

Choosing and using your plan

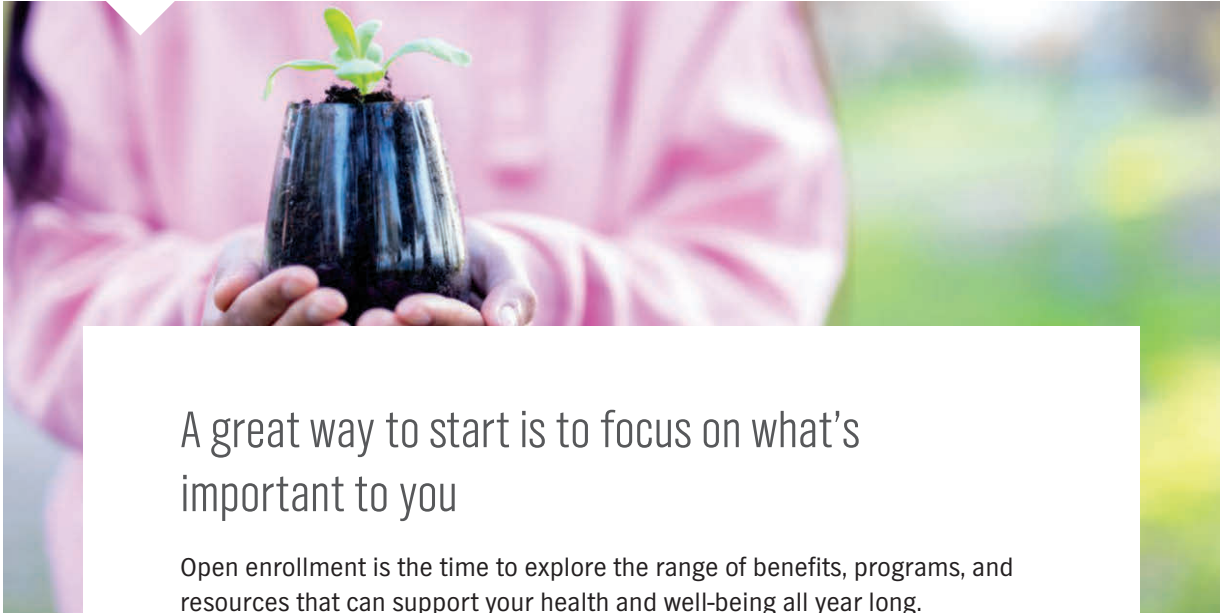
Your guide to open enrollment and
making the most of your benefits



Dental, Vision, Basic Life, Supplemental Optional Life, Supplemental Rate Sheet, STD, LTD
Danimer Scientific
Effective August 1, 2022



It's time to choose your plan



A great way to start is to focus on what's important to you

Open enrollment is the time to explore the range of benefits, programs, and resources that can support your health and well-being all year long.

This guide was created to help you understand our plans. It also has tips, tools, and resources that can help you reach your health and wellness goals when you become a member. Save it to help you make the most of your benefits throughout the year.

Save this guide

You will find tips on how to make the most of your benefits and save on healthcare costs throughout the year.





Dental benefits

Dental PPO

Dental benefits not only protect your teeth; they can support overall health as well. There are conditions, such as heart disease,* that can have warning signs in the mouth and gums. Our dental plan gives you the benefits you need for a healthy mouth.

Visit [anthem.com/mydentalppo](https://www.anthem.com/mydentalppo) to watch a video for details about a dental PPO plan.

Your dental plan benefits cover:

- Preventive and diagnostic services at 100% when you see a dentist in the plan. That includes cleanings, exams, and X-rays.
- Extra dental services, including an extra periodontal cleaning, if you're enrolled in certain care management programs.
- Discounts through SpecialOffers@Anthem including at-home orthodontia.

Use the **Engage Wellbeing** app or visit [anthem.com](https://www.anthem.com) to:

- Find a dentist in your plan's network, including virtual care options, and pay less.
- Order extra ID cards or use your mobile ID card through the **Engage Wellbeing** app.
- Estimate your dental costs and find out the status of a claim.
- Receive a health score for your gums and teeth using our Dental Health Assessment tool.
- Email dental questions to a dental hygienist through our Ask a Hygienist tool.

Dental plan tools

Your plan comes with handy tools to help you receive quality care and save money:

- **Dental Care Cost Estimator:** Lets you estimate common dental procedures and treatments.
- **Dental Health Assessment:** Helps you better understand the health of your mouth and if you're at risk for developing tooth decay, gum disease, tooth wear, or mouth cancer.
- **Ask a Dental Hygienist:** Lets you email our dental professionals for personalized advice at no extra cost.
- **Find Care:** The right dentist can make all the difference – and choosing one in your plan can save you money, too. Use our Find Care tool on [anthem.com](https://www.anthem.com)



* American Heart Association, *Middle-aged Tooth Loss Linked to Increased Coronary Heart Disease Risk* (accessed May 2021): [newsroom.heart.org](https://www.heart.org/newsroom).



Vision benefits

When you choose Blue View VisionSM, you will be covered for checkups and eye exams, and receive allowances for glasses or contacts..

Blue View Vision gives you access to more than 38,000 eye doctors at more than 27,000 locations¹ across the country to make it easier to find eye care and eyewear close to home and work. Locations include retail stores such as LensCrafters®, Target Optical®, and most Pearle Vision® stores. You can order glasses and contacts online through **Glasses.com®**, **ContactsDirect®** or **1-800 CONTACTS®**.

Your vision benefits cover:

- Adult routine eye exams.
- Frames and either eyeglass lenses or contact lenses for adults.
- Routine pediatric eye exams.
- Frames and either eyeglass lenses or contact lenses for children and teens on your plan under age 19; includes protective Transitions® lenses or polycarbonate lenses at no extra cost.

Blue View Vision's International Travel Solution helps you when traveling outside of the U.S.:

- Find a trusted eye doctor in 20 countries and territories.²
- Receive 24/7 phone support, with translation services in 160 languages.
- If you lose or break your glasses, you can receive temporary emergency glasses with adjustable lenses delivered within 24 hours in most locations, at no additional cost.

Keep an eye on your health

Routine eye checkups go beyond making sure you can see clearly. They also can catch other health issues early, such as diabetes, high blood pressure, high cholesterol, and rheumatoid arthritis.³



¹ NetMinder data, May 2020

² Available in Australia, Austria, Brazil, Canada, Chile, China, Colombia, Ecuador, England, France, Germany, Hong Kong SAR, Italy, Japan, Mexico, New Zealand, Peru, Puerto Rico, Spain, Switzerland, and the United States.

³ American Optometric Association website, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed May 2021): aoa.org.



Life insurance and disability plans

Life insurance

Life insurance gives your family peace of mind in knowing they are protected from the unexpected. Your coverage gives you and your family more than a benefit check, with access to:

- **Travel assistance** can help with unexpected emergencies while you travel, 24/7, when you are more than 100 miles from home. You can also receive useful tips before you travel, including vaccine and passport requirements, foreign exchange rates, and travel advisories.
- **Living benefits** allow you to receive part of your life insurance benefits early if you are terminally ill.
- **Beneficiary support:**
 - Beneficiary companion can help your beneficiary close accounts, notify creditors, and settle your estate when they are also the estate executor.
 - Your beneficiary can also order copies of *The Healing Book: Facing the Death* — and *Celebrating the Life — of Someone You Love* for children affected by the loss, at no cost.
 - Your beneficiaries have access to Resource Advisor services for six months following the loss, including grief counseling, financial advice, legal help with estate matters, and a library of helpful information on dealing with loss on the Resource Advisor website.

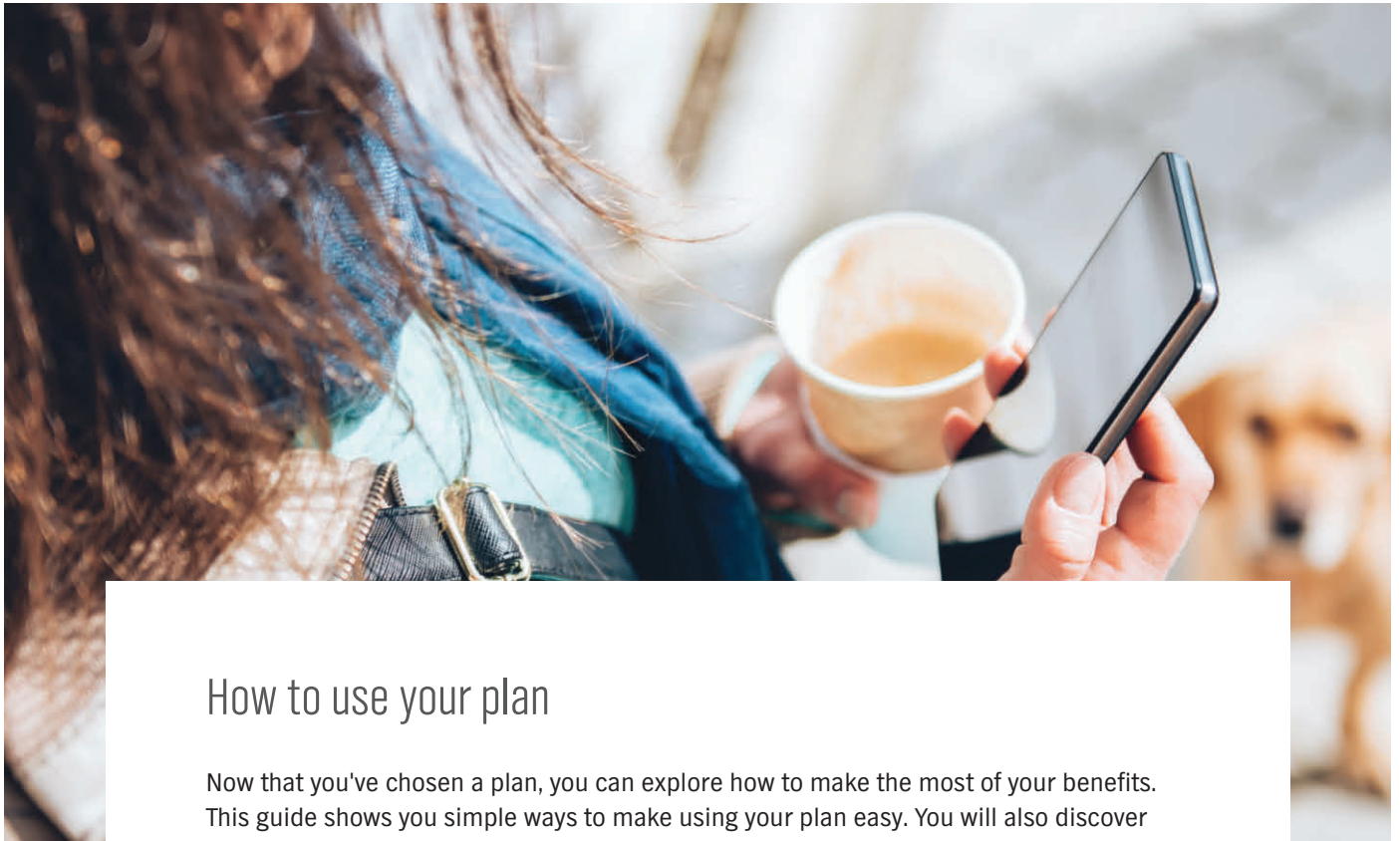
Short-term disability

If you're not able to work because of a qualifying disability due to an accident or illness, Anthem Life short-term disability benefits can help replace part of your wages, up to the limit allowed by your plan. It can help you cover medical bills and other expenses while you do not receive a paycheck. If you have a disability claim, we can also help you return to work with vocational rehabilitation services.

Long-term disability

If you are unable to work due to a qualifying disability for an extended time, long-term disability benefits can help replace a portion of your income. We provide services to help you return to work and improve your health, including partial disability benefits when you are able to work part time, vocational rehabilitation services, rehabilitation incentive benefit, and help filing for Social Security disability benefits.

Resource Advisor member assistance program can help you and your family members right now at no extra cost. You can receive counseling by phone 24/7, by two-way video chat, and face-to-face, for any issue you're experiencing. Resource Advisor also gives you financial counseling, legal consultations, ID monitoring, and identity theft recovery services. You can create a customized will and access other legal documents on the Resource Advisor website, along with information on topics such as work/life balance, financial issues, and Perks at Work discounts on everyday goods and services.



How to use your plan

Now that you've chosen a plan, you can explore how to make the most of your benefits. This guide shows you simple ways to make using your plan easy. You will also discover tools and resources that can help you reach your health and wellness goals.



How to use your plan

Use your ID card from your phone

Quickly access your ID card on your phone by using the **Engage Wellbeing** mobile app or logging in at **anthem.com**. Your digital ID card works the same as a paper one. You can share it with your doctor or pharmacy by printing a copy anytime you need one, or emailing or faxing it from your computer or mobile device. You also can download your ID card for quicker access.

Register for online tools and resources

Accessing your health plan on your mobile phone or computer makes it more convenient to manage your plan. Register on the **Engage Wellbeing** mobile app and **anthem.com** to receive personalized information about your health plan. You can also:

- Quickly access your digital ID card.
- Assess your symptoms at no cost, and get personalized information about a diagnosis, including over-the-counter medicine to take, and recovery time.
- Text with a board-certified doctor at no extra cost,¹ discuss treatment options, and order prescriptions.
- Find a doctor and estimate your costs before you receive care.
- View your claims, see what's covered, and what you may owe for care.
- Find support managing your health conditions and tracking your goals.
- Update your email and communication preferences.

¹ Pricing based on \$0 copay benefit eligibility offered through your plan.



How to use your plan

Access care from home in a way that works for you

- Assess your symptoms online at no cost. Answer questions through the **Engage Wellbeing** intuitive Symptom Checker. It uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you visit a doctor.
- Text with a board-certified doctor at no extra cost.¹ **Engage Wellbeing** can link you directly to doctors for virtual text visits. During your appointment, the doctor can evaluate your symptoms, discuss your treatment options, and order prescriptions, if you need them.
- Have a video chat with a doctor. You can also use **Engage Wellbeing** to connect with a board-certified doctor through video visits.
- See a doctor from home. Go to **livehealthonline.com** or download the **LiveHealth Online** mobile app to begin.

Where to go for care when you need it now

When it is an emergency, call 911 or go to the nearest emergency room.

If you need nonemergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care to avoid costly emergency room visits and long wait times.
- See a doctor anytime using LiveHealth Online from your mobile device or computer.
- Call 24/7 NurseLine and receive helpful advice from a registered nurse.



¹ Pricing based on \$0 copay benefit eligibility offered through your plan. LiveHealth Online is the trade name of Health Management Corporation.

Your Summary of Benefits
Danimer Scientific
BlueCross BlueShield of Georgia Dental Complete



BlueCross BlueShield
of Georgia

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your BlueCross BlueShield of Georgia (BCBS GA) dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose a participating provider.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from participating dentists even if you exceed your annual benefit maximum.

| YOUR DENTAL PLAN AT A GLANCE | | Participating Dentist | Nonparticipating Dentist |
|---|---------------|--|---|
| Annual Benefit Maximum · Per insured person | Calendar Year | \$2,000 | \$2,000 |
| D&P applies to Annual Maximum | | Yes | Yes |
| Annual Maximum Carryover | | No | No |
| Orthodontic Lifetime Benefit Maximum · Per eligible insured person | | \$1,500 | \$1,500 |
| Annual Deductible (The Deductible does not apply to Orthodontic Services) · Per insured person · Family maximum | Calendar Year | \$50 3X Individual | \$50 3X Individual |
| Deductible Waived for Diagnostic/Preventive Services | | Yes | Yes |
| Nonparticipating Provider Reimbursement Options: | | 90th percentile | |
| Dental Services | | Participating Dentist BCBS GA Pays: | Nonparticipating Dentist BCBS GA Pays: Waiting Period |
| Diagnostic and Preventive Services · Periodic oral exam · Teeth cleaning (prophylaxis) · Bitewing X-rays: 1X per 12 months · Intraoral X-rays | | 100% Coinsurance | 100% Coinsurance No Waiting Period |
| Basic Services · Amalgam (silver-colored) Filling · Front composite (tooth-colored) Filling · Back composite Filling, Covered as Composites · Simple Extractions | | 80% Coinsurance | 80% Coinsurance No Waiting Period |
| Endodontics · Root Canal | | 80% Coinsurance | 80% Coinsurance No Waiting Period |
| Periodontics · Scaling and root planing | | 80% Coinsurance | 80% Coinsurance No Waiting Period |
| Oral Surgery · Surgical Extractions | | 80% Coinsurance | 80% Coinsurance No Waiting Period |
| Major Services · Crowns | | 50% Coinsurance | 50% Coinsurance 12 Month |
| Prosthodontics · Dentures · Bridges · Dental implants Standard - Covered | | 50% Coinsurance | 50% Coinsurance 12 Month |
| Prosthetic Repairs/Adjustments | | 80% Coinsurance | 80% Coinsurance No Waiting Period |
| Orthodontic Services · Dependent Children Only* | | 50% Coinsurance | 50% Coinsurance 12 Months |

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of 8 and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

Emergency dental treatment for the international traveler

As a BlueCross BlueShield of Georgia dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.

** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.



BlueCross BlueShield
of Georgia

** The International Emergency Dental Program is managed by DeCare Dental, an independent company offering dental-management services to BCBS GA.

Promoting healthy mouths for members who are pregnant or living with diabetes

If you are pregnant or living with diabetes, you can sign up to receive one additional dental cleaning or periodontal maintenance procedure per year.

Finding a dentist is easy.

To select a dentist by name or location:

- Go to bcbsga.com or the website listed on the back of your ID card.
- Call the toll-free customer service number listed on the back of your ID card.

TO CONTACT US:

| Call | Write |
|---|------------------------------------|
| Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system. | your plan ID card for the address. |

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services

Oral evaluations (exam) Limited to two per Calendar Year

Teeth cleaning (prophylaxis) Limited to two per Calendar Year

Intraoral X-rays, single film Limited to four films per 12-month period

Complete series X-rays (panoramic or full-mouth) Coverage Every 5 Years

Topical fluoride application Limited to once every 12 months for members through age 18

Sealants Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.

Basic and/or Major Services***

Fillings Limited to once per surface per tooth in any 24 months

Space Maintainers Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.

Crowns Limited to once per tooth in a seven-year period

Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants

Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.

Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.

Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater

Periodontal scaling and root planing Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater

Brush Biopsy Standard - Covered

*****Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES

Orthodontia Limited to one course of treatment per member per lifetime

The participating dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of BlueCross BlueShield of Georgia.

QuoteID: 15863924

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

Services provided before or after the term of coverage

Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits)
Orthodontic braces, appliances and all related services

Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Extractions - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit a nonparticipating dentist.

Here's why:

Participating dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, nonparticipating dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the “maximum allowed amount” – and the amount they usually charge for a service. When they bill you for this difference, it's called “balance billing.”

How BlueCross BlueShield of Georgia dental decides on maximum allowed amounts

For services from a nonparticipating dentist, the maximum allowed amount is determined in one of the following ways:

- Nonparticipating dental fee schedule/rate developed by BCBS GA, which may be updated based on such things as reimbursement accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- Participating dentist fee schedule

Here's an example of higher costs for nonparticipating dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from a nonparticipating dentist, who charges \$1,200 for the service and bills BCBS GA for that amount.

The maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can “balance bill” Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the nonparticipating dentist is \$800.

Here's the math:


- Dentist's charge: \$1,200
- BCBS GA's maximum allowed amount: \$800
- BCBS GA pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider: $\$1,200 - \$800 = \$400$
- Ted's total cost: $\$400$ coinsurance + $\$400$ provider balance = $\$800$

In the example, if Ted had gone to a participating dentist, his cost would be only \$400 for the coinsurance because he would not have been “balance billed” the \$400 difference.

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1-866-723-0515**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

| YOUR BLUE VIEW VISION PLAN BENEFITS | IN-NETWORK | OUT-OF-NETWORK | FREQUENCY | |
|---|---|--|---------------------------------|--|
| Routine Eye Exam | | | | |
| A comprehensive eye examination | \$10 Copay | Reimbursed Up To \$42 | Once every calendar year | |
| Eyeglass Frames | | | | |
| One pair of eyeglass frames | \$150 Allowance, then 20% off any remaining balance | Reimbursed Up To \$45 | Once every calendar year | |
| Eyeglass Lenses (<i>instead of contact lenses</i>) | | | | |
| One pair of standard plastic prescription lenses | | | Once every calendar year | |
| <ul style="list-style-type: none"> o Single vision lenses o Bifocal lenses o Trifocal lenses | \$10 Copay \$10 Copay \$10 Copay | Reimbursed Up To \$40 Reimbursed Up To \$60 Reimbursed Up To \$80 | | |
| Eyeglass Lens Enhancements | | | | |
| <i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i> | | | | |
| <ul style="list-style-type: none"> o  Lenses (for a child under age 19) o Standard polycarbonate (for a child under age 19) o Factory Scratch Coating | \$0 Copay \$0 Copay \$0 Copay | No allowance when obtained out-of-network | Same as covered eyeglass lenses | |
| Contact Lenses (<i>instead of eyeglass lenses</i>) | | | | |
| <i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i> | | | | |
| <ul style="list-style-type: none"> o Elective conventional (non-disposable) OR o Elective disposable OR o Non-elective (medically necessary) | \$150 Allowance, then 15% off any remaining balance \$150 Allowance (no additional discount) Covered in full | Reimbursed Up To \$105 Reimbursed Up To \$105 Reimbursed Up To \$210 | Once every calendar year | |

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing

| OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY | | In-Network Member Cost (after any applicable copay) |
|---|---|--|
| Retinal Imaging – at member’s option, can be performed a time of eye exam | | Not more than \$39 |
| Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies. | <ul style="list-style-type: none"> ○ Transitions lenses (Adults) ○ Standard Polycarbonate (Adults) ○ Tint (Solid and Gradient) ○ UV Coating ○ Progressive Lenses¹ <ul style="list-style-type: none"> ○ Standard ○ Premium Tier 1 ○ Premium Tier 2 ○ Premium Tier 3 ○ Premium Tier 4 ○ Anti-Reflective Coating² <ul style="list-style-type: none"> ○ Standard ○ Premium Tier 1 ○ Premium Tier 2 ○ Premium Tier 3 ○ Other Add-ons | \$75 \$40 \$15 \$15 \$55 \$85 \$95 \$110 \$175 \$45 \$57 \$68 \$85 20% off retail price |
| Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider | <ul style="list-style-type: none"> ○ Complete Pair ○ Eyeglass materials purchased separately | 40% off retail price 20% off retail price |
| Eyewear Accessories | Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. | 20% off retail |
| Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed. | <ul style="list-style-type: none"> ○ Standard contact lens fitting³ ○ Premium contact lens fitting⁴ | Up to \$55 10% off retail price |
| Conventional Contact Lenses | <ul style="list-style-type: none"> ○ Discount applies to materials only | 15% off retail price |

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

TO FAX: 866-293-7373
TO EMAIL: oonclaims@eyewearspecialoffers.com
TO MAIL: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

Get Help in Your Language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Amharic

ይህንን መረጃ እና እገዛ በቋንቋዎ በነጻ እገዛ የማግኘት መብት አልዎት። ለእገዛ በመታወቁዎ ላይ ያለውን የአባል አገልግሎቶች ቁጥር ይደውሉ። (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD:711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

German

Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. (TTY/TDD: 711)

Gujarati

તમે તમારી ભાષામાં મફતમાં આ માહિતી અને મદદ મેળવવાનો અધિકાર ધરાવો છો. મદદ માટે તમારા આઈડી કાર્ડ પરના મેમ્બર સર્વિસ નંબર પર કોલ કરો. (TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Hindi

आपके पास यह जानकारी और मदद अपनी भाषा में मुफ्त में प्राप्त करने का अधिकार है। मदद के लिए अपने ID कार्ड पर सदस्य सेवाएँ नंबर पर कॉल करें। (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Portuguese-Europe

Tem o direito de receber gratuitamente estas informações e ajuda no seu idioma. Ligue para o número dos Serviços para Membros indicado no seu cartão de identificação para obter ajuda. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Summary of Benefits

Basic Group Life Insurance

Danimer Scientific

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

| |
|--|
| <p>Group term life insurance benefit: 2 times annual earnings, to a maximum benefit of \$250,000.</p> |
| <p>Accidental death and dismemberment insurance benefit: Equal to Group term life insurance benefit amount</p> |
| <p>Benefits after age 65: You will still have benefits after you turn 65, though they will reduce as follows: 65% at age 35; 70% at age 40; 75% at age 75; 80% at age 80 <i>All benefits end at retirement.</i></p> |
| <p>Living Benefit (accelerated death benefit): You can ask for a portion of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.</p> |
| <p>Waiver of premium: We may continue your life insurance coverage until your Social Security Normal Retirement Age (SSNRA) if you become totally disabled and unable to work prior to age 60. Premiums may be waived after you complete the six-month waiver of premium elimination period.</p> |
| <p>Conversion: If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.</p> |
| <p>Resource Advisor: This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.</p> |
| <p>Travel assistance: This value added program gives you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.</p> |

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. In GA, Life and Disability products are underwritten by Greater Georgia Life Insurance Company (GGL) using the trade name Anthem Life, independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Summary of Benefits

Supplemental Life Insurance

Danimer Scientific

See your benefit certificate for specific plan details, eligibility definitions, limitations and exclusions.**Supplemental group term life insurance benefit:**

You may purchase coverage in an amount from \$10,000 to \$500,000 or 5X annual earnings, whichever is less in increments of \$10,000.

Guaranteed Issue Amount

\$150,000

If your application is submitted to Anthem within 31 days of you becoming eligible, the Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability and Anthem must approve any amounts above the Guaranteed Issue amount in writing.

If your application is submitted to Anthem more than 31 days after you became eligible, the Guaranteed Issue amount does not apply. You must submit evidence of insurability and Anthem must approve all amounts in writing.

Supplemental accidental death and dismemberment insurance benefit: Equal to Supplemental group term life insurance benefit amount.**Supplemental life coverage for your family:**

You may also choose additional life coverage for your spouse and/or your child(ren):

You may purchase coverage for your spouse: \$5,000 up to \$250,000

You may purchase coverage for your child(ren): \$5,000 up to \$10,000

Spouse Guaranteed Issue Amount: \$50,000

If your application for your spouse/child(ren) is submitted to Anthem within 31 days of you becoming eligible, the Spouse Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability for your Spouse and Anthem must approve any amounts above the Spouse Guaranteed Issue amount in writing.

If your Spouse/Child(ren) application is submitted to Anthem more than 31 days after you became eligible, the Spouse Guaranteed Issue amount does not apply. You must submit evidence of insurability for your Spouse and Anthem must approve all amounts in writing.

Dependent coverage may not exceed 50% of the employee's benefit amount. Child coverage begins on the 15th day following birth and terminates at age 26.

Benefits after age 65:

You will still have benefits after age 65, though they will reduce as follows:

35% reduction at age 65; 50% reduction at age 70

All benefits end at retirement.

Living Benefit (accelerated death benefit):

You can ask for a portion of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

Waiver of premium:

We may continue your life insurance coverage until your Social Security Normal Retirement Age (SSNRA) if you become totally disabled and not able to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

Portability of supplemental life insurance:

If you leave employment for reasons other than disability, this feature allows you to take your supplemental life insurance coverage with you by paying the required premiums. Plus, the rates are typically lower than an individual policy. Refer to

your certificate for limitations and exclusions.

Conversion:

If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.

Resource Advisor:

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.

Travel assistance:

This value added program gives you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. **All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.**

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4/2022

**EMPLOYEE OPTIONAL GROUP TERM LIFE AND AD&D PREMIUMS
SEMI-MONTHLY PREMIUMS
Danimer Scientific**

| ATTAINED AGE | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|--------------|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|
| | Rates | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 | \$110,000 | \$120,000 | \$130,000 | \$140,000 |
| < 25 | \$0.120 | 0.60 | 1.20 | 1.80 | 2.40 | 3.00 | 3.60 | 4.20 | 4.80 | 5.40 | 6.00 | 6.60 | 7.20 | 7.80 | 8.40 |
| 25 - 29 | \$0.120 | 0.60 | 1.20 | 1.80 | 2.40 | 3.00 | 3.60 | 4.20 | 4.80 | 5.40 | 6.00 | 6.60 | 7.20 | 7.80 | 8.40 |
| 30 - 34 | \$0.129 | 0.65 | 1.29 | 1.94 | 2.58 | 3.23 | 3.87 | 4.52 | 5.16 | 5.81 | 6.45 | 7.10 | 7.74 | 8.39 | 9.03 |
| 35 - 39 | \$0.179 | 0.90 | 1.79 | 2.69 | 3.58 | 4.48 | 5.37 | 6.27 | 7.16 | 8.06 | 8.95 | 9.85 | 10.74 | 11.64 | 12.53 |
| 40 - 44 | \$0.270 | 1.35 | 2.70 | 4.05 | 5.40 | 6.75 | 8.10 | 9.45 | 10.80 | 12.15 | 13.50 | 14.85 | 16.20 | 17.55 | 18.90 |
| 45 - 49 | \$0.399 | 2.00 | 3.99 | 5.99 | 7.98 | 9.98 | 11.97 | 13.97 | 15.96 | 17.96 | 19.95 | 21.95 | 23.94 | 25.94 | 27.93 |
| 50 - 54 | \$0.632 | 3.16 | 6.32 | 9.48 | 12.64 | 15.80 | 18.96 | 22.12 | 25.28 | 28.44 | 31.60 | 34.76 | 37.92 | 41.08 | 44.24 |
| 55 - 59 | \$0.975 | 4.88 | 9.75 | 14.63 | 19.50 | 24.38 | 29.25 | 34.13 | 39.00 | 43.88 | 48.75 | 53.63 | 58.50 | 63.38 | 68.25 |
| 60 - 64 | \$1.342 | 6.71 | 13.42 | 20.13 | 26.84 | 33.55 | 40.26 | 46.97 | 53.68 | 60.39 | 67.10 | 73.81 | 80.52 | 87.23 | 93.94 |

| ATTAINED AGE | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|--------------|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Rates | \$150,000 | \$160,000 | \$170,000 | \$180,000 | \$190,000 | \$200,000 | \$210,000 | \$220,000 | \$230,000 | \$240,000 | \$250,000 | \$260,000 | \$270,000 | \$280,000 |
| < 25 | \$0.120 | 9.00 | 9.60 | 10.20 | 10.80 | 11.40 | 12.00 | 12.60 | 13.20 | 13.80 | 14.40 | 15.00 | 15.60 | 16.20 | 16.80 |
| 25 - 29 | \$0.120 | 9.00 | 9.60 | 10.20 | 10.80 | 11.40 | 12.00 | 12.60 | 13.20 | 13.80 | 14.40 | 15.00 | 15.60 | 16.20 | 16.80 |
| 30 - 34 | \$0.129 | 9.68 | 10.32 | 10.97 | 11.61 | 12.26 | 12.90 | 13.55 | 14.19 | 14.84 | 15.48 | 16.13 | 16.77 | 17.42 | 18.06 |
| 35 - 39 | \$0.179 | 13.43 | 14.32 | 15.22 | 16.11 | 17.01 | 17.90 | 18.80 | 19.69 | 20.59 | 21.48 | 22.38 | 23.27 | 24.17 | 25.06 |
| 40 - 44 | \$0.270 | 20.25 | 21.60 | 22.95 | 24.30 | 25.65 | 27.00 | 28.35 | 29.70 | 31.05 | 32.40 | 33.75 | 35.10 | 36.45 | 37.80 |
| 45 - 49 | \$0.399 | 29.93 | 31.92 | 33.92 | 35.91 | 37.91 | 39.90 | 41.90 | 43.89 | 45.89 | 47.88 | 49.88 | 51.87 | 53.87 | 55.86 |
| 50 - 54 | \$0.632 | 47.40 | 50.56 | 53.72 | 56.88 | 60.04 | 63.20 | 66.36 | 69.52 | 72.68 | 75.84 | 79.00 | 82.16 | 85.32 | 88.48 |
| 55 - 59 | \$0.975 | 73.13 | 78.00 | 82.88 | 87.75 | 92.63 | 97.50 | 102.38 | 107.25 | 112.13 | 117.00 | 121.88 | 126.75 | 131.63 | 136.50 |
| 60 - 64 | \$1.342 | 100.65 | 107.36 | 114.07 | 120.78 | 127.49 | 134.20 | 140.91 | 147.62 | 154.33 | 161.04 | 167.75 | 174.46 | 181.17 | 187.88 |

| ATTAINED AGE | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|--------------|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Rates | \$290,000 | \$300,000 | \$310,000 | \$320,000 | \$330,000 | \$340,000 | \$350,000 | \$360,000 | \$370,000 | \$380,000 | \$390,000 | \$400,000 | \$410,000 | \$420,000 |
| < 25 | \$0.120 | 17.40 | 18.00 | 18.60 | 19.20 | 19.80 | 20.40 | 21.00 | 21.60 | 22.20 | 22.80 | 23.40 | 24.00 | 24.60 | 25.20 |
| 25 - 29 | \$0.120 | 17.40 | 18.00 | 18.60 | 19.20 | 19.80 | 20.40 | 21.00 | 21.60 | 22.20 | 22.80 | 23.40 | 24.00 | 24.60 | 25.20 |
| 30 - 34 | \$0.129 | 18.71 | 19.35 | 20.00 | 20.64 | 21.29 | 21.93 | 22.58 | 23.22 | 23.87 | 24.51 | 25.16 | 25.80 | 26.45 | 27.09 |
| 35 - 39 | \$0.179 | 25.96 | 26.85 | 27.75 | 28.64 | 29.54 | 30.43 | 31.33 | 32.22 | 33.12 | 34.01 | 34.91 | 35.80 | 36.70 | 37.59 |
| 40 - 44 | \$0.270 | 39.15 | 40.50 | 41.85 | 43.20 | 44.55 | 45.90 | 47.25 | 48.60 | 49.95 | 51.30 | 52.65 | 54.00 | 55.35 | 56.70 |
| 45 - 49 | \$0.399 | 57.86 | 59.85 | 61.85 | 63.84 | 65.84 | 67.83 | 69.83 | 71.82 | 73.82 | 75.81 | 77.81 | 79.80 | 81.80 | 83.79 |
| 50 - 54 | \$0.632 | 91.64 | 94.80 | 97.96 | 101.12 | 104.28 | 107.44 | 110.60 | 113.76 | 116.92 | 120.08 | 123.24 | 126.40 | 129.56 | 132.72 |
| 55 - 59 | \$0.975 | 141.38 | 146.25 | 151.13 | 156.00 | 160.88 | 165.75 | 170.63 | 175.50 | 180.38 | 185.25 | 190.13 | 195.00 | 199.88 | 204.75 |
| 60 - 64 | \$1.342 | 194.59 | 201.30 | 208.01 | 214.72 | 221.43 | 228.14 | 234.85 | 241.56 | 248.27 | 254.98 | 261.69 | 268.40 | 275.11 | 281.82 |

| ATTAINED AGE | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|--------------|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|--|--|--|--|--|
| | Rates | \$430,000 | \$440,000 | \$450,000 | \$460,000 | \$470,000 | \$480,000 | \$490,000 | \$500,000 | | | | | | |
| < 25 | \$0.120 | 25.80 | 26.40 | 27.00 | 27.60 | 28.20 | 28.80 | 29.40 | 30.00 | | | | | | |
| 25 - 29 | \$0.120 | 25.80 | 26.40 | 27.00 | 27.60 | 28.20 | 28.80 | 29.40 | 30.00 | | | | | | |
| 30 - 34 | \$0.129 | 27.74 | 28.38 | 29.03 | 29.67 | 30.32 | 30.96 | 31.61 | 32.25 | | | | | | |
| 35 - 39 | \$0.179 | 38.49 | 39.38 | 40.28 | 41.17 | 42.07 | 42.96 | 43.86 | 44.75 | | | | | | |
| 40 - 44 | \$0.270 | 58.05 | 59.40 | 60.75 | 62.10 | 63.45 | 64.80 | 66.15 | 67.50 | | | | | | |
| 45 - 49 | \$0.399 | 85.79 | 87.78 | 89.78 | 91.77 | 93.77 | 95.76 | 97.76 | 99.75 | | | | | | |
| 50 - 54 | \$0.632 | 135.88 | 139.04 | 142.20 | 145.36 | 148.52 | 151.68 | 154.84 | 158.00 | | | | | | |
| 55 - 59 | \$0.975 | 209.63 | 214.50 | 219.38 | 224.25 | 229.13 | 234.00 | 238.88 | 243.75 | | | | | | |
| 60 - 64 | \$1.342 | 288.53 | 295.24 | 301.95 | 308.66 | 315.37 | 322.08 | 328.79 | 335.50 | | | | | | |

Reduced Benefit/Premiums Employees Age 65-69

| ATTAINED AGE | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|--------------|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|
| | Benefit | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 | \$110,000 | \$120,000 | \$130,000 | \$140,000 |
| | Reduced Benefit | \$6,500 | \$13,000 | \$19,500 | \$26,000 | \$32,500 | \$39,000 | \$45,500 | \$52,000 | \$58,500 | \$65,000 | \$71,500 | \$78,000 | \$84,500 | \$91,000 |
| | Rates | | | | | | | | | | | | | | |
| 65 - 69 | \$2.450 | 7.96 | 15.93 | 23.89 | 31.85 | 39.81 | 47.78 | 55.74 | 63.70 | 71.66 | 79.63 | 87.59 | 95.55 | 103.51 | 111.48 |



This is an estimate premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

**EMPLOYEE OPTIONAL GROUP TERM LIFE AND AD&D PREMIUMS
SEMI-MONTHLY PREMIUMS
Danimer Scientific**

| ATTAINED | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|----------|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| ATTAINED | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
| AGE | Benefit | \$150,000 | \$160,000 | \$170,000 | \$180,000 | \$190,000 | \$200,000 | \$210,000 | \$220,000 | \$230,000 | \$240,000 | \$250,000 | \$260,000 | \$270,000 | \$280,000 |
| | Reduced Benefit | \$97,500 | \$104,000 | \$110,500 | \$117,000 | \$123,500 | \$130,000 | \$136,500 | \$143,000 | \$149,500 | \$156,000 | \$162,500 | \$169,000 | \$175,500 | \$182,000 |
| | Rates | | | | | | | | | | | | | | |
| 65 - 69 | \$2.450 | 119.44 | 127.40 | 135.36 | 143.33 | 151.29 | 159.25 | 167.21 | 175.18 | 183.14 | 191.10 | 199.06 | 207.03 | 214.99 | 222.95 |

| ATTAINED | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|----------|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| AGE | Benefit | \$290,000 | \$300,000 | \$310,000 | \$320,000 | \$330,000 | \$340,000 | \$350,000 | \$360,000 | \$370,000 | \$380,000 | \$390,000 | \$400,000 | \$410,000 | \$420,000 |
| | Reduced Benefit | \$188,500 | \$195,000 | \$201,500 | \$208,000 | \$214,500 | \$221,000 | \$227,500 | \$234,000 | \$240,500 | \$247,000 | \$253,500 | \$260,000 | \$266,500 | \$273,000 |
| | Rates | | | | | | | | | | | | | | |
| 65 - 69 | \$2.450 | 230.91 | 238.88 | 246.84 | 254.80 | 262.76 | 270.73 | 278.69 | 286.65 | 294.61 | 302.58 | 310.54 | 318.50 | 326.46 | 334.43 |

| ATTAINED | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|----------|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|--|--|--|--|--|
| AGE | Benefit | \$430,000 | \$440,000 | \$450,000 | \$460,000 | \$470,000 | \$480,000 | \$490,000 | \$500,000 | | | | | | |
| | Reduced Benefit | \$279,500 | \$286,000 | \$292,500 | \$299,000 | \$305,500 | \$312,000 | \$318,500 | \$325,000 | | | | | | |
| | Rates | | | | | | | | | | | | | | |
| 65 - 69 | \$2.450 | 342.39 | 350.35 | 358.31 | 366.28 | 374.24 | 382.20 | 390.16 | 398.13 | | | | | | |

Reduced Benefit/Premiums Employees Age 70+

| ATTAINED | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|----------|-------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|
| AGE | Benefit | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 | \$110,000 | \$120,000 | \$130,000 | \$140,000 |
| | Reduced Benefit | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 | \$55,000 | \$60,000 | \$65,000 | \$70,000 |
| | Rates | | | | | | | | | | | | | | |
| 70 - 74 | \$3.997 | 9.99 | 19.99 | 29.98 | 39.97 | 49.96 | 59.96 | 69.95 | 79.94 | 89.93 | 99.93 | 109.92 | 119.91 | 129.90 | 139.90 |
| 75 - 79 | \$3.997 | 9.99 | 19.99 | 29.98 | 39.97 | 49.96 | 59.96 | 69.95 | 79.94 | 89.93 | 99.93 | 109.92 | 119.91 | 129.90 | 139.90 |
| 80+ | \$3.997 | 9.99 | 19.99 | 29.98 | 39.97 | 49.96 | 59.96 | 69.95 | 79.94 | 89.93 | 99.93 | 109.92 | 119.91 | 129.90 | 139.90 |

| ATTAINED | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|----------|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| AGE | Benefit | \$150,000 | \$160,000 | \$170,000 | \$180,000 | \$190,000 | \$200,000 | \$210,000 | \$220,000 | \$230,000 | \$240,000 | \$250,000 | \$260,000 | \$270,000 | \$280,000 |
| | Reduced Benefit | \$75,000 | \$80,000 | \$85,000 | \$90,000 | \$95,000 | \$100,000 | \$105,000 | \$110,000 | \$115,000 | \$120,000 | \$125,000 | \$130,000 | \$135,000 | \$140,000 |
| | Rates | | | | | | | | | | | | | | |
| 70 - 74 | \$3.997 | 149.89 | 159.88 | 169.87 | 179.87 | 189.86 | 199.85 | 209.84 | 219.84 | 229.83 | 239.82 | 249.81 | 259.81 | 269.80 | 279.79 |
| 75 - 79 | \$3.997 | 149.89 | 159.88 | 169.87 | 179.87 | 189.86 | 199.85 | 209.84 | 219.84 | 229.83 | 239.82 | 249.81 | 259.81 | 269.80 | 279.79 |
| 80+ | \$3.997 | 149.89 | 159.88 | 169.87 | 179.87 | 189.86 | 199.85 | 209.84 | 219.84 | 229.83 | 239.82 | 249.81 | 259.81 | 269.80 | 279.79 |

| ATTAINED | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|----------|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| AGE | Benefit | \$290,000 | \$300,000 | \$310,000 | \$320,000 | \$330,000 | \$340,000 | \$350,000 | \$360,000 | \$370,000 | \$380,000 | \$390,000 | \$400,000 | \$410,000 | \$420,000 |
| | Reduced Benefit | \$145,000 | \$150,000 | \$155,000 | \$160,000 | \$165,000 | \$170,000 | \$175,000 | \$180,000 | \$185,000 | \$190,000 | \$195,000 | \$200,000 | \$205,000 | \$210,000 |
| | Rates | | | | | | | | | | | | | | |
| 70 - 74 | \$3.997 | 289.78 | 299.78 | 309.77 | 319.76 | 329.75 | 339.75 | 349.74 | 359.73 | 369.72 | 379.72 | 389.71 | 399.70 | 409.69 | 419.69 |
| 75 - 79 | \$3.997 | 289.78 | 299.78 | 309.77 | 319.76 | 329.75 | 339.75 | 349.74 | 359.73 | 369.72 | 379.72 | 389.71 | 399.70 | 409.69 | 419.69 |
| 80+ | \$3.997 | 289.78 | 299.78 | 309.77 | 319.76 | 329.75 | 339.75 | 349.74 | 359.73 | 369.72 | 379.72 | 389.71 | 399.70 | 409.69 | 419.69 |

| ATTAINED | EMPLOYEE AMOUNTS OF INSURANCE | | | | | | | | | | | | | | |
|----------|-------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|--|--|--|--|--|
| AGE | Benefit | \$430,000 | \$440,000 | \$450,000 | \$460,000 | \$470,000 | \$480,000 | \$490,000 | \$500,000 | | | | | | |
| | Reduced Benefit | \$215,000 | \$220,000 | \$225,000 | \$230,000 | \$235,000 | \$240,000 | \$245,000 | \$250,000 | | | | | | |
| | Rates | | | | | | | | | | | | | | |
| 70 - 74 | \$3.997 | 429.68 | 439.67 | 449.66 | 459.66 | 469.65 | 479.64 | 489.63 | 499.63 | | | | | | |
| 75 - 79 | \$3.997 | 429.68 | 439.67 | 449.66 | 459.66 | 469.65 | 479.64 | 489.63 | 499.63 | | | | | | |
| 80+ | \$3.997 | 429.68 | 439.67 | 449.66 | 459.66 | 469.65 | 479.64 | 489.63 | 499.63 | | | | | | |

Note: Reductions have been applied to the premium and benefit amount for Ages 65 +.



This is an estimate premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

**SPOUSE OPTIONAL GROUP TERM LIFE AND AD&D PREMIUMS
SEMI-MONTHLY PREMIUMS
Danimer Scientific**

| ATTAINED AGE | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
|--------------|---|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Rates | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 | \$55,000 | \$60,000 | \$65,000 | \$70,000 |
| < 25 | \$0.089 | 0.22 | 0.45 | 0.67 | 0.89 | 1.11 | 1.34 | 1.56 | 1.78 | 2.00 | 2.23 | 2.45 | 2.67 | 2.89 | 3.12 |
| 25 - 29 | \$0.089 | 0.22 | 0.45 | 0.67 | 0.89 | 1.11 | 1.34 | 1.56 | 1.78 | 2.00 | 2.23 | 2.45 | 2.67 | 2.89 | 3.12 |
| 30 - 34 | \$0.098 | 0.25 | 0.49 | 0.74 | 0.98 | 1.23 | 1.47 | 1.72 | 1.96 | 2.21 | 2.45 | 2.70 | 2.94 | 3.19 | 3.43 |
| 35 - 39 | \$0.148 | 0.37 | 0.74 | 1.11 | 1.48 | 1.85 | 2.22 | 2.59 | 2.96 | 3.33 | 3.70 | 4.07 | 4.44 | 4.81 | 5.18 |
| 40 - 44 | \$0.239 | 0.60 | 1.20 | 1.79 | 2.39 | 2.99 | 3.59 | 4.18 | 4.78 | 5.38 | 5.98 | 6.57 | 7.17 | 7.77 | 8.37 |
| 45 - 49 | \$0.368 | 0.92 | 1.84 | 2.76 | 3.68 | 4.60 | 5.52 | 6.44 | 7.36 | 8.28 | 9.20 | 10.12 | 11.04 | 11.96 | 12.88 |
| 50 - 54 | \$0.601 | 1.50 | 3.01 | 4.51 | 6.01 | 7.51 | 9.02 | 10.52 | 12.02 | 13.52 | 15.03 | 16.53 | 18.03 | 19.53 | 21.04 |
| 55 - 59 | \$0.944 | 2.36 | 4.72 | 7.08 | 9.44 | 11.80 | 14.16 | 16.52 | 18.88 | 21.24 | 23.60 | 25.96 | 28.32 | 30.68 | 33.04 |
| 60 - 64 | \$1.311 | 3.28 | 6.56 | 9.83 | 13.11 | 16.39 | 19.67 | 22.94 | 26.22 | 29.50 | 32.78 | 36.05 | 39.33 | 42.61 | 45.89 |

| ATTAINED AGE | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
|--------------|---|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Rates | \$75,000 | \$80,000 | \$85,000 | \$90,000 | \$95,000 | \$100,000 | \$105,000 | \$110,000 | \$115,000 | \$120,000 | \$125,000 | \$130,000 | \$135,000 | \$140,000 |
| < 25 | \$0.089 | 3.34 | 3.56 | 3.78 | 4.01 | 4.23 | 4.45 | 4.67 | 4.90 | 5.12 | 5.34 | 5.56 | 5.79 | 6.01 | 6.23 |
| 25 - 29 | \$0.089 | 3.34 | 3.56 | 3.78 | 4.01 | 4.23 | 4.45 | 4.67 | 4.90 | 5.12 | 5.34 | 5.56 | 5.79 | 6.01 | 6.23 |
| 30 - 34 | \$0.098 | 3.68 | 3.92 | 4.17 | 4.41 | 4.66 | 4.90 | 5.15 | 5.39 | 5.64 | 5.88 | 6.13 | 6.37 | 6.62 | 6.86 |
| 35 - 39 | \$0.148 | 5.55 | 5.92 | 6.29 | 6.66 | 7.03 | 7.40 | 7.77 | 8.14 | 8.51 | 8.88 | 9.25 | 9.62 | 9.99 | 10.36 |
| 40 - 44 | \$0.239 | 8.96 | 9.56 | 10.16 | 10.76 | 11.35 | 11.95 | 12.55 | 13.15 | 13.74 | 14.34 | 14.94 | 15.54 | 16.13 | 16.73 |
| 45 - 49 | \$0.368 | 13.80 | 14.72 | 15.64 | 16.56 | 17.48 | 18.40 | 19.32 | 20.24 | 21.16 | 22.08 | 23.00 | 23.92 | 24.84 | 25.76 |
| 50 - 54 | \$0.601 | 22.54 | 24.04 | 25.54 | 27.05 | 28.55 | 30.05 | 31.55 | 33.06 | 34.56 | 36.06 | 37.56 | 39.07 | 40.57 | 42.07 |
| 55 - 59 | \$0.944 | 35.40 | 37.76 | 40.12 | 42.48 | 44.84 | 47.20 | 49.56 | 51.92 | 54.28 | 56.64 | 59.00 | 61.36 | 63.72 | 66.08 |
| 60 - 64 | \$1.311 | 49.16 | 52.44 | 55.72 | 59.00 | 62.27 | 65.55 | 68.83 | 72.11 | 75.38 | 78.66 | 81.94 | 85.22 | 88.49 | 91.77 |

| ATTAINED AGE | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
|--------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Rates | \$145,000 | \$150,000 | \$155,000 | \$160,000 | \$165,000 | \$170,000 | \$175,000 | \$180,000 | \$185,000 | \$190,000 | \$195,000 | \$200,000 | \$205,000 | \$210,000 |
| < 25 | \$0.089 | 6.45 | 6.68 | 6.90 | 7.12 | 7.34 | 7.57 | 7.79 | 8.01 | 8.23 | 8.46 | 8.68 | 8.90 | 9.12 | 9.35 |
| 25 - 29 | \$0.089 | 6.45 | 6.68 | 6.90 | 7.12 | 7.34 | 7.57 | 7.79 | 8.01 | 8.23 | 8.46 | 8.68 | 8.90 | 9.12 | 9.35 |
| 30 - 34 | \$0.098 | 7.11 | 7.35 | 7.60 | 7.84 | 8.09 | 8.33 | 8.58 | 8.82 | 9.07 | 9.31 | 9.56 | 9.80 | 10.05 | 10.29 |
| 35 - 39 | \$0.148 | 10.73 | 11.10 | 11.47 | 11.84 | 12.21 | 12.58 | 12.95 | 13.32 | 13.69 | 14.06 | 14.43 | 14.80 | 15.17 | 15.54 |
| 40 - 44 | \$0.239 | 17.33 | 17.93 | 18.52 | 19.12 | 19.72 | 20.32 | 20.91 | 21.51 | 22.11 | 22.71 | 23.30 | 23.90 | 24.50 | 25.10 |
| 45 - 49 | \$0.368 | 26.68 | 27.60 | 28.52 | 29.44 | 30.36 | 31.28 | 32.20 | 33.12 | 34.04 | 34.96 | 35.88 | 36.80 | 37.72 | 38.64 |
| 50 - 54 | \$0.601 | 43.57 | 45.08 | 46.58 | 48.08 | 49.58 | 51.09 | 52.59 | 54.09 | 55.59 | 57.10 | 58.60 | 60.10 | 61.60 | 63.11 |
| 55 - 59 | \$0.944 | 68.44 | 70.80 | 73.16 | 75.52 | 77.88 | 80.24 | 82.60 | 84.96 | 87.32 | 89.68 | 92.04 | 94.40 | 96.76 | 99.12 |
| 60 - 64 | \$1.311 | 95.05 | 98.33 | 101.60 | 104.88 | 108.16 | 111.44 | 114.71 | 117.99 | 121.27 | 124.55 | 127.82 | 131.10 | 134.38 | 137.66 |

| ATTAINED AGE | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
|--------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|--|--|--|--|--|
| | Rates | \$215,000 | \$220,000 | \$225,000 | \$230,000 | \$235,000 | \$240,000 | \$245,000 | \$250,000 | | | | | | |
| < 25 | \$0.089 | 9.57 | 9.79 | 10.01 | 10.24 | 10.46 | 10.68 | 10.90 | 11.13 | | | | | | |
| 25 - 29 | \$0.089 | 9.57 | 9.79 | 10.01 | 10.24 | 10.46 | 10.68 | 10.90 | 11.13 | | | | | | |
| 30 - 34 | \$0.098 | 10.54 | 10.78 | 11.03 | 11.27 | 11.52 | 11.76 | 12.01 | 12.25 | | | | | | |
| 35 - 39 | \$0.148 | 15.91 | 16.28 | 16.65 | 17.02 | 17.39 | 17.76 | 18.13 | 18.50 | | | | | | |
| 40 - 44 | \$0.239 | 25.69 | 26.29 | 26.89 | 27.49 | 28.08 | 28.68 | 29.28 | 29.88 | | | | | | |
| 45 - 49 | \$0.368 | 39.56 | 40.48 | 41.40 | 42.32 | 43.24 | 44.16 | 45.08 | 46.00 | | | | | | |
| 50 - 54 | \$0.601 | 64.61 | 66.11 | 67.61 | 69.12 | 70.62 | 72.12 | 73.62 | 75.13 | | | | | | |
| 55 - 59 | \$0.944 | 101.48 | 103.84 | 106.20 | 108.56 | 110.92 | 113.28 | 115.64 | 118.00 | | | | | | |
| 60 - 64 | \$1.311 | 140.93 | 144.21 | 147.49 | 150.77 | 154.04 | 157.32 | 160.60 | 163.88 | | | | | | |

Reduced Benefit/Premiums Employees Age 65-69

| ATTAINED AGE | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
|--------------|---|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Benefit | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 | \$55,000 | \$60,000 | \$65,000 | \$70,000 |
| | Reduced Benefit | \$3,250 | \$6,500 | \$9,750 | \$13,000 | \$16,250 | \$19,500 | \$22,750 | \$26,000 | \$29,250 | \$32,500 | \$35,750 | \$39,000 | \$42,250 | \$45,500 |
| | Rates | | | | | | | | | | | | | | |
| 65 - 69 | \$2.419 | 3.93 | 7.86 | 11.79 | 15.72 | 19.65 | 23.59 | 27.52 | 31.45 | 35.38 | 39.31 | 43.24 | 47.17 | 51.10 | 55.03 |



This is an estimate premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

**SPOUSE OPTIONAL GROUP TERM LIFE AND AD&D PREMIUMS
SEMI-MONTHLY PREMIUMS
Danimer Scientific**

| ATTAINED | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
|----------|---|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| ATTAINED | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
| AGE | Benefit | \$75,000 | \$80,000 | \$85,000 | \$90,000 | \$95,000 | \$100,000 | \$105,000 | \$110,000 | \$115,000 | \$120,000 | \$125,000 | \$130,000 | \$135,000 | \$140,000 |
| | Reduced Benefit | \$48,750 | \$52,000 | \$55,250 | \$58,500 | \$61,750 | \$65,000 | \$68,250 | \$71,500 | \$74,750 | \$78,000 | \$81,250 | \$84,500 | \$87,750 | \$91,000 |
| | Rates | | | | | | | | | | | | | | |
| 65 - 69 | \$2.419 | 58.96 | 62.89 | 66.82 | 70.76 | 74.69 | 78.62 | 82.55 | 86.48 | 90.41 | 94.34 | 98.27 | 102.20 | 106.13 | 110.06 |

| ATTAINED | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
|----------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| AGE | Benefit | \$145,000 | \$150,000 | \$155,000 | \$160,000 | \$165,000 | \$170,000 | \$175,000 | \$180,000 | \$185,000 | \$190,000 | \$195,000 | \$200,000 | \$205,000 | \$210,000 |
| | Reduced Benefit | \$94,250 | \$97,500 | \$100,750 | \$104,000 | \$107,250 | \$110,500 | \$113,750 | \$117,000 | \$120,250 | \$123,500 | \$126,750 | \$130,000 | \$133,250 | \$136,500 |
| | Rates | | | | | | | | | | | | | | |
| 65 - 69 | \$2.419 | 114.00 | 117.93 | 121.86 | 125.79 | 129.72 | 133.65 | 137.58 | 141.51 | 145.44 | 149.37 | 153.30 | 157.24 | 161.17 | 165.10 |

| ATTAINED | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
|----------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|--|--|--|--|--|
| AGE | Benefit | \$215,000 | \$220,000 | \$225,000 | \$230,000 | \$235,000 | \$240,000 | \$245,000 | \$250,000 | | | | | | |
| | Reduced Benefit | \$139,750 | \$143,000 | \$146,250 | \$149,500 | \$152,750 | \$156,000 | \$159,250 | \$162,500 | | | | | | |
| | Rates | | | | | | | | | | | | | | |
| 65 - 69 | \$2.419 | 169.03 | 172.96 | 176.89 | 180.82 | 184.75 | 188.68 | 192.61 | 196.54 | | | | | | |

Reduced Benefit/Premiums Employees Age 70+

| ATTAINED | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
|----------|---|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| AGE | Benefit | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 | \$55,000 | \$60,000 | \$65,000 | \$70,000 |
| | Reduced Benefit | \$2,500 | \$5,000 | \$7,500 | \$10,000 | \$12,500 | \$15,000 | \$17,500 | \$20,000 | \$22,500 | \$25,000 | \$27,500 | \$30,000 | \$32,500 | \$35,000 |
| | Rates | | | | | | | | | | | | | | |
| 70 - 74 | \$3.966 | 4.96 | 9.92 | 14.87 | 19.83 | 24.79 | 29.75 | 34.70 | 39.66 | 44.62 | 49.58 | 54.53 | 59.49 | 64.45 | 69.41 |
| 75 - 79 | \$3.966 | 4.96 | 9.92 | 14.87 | 19.83 | 24.79 | 29.75 | 34.70 | 39.66 | 44.62 | 49.58 | 54.53 | 59.49 | 64.45 | 69.41 |
| 80+ | \$3.966 | 4.96 | 9.92 | 14.87 | 19.83 | 24.79 | 29.75 | 34.70 | 39.66 | 44.62 | 49.58 | 54.53 | 59.49 | 64.45 | 69.41 |

| ATTAINED | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
|----------|---|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| AGE | Benefit | \$75,000 | \$80,000 | \$85,000 | \$90,000 | \$95,000 | \$100,000 | \$105,000 | \$110,000 | \$115,000 | \$120,000 | \$125,000 | \$130,000 | \$135,000 | \$140,000 |
| | Reduced Benefit | \$37,500 | \$40,000 | \$42,500 | \$45,000 | \$47,500 | \$50,000 | \$52,500 | \$55,000 | \$57,500 | \$60,000 | \$62,500 | \$65,000 | \$67,500 | \$70,000 |
| | Rates | | | | | | | | | | | | | | |
| 70 - 74 | \$3.966 | 74.36 | 79.32 | 84.28 | 89.24 | 94.19 | 99.15 | 104.11 | 109.07 | 114.02 | 118.98 | 123.94 | 128.90 | 133.85 | 138.81 |
| 75 - 79 | \$3.966 | 74.36 | 79.32 | 84.28 | 89.24 | 94.19 | 99.15 | 104.11 | 109.07 | 114.02 | 118.98 | 123.94 | 128.90 | 133.85 | 138.81 |
| 80+ | \$3.966 | 74.36 | 79.32 | 84.28 | 89.24 | 94.19 | 99.15 | 104.11 | 109.07 | 114.02 | 118.98 | 123.94 | 128.90 | 133.85 | 138.81 |

| ATTAINED | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | | |
|----------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| AGE | Benefit | \$145,000 | \$150,000 | \$155,000 | \$160,000 | \$165,000 | \$170,000 | \$175,000 | \$180,000 | \$185,000 | \$190,000 | \$195,000 | \$200,000 | \$205,000 | \$210,000 |
| | Reduced Benefit | \$72,500 | \$75,000 | \$77,500 | \$80,000 | \$82,500 | \$85,000 | \$87,500 | \$90,000 | \$92,500 | \$95,000 | \$97,500 | \$100,000 | \$102,500 | \$105,000 |
| | Rates | | | | | | | | | | | | | | |
| 70 - 74 | \$3.966 | 143.77 | 148.73 | 153.68 | 158.64 | 163.60 | 168.56 | 173.51 | 178.47 | 183.43 | 188.39 | 193.34 | 198.30 | 203.26 | 208.22 |
| 75 - 79 | \$3.966 | 143.77 | 148.73 | 153.68 | 158.64 | 163.60 | 168.56 | 173.51 | 178.47 | 183.43 | 188.39 | 193.34 | 198.30 | 203.26 | 208.22 |
| 80+ | \$3.966 | 143.77 | 148.73 | 153.68 | 158.64 | 163.60 | 168.56 | 173.51 | 178.47 | 183.43 | 188.39 | 193.34 | 198.30 | 203.26 | 208.22 |



This is an estimate premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

**SPOUSE OPTIONAL GROUP TERM LIFE AND AD&D PREMIUMS
SEMI-MONTHLY PREMIUMS
Danimer Scientific**

| ATTAINED | | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | |
|----------|-----------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|--|--|--|--|--|
| ATTAINED | | SPOUSE AMOUNTS OF INSURANCE - based on employee's age | | | | | | | | | | | | | |
| AGE | Benefit | \$215,000 | \$220,000 | \$225,000 | \$230,000 | \$235,000 | \$240,000 | \$245,000 | \$250,000 | | | | | | |
| | Reduced Benefit | \$107,500 | \$110,000 | \$112,500 | \$115,000 | \$117,500 | \$120,000 | \$122,500 | \$125,000 | | | | | | |
| | Rates | | | | | | | | | | | | | | |
| 70 - 74 | \$3.966 | 213.17 | 218.13 | 223.09 | 228.05 | 233.00 | 237.96 | 242.92 | 247.88 | | | | | | |
| 75 - 79 | \$3.966 | 213.17 | 218.13 | 223.09 | 228.05 | 233.00 | 237.96 | 242.92 | 247.88 | | | | | | |
| 80+ | \$3.966 | 213.17 | 218.13 | 223.09 | 228.05 | 233.00 | 237.96 | 242.92 | 247.88 | | | | | | |

Note: Reductions have been applied to the premium and benefit amount for Ages 65 +.

| CHILD(REN)* AMOUNTS OF INSURANCE | |
|---|----------|
| \$5,000 | \$10,000 |
| 0.518 | 1.035 |
| * Child coverage from 15 days to age 26. Premium covers all dependent children regardless of the number of children. | |



This is an estimate premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Group Short Term Disability Insurance

Danimer Scientific

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

Group short term disability benefit amount: 60% of weekly earnings to a maximum weekly benefit of \$2,500

How benefits are paid:

Payments begin for disabilities resulting from accidents and illnesses as follows:

8th day for accident, 8th day for illness

The maximum benefit period determines how long benefits will be paid. The maximum benefit period is 13 weeks.

Partial disability benefits:

If you are able to return to work part-time, you may still receive a portion of your short term disability benefit to help fill the gap in your income.

Maternity benefit:

Short term disability benefits for pregnancy are provided the same as for a disability caused by an illness.

Resource Advisor:

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.

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Summary of Benefits

Group Long Term Disability Insurance

Danimer Scientific

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

| |
|---|
| <p>Group long term disability benefit amount: 60% of monthly earnings up to a maximum monthly benefit of \$6,000</p> |
| <p>Elimination period: The number of days you must be unable to work due to an approved qualifying disability before benefits begin: 90 days</p> |
| <p>Maximum Benefit period: to normal Social Security retirement age See your certificate for specific maximum payment durations based on age at the time of disability. Benefits paid at the time of an approved qualifying disability may vary from the benefit duration period shown.</p> |
| <p>Partial disability benefits: If you are able to return to work part-time, you may still receive a portion of your long term disability benefit to help fill the gap in your income.</p> |
| <p>Survivor benefit: If you pass away while receiving Long Term Disability benefits, a lump-sum payment benefit will be paid to your beneficiary. The Survivor Benefit is equal to three times your monthly benefit.</p> |
| <p>Vocational rehabilitation: We may provide services, such as vocational testing and training, job modifications and job placement to help you return to active employment if you suffer a disability. You may also receive an additional rehabilitation incentive benefit.</p> |
| <p>Social Security assistance: If you are receiving long term disability benefits, we will help you apply for Social Security and offer guidance through the appeal process.</p> |
| <p>Resource Advisor: This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services, legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.</p> |
| <p>Pre-existing conditions: A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.</p> |

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. In GA, Life and Disability products are underwritten by Greater Georgia Life Insurance Company (GGL) using the trade name Anthem Life, independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.



Protecting your privacy

How we keep your information safe and secure

As a member, you have the right to expect us to protect your personal health information. We take this responsibility very seriously, following all state and federal laws, as well as our own policies.

You also have certain rights and responsibilities when receiving your healthcare. To understand how we protect your privacy, your rights and responsibilities when receiving healthcare, and your rights under the Women's Health and Cancer Rights Act, go to [anthem.com/privacy](https://www.anthem.com/privacy). For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To see if your health benefits will cover a treatment, procedure, hospital stay, or medicine, we use a process called utilization management (UM). Our UM team is made up of doctors and pharmacists who want to be sure you receive the best treatments for certain health conditions. They review the information your doctor sends us before, during, or after your treatment. We also use case managers. They're licensed healthcare professionals who work with you and your doctor to help you manage your health conditions. They also help you better understand your health benefits..

For additional information about how we help manage your care, go to [anthem.com/memberrights](https://www.anthem.com/memberrights). To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

Open enrollment usually happens once a year. That's the time you can choose a plan, enroll in it, or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year.

- **If you had another health plan that was canceled.** If you, your dependents, or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your

spouse, as well as other dependents, may be able to enroll in one of our plans.

- **If you have a new dependent.** You gain new dependents from a life event, such as marriage, birth, adoption, or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you marry, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
 - You (or your eligible dependents) lose Medicaid or the State Children's Health Insurance Program (SCHIP) benefits because you're no longer eligible..
 - You (or eligible dependents) become eligible to receive help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

For full details, read your plan documents, which contain everything you need to know about your plan. You can find them on [anthem.com](https://www.anthem.com).

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services?

Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800-368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



Your plan is here for you to use

If you would like extra help

If you have questions, we are here to help. Contact us through our online Message Center or call the Member Services number on your ID card.



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