full	Not Covered	Once every 12 months
SPECIALTY CONTACT LENS FITTING AND EVALUATION	$50 Allowance	Not Covered	
ELECTIVE	$130 Allowance	Up to $100 Allowance	
MEDICALLY NECESSARY	Covered in full	Up to $210 Allowance	
FRAMES			
ALLOWANCE	$130 Allowance	Up to $65 Allowance	Once every 12 months

If you are covered by a collective bargaining unit, all options may not be available to you. Please see your local HR Business Partner or contact the Safran USA Benefits Team at benefits@safrangroup.com if you have questions.

Note

Early detection of vision conditions like diabetic retinopathy leads to more effective treatment and cost savings.



Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Safran provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through MetLife, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is based on your eligibility type and are provided at no cost to you.

All Employees Not Covered by a Collective Bargaining Agreement: Two times annualized pay up to $600,000

Oxygen Systems Union (NY): One times annualized pay up to $500,000

Safran Electrical and Power Denton Union (TX): One and one-half times annualized pay up to $100,000

Safran Seats USA Union (TX): One times annualized pay up to $50,000

Safran Mag Union (CA): $50,000

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the MetLife insurance.

All life insurance designations are done through the ADP portal. No forms are submitted to the benefits department.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Safran USA Benefits Team or your own legal counsel with any questions.



Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	**All Employees Not Covered by a Collective Bargaining Agreement:** Two times annualized pay up to $600,000 **Oxygen Systems Union (NY):** One times annualized pay up to $500,000 **Safran Electrical and Power Denton Union (TX):** One and one-half times annualized pay up to $100,000 **Safran Seats USA Union (TX):** One times annualized pay up to $50,000 **Safran Mag Union (CA):** $50,000
WHO PAYS	Safran
BENEFITS PAYABLE	If you die, lose a limb or suffer paralysis in an accident while covered under the Plan
VOLUNTARY EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	Up to seven times annualized pay to a maximum of $1,500,000 (combined with Basic Life)
WHO PAYS	You pay the full cost of coverage
BENEFITS PAYABLE	If you die while covered under the Plan, this benefit is in addition to your Basic Life benefit
STATEMENT OF HEALTH (SOH) REQUIRED*	SOH is required if you are a late entrant or if you are electing an amount over the guarantee issue amount of the lesser of three times annualized pay or $600,000. During annual enrollment you may increase your current election by one times annualized pay if it does not exceed the guarantee issue amount without submitting SOH.
VOLUNTARY SPOUSE LIFE/AD&D	
COVERAGE AMOUNT	You may elect a benefit in the amount of $7,500, $15,000, $25,000, $50,000, $100,000 or $250,000 (Spouse life coverage amount cannot exceed 100% of the employee's total Basic and Voluntary Life Coverage amount)
WHO PAYS	You pay the full cost of coverage
BENEFITS PAYABLE	If your spouse dies while covered under the Plan
STATEMENT OF HEALTH (SOH) REQUIRED*	SOH is required if you are a late entrant or if you are electing an amount over the guarantee issue amount of $25,000. During annual enrollment you may increase your current election by one increment if it does not exceed the guarantee issue amount without submitting SOH.
VOLUNTARY CHILD LIFE/AD&D	
COVERAGE AMOUNT	You may elect a benefit in the amount of $3,000, $5,000, $10,000, or $20,000
WHO PAYS	You pay the full cost of coverage
BENEFITS PAYABLE	If your dependent child dies while covered under the Plan

*Statement of Health (SOH) is a procedure where the carrier requires proof of good health to determine if you are eligible for the coverage you requested. The information you submit is reviewed by the carrier and a determination is made to approve or deny the requested coverage. Please review the Statement of Health sections above to determine if you will need to submit an SOH form. If you have any questions regarding SOH process, please contact the Safran USA Benefits Team.

Note

You are a late enrollment if your election for optional life coverage occurs more than 30 days after your original eligibility date.



Income Protection

You and your loved ones depend on your regular income. That's why Safran offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are provided to you as a part of your benefit package at no cost. STD insurance replaces a portion of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Safran USA Benefits Team for details. Your STD benefit will be dependent upon your employee type.

EMPLOYEE TYPE	COVERAGE (AMOUNTS ARE OFFSET BY AMOUNTS YOU MAY RECEIVE UNDER A STATUTORY DISABILITY PLAN OR OTHER DISABILITY INCOME PLANS)
ALL EMPLOYEES NOT COVERED BY A COLLECTIVE BARGAINING AGREEMENT	Non-exempt employees receive 60% of your base weekly pay after an elimination period of 6 days for illness and 0 days for injury up to a maximum of 26 weeks. Exempt employees receive 100% of pay for the first 6 weeks of disability and 60% after the first 30 days for a combined total of 26 weeks.
OXYGEN SYSTEMS UNION (NY)	60% of your base weekly pay after an elimination period of 7 days for illness and 0 days for injury and minus any amount paid by the NY State disability plan, up to $2,308 per week up to a maximum of 26 weeks.
SAFRAN ELECTRICAL AND POWER DENTON UNION (TX)	60% of your base weekly pay, up to $300 per week, after an elimination period of 6 days for illness and 0 days for injury up to a maximum of 26 weeks.
SAFRAN SEATS USA UNION (TX)	50% of your base weekly pay, up to $250 per week, after an elimination period of 7 days for illness and 0 days for injury up to a maximum of 26 weeks.
SAFRAN MAG UNION (CA)	CA state plan.

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability (LTD) insurance replaces a portion of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Safran USA Benefits Team for details. Your LTD benefit will be dependent upon your employee type.

EMPLOYEE TYPE	BENEFIT DETAIL
ALL EMPLOYEES WITH THE EXCEPTION OF OXYGEN SYSTEMS UNION	Voluntary LTD provides 60% of your income, up to a $15,000 maximum benefit per month. You must be disabled for at least 180 days before you are eligible to receive benefits.
OXYGEN SYSTEMS UNION	Employer paid LTD at 60% of pay up to a $10,000 maximum benefit per month.
STATEMENT OF HEALTH	New elections for LTD outside of a new employee's hire election will be subject to an evidence of insurability.



Supplemental Health Benefits

Safran offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including readying for any financial impact. Accident coverage through MetLife provides benefits for you and your covered family member for expenses related to an accidental injury that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

ACCIDENT COVERAGE

SUMMARY OF BENEFITS*	
FRACTURES	$100-$8,000
DISLOCATIONS	$100-$8,000
EMERGENCY CARE	$200
NON-EMERGENCY INITIAL CARE	$75
MEDICAL TESTING BENEFIT (X-RAY, MR/MRI, ULTRASOUND, NCV, CT/CAT, EEG)	$200
PHYSICIAN FOLLOW-UP VISIT	$120
THERAPY SERVICES	$35-$40
HOSPITAL ADMISSION	$2,000 for the day of admission
BURNS (2ND AND 3RD DEGREE)	$75-$10,000
CONCUSSION	$250
COMA	$7,500
PARALYSIS OF TWO LIMBS	$10,000
PARALYSIS OF FOUR LIMBS	$20,000
LACERATION	$50-$400
AMBULANCE	Ground: $400 / Air: $1,200
PROSTHETIC DEVICE	One device: $750 More than one device: $1,500
MEDICAL APPLIANCE	$75-$750
BLOOD BENEFIT	$400
HOSPITAL CONFINEMENT	$250 per day
ICU SUPPLEMENTAL CONFINEMENT	$250 per day

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

Critical Illness Coverage

Critical Illness coverage through MetLife pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

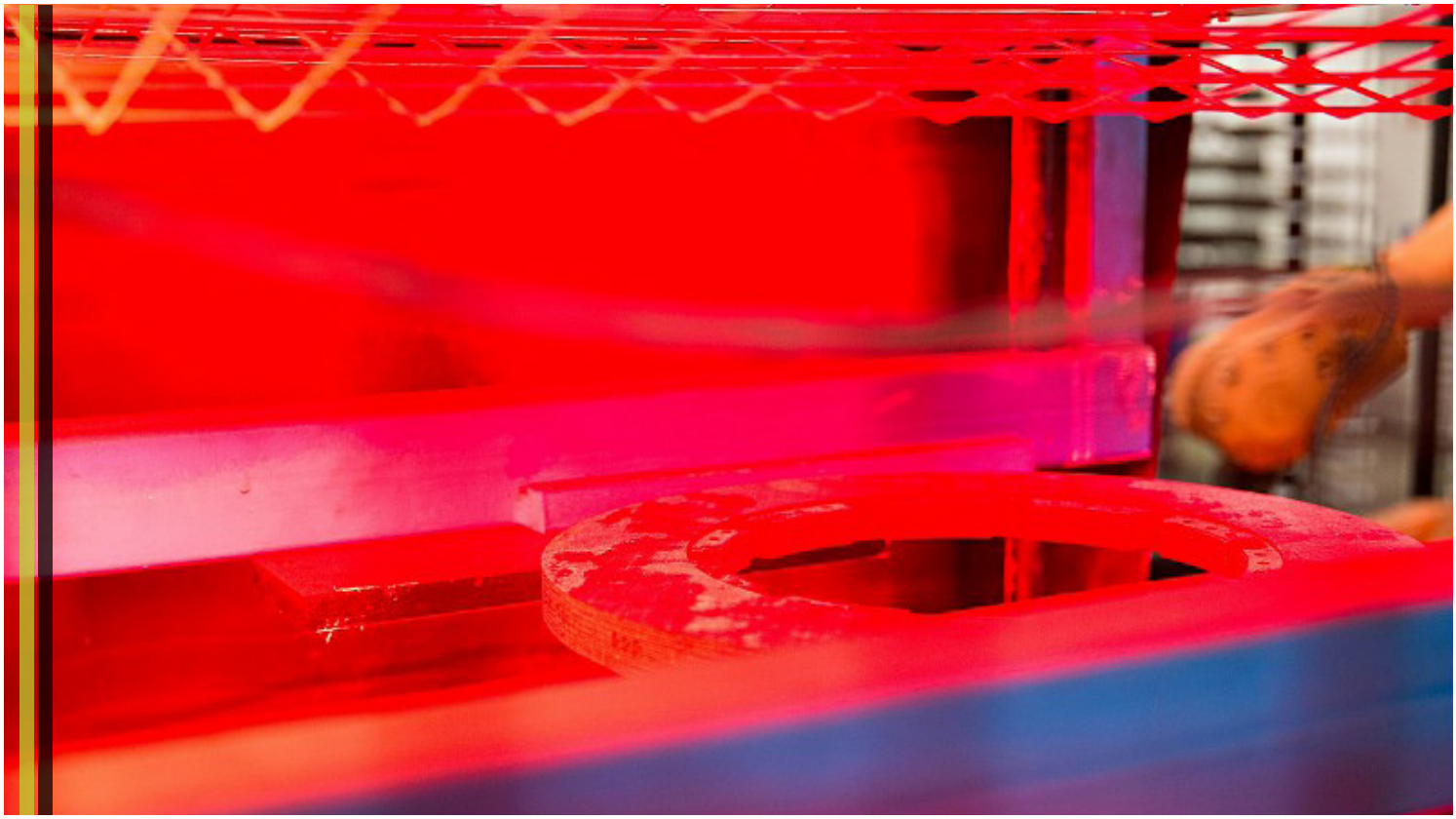
Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
  - Employee: $10,000 or $20,000
  - Spouse: 50% of the Employee's Benefit
  - Child(ren): 50% of the Employee's Benefit
- Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion; however, your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.
- Wellness Benefit: A $50 wellness benefit is payable for each covered member for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test.

Covered Benefits

(Paid at 100% of your elected benefit amount unless otherwise noted):

- Heart Attack
- Stroke
- Coronary Artery Bypass
- Invasive Cancer
- Non-Invasive Cancer (25%)
- Skin Cancer (5%)
- Benign Brain Tumor
- End Stage Renal Failure
- Major Organ Transplant
- Alzheimer's Disease
- Coma (25%)
- Complete Blindness
- Complete Loss of Hearing
- Cerebral Palsy
- Cystic Fibrosis
- Muscular Dystrophy
- Parkinson's Disease (25%)
- Permanent Paralysis



Hospital Indemnity Coverage

Hospital Indemnity coverage through MetLife pays you cash benefits directly if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
- Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion. Benefits are payable for hospitalizations that occur on or after the effective date of your policy.

BENEFIT AMOUNT	
INITIAL CONFINEMENT BENEFIT FOR HOSPITAL	$1,000
INITIAL CONFINEMENT FOR CRITICAL CARE UNIT	$2,000
DAILY BENEFIT FOR HOSPITAL CARE	$100 for up to 31 days
DAILY BENEFIT FOR CRITICAL CARE	$200 for up to 31 days

Note

For more information, contact MetLife at metlife.com/mybenefits or call 1-800-GET-Met8 (800-438-6388).

Additional Benefits

Safran wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Free Diabetic Services

Safran offers an easy way to manage your diabetes with Livongo. This program is provided at no cost to employees and dependents enrolled in a Safran BCBS medical plan.

Participants will receive a kit that includes a connected device meter, which helps track your blood glucose readings, activity information and much more to provide you with an easy-to-use, real-time picture of your health. A care team of Certified Diabetes Educators is available to provide support and education when you need it.

Employee Assistance Program

Safran is here for you when you need help. Our Employee Assistance Program (EAP), through Magellan, helps manage your and your family's total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone, and the EAP benefit includes five face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Safran. You may access information, benefits, educational materials, and more by phone at 800-283-0089 or online at member.magellanhealthcare.com.

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

Commuter Benefits

You may set aside up to $280 a month tax free if you commute with mass transit. The funds are automatically deducted from your paycheck and loaded on your Commuter Account debit card issued by HSA Bank. You may start or stop contributing to the account at any time. To learn more, visit www.hsabank.com or call 888-553-4110.

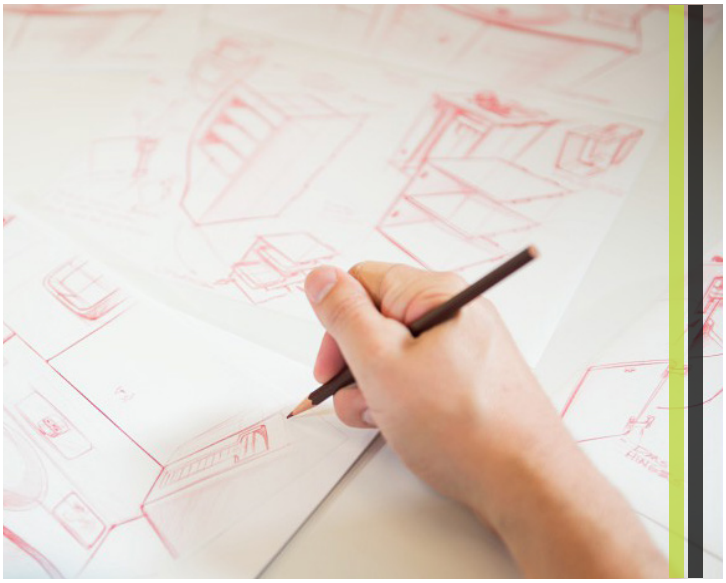
Pet Insurance

We know your pets are part of the family, and just like any other family member, our furry friends are bound to have some medical expenses from time to time. For the most part, these expenses come from standard checkups and immunizations, but the occasional unexpected illness or injury can rack up some significant bills when you least expect it. Pet insurance through Nationwide Pet Insurance provides coverage for veterinary expenses related to accidents and illnesses, including X-rays, medications, vet visits, surgeries, and hospital stays. Policies are available for dogs, cats, birds, reptiles, and exotic pets.

Call 1-877-738-7874 for more information or to get a no obligation quote.

You can also visit:

- Legacy Safran: http://www.petinsurance.com/safran-usa
- Legacy Zodiac: http://www.petinsurance.com/safran1-usa



BenefitHub

Safran is excited to announce that we have now added an exclusive Employee Discounts & Rewards marketplace as a new benefit for our employees. The marketplace features discounts on nearly anything you can think of. Including items, such as:

- Hotels, car rental, and vacation packages
- Tickets to movies, concerts, and sporting events
- Local restaurants, gyms, and shops
- TVs, computers, smartphones, and other electronics
- Apparel, shoes, and accessories

With over 10,000 brands, 200,000 offers, and 1,000,000 products, you are sure to find what you're looking for. The marketplace is easy to use and includes deals on all the brands you know and love, including Disney, Apple, Hertz, AMC Theaters, Verizon, and much more. As well as discounts from your favorite local establishments.

The marketplace also comes with a Cashback Rewards feature where you can earn 2% - 20% cash back on nearly all purchases. Your cash back will accrue in your account and is sent directly to you when redeemed. There is no limit to the number of times you can redeem cash back — so feel free to shop, save, and earn as much as you like.

Sign Up and Start Saving!

- Go to safranperks.benefithub.com
- Enter Referral Code - M564XK
- Complete Registration



Glossary

Balance Billing – When you are billed by a provider 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 $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.



Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA –** A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.
- **Limited Purpose FSA –** Designed to complement a Health Savings Account, a Limited Purpose FSA allows for reimbursement of eligible dental and vision expenses.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by you and/or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.



Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating –** Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs –** Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice from Safran USA, Inc. About Your Prescription Drug Coverage and Medicare under the BCBS and Kaiser Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Safran USA, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Safran USA, Inc. has determined that the prescription drug coverage offered by the BCBS and Kaiser plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Safran USA, Inc. coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Safran USA, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Safran USA, Inc. changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2023
Name of Entity/Sender:	Safran USA, Inc.
Contact—Position/Office:	Safran USA Benefits Team
Address:	2201 W. Royal Lane, Suite 150 Irving, TX 75063
Phone:	888-768-9042

Newborns' and Mother's Health Protection Act 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Call your plan administrator for more information.

Women's Health and Cancer Rights Act

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 coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Safran USA Benefits Team at 888-768-9042.

Safran HIPAA Privacy Notice

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Safran health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: Premium PPO, HDHP Plan, HPN Plan, Kaiser HMO, Delta PPO, Delta Core PPO and DeltaCare USA, and Superior Vision Plan. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan's duties with respect to health information about you The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Safran as an employer — that's the way the HIPAA rules work. Different policies may apply to other Safran programs or to data unrelated to the Plan.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- Treatment includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; and performing "behind the scenes" plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- Health care operations include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed, or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses personal health information (PHI) for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan may share your health information with Safran

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Safran for plan administration purposes. Safran may need your health information to administer benefits under the Plan. Safran agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Human Resources representatives are the only Safran employees who will have access to your health information for plan administration functions. Here's how additional information may be shared between the Plan and Safran, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose "summary health information" to Safran if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Safran information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Safran cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Safran from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
Descendants	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command, disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction. An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information as accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Right to receive an accounting of disclosures of your health information

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a "limited data set" (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. If you want to exercise this right, your request to the Plan must be in writing.

Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on October 1, 2022. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice.

Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, please contact

Safran USA, Inc. Privacy Officer
2201 W. Royal Lane, Suite 150, Irving, TX 75063
Secretary of Health and Human Services
1-877-696-6775
www.hhs.gov

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact

Safran USA, Inc. Privacy Officer
2201 W. Royal Lane, Suite 150, Irving, TX 75063
1-888-768-9042

HIPAA Special Enrollment Rights

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 later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 Safran USA Benefits Team at 888-768-9042.

Illinois Essential Health Benefit (EHB) Listing

Employer Name: Safran USA, Inc.

Employer State of Situs: Texas

Name of Issuer: BCBS

Plan Marketing Name: PPO, HPN, HDHP

Plan Year: 2023

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing		Pg. 11	Yes
3	Bone anchored hearing aids		Pgs. 17 & 35	Yes
4	Durable Medical Equipment		Pg. 13	Yes
5	Hospice		Pg. 28	Yes
6	Infertility (Fertility) Treatment		Pgs. 23 - 24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)		Pgs. 15 - 16	Yes
9	Private-Duty Nursing		Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics		Pg. 13	Yes
11	Sterilization (vasectomy men)		Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)		Pgs. 13 & 24	No
13	Emergency Room Services(Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/Ambulance		Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy		Pgs. 24 - 25	Yes
17	Reconstructive Surgery		Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)		Pg. 15	Yes
19	Skilled Nursing Facility		Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)		Pgs. 18 & 31	Yes

2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	No
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)		Pgs. 8 -9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)		Pg. 21	No
25	Substance Use Disorders (Including Inpatient Treatment)		Pgs. 9 & 21	Yes
26	Tele-Psychiatry		Pg. 11	No
27	Topical Anti-Inflammatory acute and chronic pain medication		Pg. 32	No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage		Pgs. 26 - 27	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services		Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education		Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes		Pgs. 31 - 32	Yes
36	Mammography - Screening		Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement		Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test		Pg. 16	Yes
39	Preventive Care Services		Pg. 18	Yes
40	Sterilization (women)		Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services		Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2022, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Important Contacts

Medical
Accolade
866-386-0099
member.accolade.com
Group #:
HPN:873689
PPO: PL1560, PL1580 (NH), PL1582 (NJ), PL1584 (FL), PL1586 (GA), PL1588 (OK)
HDHP: PL1561, PL1581 (NH), PL1583 (NJ), PL1585 (FL), PL1587 (GA), PL1589 (OK)

Kaiser Permanente
CA: 800-464-4000
WA: 888-901-4636
www.kp.org
California Group #606529
Southern California Group #234684
Washington: Safran USA account name, but no group number

Pharmacy
Express Scripts (ESI)
844-404-7944
www.express-scripts.com/Safran

Telemedicine
Accolade's Plush
PlushCare.com/accolade

MDLive
888-680-8646
www.mdlive.com/bcbsil

Wellness
Marquee Health
888-768-9042
www.safranfit.com

Health Savings Account
HSA Bank
888-553-4110
www.hsabank.com

Flexible Spending Accounts
HSA Bank
888-553-4110
www.hsabank.com

Dental
Delta Dental
800-521-2651
www.deltadentalins.com
Group #:
DPPO: 03199
DeltaCare: 79070

Vision
Superior Vision by MetLife
833-393-5433
metlife.com/mybenefits
Group #: 222463

Life and AD&D
MetLife
877-638-8262
metlife.com/mybenefits
Group #: 2222463

Disability
MetLife
877-638-8262
metlife.com/mybenefits
Group #: 222463

Employee Assistance Program
Magellan
800-283-0089
member.magellanhealthcare.com

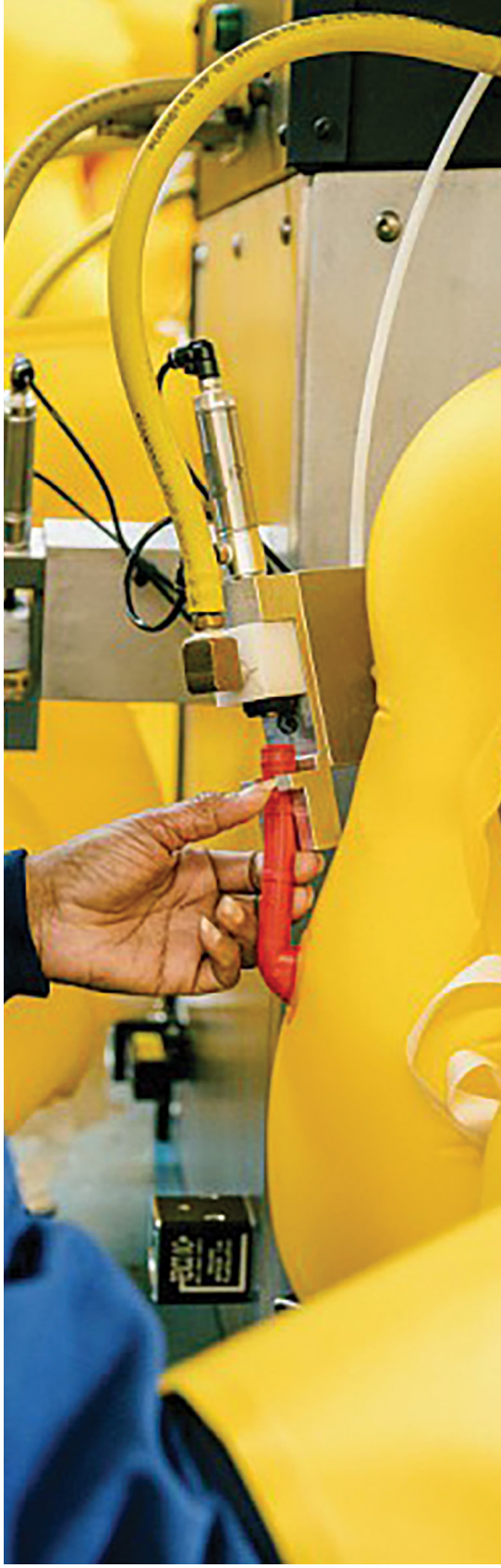
Supplemental Health (Accident, Critical Illness, Hospital Indemnity)
MetLife
800-438-6388
www.metlife.com/mybenefits
Group #222463

Commuter Benefits
HSA Bank
888-553-4110
www.hsabank.com

Pet Insurance
Nationwide Pet Insurance
877-738-7874
Legacy Safran: http://www.petinsurance.com/safran-usa
Legacy Zodiac: http://www.petinsurance.com/safran1-usa

Safran USA Benefits Team
2201 W. Royal Lane, Suite 150
Irving, TX 75063
888-768-9042



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