

Benefits Overview

Danimer Scientific



EFFECTIVE 08.01.2023 | DANIMERSCIENTIFICBENEFITS.COM | 855-290-1413



Welcome back!

We're here to make your life easier.

HealthEZ is an independent third-party administrator (TPA), which means we manage your employer's health benefits and process your medical claims. We work with your employer to design a custom benefits plan for your organization and we're ready to help you access the services you need. We've been providing our knowledgeable and service-oriented approach for 40 years.

Direct access to member support

Dedicated phone number

Danimer Scientific has a dedicated phone number at 855-290-1413 that is answered by a real person between 7 a.m. and 7 p.m. CST. Outside of the hours listed, simply press "1" to reach our 24/7 help line.

24/7 helpline

You have 24/7 access to our team of experienced doctors and nurses. Have a health-related concern or need help finding the right doctor? Give us a call at 855-290-1413. We are here to help you.

Dedicated benefits website

You can use Danimer Scientific's dedicated benefits website at DanimerScientificBenefits.com to learn about and manage your health plan. View your benefits, review pharmacy information, search to find care and more.

You can set up a myHealthEZ account to access monthly statements, account balances, recently processed bills and HealthEZ's online payment system, EZpay.

Manage your health benefits without all the headaches.

Download the free myHealthEZ app to view your benefits, manage and pay bills, get 24/7 support, locate care providers near you, and access your digital insurance card—right from your phone.



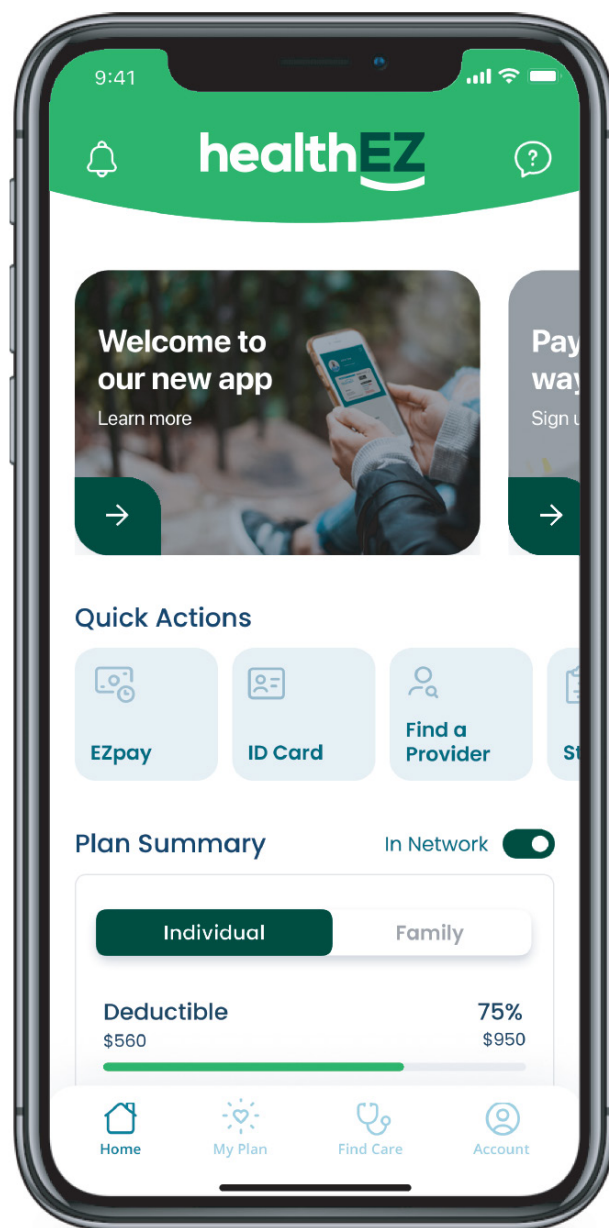
Tap. Pay. Done.

Pay bills, schedule automated payments, and view past statements in one simple, secure location.



24/7 help and support

Find answers faster with access to support materials, or by connecting with a member support representative.

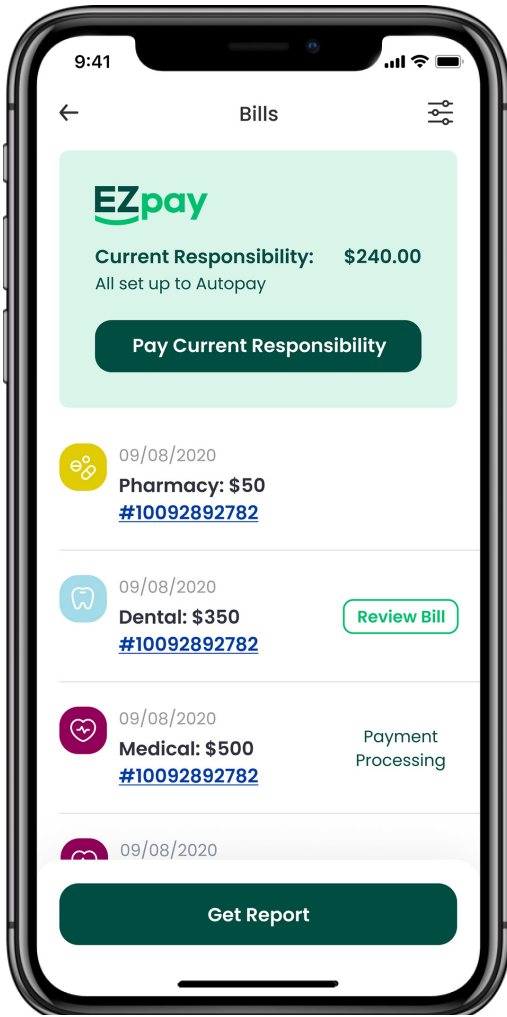


myHealthEZ Account

With or without the myHealthEZ app, you can manage your HealthEZ benefits on your preferred web browser as well. Visit myHealthEZ.com or DanimerScientificBenefits.com and click "Login."

If you have not registered an account with HealthEZ yet, enter in your credentials, choose a password, and click "Activate Your Account".

Dependents over the age of 19 can create their own myHealthEZ account to manage their plan and request a replacement ID card or download their ID card directly to their own devices.



Seamless online payments

EZpay is HealthEZ's online payment system that allows you to easily and quickly pay your portion of medical bills with your payment of choice, including credit and debit cards, and HSA accounts.

After you set up EZpay, every time we process a bill of yours, we will send you an email asking you to approve the payment for the amount due.

EZpay will pay the bill by default if you do not respond to the email in:

- 2 business days for bills under \$250
- 5 business days for bills over \$250

EZpay will combine your payment with payment from your health insurance so that we pay your healthcare provider in full.

One simple statement

We consolidate all of your monthly healthcare expenses into one simple statement. This statement eliminates confusion and provides information about year-to-date deductible and out-of-pocket maximums, and itemized transactions during the current billing period.





Medical ID cards

If you are new to the HealthEZ plan, keep an eye out for your medical ID card. Once you receive that, you can setup your myHealthEZ account.

If you are a current HealthEZ member, please note that you will be receiving a new medical ID card after open enrollment has closed.

If you need a replacement card, log into to your myHealthEZ account and request a new card be printed and mailed, or download a digital copy directly to your device!

Dependents over the age of 19 can create their own myHealthEZ account to manage their plan and request a replacement ID card or download their ID card directly to their own devices.



Your medical network is Aetna.



What is a medical network?

Your medical network is a group of healthcare providers. It includes doctors, specialists, hospitals, surgical centers and other facilities. These healthcare providers offer services at a lower rate than out-of-network providers, which you will see reflected on your statements as a discount.

What if I go outside of my medical network?

There may be times when you decide to visit a doctor or clinic that is out-of-network. The costs for these visits and services will always be higher than seeing doctors that are in-network. You will be responsible for paying the difference between the provider's full charge and the amount your health insurance plan pays. This is called balance billing.

How do I know if my provider is in-network?

Please visit DanimerScientificBenefits.com, and click "Find a Doctor."



Your Pharmacy Benefit Manager is EHiM.



What is a Pharmacy Benefit Manager?

Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers. Your PBM administers your prescription drug plan and offers a network of pharmacies that offer more affordable medications.

What is mail order?

If you take maintenance medications for long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol you could save money with EHiM's mail order service, Alliance Rx Walgreens Prime. Visit DanimerScientificBenefits.com for more information on how to get started and to download the Alliance Rx Walgreens Prime mail order forms.

What are Generic drugs?

Generic drugs are copies of brand-name drugs and are the same as those brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price.

To find out if there is a generic equivalent for your brand-name drug, talk to your doctor or visit EHiMRx.com.



Maternity support

Our Boost Your Baby program matches moms-to-be with a Mommy Mentor to support a healthy pregnancy. It's a non-clinical support system for future moms to use throughout their pregnancy. We promise to: provide good and honest information, be supportive when you need us, make life easy and simple (at least the parts we can), and respect mom & dad's wishes.

Benefits of program include monthly support from a mommy mentor, free breast pump and gifts, nurses available 24/7 for any medical advice or high risk care, and miscarriage support.

Visit boostyourbaby.com, or call 800-808-4848 to learn more.

Care management

If you need a medical service like a surgery or hospital stay or your doctor diagnoses you with a complex medical condition, a HealthEZ nurse may contact you. The nurse will help you understand your treatment options, coordinate services among your doctors and ensure you have everything you need for a quick recovery and are receiving the right care in the right setting.

We provide tips to members living with chronic health conditions, like diabetes, hypertension and high cholesterol. We can also provide these members with referrals to healthcare providers. Our team of doctors and nurses believe that the key to lasting change is partnering with you to offer realistic advice and support.

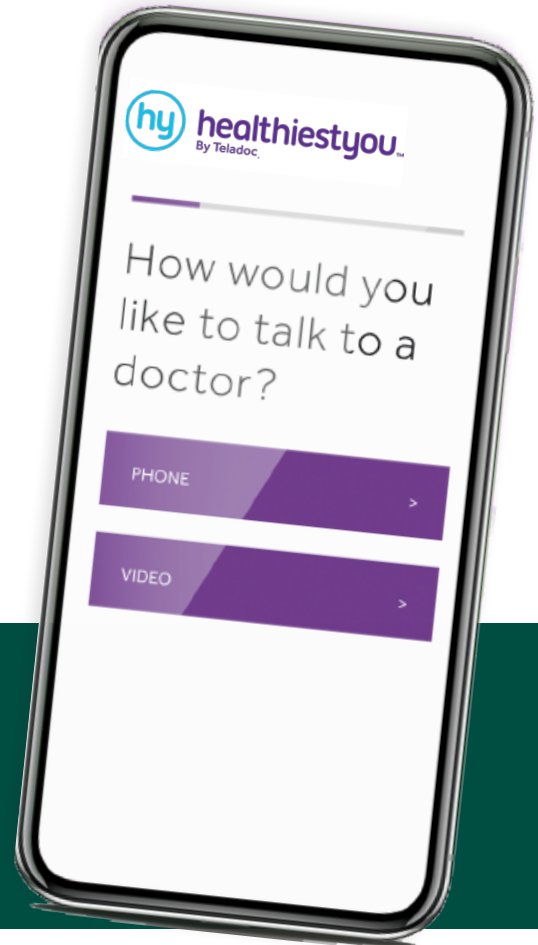


You've got HealthiestYou virtual health!

All members have access to virtual health appointments with a licensed physician through HealthiestYou telemedicine services. This benefit can save you a trip to the clinic. There's no need for waiting rooms or travel or taking time off from work. Simply use your computer or smartphone to connect with a doctor.

Visit [HealthiestYou.com](https://www.healthiestyou.com) or call 866-703-1259 to contact a doctor.

Talk to a doctor anytime, anywhere.



General consultations

General consultations are unlimited, and doctors are available every day and at all times (24/7/365). Doctors can consult, diagnose and prescribe medications for things like:

- Allergies
- Upper respiratory infections
- Earaches
- Pink eye
- Urinary tract infections

Mental health services

With HealthiestYou's mental health services, you can talk to a therapist from the privacy of your home or anywhere you feel comfortable. Simply pick a therapist to speak to and choose a time that is convenient for you.

HealthiestYou therapists can treat:

- Anxiety
- Depression
- Stress/PTSD
- Panic disorder
- Family & marriage issues

Dermatology care

If you're having problems with your skin, HealthiestYou Dermatology can help. Instead of waiting weeks to get an appointment at a dermatology clinic, you can get a diagnosis and treatment plan in as quick as two business days.

HealthiestYou's dermatologists treat a wide variety of skin conditions, including:

- Psoriasis
- Acne
- Moles
- Rosacea

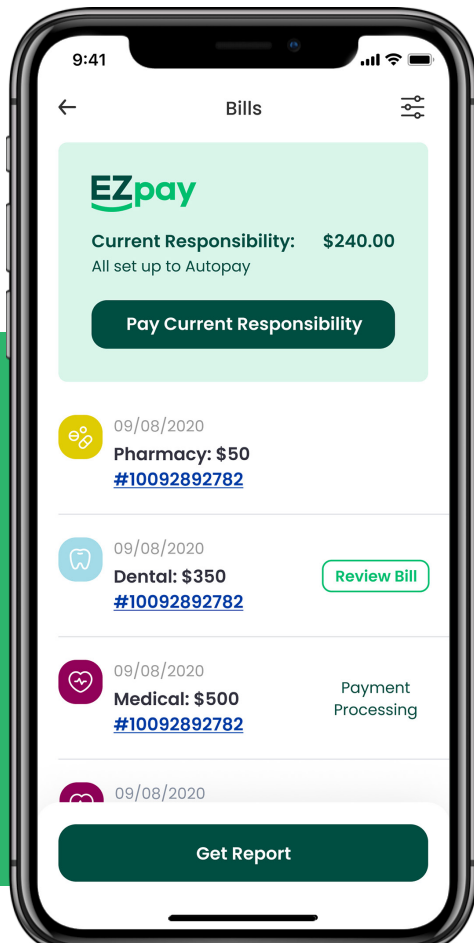
Health Savings Account

A Health Savings Account (HSA) is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses.

By using untaxed dollars in an HSA, you may be able to lower your overall health care costs.

This account belongs to you, regardless if your employment or medical coverage changed. Funds in this account can grow tax free and rollover from year to year.

You are eligible for a Health Savings Account if are enrolled in the HSA Plan.



2023 Maximum Annual Contribution Amounts*

Employee Only: \$3,850
Family Coverage: \$7,750

**Individuals age 55 or older are eligible to contribute an additional \$1,000 per year.*

Add your HSA to EZPay!

Add your Health Savings Account (HSA) to your EZPay account within myHealthEZ to quickly pay your portion of medical bills. Setup payment priority with up to 5 credit and debit cards, and HSA accounts.

EZpay will combine your payment with payment from your health insurance so that we pay your healthcare provider in full.

Health Savings Account

Why should I choose a health savings account (HSA)?

An HSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses or use as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA don't, making it a powerful option for diversifying your retirement portfolio.

It's yours



Think of your HSA as a personal savings account. Any unspent money in your HSA remains yours, allowing you to grow your balance over time. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.

Flexibility



Save for a rainy day. Invest for your future retirement. Or spend your funds on qualified expenses, penalty free.

Easy to use



Swipe your benefits debit card at the point of purchase. There is no requirement to verify any of your purchases. We recommend keeping any receipts in case of an IRS audit.

Smart savings



The HSA's unique, triple-tax savings means the money you contribute, earnings from investments and withdrawals for eligible expenses are all tax-free, making it a savvy savings and retirement tool.

Investment options



You can invest your HSA funds in an interest-bearing account or our standard mutual fund lineup. Savvy investors may opt for a Health Savings Brokerage Account powered by Charles Schwab, giving you access to more than 8,500 mutual funds, stocks and bonds.

What does it cover?

There are thousands of eligible items. The list includes but is not limited to:

- Copays, coinsurance, insurance premiums
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Vision expenses, such as frames, contacts, prescription sunglasses, etc.

View our searchable list of eligible expenses at

www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

Can I enroll?

You must be enrolled in a high-deductible health plan (HDHP) in order to enroll in the HSA.

You're not eligible for an HSA if:

- You're claimed as a dependent on someone else's taxes.
- You're covered by another plan that conflicts with the HDHP, such as Medicare, a medical flexible spending account (FSA) or select health reimbursement arrangements (HRAs).
- You or your spouse are contributing to a medical FSA.

Simplifying benefits for everyone.



Medical FSA

Why should I choose a medical flexible spending account?

A medical FSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses. This saves you money by reducing your taxable income.



Funds on Day 1

Schedule that surgery, buy those eyeglasses or finally get those braces. All of your FSA funds are available to spend right away. Use your benefits debit card at the point of purchase.



Discount

Think of it like a discount on healthcare expenses at stores such as Amazon, Target, CVS, Walmart, Walgreens and more. Dollars you contribute are taken out of your paycheck before tax which means a \$100 purchase would actually cost you over \$130 without a medical FSA.*



Plan ahead

Think about the money you spent on healthcare expenses last year. Plan ahead and set those funds aside in a medical FSA and save 30%.*

*Based on a 30% tax bracket.

What does it cover?

There are thousands of eligible items, including:

- Copays and coinsurance
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Frames, contacts, prescription sunglasses, etc.

View our interactive eligible expense list at

www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

Can I enroll?

Yes, as long as you or your spouse aren't actively enrolled and contributing to a health savings account (HSA).



Fast fact

Don't know how much to elect? Determine how much you spent on healthcare expenses last year and estimate the amount you'll spend this year using our eligible expense list. Any funds you contribute to the medical FSA must be spent by the end of the plan year.

Dependent Care FSA

Why should I choose a dependent care FSA?

A dependent care FSA allows you to put aside a portion of your paycheck before taxes for eligible dependent care expenses each year



Save money

The dependent care FSA lets you pay for eligible dependent care expenses while you reap the benefits of additional tax savings. You're spending the money either way. This way, eligible childcare and other dependent care costs are a little less.



Save strategically

Submit all of your dependent care expenses at the end of the plan year for one lump sum reimbursement to give yourself a hard-earned "bonus".

What does it cover?

The list includes, but is not limited to, eligible:

- Childcare center, babysitter, nanny (birth through age 12)
- Summer day camp
- Before- or after-school care
- Disabled dependent and/or spouse care
- Elder care

View our interactive eligible expense list at www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

Can I enroll?

You are eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis.



Fast Fact

For recurring costs, submit our Recurring Dependent Care Form. It makes claim filing simple because you only need to submit one form once in order to get reimbursed each pay period. You can find the form on the back of this handout.

Summary of Medical Benefits

Copay Plan

	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only	\$2,500	\$7,500
Family	\$5,000	\$15,000
Coinsurance	0%	40%
Out-of-Pocket Maximum		
Employee only	\$5,000	\$15,000
Family	\$10,000	\$30,000
Preventive Care	100% Covered	40%*
Office Visits		
Primary Services	\$25 Copay	40%*
Specialist Services	\$50 Copay	40%*
Chiropractic Services	\$50 Copay	40%*
Hospital Services	0%*	40%*
Emergency Services**		
Emergency Room	\$350 Copay	40%*
Emergency Medical Transportation	0%*	40%*
Urgent Care Services	\$75 Copay	40%*
HealthiestYou Services		
General Consultations	100% Covered	
Dermatology	\$85 Copay	
Mental Health - Therapist	100% Covered	
Mental Health - Psychiatrist, initial evaluation	100% Covered	
Mental Health - Psychiatrist, ongoing session	100% Covered	
Mental Health/Chemical Dependency		
Inpatient	0%*	40%*
Outpatient	\$50 Copay	40%*

Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Generic	\$10 Copay	\$20 Copay
Preferred brand	\$40 Copay	\$80 Copay
Non-preferred brand	\$80 Copay	\$160 Copay
Specialty	25% up to \$300	Not available

Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* After deductible

** Covered as in-network in true-emergency

Summary of Medical Benefits

HSA Plan

	In-Network	Out-of-Network
Calendar Year Deductible		
Employee only	\$2,500	\$7,500
Individual under Family	\$3,000	\$7,500
Family	\$5,000	\$15,000
Coinsurance	0%	40%
Out-of-Pocket Maximum		
Employee only	\$4,000	\$12,000
Individual under Family	\$4,000	\$12,000
Family	\$8,000	\$24,000
Preventive Care	100% Covered	40%*
Office Visits		
Primary Services	0%*	40%*
Specialist Services	0%*	40%*
Hospital Services	0%*	40%*
Emergency Services**		
Emergency Room	\$350 Copay*	40%*
Emergency Medical Transportation	0%*	40%*
Urgent Care Services	0%*	40%*
Chiropractic Services	0%*	40%*
HealthiestYou Services	100% Covered	
General Consultations	\$85 Copay applies until out of pocket maximum is met	
Dermatology	100% Covered	
Mental Health - Therapist	100% Covered	
Mental Health - Psychiatrist, initial evaluation	100% Covered	
Mental Health - Psychiatrist, ongoing session	100% Covered	
Mental Health/Chemical Dependency		
Inpatient	0%*	40%*
Outpatient	0%*	40%*

Summary of Pharmacy Benefits

	Retail 30 Day Supply	Mail Order 90 Day Supply
Prescription Drug Coverage		
Generic	\$10 Copay*	\$20 Copay*
Preferred brand	\$40 Copay*	\$80 Copay*
Non-preferred brand	\$80 Copay*	\$160 Copay*
Specialty	25% up to \$300*	Not available

Note: Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* After deductible

** Covered as in-network in true-emergency



Preventive services

Your health plan covers preventive services at no charge to you. These include routine healthcare screenings and check-ups. Some examples are listed, but please see the link below for a full list of preventive services:

www.healthcare.gov/preventive-care-benefits

Preventive services for adults

- Screenings for blood pressure, cholesterol, depression, diabetes, Hepatitis B and C, Lung cancer
- Counseling for alcohol misuse, STD prevention, tobacco cessation
- Immunizations for Hepatitis A and B, Herpes Zoster, HPV, Influenza, Measles, Meningococcal, Mumps

Preventive services for women

- Screenings for anemia, breast cancer, cervical cancer, chlamydia, gestational diabetes, Osteoporosis
- Folic acid supplements for women who may become pregnant
- Contraception and sterilization procedures

Preventive services for children

- Screenings for blood pressure, depression, hearing, Hepatitis B, HIV, obesity, vision
- Immunizations for Hepatitis A and B, Human Papillomavirus, Influenza, Measles, Rotovirus, Tetanus
- Assessments for alcohol and drug use, behavior, height, weight, body mass and oral health

Connect with us



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