



YOUR 2024

BENEFITS GUIDE

Safeguarding YOUR Health



Safeguarding YOUR Health in 2024



We Heard
YOUR
Feedback

WE HEARD YOU! NEW IN 2024.

MORE CHOICE

- New Platinum PPO plan
- Voluntary benefits coverage including critical illness, hospital indemnity, accident, and pet insurance

MORE COVERAGE

- Improved coverage for certain critical medications
- Expanded vision benefits

MORE SUPPORT

- Health **Care Coordinators** through Quantum Health to help you understand your benefits and navigate your healthcare journey
- Employee Assistance Program with Workplace Options
- PLANselect decision tool to help you decide which medical coverage is best for you and your family



WHAT SHOULD I DO?

- Review your current benefit elections in the Global Employee Portal:
<https://eftx.login.us6.oraclecloud.com>
- Use the PLANselect decision support tool to help you evaluate your plan costs for the 2024 plan year and what will best fit you and your family
https://flimp.live/2023_Sotera_PSnav
- Review your 2024 Benefits Guide and watch the benefits video:
<https://flimp.live/Sotera-Health-2023-Benefits>
- Add or update your life insurance beneficiary(ies) in the Global Employee Portal
- Visit Your Benefits Resource Center to access information about your benefits:
<https://c2mb.ajg.com/soterahealth>

Safeguarding YOUR Health



2024 OPEN ENROLLMENT BEGINS OCTOBER 30 THROUGH NOVEMBER 11

We care about you, your family, and helping you live your best lives.

- Wherever you might be in life, and whatever you want to achieve, we're here to help you feel supported, connected, healthy, and able to thrive in all you do.
- We do this because we believe you're at your best when you're at your healthiest, and our goal is to provide you with benefits that support you in your health and well-being journey.
- We recognize that healthy goes well beyond just how you feel physically – that's why this guide contains information about your well-being benefits. This information includes insurance plans, savings plans, and other benefits that support your physical, emotional and financial well-being.

BENEFITS PHILOSOPHY

Our Benefits Philosophy centers around 4 key principles:

Market-based: We provide comprehensive, competitive benefit offerings that attract and retain high-performing employees.

Purpose-Driven: Our mission of Safeguarding Global Health® applies to our employees as well. We create benefit offerings that meet the needs of our employees and their families. We are uncompromising in our commitment to health and well-being, striving to provide benefits that aid our people in reaching the best possible health outcomes.

Values-focused: We strive to ensure our benefits meet the changing needs of our diverse workforce, regardless of their stage of life or personal circumstances. We support our people in meeting their physical, mental and financial health goals.

Fiscally Responsible: We are committed to achieving the best value for our employees and the company by continually monitoring and controlling costs without sacrificing excellent care and outcomes.





OPEN ENROLLMENT: REVIEW YOUR PLANS!

Begins October 30 and ends November 11, 2023

This Open Enrollment is a **passive enrollment**, which means all but your HSA and FSA elections will roll-over if no action is taken. Your benefits will rollover into 2024 and you will not be able to make changes until the next enrollment period or, unless you experience a Qualifying Life Event (QLE).

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2024 BENEFIT HIGHLIGHTS

BENEFIT PLANS	PLAN OPTIONS AND BRIEF SUMMARY
Your Care Coordinators	NEW: Quantum Health Care Coordinators are your single point of contact for all your health care needs such as new ID cards, finding a doctor, help with claims or bills, or to answer questions regarding your benefits.
Medical Plan Options	<ul style="list-style-type: none"> Gold, Silver, and Bronze High Deductible Health Plans (HDHP) with a Health Savings Account (HSA). NEW: Platinum PPO Note: An HSA cannot be used with a PPO, but you are able to participate in a healthcare FSA (Flexible Saving Account). All plans will offer the Critical Drug Affordability Program.
Health Savings Account	For HDHP medical plans, this account allows you to save money on eligible healthcare expenses with pre-tax contributions. Sotera Health contributes to the account for all enrolled employees.
Virtual Visits	Speak with a doctor from your home or while traveling 24/7. Virtual visits can be an alternative to the emergency room or urgent care. Contact Your Care Coordinators at Quantum Health.
Dental Plan Options	Premium Plan, Standard Plan, or Value Plan. Please see plan summaries for full details.
Vision Care Plan	NEW AND IMPROVED: Increased frame allowance, improved Multifocal Progressive lenses, and VSP LightCare benefit.
Basic Life Insurance	Term Life Insurance coverage equal to one times annual base earnings (maximum of \$500,000).
Basic Accidental Death & Dismemberment (AD&D) Insurance	AD&D Insurance coverage equal to one times annual base earnings, in the event of accidental death or a proportional benefit for accidental dismemberment.
Supplemental Life Insurance and Accidental Death & Dismemberment	<ul style="list-style-type: none"> Employee - Additional Life/AD&D Insurance you may purchase from 1 to 7 times base earnings Employee - Basic Life and Supplemental Life combined maximum is \$1,000,000 Spouse - Additional Life/AD&D Insurance you may purchase for your spouse: \$25,000 Child(ren) - Additional Life/AD&D Insurance you may purchase for each of your child(ren): \$10,000
Short Term Disability (STD) Long-Term Disability (LTD)	<ul style="list-style-type: none"> 70% of base salary for STD, up to 25 weeks, after a seven-calendar day waiting period for illness or injury. 60% of base salary for LTD, up to your normal Social Security Retirement Age or a graded schedule, after a 180-calendar day waiting period.
Voluntary Benefits: • UNUM • ASPCA	NEW: Ability to purchase discounted insurance available through company group rates. <ul style="list-style-type: none"> Critical Illness, Hospital Indemnity, and Accident Insurance Pet Insurance
Healthcare Flexible Spending Accounts	The FSA allows you to save money by paying for healthcare expenses with pre-tax contributions.
Dependent Care Flexible Spending Accounts (DC FSA)	The DC FSA allows you to save money by paying for eligible dependent daycare expenses with pre-tax contributions.
Employee Assistance Plan	NEW: Our new provider, Workplace Options, offers support to employees, help finding childcare options, discounted legal services, discounts on restaurants, movies, products, and much more.
401(k) Plan	NEW AND IMPROVED: Investment Option Flexibility for each contribution type (pre-tax 401(k) and after-tax Roth 401(k) NOTE, See page 27 for the NEW information). Before-tax savings for retirement. The company matches 100% of the first 3% plus 50% of the next 3% of your pay that you contribute (maximum match 4.5%).
Educational Assistance	Reimbursement of a portion of tuition fees and textbooks paid based upon grade achieved; \$5,250 maximum per year.
Adoption Assistance	Financial assistance to employees for certain fees relating to child adoption, up to a \$5,000 maximum benefit per event.
Sotera Health Well-being Program	NEW: Sotera Health Well-being with Quantum Health. Improve your health and save money on your medical plan. Collect points by participating in activities and challenges to improve your life and save money on your medical premiums. Only employees and spouses enrolled in the medical plan can participate in the well-being program.

MAKE YOUR 2024 BENEFIT ELECTIONS!

Please read the instructions below. Review your 2024 benefit options and make the elections that work best for you and your family during open enrollment.

Open Enrollment begins October 30 and ends November 11, 2023 at midnight Pacific Time.

You must make your HSA and FSA elections, these enrollments do not rollover to 2024.



CHANGES IN BENEFIT ELECTIONS

The benefits you elect during the annual enrollment period can only be changed if you experience a Qualifying Life Event throughout the year.

This is known as a 'Life Event'. It is important that you report your event in the Global Employee Portal within 30 days of the qualifying life event and upload the required documentation.

(<https://eftx.fa.us6.oraclecloud.com/fscmUI/faces/FuseWelcome>)

QUALIFYING LIFE EVENTS INCLUDE:

- Change of employee's legal marital status, including marriage, death of spouse, divorce, legal separation, or annulment
- Change in the number of employee's dependents due to birth, adoption, or death
- Change in employment status of employee or spouse
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in place of residence (out of plan's service area) of employee, spouse, or dependent

LIFE EVENTS THAT ALLOW A 60-DAY SPECIAL ENROLLMENT:

- You or your spouse or child loses coverage under either a Medicaid plan under Title XIX or under a state child health plan (CHIP) under Title XXI of the Social Security Act due to a loss of eligibility for that program's coverage
- You or your spouse or child becomes eligible for premium assistance with respect to the cost of coverage under our group health plan through either a Medicaid Plan under Title XIX or under a state child health plan (CHIP) under Title XXI of the Social Security Act

ELIGIBILITY

You may enroll in our benefits program if you are an active, regular employee working a minimum of 24 hours per week.

- If you are a salaried employee, your coverage will begin on your date of hire.
- If you are an hourly employee, your coverage will begin after 30 days of continuous employment.

As you become eligible for these benefits, so do your eligible dependents. In general, eligible dependents include:

- Your eligible spouse or domestic partner
- Your single or married dependents who are under age 26 (Medical, Dental, Vision, Life Insurance)
- Your single dependents of any age who are handicapped and totally disabled and who were enrolled in this benefit program before age 19; dependents may include natural, adopted, or stepchildren

Please note: Certification or applicable attestation is required for dependent coverage.

Steps to Enroll

Annual Enrollment: ELECT your benefits during the open enrollment window: **October 30 – November 11, 2023.**

New Employees: ELECT your benefits within 30 days from date of hire.

Life Event: ELECT your benefits within 30 days from date of the event.

- Log on to the Global Employee Portal
- Once you have selected your benefits and provided your beneficiary(ies), save and print your confirmation statement for future reference.



BENEFIT RESOURCES

FOR ALL EMPLOYEES

Your Benefits Resource Center contains all the information about your employee benefit plans, policies, resources, and more.

HOW DO I ACCESS?



Visit the portal above by scanning this QR code with your phone or directly at <https://c2mb.ajg.com/soterahealth> for all references to Your Benefits Resource Center.

Be sure to bookmark the page so you can revisit the site whenever you need to. You'll find informative benefits videos and decision support tools, as well as all the information you need on topics such as:

- Company-provided benefits – what coverage you have and how to use it
- Access to benefit provider information and more in-depth plan documents
- Resources to support your overall well-being
- Legislative updates
- Information for what to do when you experience a qualifying life event

FOR MEDICAL PLAN PARTICIPANTS

Quantum Health is your on stop resource for all your benefits. Access all of your plan details at SoteraHealthBenefits.com or contact YOUR Care Coordinators at **866.920.1968**.

Don't forget to download the Quantum Health app for on-the-go guidance whenever you need help with your healthcare and benefits. Access the app by scanning the QR code below.



DOWNLOAD THE QUANTUM HEALTH APP

The member portal and app will be available to members beginning 1/1/24



NEW!

YOUR CARE COORDINATORS WITH



Think of your Quantum Health **Care Coordinators** as your personal team of nurses, benefits experts, and claims specialists who will do whatever it takes to support your unique healthcare needs. Quantum is your one resource to contact whenever you need help with your healthcare or benefits.

Empowered and resourceful, **Care Coordinators** do things like:

- Get answers to claims, billing, and benefits questions
- Find in-network providers
- Verify coverage and get prior approval if needed
- Contact providers to coordinate your treatment
- Review your care options
- Replace ID cards

Whatever it takes to make your benefits work for you. Sometimes we may call you — but we wouldn't call if it weren't important.

We might call if:

- You could save on your out-of-pocket costs
- There is a concern with your prescriptions
- Insurance information is needed
- You qualify for a coaching program
- We need to follow up on a procedure or discharge

When you need help with your healthcare or benefits, contact your **Care Coordinators** at SoteraHealthBenefits.com or **866.920.1968**.



DOWNLOAD THE
QUANTUM HEALTH APP

The member portal and app will be available to members beginning 1/1/24

MEDICAL PLANS

NEW!

There are four medical plans from which you can choose. Each plan offers a different deductible and out-of-pocket maximum, as well as different premiums (the amount taken pre-tax from your paycheck) so you can decide which plan works best with your budget and healthcare needs.

In 2024, the administrator of the medical plan will change to United Medical Resources (UMR). There is **no change to the provider network**: you still want to choose providers and facilities in the United Healthcare network. All medical plans have in and out-of-network benefits. You will experience lower out-of-pocket costs when choosing an in-network doctor or hospital. You can choose to select an out-of-network provider, but your out-of-pocket costs will be greater. Remember, with Quantum Health, they can help you to find in-network providers and services.

The three high deductible health plans (HDHP) also offer a Health Savings Account (HSA), which can help you pay for eligible health care expenses. See page 15 to learn more about the benefits of an HSA.

For more plan details, visit Your Benefits Resource Center at <https://c2mb.ajg.com/soterahealth>.



PLATINUM PPO PLAN

A traditional PPO medical plan that offers greater coverage when you select an in-network provider.

Co-pays and co-insurance coverage is provided under this plan, please review the chart to follow. You are eligible to participate in a health care Flexible Spending Account (FSA).

GOLD HDHP PLAN

A High Deductible Health Plan with mid-range premiums and deductibles. This plan comes with a contribution into your Health Savings Account (HSA) from Sotera Health to help cover your medical costs.

SILVER HDHP PLAN

A High Deductible Health Plan like the Gold Plan but with lower premiums and higher deductibles. This plan comes with a contribution into your Health Savings Account (HSA) from Sotera Health.

BRONZE HDHP PLAN

A High Deductible Health Plan, the Bronze plan has the highest deductible and out-of-pocket costs with the lowest premiums. This plan comes with a contribution into your Health Savings Account (HSA) from Sotera Health.

PLANselect!

PLANselect will guide you in selecting the best plan option for your healthcare needs. Based on your responses to a few simple questions, this tool will recommend the health plan that will most likely result in your lowest overall cost.

The recommendations are unbiased and based on your needs and the needs of your covered family.

- PLANselect is designed to help you save money on your healthcare coverage
- It only takes a few minutes to get recommendations
- It's anonymous; no personal information or medical history is required
- Videos are available throughout the tool to assist with questions
- HSA and FSA calculators are included so you can optimize your contributions
- There's a built-in Spanish version



Quantum Health

Call 866.920.1968

Visit SoteraHealthBenefits.com

Download the Quantum Health - Care Coordinator Mobile App

MEDICAL PLAN COMPARISON

BENEFITS	PLATINUM PPO PLAN		GOLD HDHP PLAN		SILVER HDHP PLAN		BRONZE HDHP PLAN	
	In-Network Choice Plus	Non-Network	In-Network Choice Plus	Non-Network	In-Network Choice Plus	Non-Network	In-Network Choice Plus	Non-Network
COMPANY HSA CONTRIBUTION > \$50,000 BASE SALARY								
Individual	N/A	N/A	\$500		\$500		\$500	
Family	N/A	N/A	\$1,000		\$1,000		\$1,000	
COMPANY HSA CONTRIBUTION < \$50,000 BASE SALARY								
Individual	N/A	N/A	\$750		\$750		\$750	
Family	N/A	N/A	\$1,500		\$1,500		\$1,500	
ANNUAL DEDUCTIBLE								
Individual	\$1,000	\$4,000	\$2,000	\$4,000	\$3,000	\$5,000	\$4,500	\$7,000
Family	\$2,000	\$8,000	*\$4,000	\$8,000	*\$6,000	\$10,000	\$9,000	\$14,000
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)								
Individual	\$4,000	\$7,000	\$4,000	\$7,000	\$5,000	\$10,000	\$6,550	\$10,000
Family	\$8,000	\$14,000	\$8,000	\$14,000	\$10,000	\$19,000	\$13,100	\$20,000
Coinsurance	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Office Visit: Premium Designated Providers	\$10 PCP copay \$40 specialist copay	60% after deductible	\$10 PCP copay \$40 specialist copay after deductible	N/A	\$10 PCP copay \$40 specialist copay after deductible	N/A	\$10 PCP copay \$40 specialist copay after deductible	N/A
Office Visit: Non-Premium Designated Providers	\$25 PCP copay \$50 specialist copay	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency	\$250		80% after deductible		80% after deductible		80% after deductible	
Preventive Care	Covered 100%	Subject to deductible and coinsurance	Covered 100%	60% after deductible	Covered 100%	60% after deductible	Covered 100%	60% after deductible
Infertility Services \$25,000 lifetime benefit	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Prescription Drugs Retail (up to 30-day supply) T1-T4	\$10 / \$30 / \$60 / \$100	60% after deductible	80% after deductible		80% after deductible		80% after deductible	
Prescription Drugs Mail Order (up to 90-day supply)	\$20 / \$60 / \$120	60% after deductible	80% after deductible	N/A	80% after deductible	N/A	80% after deductible	N/A
Network	Same network for all medical plans including PPO. Find a provider at SoteraHealthBenefits.com							

*For family deductible on the Gold and Silver plans, the embedded deductible is \$3,200 due to IRS requirements for this type of plan. NOTE: See plan document for complete information on out-of-pocket eligible expenses. Benefit payments may be adjusted if other group coverage is involved.

- PLANselect is designed to help you save money on your healthcare coverage
- It only takes a few minutes to get recommendations



YOUR TELEMEDICINE AND SECOND OPINION SUPPORT THROUGH QUANTUM HEALTH

WE'RE HERE TO HELP. CONTACT US TODAY.

Call **800.835.2362**, visit [TeladocHealth.com](https://www.TeladocHealth.com) or download the **Quantum Health - Care Coordinator** app.

TELEMEDICINE VISITS MAKE IT EASY TO VIDEO CHAT WITH A DOCTOR 24/7 - WHENEVER, WHEREVER.

Expert medical advice when you need it. Our leading medical experts can help you make confident medical decisions if you have questions about a diagnosis, treatment option or the need for surgery. Our medical experts review and advise on conditions like:

- Heart issues, heart attacks and strokes
- Knee, joint and back pain
- Different types of cancer and tumors
- Digestive and stomach issues
- And any health condition causing concern

QUALITY CARE WHEN YOU NEED IT MOST

Use a Virtual Visit for everyday medical conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches
- And more

TELADOC EXPERT MEDICAL OPINION

HOW YOUR EXPERT MEDICAL OPINION SERVICE WORKS

Give us a call and a clinician will listen to your concerns, gather your medical history and find the right expert for you. Once the expert reviews your diagnosis and treatment plan, we'll send you the expert's opinion in a report with recommendations for your best health path forward.

The Expert Medical Opinion benefit gives you access to U.S. board-certified internists, family doctors, pediatricians, and more from the comfort of your home. They provide expert medical guidance that's personalized just for you, so you can get the answers you need to make the best decisions about your health. These leading medical specialists average 20 years of experience across 450 specialties and are licensed to practice in our state. Of those who have used this benefit:

- 72% get different treatment plans
- 37% get improved diagnoses
- 37% avoid unnecessary surgery

WHEN SHOULD YOU USE EXPERT MEDICAL OPINION?

You should use this service when you or someone covered by your plan benefits are unsure about a diagnosis or need help choosing the right care. Big or small, Teladoc Health's leading medical specialists can help you with any medical issues you might be facing. If you have medical questions or are in the hospital and want recommendations/a second opinion from an expert, this could be for you.

HOW DOES THE PROCESS WORK?

Once a case is opened, you will get matched with a leading doctor who will take the time to listen to your concerns. They get your medical records, images, or other information related to your case from your current doctor(s) so you don't have to. Teladoc Health's team of doctors will look over your case with a team of specialists and your regular physician. They also work with you to give you a clear diagnosis and treatment plan that's right for you.

HOW MUCH DOES EXPERT MEDICAL OPINION COST?

You or anyone covered by this benefit will not have to pay for anything when you use this service. If the Teladoc Health doctor recommends tests and treatment options, those costs will depend on what is covered through your insurance.

HOW DO I REQUEST AN EXPERT MEDICAL OPINION?

You can download the Teladoc Health app by calling **855.380.7828**, or visiting [TeladocHealth.com/Medical-Experts](https://www.TeladocHealth.com/Medical-Experts) or, you can contact Your **Care Coordinators** at Quantum Health.

AIRSTI: A SOLUTION FOR MUSCLE AND JOINT PAIN

Airrosti is a covered benefit for Sotera Health employees who participate in one of our medical plans. You may contact Quantum Health to know more.

CARE APPROACH

Airrosti provides highly effective, personalized care for acute and chronic musculoskeletal (MSK) pain and conditions. Each Airrosti treatment plan includes:

1. EXPERT DIAGNOSIS

Your provider will perform a thorough orthopedic and functional evaluation to accurately diagnose your injury and develop your targeted care plan.

2. EFFECTIVE CARE

Airrosti's safe and efficient care results in increased strength, function and range of motion, as well as a dramatic decrease in pain.

3. PERSONALIZED PLAN

You will receive a customized exercise and recovery plan designed to target the source of your pain and speed recovery.

Airrosti's goal is to give patients a quick and safe return to activity. Experience the Airrosti difference!

QUESTIONS?

Call [800.404.6050](tel:800.404.6050). Airrosti will verify your cost at the time you schedule. Airrosti runs through your UHC medical plan as an in-network provider, subject to your deductible and coinsurance.

VIRTUAL CARE - YOUR PATH TO RECOVERY

- Connect remotely with an Airrosti Provider for video consultations and guided exercise prescription
- Receive an Airrosti Remote Recovery Kit with tools to perform self-myofascial release and eliminate pain
- Video check-ins and unlimited in-app messaging give you access to clinical support 24/7

[AIRROSTI.COM/REMOTERECOVERY](https://airrosti.com/remoterecovery)

PAIN WE TREAT

Below are some common injuries our doctors successfully treat on a daily basis



Back/Neck



Knee



Shoulder



Foot



Hip



Plus More!



99.6%
Patient Satisfaction



88.3%
Injury Resolution



15,000+
Physician Recommended
Surgeries Avoided



43%
Reduction in Cost

Based on patient-reported outcomes and third party claims analysis.

PHARMACY

NEW!

HOW TO FILL YOUR PRESCRIPTIONS

With your plan, you have the choice to fill your prescriptions at a participating network pharmacy or with home delivery by mail.

IMPORTANT: FIND A NETWORK PHARMACY!

Choosing a network pharmacy may help you save on costs. You may contact your Quantum Health coordinator to help you find a pharmacy that will best support your needs at [866.920.1968](tel:866.920.1968) or go online to SoteriaHealthBenefits.com. You may also view a list of pharmacies for your plan by accessing Quantum Health at SoteriaHealthBenefits.com. If you don't use a participating network pharmacy, you may have to pay the full retail price for your prescriptions.

SET UP HOME DELIVERY BY MAIL

Your prescription medication benefit includes home delivery where you can avoid monthly trips to the pharmacy and may save money too. You may be able to order up to a 3-month supply of medication you regularly take — and there's usually no charge for standard shipping within the U.S. You can enroll in just a few steps when you sign into your health plan account or call the number on your member ID card.

MEDICATION TIPS

WHAT IS THE DIFFERENCE BETWEEN BRAND-NAME AND GENERIC MEDICATIONS?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

WHAT IF MY DOCTOR WRITES A BRAND-NAME PRESCRIPTION?

If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option, but not always.

WHAT IF I AM TAKING A SPECIALTY MEDICATION?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. These medications are managed through the Optum Specialty Pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Contact your **Care Coordinators** at Quantum Health at [866.920.1968](tel:866.920.1968) or go onto the SoteriaHealthBenefits.com to get more information.



CRITICAL DRUG AFFORDABILITY PROGRAM

The Critical Drug Affordability Program will offer a specified list of medications covered at 100%. For a full list, contact your **Care Coordinators** at Quantum Health.



HEALTH SAVINGS ACCOUNT

Think of an HSA as your personal bank account to use to save money for you and your family's healthcare costs. Your HSA can be used for anything defined as a qualified medical expense by the IRS. This includes out of pocket costs for doctor office visits, urgent care, emergency room, and inpatient hospital visits as well as prescription drugs.

Unlike a Flexible Spending Account (FSA), this is not a use-it-or-lose program. Any unused money remains in your account. Those funds can be invested, like a 401(k), and continue to grow. You can use your HSA to pay for future healthcare expenses, even after you leave Sotera Health. This includes COBRA or Medicare premiums.

The money you put into your account is deducted pre-tax, meaning you do not pay tax on the money you contribute to this account. This lowers your taxable income and helps your money go further.

HSA ELIGIBILITY

- You enroll in one of the HDHP medical plans offered by the company, which are qualified high deductible plans
- You are not covered by any other health coverage, including a spouse's plan, Medicare, or military coverage
- You cannot be claimed as a dependent on someone else's tax return
- You and your spouse do not participate in a Flexible Spending Account (FSA)

When you enroll in the HDHP Gold, Silver, or Bronze plans, you are eligible to participate in a Health Savings Account (HSA). We understand that the cost of healthcare can be high, even if you have a good insurance policy, which is why Sotera Health contributes money to your HSA to help you cover your eligible medical expenses now, or in the future.

CONTRIBUTIONS TO YOUR HSA

When you enroll in one of the HDHP medical plans, the company will contribute to your HSA whether you decide to make your own contributions or not. If you are already enrolled in one of these medical plan options, a Health Savings Account has already been set up for you with Optum Financial by the company.

In addition to the employer funding, you may make your own pre-tax contributions through a payroll deduction (taking from each bi-weekly paycheck) to your account up to the allowed maximum. The IRS limit for 2024 is \$4,150 for individuals and \$8,300 for families. Individuals aged 55 and older may contribute an additional \$1,000 to their HSA under the "catch-up" provision.

The chart on the next page shows how much you can contribute through payroll deduction to your HSA after we make the contribution to your HSA.

Note: If a new employee's coverage is effective from January 1st through June 30th, the employee receives half the employer funding when their coverage initially becomes effective and the second half of the employer funding around July 1st. If the employee's coverage becomes effective from July 1st through December 31st the employee will receive half the employer funding.

ADVANTAGE ... TRIPLE TAX SAVINGS

- Your contributions and the contributions from the company go into your HSA tax-free
- Money you withdraw is not subject to taxes if you use it to pay for eligible healthcare expenses
- The earnings on your HSA are tax-free
- Money in your account rolls over from year to year, so you can save for the future
- Your HSA is yours to keep—you can take it with you if you leave the company or use it during retirement

HEALTH SAVINGS ACCOUNT (CONT.)

GREATER THAN \$50,000 BASE SALARY	IRS ALLOWABLE ANNUAL MAXIMUM	EMPLOYER ANNUAL CONTRIBUTION	EMPLOYEE'S ALLOWED ANNUAL CONTRIBUTION
Employee Only	\$4,150	\$500	\$3,650
Employee + Spouse	\$8,300	\$1,000	\$7,300
EE + Child(ren)	\$8,300	\$1,000	\$7,300
Family	\$8,300	\$1,000	\$7,300
LESS THAN \$50,000 BASE SALARY			
Employee Only	\$4,150	\$750	\$3,400
Employee + Spouse	\$8,300	\$1,500	\$6,800
EE + Child(ren)	\$8,300	\$1,500	\$6,800
Family	\$8,300	\$1,500	\$6,800

Even if you elect not to contribute to your HSA, an HSA account will be opened for you so you can receive the Sotera Health contribution.

*If you are 55 or older you can contribute an additional \$1,000 to your HSA.



OPTUM FINANCIAL

For Employees New to Health Coverage:

Your Health Savings Account will be set up for you with Optum Financial if you enroll in one of the HDHP medical plans. This is an actual bank account. You can expect the following after your account has been established with Optum Financial.

- **A welcome kit:** This starter package will provide you with your account number and important disclosures
- **A debit card:** Will arrive with the welcome kit
- **Access to the member website:** Provides 24/7 account information, including electronic bill payment, activity and balance information, electronic statements, tax documents, and electronic funds transfer; access your account through www.optumbank.com
- **Assign a Beneficiary:** Designate a beneficiary for your account
- Manage your investments, transfer funds, education and tools

You may need to provide documents to Optum to prove your identity. Your account cannot be opened or funded until Optum receives this information. For more information on your HSA, please visit www.optumbank.com.

SOTERA HEALTH WELL-BEING PLAN WITH QUANTUM HEALTH

NEW!



Sotera Health cares about your well-being. We are committed to a well-being program that fits our Sotera Health culture, celebrates progress in every individual, and is centered on improving quality of life for you and your family. For 2024, we will partner with Quantum Health Well-being to deliver an integrated and simplified approach to healthcare.

We want to reward healthy behavior and activities for everyone and focus on mental health, as well as your physical health. Taking care of yourself by accessing preventive care and engaging with the programs available through Quantum Health, are key to your overall well-being.

INCENTIVES

Earn points to earn incentives! By earning a total of 1200* points, you can earn a premium differential for 2025!

Activities include your annual preventive check up or receiving a preventive screening like a mammogram or colonoscopy, biometric screenings, engaging with a wellness coach, and more!

Employees can earn up to \$576/year toward their medical premium and families can earn up to \$720!

Points can be earned by meeting any of the following goals:

- Complete a health survey (100 points)
- Complete a preventive check up or preventive screening (300 points)
- Complete your biometric screening (300 points)
- Attest to being a Non-Smoker (200 points) or complete the Quantum Health Tobacco Cessation Program
- Designate a Primary Care Physician (200 points)
- Work with a Health Coach - complete 3 health coaching calls (300 points)
- Engage with disease management (300 points)
- Airrosti MSK program (300 points)
- Attest to an EAP Activity (100 points)
- Create your Quantum Health Account (200 points)
- Complete a Wellness Challenge, up to two per year. (100 points each challenge)

WHAT IS QUANTUM HEALTH WELL-BEING?

The wellness program is designed to encourage healthy behaviors over the course of the year. You'll have the opportunity to participate in a variety of activities to further your well-being journey.

The Well-being Program will:

- Provide you with the personalized support and guidance to make real changes to improve overall health and wellness
- Reduce stress and burnout, improving your quality of life to feel happier and more engaged
- Respond to your unique needs and connect you with the right resources at the right time

The Well-being Program is available at no additional cost to you.

*Both employee and spouse/domestic partner need to individually earn 1,200 points to earn the full premium differential of \$720 for the family plan.



DENTAL BENEFITS

Your dental health is important to your overall health. Maintaining a healthy mouth is as important as your heart. Did you know that periodontal disease can increase your risk of diabetes, heart disease, and more, not to mention impact your financial health.

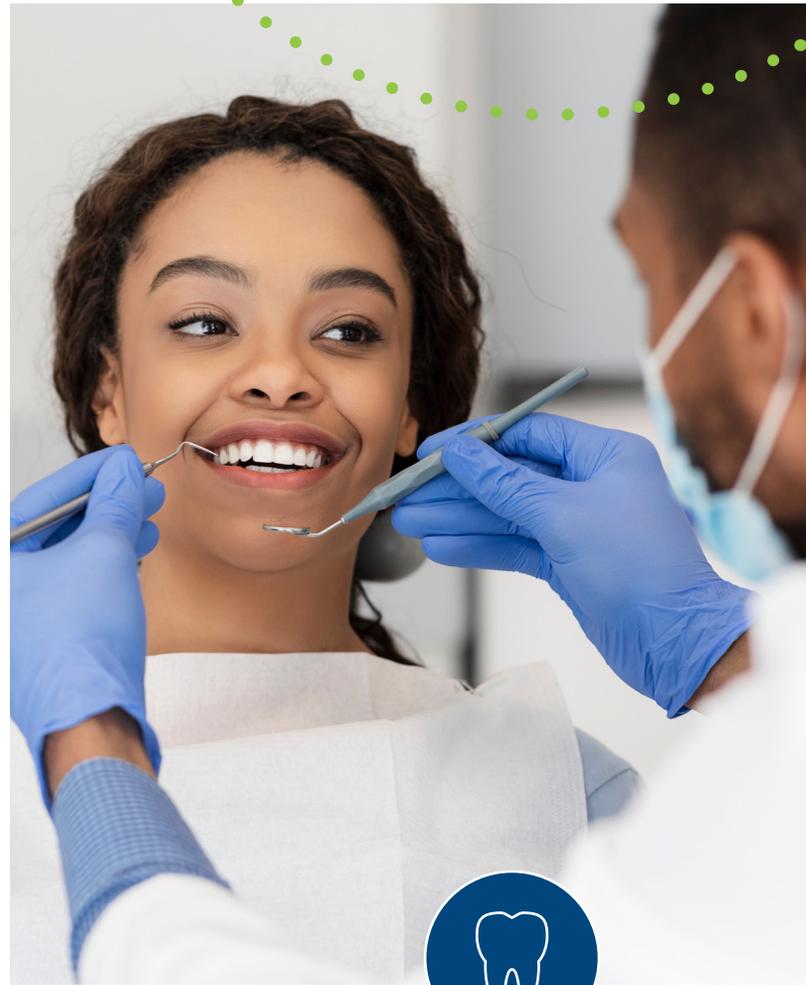
To support your dental health, we offer three dental plans administered by Guardian: the Value Plan, the Standard Plan, and the Premier Plan. All three plans include regular check-ups, fillings and just about any other dental service you might need. The differences between these plans are:

- The premium (the amount deducted bi-weekly from your paycheck)
- The money you'll pay in a calendar year before the plan starts paying (deductible)
- The percentage or share of the cost your plan will pay after the deductible is met (coinsurance)
- The amount covered (if any) for orthodontia

You choose whether to select a dentist in the Guardian Preferred Provider Organization (PPO) network or see a non-network dentist. But remember, staying in-network will typically save you money.

VALUE PLAN

- Lowest amount deducted from your paycheck
- Lowest calendar year deductible
- Lowest annual maximum benefit (\$1,000)
- Most flexibility in choosing providers: the coinsurance percentage (what the plan will pay) remains the same whether you see in-network or non-network providers
- No coverage for orthodontia



STANDARD PLAN

- Higher amount deducted from your paycheck
- Calendar year deductible slightly higher than Value Plan
- Annual maximum benefit of \$2,000
- Same coinsurance percentage as Value Plan (what the plan will pay) if you choose an in-network providers
- Some coverage for orthodontia

PREMIER PLAN

- Highest amount deducted from your paycheck
- Same, low calendar year deductible as Value Plan
- Highest annual maximum benefit (\$2,500)
- Higher coinsurance percentage (what the plan will pay) if you choose in-network providers
- Offers the highest level of coverage for orthodontia and major services

DENTAL BENEFITS (CONT.)

CHOOSING THE RIGHT PLAN FOR YOU

Before enrolling, think about which plan is right for you. Taking the time to look at your recent dental and orthodontia expenses is a good place to start. Then ask yourself these questions:

WHAT DENTAL EXPENSES DO I ESTIMATE MY FAMILY AND I WILL HAVE NEXT YEAR?

Consider regular checkups, cleanings, orthodontia, or significant dental work.

IS MY CURRENT DENTIST PART OF THE PPO NETWORK?

Remember, you'll typically pay less out-of-pocket by choosing an in-network provider.

Find out if your current dentist is in-network by visiting www.guardiananytime.com or calling **800.541.7846**.

NO CARD IS MAILED, DOWNLOAD THE APP!

You can also download the Guardian Dental app to search for an in-network provider and access your ID card. Please note: *You will not automatically receive a separate dental plan ID card.*

BENEFITS	VALUE PLAN		STANDARD PLAN		PREMIER PLAN	
	In-Network	Non- Network	In-Network	Non- Network	In-Network	Non- Network
CALENDAR YEAR DEDUCTIBLE						
Individual	\$50		\$75		\$50	
Family	\$150		\$225		\$150	
Calendar Year Maximum	\$1,000 per person		\$2,000 per person		\$2,500 per person	
Preventive Services Includes oral exams, cleanings (two per year), topical fluoride treatments (children under age 19; one per year) diagnostic x-rays, and emergency treatment to relieve pain	100% no deductible	100% no deductible	100% no deductible	90% no deductible	100% no deductible	90% no deductible
Basic Services include procedures such as fillings, extractions, oral surgery, and periodontics	80% after deductible	80% after deductible	80% after deductible	70% after deductible	80% after deductible	70% after deductible
Major Services include crowns, bridges, and dentures Reminder: Implants are now covered	50% after deductible	50% after deductible	50% after deductible	50% after deductible	60% after deductible	50% after deductible
Orthodontia For children only if started prior to age 23	N/A	N/A	50% after deductible	50% after deductible	80% after deductible	70% after deductible
Orthodontia Lifetime Maximum	N/A		\$2,000		\$2,500	

*NOTE: Endodontics is a Major Service in the Value Plan and a Basic Service in the Standard and Premier Plans.

**IMPROVED
BENEFIT!**

VISION BENEFITS

Beginning on January 1, your frame allowance will increase to \$200 and Standard Progressive lenses will be covered in full.



**We Heard
YOUR
Feedback**

NEW FOR 2024!

With VSP's **LightCare** benefit, you can use your vision plan to pay for non-prescription eyewear, frames and lenses for sunglasses, and blue light filtering glasses.

Visit a VSP network doctor and choose either prescription or non-prescription glasses to access your benefit.

USING THE PLAN

Your eye health is an important part of your overall health and well-being. To help you take care of your eyes, we provide a comprehensive vision insurance plan. Our Vision Care Plan provides preventive services for exams as well as eye wear (lenses, frame, and contact lenses) for corrective vision through Vision Service Plan (VSP). VSP is a national network of over 28,000 provider locations throughout the United States.

- Locate a VSP provider by contacting member services at **800.877.7195** or visiting www.vsp.com and selecting the CHOICE network. **You will not receive an ID card from VSP.**
- When scheduling your appointment, let them know you are a VSP member and provide the employee's name and last four digits of the Social Security Number
- The participating doctor will then contact VSP to verify eligibility and obtain authorization for services
- If you decide not to use a VSP member doctor, VSP will reimburse you for services received by any licensed optometrist, ophthalmologist, or optician. In this situation, you are responsible for paying the provider in full and for requesting reimbursement. To be reimbursed by VSP, you must submit your itemized receipts within six months from the date of service to VSP at: Vision Service Plan, Attn: Non-Member Doctor Claims, P.O. Box 997105, Sacramento, CA 95899-7105.



BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
Copayment (per person/year)	\$10 (applied to all services and supplies)	
Exams	Once in a calendar year	
Lenses	Once in a calendar year	
Frames	Once in a calendar year	
Contact Lenses	Once in a calendar year	
Exams	100% of plan allowance	Plan pays up to \$45
LENSES		
Single	100% of plan allowance average 20-25% savings on all non-covered lens options	Plan pays up to \$30
Bifocal		Plan pays up to \$50
Trifocal		Plan pays up to \$65
Frames	100% of plan allowance (up to \$200)	Plan pays up to \$70
Contact Lenses, Evaluation, and Fitting	100% of plan allowance (up to \$150)	Plan pays up to \$105

*Contacts are in lieu of frames and lenses. 15% off contact lens exam (fitting and evaluation)



BASIC LIFE AND AD&D INSURANCE BENEFITS

Sotera Health provides you with an amount equal to one times your base annual earnings, rounded to the next highest \$1,000 (maximum of \$500,000) at no cost to you. We also provide you with Accidental Death and Dismemberment (AD&D) Insurance equal to a benefit of one times base annual earnings, rounded to the next highest \$1,000 (maximum of \$500,000). AD&D Insurance provides your family with additional financial security if you die or suffer a severe injury due to an accident. The full benefit amount will be paid for the loss of your life, paralysis of all four limbs, or loss of sight in both eyes. If you lose a single hand, foot or eye, you'll receive a benefit equal to 50% of your full amount of coverage. Your AD&D beneficiary is the same beneficiary(ies) you choose for Basic Life Insurance.

- Basic Life and AD&D benefit will reduce to 65% at age 70 and 50% at age 75
- Earnings and Coverage Updates
- Your Life and AD&D benefit amounts and contributions will be updated as your base earnings change

Beneficiary(ies) must be designated for Basic and Supplemental — one will not automatically apply to the other. Benefits without a beneficiary designation will be paid according to the “facility of payment” rules followed by Voya.

- **Accelerated benefit:** If you become terminally ill and are not expected to live more than 24 months, you may request up to 75% of your life insurance amount. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies).
- **Portability:** This means that if you retire, reduce your hours, or leave the company, you can keep your coverage and make payments directly to the insurance carrier.
- **Conversion:** If your life insurance ceases, you may be able to convert your life insurance to an individual policy. You need to apply for the Conversion Privilege within 31 days of your policy terminating. The amount of insurance you can convert depends on the reason your coverage ceases.
- **Waiver of premium:** If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.



ACTION REQUIRED!

Beneficiary Designation: The company provides you Basic Life insurance and AD&D, no cost to you. **YOU MUST** designate a beneficiary within the Global Employee Portal!



SUPPLEMENTAL LIFE AND AD&D INSURANCE BENEFITS

This benefit allows you to purchase additional life insurance and AD&D coverage for you, your spouse and/or child(ren). Coverage purchased for your spouse or child(ren) will pay a benefit to you if they should die. This is a voluntary benefit, which means you determine if you would like to purchase this benefit or not. It is not required.

WHEN MEDICAL UNDERWRITING IS REQUIRED

At initial enrollment, no medical underwriting is required for employee insurance amounts up to the lesser of three times base annual earnings or \$500,000 (Basic and Supplemental Life insurance combined). Medical questionnaire, and a blood test may be required for amounts over this amount. Excess coverage can be declined and is not effective until approved by Voya. The non-medical maximum for spouses is \$25,000.

IF APPLYING FOR THE FIRST TIME AT ANNUAL ENROLLMENT, ALL AMOUNTS REQUIRE MEDICAL UNDERWRITING APPROVAL.

Supplemental Life and AD&D Insurance benefits for employees and legal spouses will reduce to 65% at age 70 and 50% at age 75.

COVERAGE	COVERAGE OPTION
Employee	1-7 times base annual earnings, rounded to the next highest \$1,000 (maximum of \$1,000,000 Basic and Supplemental Life combined).
Spouse	\$25,000
Each Child	Live birth to age 26: \$10,000

The formula for calculating Employee Supplemental Life / AD&D cost is as follows:

Coverage amount divided by 1,000 equals _____ multiplied by \$.25 equals _____ per month. Multiply this monthly amount by 12, and then divide that result by 26 for a per day pay period cost.

HOW MUCH INSURANCE DO I NEED?

Leverage the Life Needs Estimator:
www.voya.com/tool/life-insurance-calculator

QUESTIONS TO CONSIDER:

Before selecting Supplemental Life and AD&D insurance, consider the following questions:

- Current financial situation—Would my family be left with outstanding debts? If so, how much? Would they have fixed financial obligations such as a home mortgage, car payment, etc.?
- Future expenses—Are there any large expenses in the future, such as college tuition, etc.?
- Do I or does my spouse have other life insurance coverage?
- Should the life coverage be used in lieu of purchasing home mortgage insurance?
- How much life insurance do I really need?
- Should I purchase life protection for my spouse and/or children?
- What does it really cost for funeral and burial expenses?

COVERAGE	COVERAGE OPTION
Employee	\$0.115 per \$1,000
Spouse	\$3.46 per \$25,000
Child(ren) (1 or more child(ren))	\$0.46 per \$10,000





DISABILITY PLAN BENEFITS

One objective of our benefit program is to protect your family’s income. If you can’t work because of illness or injury, it is critical that you have income to help meet your expenses. Our disability benefits are designed to help meet your needs for income replacement in the event of a disability. The amount of income you receive varies based on your base weekly or monthly salary as of your last day worked and the length of your disability.

The two disability plans provided by Sotera Health are outlined in the chart.

Employees are eligible for the Short Term and Long- Term Disability Plans the first of the month coinciding with or next following 6 months of continuous active employment.

HOW TO FILE A DISABILITY CLAIM

- Notify your supervisor
- Call Voya at **888.305.0602**, anytime. You can speak to a trained disability specialist or follow the prompts to record your disability information

HAVE THIS INFORMATION READY:

- Company name: Sotera Health LLC
- Company control number: 708364
- Employee ID or Social Security Number
- Address and telephone number
- Date of birth
- Job title
- Doctor’s name, phone number, and fax
- Your last day worked and your first day out due to this
- If the absence is work-related
- The date you expect to return to work

PRE-EXISTING CONDITIONS AND LONG-TERM DISABILITY

For anyone newly hired, the Long-Term Disability Plan does not cover any disabilities caused by or resulting from a pre-existing condition. You have a pre-existing condition if you received medical treatment, consultation, care, or services including diagnostic measures, or took prescribed drugs or medicines in the three months just prior to your effective date of coverage; or you had symptoms for which an ordinary prudent person would have consulted a healthcare provider in the three months just prior to your effective date of coverage; and the disability begins in the first twelve months after your effective date of coverage.

COVERAGE	SHORT-TERM DISABILITY PREMIUM PAID BY THE COMPANY	LONG-TERM DISABILITY PREMIUM PAID BY THE COMPANY
Income Replacement	70% of weekly base salary up to \$3,000 per week	60% of monthly base salary, up to \$10,000 monthly maximum benefit
When Benefit Begins (from date of disability)	8th calendar day	181st calendar day
Maximum Benefit Period	26 weeks (7 calendar day elimination period)	Your Normal Social Security Retirement Age if first disabled prior to age 62; if disabled age 62 or later, benefits may continue according to a graded schedule
Benefit Tax Treatment	Taxable	Taxable
Type of Injury / Illness	Non-occupational only	Occupational and non-occupational

NOTE: Benefits are integrated with any amount you receive or are entitled to receive under any state compulsory benefit act or law (e.g., State Disability, Workers’ Compensation or Social Security Disability benefits, etc.)

FLEXIBLE SPENDING ACCOUNTS (FSA) AVAILABLE

We invite you to participate in an Employee Benefit that may increase your spendable income and lower your taxes. A Flexible Spending Account allows you to pay your portion of medical expenses that are not reimbursed, and dependent/childcare with pre-tax dollars. With Flexible Spending, your expenses are deducted from your paycheck before state, federal, and Social Security taxes. By paying these expenses with pre-tax dollars, you will reduce taxable income and take home a larger portion of your paycheck.

You are eligible for the Health Care Flexible Spending Account (FSA) if you enroll in the PPO medical plan.

TWO COMPONENTS OF THE FLEXIBLE SPENDING ACCOUNT

Health Care FSA – Medical Expense Reimbursement: Each year, you may set aside up to \$3,050 pre-tax dollars to pay for qualifying out-of-pocket medical, dental, vision, prescription drug, and other expenses, including deductibles, coinsurance payments, and copayments for yourself and your dependents.

Dependent Care FSA – Dependent Care Reimbursement: Each year, you may set aside up to \$5,000 pre-tax dollars (or \$2,500 if you are married and filing individually) to pay for eligible Dependent Care expenses. This includes childcare, eldercare, or other eligible dependent care.



COVERAGE	WITHOUT FLEXIBLE SPENDING	WITH FLEXIBLE SPENDING
Gross Income	\$30,000	\$30,000
Pre-Tax-Expense for Health/Dependent Care	\$0.00	\$2,500
Taxable Income	\$30,000	\$27,500
Less Taxes, FICA	\$6,900	\$6,325
After-Tax-Expenses for Health/Dependent Care	\$2,500	\$0.00
Spendable Income	\$20,600	\$21,175
Your Savings with Flexible spending	\$0.00	\$575

FACTS YOU SHOULD KNOW

- ✓ Participants are not eligible for the Flexible Spending Account if they are enrolled in any of the HSA HDHP Plans. Please Note: You can still enroll in the Dependent Care Flex plan. If you are enrolled in the Platinum PPO, you may participate in the HC FSA.
- ✓ Participation is voluntary.
- ✓ Participation in the plan simply allows you to pay for qualified expenses with pre-tax dollars.
- ✓ Because you will be paying less in Social Security taxes, participation in the Flexible Spending Account may slightly reduce your future Social Security benefits.
- ✓ Flexible Spending Accounts are subject to the “use it or lose it” rule.
- ✓ Participants should carefully monitor their spending throughout the year to avoid any unused balance.

EMPLOYEE ASSISTANCE PLAN (EAP)

NEW!

The Employee Assistance Plan (EAP) is a **confidential** program available to all employees and their dependents administered by Workplace Options and is a resource to assist you in managing personal, family, financial, or legal concerns that may be affecting your personal and work life. It provides counseling through outside professionals to aid in resolving personal distress. Workplace Options is staffed by a team of master's-level counselors who can assist with almost any problem. All at no cost to you!

Counselors are trained to help with many situations and concerns including:

- Everyday issues
- Emotional well-being
- Addiction and recovery
- Financial issues
- Legal issues
- Parenting and childcare
- Eldercare
- Work-Life Issues

* Due to conflict of interest, Workplace Options is unable to provide legal consultation for lawsuits against employers or health plans.

HOW DOES WORKPLACE OPTIONS WORK?

Support is provided by Workplace Options, staffed by professionals who are completely independent of your organization. They are bound by professional standards regarding confidentiality, and do not disclose details of individuals who have contacted the service.

You have free, confidential support via multiple channels. Log in to the website to get all the information.

WHEN CAN I CALL A COUNSELOR?

Call Workplace Options any time of the day, 365 days a year.

HOW MANY VISITS DO I HAVE?

Up to five in-person visits per issue, per year, with a local affiliate counselor. This benefit is paid for by the Company. There are no copayments, coinsurance, deductibles, or limit to the number of issues per year.

EMERGENCIES

Please inform the intake specialist if you have an emergency. You will be immediately connected with a counselor.

WE CARE ABOUT YOUR TOTAL WELL-BEING.

This free, service can help you with all of life's moments – the good, the challenging, and everything in between.

Remember your EAP is:

Simple to Use | Confidential | Here to Help!



Toll Free

1 888 851 7032

Some mobile phones or internet-based calls may not be supported. In that case, please consider another access method listed here.



WhatsApp

+1 984 920 6875



Direct Line

+1 919 706 4551



Website

<https://global.helpwhereyouare.com>

Company Code: Sotera



Email

support@resourcesforyourlife.com



iConnectYou

Download the app from iOS or any Android app store and register using the following passcode: 253105



NEW! SAVINGS CENTER

To help you stretch your dollar, you and your family have access to a free online benefit: the Savings Center where you can benefit from discounts from leading retailers, restaurants, and movie theaters.

Register for free on your employee support website.

<https://global.helpwhereyouare.com>

Company Code: Sotera

RETIREMENT

Retirement savings are important for you and your family's future!

401(k) RETIREMENT PLAN

You can update your 401(k) plan at anytime throughout the year. Sotera Health's 401(k) plan is designed to help you save for retirement. The plan offers two options for saving your money, a pre-tax 401(k) and an after-tax Roth 401(k).

PLAN ELIGIBILITY

All employees are eligible to participate in the plan upon date of hire (unless part of an excluded class in the plan document).

YOUR CONTRIBUTIONS

Through payroll deductions, you may contribute any percentage of your pay. Your contributions are subject to annual dollar limits set by the IRS each year. You may change the amount you save or stop saving at any payroll period. Below reflects the current 2023 dollar limits. The IRS has not provided the 2024 dollar limits.

TYPE OF CONTRIBUTION	2023 DOLLAR LIMIT
Individual Deferrals	\$22,500
Catch-up*	\$7,500

*Allows participants age 50 and over to defer an additional amount over the individual deferral limit as a catch-up contribution.

COMPANY MATCHING CONTRIBUTIONS

In order to participate in the matching program, you must make your own contribution to the plan each paycheck. For 2024, the company will match 100% of your first 3% of compensation deferred as 401(k) contributions and 50% of your next 3% of compensation deferred as 401(k) contributions. So, if your total contributions are 6% or more per pay, your total company match will be 4.5%—the maximum match!

If you are currently contributing less than 6%, seriously consider increasing to 6% or more to receive the maximum company match. The chart to the right shows your deferral and the employee match.

NO VESTING SCHEDULE

You will be 100% vested (entitled to) in the Company contributions from the first day you sign up for the plan. This means, anything you earn will go with you, even after termination.

Acquired employees whose plan was consolidated into Sotera Health, all applicable vesting schedules on the prior company contributions still apply. Contact Schwab if you have any questions.

Add or review your beneficiary(ies) by accessing www.schwab.com/workplace

PERSONAL INVESTMENT ADVICE

The 401(k) Plan (the "Plan") includes my Financial Future®, a managed account service that includes personalized advice that can help you know how much to save and how to invest your retirement plan account. This service is provided by Mesirow Financial Investment Management, Inc. and Morningstar Investment Management, LLC.

This service:

- Calculates how much income you'll need in retirement
- Determines how much more you'll need to save to reach your retirement savings goal
- Identifies a savings rate
- Recommends the investments for your retirement plan account based on the investments available within your plan

If you're age 50 or older, you can receive a sustainable spending plan to help you know how much to withdraw from your various income sources each year in retirement.

For a fee, you can also receive professional management of your retirement plan account through the managed account service, including:

- Ongoing investment monitoring
- Automatic adjustments to your investments.

The fee for this service is based on your eligible average daily retirement plan account balance and the number of days you are in the service. Eligible balances exclude loan balances. The fee is applied to your plan account on a quarterly basis.

EMPLOYEE DEFERRAL %	COMPANY MATCH %
1%	1%
2%	2%
3%	3%
4%	3.5%
5%	4%
6% or more	4.5%

Your contribution is not limited to 6%. The plan is flexible, and you can contribute more to meet your retirement needs.

RETIREMENT (CONT.)

NEW!



YOUR 401(k) INVESTMENTS

New in 2024! The plan now provides you with the flexibility to select separate investment options for each contribution type (pre-tax 401(k) and after-tax Roth 401(k)) or you can choose to have the same investment options for both contribution types. Please follow instructions in the Charles Schwab portal to guide you through selecting your investments.

COMMUNICATION

Plan statements and documents will be emailed to you. You can update this setting by logging into your account at workplace.schwab.com, go to My Profile, and adjust the settings in the Communications Preferences section. You can also view your account balance, access financial planning tools/resources, and perform certain account transactions on-line.

NEW HIRE AUTOMATIC ENROLLMENT

To encourage plan participation and saving for retirement, new hires who have not made a deferral election or elected not to participate within 45 days of your hire date will be automatically enrolled. As an "auto enrollee," the company will withhold 3% of your compensation from your paycheck each payroll period and contribute that amount to the plan as a salary deferral. Your contributions will be invested through the third-party managed account service. You may select an alternative deferral amount or elect not to participate in the plan at any time by contacting Charles Schwab directly.

New employees will also be automatically enrolled in our auto-escalation program upon hire where their election deferral percentage will automatically be increased annually by 1% up to the maximum of 6%.



ADDITIONAL BENEFITS



EDUCATION ASSISTANCE

The Company recognizes that educational development is important and should be encouraged. The Tuition Reimbursement plan was established to provide an opportunity for employees to obtain additional education or training in order to increase their effectiveness in their present jobs and to prepare for future advancements within the company.

Tuition reimbursement benefit is available to ALL full-time employees who have one-year continuous service and meet performance standards.

Tuition reimbursement up to the IRS annual maximum of \$5,250 per year will be available to all full-time employees who obtain pre-approval for their coursework and receive a passing grade of “C” or better. If the course is “pass/fail,” a final grade of “pass” is acceptable. Expenses such as textbooks and lab fees are eligible for reimbursement. The annual maximum is based on the calendar year, January through December. Please note the maximum is based on when the reimbursement is made and not when the course ends.

If an employee leaves the company within two years of the latest date of reimbursement, the amount of the reimbursement will be considered only an advance. Accordingly, the employee will be obligated to immediately reimburse 100% if leaving the company within one year of course payment, and 50% if leaving the company within one to two years of course payment.

For specific rules and guidelines, please reach out to benefits@soterahealth.com.

ADOPTION BENEFIT POLICY

We provide financial assistance to employees for certain fees relating to child adoption, up to a \$5,000 maximum benefit per event. The following adoption fees are eligible for reimbursement:

- Eligible Adoption-Related Fees
- Court costs and legal fees
- Public or private agency fees
- Foreign adoption fees
- Medical costs
- Other adoption-related expenses

For additional details, please reach out to benefits@soterahealth.com.

PAYING FOR YOUR BENEFITS

We know that our employees have different needs, which is why our benefits program allows you to choose from several options to design a benefit package that works best for you.

This chart provides a summary of the bi-weekly employee contributions (i.e., payroll deductions for each benefit and coverage level) To receive the Wellness rates, you must participate and meet the requirements as detailed in the Sotera Health Wellness Program section of this Guide.

MEDICAL PLAN OPTIONS	PLATINUM PPO PLAN		GOLD HDHP PLAN	SILVER HDHP PLAN	BRONZE HDHP PLAN
WELLNESS RATES*	LESS THAN \$50K	MORE THAN \$50K			
Employee	\$58.78	\$67.78	\$52.79	\$38.42	\$32.11
Employee + Spouse	\$164.97	\$186.38	\$150.70	\$110.33	\$91.43
Employee + Child(ren)	\$131.20	\$148.24	\$119.83	\$87.97	\$72.91
Family	\$235.39	\$264.62	\$215.90	\$157.32	\$130.12
NON-WELLNESS RATES					
Employee	\$80.94	\$89.93	\$74.94	\$60.58	\$54.26
Employee + Spouse	\$192.66	\$214.07	\$178.39	\$138.02	\$119.13
Employee + Child(ren)	\$153.35	\$170.39	\$141.99	\$110.13	\$95.07
Family	\$263.08	\$292.31	\$243.59	\$185.01	\$157.81
DENTAL PLAN OPTIONS	PREMIER PLAN		STANDARD PLAN		VALUE PLAN
Employee	\$13.55		\$4.76		\$2.38
Employee + Spouse	\$27.58		\$9.27		\$7.13
Employee + Child(ren)	\$30.43		\$9.27		\$7.13
Family	\$44.21		\$13.55		\$9.98
VISION PLAN OPTIONS					
Employee	\$3.55				
Employee + Spouse	\$7.14				
Employee + Child(ren)	\$7.56				
Family	\$12.06				
LIFE INSURANCE OPTIONS – SUPPLEMENTAL LIFE/ACCIDENTAL DEATH & DISMEMBERMENT					
Employee	\$0.115 per \$1,000				
Spouse	\$3.46 per \$25,000				
Child(ren) (1 or more child(ren))	\$0.462 per \$10,000				

PAYROLL DEDUCTIONS

Your payroll deductions for enrollment in Medical, Dental, Vision, Flexible Spending Accounts, and Health Savings Accounts are before-tax dollars. Because before-tax dollars are deducted from your pay before federal, state, and Social Security are applied, your taxes may be reduced. Supplemental Life/AD&D Insurance deductions are applied as after-tax dollars.

NEW!

VOLUNTARY BENEFITS AVAILABLE TO YOU

ACCIDENT INSURANCE (UNUM)

Accident insurance provides a cash benefit if you or a family member is injured due to an accident. The amount of the benefit varies based on the severity of the injury. For example, a hip fracture would have a larger benefit than a broken toe. Benefits are also payable if you need to go to the emergency room, are admitted to the hospital, and for physical therapy. You may choose to cover yourself only, yourself and your spouse, yourself and your children, or your entire family.

CRITICAL ILLNESS (UNUM)

Critical Illness coverage pays a lump sum if you or a family member are diagnosed with a serious health condition like cancer, heart attack, stroke, Multiple Sclerosis, ALS, Parkinson's, or Alzheimer's Disease. The benefit is \$20,000 for an employee, and \$10,000 for children. Spouses can only get 100% of the employee coverage amount as long as you have purchased coverage for yourself. Rates are based on the employee's age.

HOSPITAL INDEMNITY (UNUM)

Hospital indemnity pays a benefit when you are admitted to the hospital, whether it is for an accident, illness, medically necessary procedure, or the birth of a child. The benefit is \$1,000 per admission and \$100 per day (up to 30 days). The benefit is doubled if you are admitted to and stay in the ICU. You can cover yourself only, yourself and your spouse, yourself and your children, or your entire family.

Access this website for more information:
<https://flimp.live/v3qr9qsxm>

Each UNUM benefit pays you directly

It does not coordinate with the medical plan. Use the benefit to pay for your medical costs, or for expenses like transportation and childcare. Or you could use it to pay your rent/mortgage or car payment. You choose how to use the money.

All UNUM plans include a \$50 Be Well Benefit each year if you and other covered family members receive an annual physical, immunization, or recommended preventive screening.

PET INSURANCE (ASPCA)

ASPCA offers a customizable pet insurance plan for your dog or cat. You can choose whether to cover accidents only, accidents and illness, and if you want to include preventive care as well. You can also choose a deductible of \$100, \$200, or \$500, reimbursement levels of 90%, 80%, or 70%, and an annual limit from \$3,000 to unlimited.

You can visit any licensed vet in the US or Canada. Pay your vet bill, submit claims to ASPCA, and you will receive reimbursement by direct deposit or mail.

The cost is based on your pet's information and the plan you design. Pre-existing conditions are excluded.

Enroll at www.aspcapetinsurance.com/SoteraHealth priority code EB23SoteraHealth. You can also call ASPCA at **877.343.5314**.

You will be billed directly by ASPCA for your pet insurance.



PAYING FOR YOUR VOLUNTARY BENEFITS

PAYROLL DEDUCTIONS

There will be a post-tax deduction from your bi-weekly paycheck in the amount indicated below for the voluntary benefit coverage you elect.

ACCIDENT INSURANCE	
You	\$4.66
You and Your Spouse	\$8.28
You and Your Children	\$10.01
Family	\$13.62

CRITICAL ILLNESS INSURANCE		EMPLOYEE COVERAGE: \$20,000 SPOUSE COVERAGE: \$20,000 BE WELL BENEFIT: \$50
AGE	EMPLOYEE/SPOUSE	
Under age 25	\$2.86	
25-29	\$2.86	
30-34	\$4.43	
35-39	\$4.43	
40-44	\$8.31	
45-49	\$8.31	
50-54	\$16.52	
55-59	\$16.52	
60-64	\$32.12	
65-69	\$32.12	
70-74	\$63.69	
75-79	\$63.69	
80-84	\$160.71	
85+	\$160.71	

HOSPITAL INDEMNITY INSURANCE	
You	\$6.98
You and Your Spouse	\$15.59
You and Your Children	\$10.06
Family	\$18.66



WHEN YOUR BENEFITS END

Upon separation of employment, your participation in the company benefit plans ceases either when your employment ends or the end of the month in which employment ends. Please refer to the chart below:

COBRA COVERAGE

In compliance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Sotera Health offers extended coverage for the Medical, Dental, and Vision plans. Extended coverage is offered when coverage under these plans would otherwise end. You and your dependents may extend coverage in these plans for 18 months if you lose coverage due to one of the following qualifying events:

- Voluntary termination
- Involuntary termination (Gross Misconduct Exception)
- Reduction of hours (strike, layoff, leave of absence (not a FMLA), and full-time to part-time)
- COBRA may be extended from 18 to 29 months for Qualified Beneficiaries who are deemed by the Social Security Administration to have been disabled before the end of the first 60 days of COBRA continuation coverage.

Your dependents may extend coverage for 36 months if any of the following qualifying events occur:

- Death of the employee
- Employee’s Medicare entitlement
- Divorce or legal separation
- Dependent child ceasing to be a dependent

Even though more than one qualifying event may occur, 36 months of extended coverage is the maximum extension available. You (or your dependent(s)) pay the full cost of the extended coverages you choose plus a 2% administrative fee. The disability premium is 150% of the total monthly cost for an active employee.

RECEIVING EXTENDED COVERAGE

If an event takes place that qualifies you or your dependents for extended coverage, Chard Snyder, Sotera Health’s COBRA administrator, will contact you within 14 days after receiving notification of the qualifying event from you or your employer. If you die while employed, your eligible dependents will be contacted by Sotera Health upon receipt of notice of your death. Once extended coverage ends for any reason, it will not be reinstated. Eligibility for extended coverage begins the day after the qualifying event occurs. COBRA coverage will terminate due to any one of the following events:

- You reach the end of your initial coverage period (18, 29, or 36 months)
- Failure to pay in a timely manner (specified timelines would apply)
- You become covered under another health plan without pre-existing condition limitations or exclusions applying to you or your beneficiaries
- You become entitled to Medicare
- Employer’s cancellation of all group plans

LIFE INSURANCE CONVERSION AND PORTABILITY

Upon termination, if you are interested in converting your group life coverage to an individual plan or continuing group coverage at your own cost under the portability provision, contact Voya Customer Service at **888.238.4840** for the appropriate forms. You must apply for conversion or portable coverage within 31 days after your date of termination.

VOLUNTARY BENEFITS PORTABILITY

If you are interested in porting your accident, critical illness, or hospital indemnity coverage, access the portability forms on the Your Benefits Resource Center website <https://c2mb.ajg.com/soterahealth>.

PLAN	COVERAGE ENDS
Medical – Quantum Health/UMR	Last day of month in which you terminate
Dental – Guardian	
Vision – VSP	
Basic Life Insurance and AD&D – Voya	Date of termination
Supplemental Life and AD&D Insurance – Voya	
Short Term Disability - Voya	
Long-term Disability – Voya	
Employee Assistance Program – Workplace Options	Portable, action will be required
Voluntary Benefits	

CONTACTS AND RESOURCES

COVERAGE	CONTACT	PHONE	WEBSITE
Medical	Care Coordinators at Quantum Health	866.920.1968	soterehealthbenefits.com
Prescription & Mail Order Drug	Contact Quantum for Rx Questions OptumRx Group Number: 76-416472	866.920.1968	soterahealthbenefits.com
Telemedicine	Teladoc with Quantum Health	866.920.1968	soterahealthbenefits.com
MSK Point Solution	Airrosti	800.404.6050	Airrosti.com
Health Spending Account	Optum Financial	800.791.9361	www.optumbank.com
Wellness	Quantum Health	866.920.1968	soterahealthbenefits.com
Voluntary Benefits	UNUM	800-635-5597	unum.com
Pet Insurance	ASPCA	877.343.5314	www.aspcapetinsurance.com/ SoteraHealth
Disability Plans	Voya Policy number 708364	Voya Employee Benefits FMLA intake: 888.464.3652 Customer Service: 888.305.0602 Claims Fax: 888.305.0605	FMLA visit voya.absenceresources.com Claims visit www.voya.com
Employee Assistance Plan	Workplace Options	888.851.7032 or 919.706.4551	https://global.helpwhereyouare.com Company Code: Sotera Email: support@resourcesforyourlife.com
Vision Plan	Vision Service Plan (VSP) 3333 Quality Drive Rancho Cordova CA 95670 *New group number: 40156442	800.877.7195	www.vsp.com
Life Plan	Voya Policy number 708364 Claims: PO Box 1548 Minneapolis, MN 55440	888.238.4840	www.voya.com
401(k) Plan	Schwab Retirement Plan Services	800.724.7526 Spanish Customer Service: 877.905.2553 Mesirow Invest@Work: 877.762.7238	workplace.schwab.com
Dental Plans	Guardian Premier, Standard, Value Plans Policies #:383968 P.O. Box 981572 El Paso, TX 79998-1572	Customer Response Unit: 800.541.7846 Customer Service: 800.541.7846 Customer Fax: 509.468.4590	www.guardiananytime.com *Select DentalGuard Preferred
Flexible Spending Account	Chard Snyder 6867 Cintas Blvd. Mason, OH 45040	Customer Service: 800.982.7715 Claims Fax: 888.245.8452	www.chard-snyder.com

If you have questions about your benefits, please visit:

soterahealthbenefits.com if you are a medical plan participant
Your Benefits Resource Center at <https://c2mb.ajg.com/soterahealth>
or email benefits@soterahealth.com

Other Helpful Websites:

American Medical Association: www.ama-assn.org
National Institutes of Health: www.nih.gov
National Library of Medicine: www.nlm.nih.gov
Health Action Council: www.findtherightcare.org

