



June 2020

## **2020 Required Notices & Summaries of Material Modifications**

This document contains Summary(s) of Material Modifications for various US Lubrizol benefit programs. Each Summary of Material Modifications includes benefit changes that may impact you, so please read through this information carefully and keep it in a safe place. You can access copies of the current Summary Plan Descriptions in the Employee Benefits Resource Guide, at [benefits.lubrizol.com](https://benefits.lubrizol.com) and click on ***Enrollment > Employee Resources Guide***.

If you have questions, please feel free to contact the Corporate Benefits team at [benefits@lubrizol.com](mailto:benefits@lubrizol.com) or (440) 347-5358.

**Please Note: You may or may not be a participant in all plans referenced in this packet. Receipt of the attached Summary of Material Modifications and notices does not guarantee coverage in all the plans referenced in the attached materials.**

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**The Notice of Creditable Coverage required by the Centers for Medicare and Medicaid Services for participants in Lubrizol’s prescription program who are eligible for Medicare Part D is contained on page 10 of this document. Please share this Notice with your Medicare-eligible family members who participate in Lubrizol’s prescription drug program.**

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dhcnp.nv.gov">https://dhcnp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/pi/p10095.pdf">https://www.dhs.wisconsin.gov/publications/pi/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## (Lubrizol CDHPs: Core, Standard, Plus; The Lubrizol OOA)

### Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

	Core	Standard	Plus	Lubrizol OOA <sup>9</sup>
<b>FEATURE</b>	Individual • 2-person • Family	Individual • 2-person • Family	Individual • 2-person • Family	Individual • 2-person • Family
<b>Annual Deductible<sup>1</sup></b>				
Network	\$4,000 • \$6,000 • \$8,000	\$3,000 • \$4,500 • \$6,000	\$2,000 • \$3,000 • \$4,000	\$3,000 • \$4,500 • \$6,000
Non-network	\$4,000 • \$6,000 • \$8,000	\$3,000 • \$4,500 • \$6,000	\$2,000 • \$3,000 • \$4,000	\$3,000 • \$4,500 • \$6,000
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Medical Coinsurance</b>				
Network	20%	20%	20%	20%
Non-network	40%	40%	40%	20%

For more information about WHCRA required coverage, please call UnitedHealthcare at 1-877-706-1735.

## **(Lubrizol CDHPs: Core, Standard, Plus; The Lubrizol OOA)**

### **Newborns' and Mothers' Health Protection Act**

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Your health plan, as required by the Newborns' and Mothers' Health Protection Act of 1996, provides benefits for a hospital length of stay in connection with childbirth for the mother or newborn child of no less than 48 hours following vaginal delivery, or no less than 96 hours following a delivery by cesarean section. The plan may pay for a shorter stay if the attending physician or other provider, after consultation with the mother, discharges the mother or newborn earlier. The plan does not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). For more information, please call UnitedHealthcare at 1-877-706-1735.

### **(Lubrizol group health plans/HIPAA)**

#### **Special Enrollment Notice**

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If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days (60 days for a newborn) after the marriage, birth, adoption, or placement for adoption.

Contact the Lubrizol Benefits Center at 1-844-747-1641 if you have questions or to make changes to your benefits.

## (Lubrizol group health plans/HIPAA)

### Notice Regarding Privacy of Protected Health Information

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Federal regulations under the Health Insurance Portability and Accountability Act (HIPAA) require that the plan provide you with this Notice Regarding Privacy of Protected Health Information. This notice describes (1) how the plan may use and disclose your protected health information, (2) your rights to access and control your protected health information and (3) the plan's duties and contact information.

#### **Protected Health Information**

"Protected health information" is health information created or received by the plan that contains information that may be used to identify you, such as your name or address. It includes written or verbal health information that relates to your past, present or future physical or mental health; the provision of health care to you; and your past, present or future payment for health care.

#### **The Use and Disclosure of Protected Health Information in Payment and Health Care Operations**

Your protected health information may be used and disclosed by the plan in the course of providing payment for treatment and conducting medical, prescription, vision and dental claims operations. Any disclosures may be made in writing, electronically, by facsimile, or orally. The plan may also use or disclose your protected health information in other circumstances if you authorize the use or disclosure, or if state law or the HIPAA privacy regulations authorize the use or disclosure.

**Treatment.** The plan may use or disclose your protected health information in connection with your treatment, which includes the provision, coordination or management of health care and related services. For example, the plan may disclose information to a treating specialist the name of your regular doctor so that the specialist may request the transfer of your test results from your doctor.

**Payment.** The plan may use or disclose your protected health information to provide payment to you or your health care providers for services rendered to you by your health care providers. These uses or disclosures may include disclosures to your health care provider or to another group health care plan or insurer to obtain the information needed to process your claim for benefits.

**Operations.** The plan may use or disclose your protected health information when needed for the plan's medical, prescription, and dental claims operations for the purposes of management and administration of the plan. For example, the plan may use your information for claims operations including: utilization management; disease management program activities; administration of the plan's subrogation provisions; coordination of benefits; claims management; reviewing provider performance and plan performance; activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits; conducting or arranging for medical review, legal services, actuarial services and auditing functions, including fraud and abuse detection and compliance programs; business planning and development; systems maintenance; and management activities.

**Other Uses and Disclosures.** The plan may also use or disclose your protected health information to provide appointment reminders; to describe or recommend treatment alternatives or to provide information about other health-related benefits and services that may be of interest to you.

The plan may use or disclose protected health information for underwriting purposes as permitted by law, but the plan cannot use or disclose your genetic information for that purpose. Underwriting purposes include eligibility rules or determinations, including eligibility for enrollment or continued enrollment and for benefits under the plan; calculating premium or contribution amounts under the plan; applying pre-existing condition



exclusions, if any; or activities related to creating, renewing or replacing any health insurance contract or health benefits. The plan may also disclose protected health information to The Lubrizol Corporation, the sponsor of the plan. Any disclosure to The Lubrizol Corporation will be in accordance with the HIPAA privacy regulations.

### **Additional Uses and Disclosures Permitted without Authorization or an Opportunity to Object**

In addition to payment and health care operations, the plan may use or disclose your protected health information without your permission or authorization in certain circumstances, including:

**When Legally Required.** The plan will comply with any federal, state or local law that requires it to disclose your protected health information.

**For Judicial and Administrative Proceedings.** The plan may disclose your protected health information for any judicial or administrative proceeding if the disclosure is expressly authorized by an order of a court or administrative tribunal as expressly authorized by the order or a signed authorization is provided.

**For Workers' Compensation.** The plan may disclose your protected health information to comply with workers' compensation laws or similar Programs.

### **Uses and Disclosures Permitted with an Opportunity to Object**

Subject to your objection, the plan may disclose your protected health information to a family member or close personal friend if the disclosure is directly relevant to the person's involvement in your care or payment related to your care. The plan will inform you orally or in writing of these uses and disclosures of your protected health information as well as provide you with an opportunity to object in advance. Your agreement or objection to the uses and disclosures can be oral or in writing. If you do not respond to these disclosures, the plan is able to infer from the circumstances that you do not object, or the plan determines that it is in your best interests for the plan to disclose information that is directly relevant to the person's involvement with your care, then the plan may disclose your protected health information. If you are incapacitated or in an emergency situation, the plan may determine if the disclosure is in your best interests and, if that determination is made, may only disclose information directly relevant to your health care.

### **Uses and Disclosures Authorized by You**

Other than the circumstances described above, the plan will not disclose your health information unless you provide written authorization. In particular the plan will not, without your authorization, use or disclose your health information that consists of psychotherapy notes, except to defend itself in a legal action or other proceeding brought by you or as otherwise permitted by law. The plan must also obtain your authorization to use or disclose your information for most marketing purposes or to sell your information. You may revoke your authorization in writing at any time except to the extent that the plan has taken action in reliance upon the authorization.

### **Your Rights**

You have certain rights regarding your protected health information under the HIPAA privacy regulations. These rights include:

**The right to inspect and copy your protected health information.** For as long as the plan holds your protected health information, you may inspect and obtain a copy of the information included in a designated record set. A "designated record set" contains enrollment, payment, claims adjudication and case or medical management records systems maintained by or for the plan, as well as any other records the plan uses to make decisions regarding health care benefits provided to you. The plan may deny your request to inspect or copy your protected health information if the plan determines that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referred to in the information. You have the right to request a review of this decision.

In addition, you may not inspect or copy certain records by law, including:

- 1) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
- 2) protected health information that is subject to a law that prohibits access to protected health information.

You have the right to have a decision to deny access reviewed in some situations. You must submit a written request to the plan's Privacy Officer to inspect and copy your health information. The plan may charge you a fee for the costs of copying, mailing, or other costs incurred by the plan in complying with your request. Please contact the Privacy Officer at the number given at the end of this notice if you have any questions about access to your medical information.

**The right to request a restriction on uses and disclosures of your protected health information.** You may request that the plan not use or disclose specific sections of your protected health information for the purposes of payment or health care operations. Additionally, you may request that the plan not disclose your health information to family members or friends who may be involved in your care or for notification purposes described in this notice. In your request, you must specify the scope of restriction requested as well as the individuals for whom you want the restriction to apply. Your request should be directed to the Privacy Officer. The plan may choose to deny your request for a restriction, in which case the plan will notify you of its decision. Once the plan agrees to the requested restriction, the plan may not violate that restriction unless use or disclosure of the relevant information is needed to provide emergency treatment. The plan may terminate the agreement to a restriction in some cases.

**The right to request to receive confidential communications from the plan by alternative means or at an alternative location.** You have the right to request to receive communications of protected health information from the plan through alternative means or at an alternative location if you clearly state that the disclosure of all or part of that information could endanger you. The plan will make every effort to comply with reasonable requests. However, the plan may condition its compliance by asking you for information regarding the procurement of payment or specific information regarding an alternative address or other method of contact.

You are not required to provide an explanation for your request. Requests should be made in writing to the Privacy Officer.

**The right to request an amendment of your protected health information.** During the time that the plan holds your protected health information, you may request an amendment of your information in a designated record set. The plan may deny your request in some instances. However, should the plan deny your request for amendment, you have the right to file a statement of disagreement with the plan. In turn, the plan may develop a rebuttal to your statement. If it does so, the plan will provide you with a copy of the rebuttal. Requests for amendment must be submitted in writing to the Privacy Officer. Your written request must supply a reason to support the requested amendments.

**The right to request an accounting of certain disclosures.** You have the right to request an accounting of the plan's disclosures of your protected health information made for the purposes other than payment or health care operations as described in this notice. The plan is not required to account for disclosures (1) you requested, (2) you authorized by signing an authorization form, (3) to friends or family members involved in your care and (4) certain other disclosures the plan is permitted to make without your authorization. The request for an accounting must be made in writing to the Privacy Officer and should state the time period that you wish the accounting to include, up to a six-year period. The plan is not required to provide an accounting for disclosures that took place prior to April 14, 2003. The plan will not charge you for the first accounting you request in any 12-month period. Subsequent accountings may require a fee based on the plan's reasonable costs for compliance of the request.

**The right to receive a paper copy of this notice.** The plan will provide a separate paper copy of this notice upon request even if you have already been given a copy of it or have agreed to review it electronically.

## **The Plan's Duties**

The plan is required by law to ensure the privacy of your protected health information, to provide you with this notice of your rights and the plan's legal duties and privacy practices, and to notify you in the event of a breach of your unsecured protected health information. The plan must abide by the terms of this notice, as may be amended periodically. The plan reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that the plan collects and maintains. If the plan alters its notice, the plan will provide a copy of the revised notice through regular mail or in person.

## **Complaints**

If you believe that your privacy rights have been violated, you have the right to relay complaints to the plan and to the Secretary of the Department of Health and Human Services. You may provide complaints to the plan verbally or in writing. These complaints should be directed to the Privacy Officer. The plan encourages you to relay any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

## **Contact Person**

The Plan's contact person regarding the plan's duties and your rights under the HIPAA privacy regulations is the Privacy Officer. The Privacy Officer can provide information regarding issues related to this notice by request. Complaints to the plan should be directed to the Privacy Officer at the following address:

HIPAA Privacy Officer  
The Lubrizol Corporation  
29400 Lakeland Boulevard – 491A  
Wickliffe, OH 44092

The Privacy Officer can be contacted by telephone at 440-347-1757.

## (Lubrizon CDHPs: Core, Standard, Plus; The Lubrizon OOA)

### Important Notice from The Lubrizon Corporation About Your Prescription Drug Coverage and Medicare

**If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.**

If you or your family members are not currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice does not apply to you.

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

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

- 1) Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2) The Lubrizon Corporation has determined that the prescription drug coverage offered by CVS Caremark is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?** You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?** If you or your dependent(s) decide to join a Medicare drug plan, your Lubrizon prescription drug plan will be affected. For those individuals who enroll in a Medicare Part D plan, coverage under the Lubrizon prescription drug plan will continue for the individual and all covered dependents and will coordinate with Medicare.

See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.)

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

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

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

### **For More Information About This Notice or Your Current Prescription Drug Coverage**

Contact your local benefits representative for additional information or call the Lubrizol Benefits Center at 1-866-889-7948.

**NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if the coverage through The Lubrizol Corporation changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage**

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

For more information about Medicare prescription drug coverage:

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

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

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

# The Lubrizol Corporation Employee Benefits Plan

## Summary of Material Modifications

The following is a Summary of Material Modifications (SMM) and amends the Summary Plan Description (SPD) for The Lubrizol Corporation Employee Benefits Plan (the Plan). This is a required communication and you should keep this SMM with your SPD for future reference. Copies of the Plan's SPD may also be found on the Benefits website at <https://benefits.lubrizol.com>. The changes to the Plan described below are effective January 1, 2020.

The following is only a summary. In the case of a conflict between the information presented below and the Plan, the Plan provisions will govern.

### Medical and Prescription Drug Changes

#### 2020 Comparison of Medical and Prescription Drug Benefits

See below for a comparison of the 2020 medical plan options. Please note that the plan design of the Lubrizol OOA has changed for 2020. No changes were made to the plan designs for the Core, Standard, or Plus plans for 2020.

	Core	Standard	Plus	Lubrizol OOA <sup>3</sup>
FEATURE	Individual • 2-person • Family	Individual • 2-person • Family	Individual • 2-person • Family	Individual • 2-person • Family
<b>Annual Deductible<sup>1</sup></b>				
Network	\$4,000 • \$6,000 • \$8,000	\$3,000 • \$4,500 • \$6,000	\$2,000 • \$3,000 • \$4,000	\$3,000 • \$4,500 • \$6,000
Non-network	\$4,000 • \$6,000 • \$8,000	\$3,000 • \$4,500 • \$6,000	\$2,000 • \$3,000 • \$4,000	\$3,000 • \$4,500 • \$6,000
<b>Lubrizol's Annual HSA Contribution</b>	N/A	\$500 • \$750 • \$1,000	\$1,000 • \$1,500 • \$2,000	\$500 • \$750 • \$1,000
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Medical Coinsurance</b>				
Network	20%	20%	20%	20%
Non-network	40%	40%	40%	20%
<b>Emergency Room Visits</b>	20%	20%	20%	20%
<b>Hearing</b>	Hearing aid, hearing aid exams and diagnostic hearing care (not preventive) have \$500 limit, payable every two years	Hearing aid, hearing aid exams and diagnostic hearing care (not preventive) have \$500 limit, payable every two years	Hearing aid, hearing aid exams and diagnostic hearing care (not preventive) have \$500 limit, payable every two years	Hearing aid, hearing aid exams and diagnostic hearing care (not preventive) have \$500 limit, payable every two years
<b>Prescription Drug — Retail and Mail Order</b>	Preventive Maintenance: 0% Generic: 10% Brand Formulary: 20% Brand Non-formulary: 30% Biotech/Specialty (available only through Mail Order): 35%	Preventive Maintenance: 0% Generic: 10% Brand Formulary: 20% Brand Non-formulary: 30% Biotech/Specialty (available only through Mail Order): 35%	Preventive Maintenance: 0% Generic: 10% Brand Formulary: 20% Brand Non-formulary: 30% Biotech/Specialty (available only through Mail Order): 35%	Preventive Maintenance: 0% Generic: 10% Brand Formulary: 20% Brand Non-formulary: 30% Biotech/Specialty (available only through Mail Order): 35%
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b>				
Network	\$5,500 • \$7,500 • \$9,500	\$4,500 • \$6,000 • \$7,500	\$3,500 • \$4,500 • \$5,500	\$4,500 • \$6,000 • \$7,500
Non-network	\$5,500 • \$7,500 • \$9,500	\$4,500 • \$6,000 • \$7,500	\$3,500 • \$4,500 • \$5,500	\$4,500 • \$6,000 • \$7,500
<b>Surcharges</b>	Medical: \$45 Tobacco: \$35	Medical: \$45 Tobacco: \$35	Medical: \$45 Tobacco: \$35	Medical: \$45 Tobacco: \$35

<sup>1</sup> All covered expenses, including medical, prescription drug, behavioral health and substance abuse treatment expenses, will be applied to the annual deductible and annual out-of-pocket maximum.

<sup>2</sup> For the Core plan only, the annual out-of-pocket maximum for 2-person and family coverage has an individual cap of \$5,500. Once any one family member reaches the individual cap of \$5,500, Lubrizol starts paying 100% of that person's covered expenses for the rest of the plan year.

<sup>3</sup> Members of the Lubrizol OOA will pay 20% for network or non-network providers. If a network provider is used, network discounts will apply.

## **Prior Authorization for Certain Covered Services (applies to The Lubrizol CDHP (Core, Standard and Plus) and The Lubrizol OOA)**

UnitedHealthcare requires prior authorization for certain Covered Health Services. When prior authorization for a Covered Health Service is sought, United Healthcare will undertake a utilization review process, consisting of a set of formal techniques designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy, or efficiency of, health care services, procedures or settings. Such techniques may include ambulatory review, prospective review, second opinion, certification, concurrent review, case management, discharge planning, retrospective review or similar programs.

**Physicians and other health care professionals who participate in a UnitedHealthcare network (networks vary by plan) are responsible for obtaining prior authorization. However, if you choose to receive covered health services from a non-network provider, you are responsible for obtaining prior authorization before you receive the services. Failure to seek prior authorization for the non-network services listed below, exclusive of infertility services and obesity services, and on the following page will result in a \$500 reduction in benefits.**

**Non-Network Services for which prior authorization is required are identified below.**

- Ambulance – non-Emergency<sup>†</sup>;
- Autism Spectrum Disorder Services -inpatient services (including Partial Hospitalization/Day treatment and services at a Residential Treatment facility). Intensive outpatient program treatment; psychological testing; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management; Intensive Behavioral Therapy, including Applied Behavior Analysis (ABA)<sup>†</sup>;
- Clinical Trials;
- Congenital Heart Disease surgery;
- Diabetes Services<sup>†</sup>;
- Durable Medical Equipment for items that will cost more than \$1,000 to purchase or rent, including diabetes equipment for the management and treatment of diabetes;
- Gender Dysphoria treatment;
- Genetic Testing – BRCA, Pharmacogenetic panels, Prenatal<sup>†</sup>;
- Home health care including nutritional foods<sup>†</sup>;
- Hospice care – inpatient;
- Hospital Inpatient Stay – all scheduled admissions and maternity stays exceeding 48 hours for normal vaginal delivery or 96 hours for a cesarean section delivery;
- Lab, X-Ray and Diagnostics – Outpatient sleep studies;
- Mental Health Services – inpatient services (including Partial Hospitalization/Day Treatment and services at a Residential Treatment facility). Intensive outpatient program treatment; outpatient electro-convulsive treatment; psychological testing; transcranial magnetic stimulation; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management.;
- Prosthetic Devices for items that will cost more than \$1,000 to purchase or rent;
- Reconstructive Procedures, including breast reconstruction surgery following mastectomy and breast reduction surgery;
- Skilled Nursing Facility/Inpatient Rehabilitation Facility Services;
- Substance-Related and Addictive Disorder Services – inpatient services (including Partial Hospitalization/Day Treatment and services at a Residential Treatment facility). Intensive outpatient

program treatment; outpatient electro-convulsive treatment; psychological testing; extended outpatient treatment visits beyond 45 - 50 minutes in duration, with or without medication management; medication assisted treatment programs for substance-related and addictive disorder.;

- Surgery – blepharoplasty uvulopalatopharyngoplasty, vein procedures, sleep apnea surgeries, cochlear implant and orthognathic surgeries<sup>†</sup>;
- Therapeutics Treatments – Outpatient – dialysis, IV infusion, radiation oncology, intensity modulated radiation therapy and MR-guided focused ultrasound; and
- Transplants.

Please remember for Non-Network Benefits, you must obtain prior authorization from UnitedHealthcare at 1-877-706-1735. If you fail to obtain prior authorization as required, benefits will be subject to a \$500 reduction. Your Non-Network provider may postpone or refuse to provide these services without prior authorization. If you receive Non-Network services before obtaining prior authorization and prior authorization is not granted, the \$500 reduction in Benefits will apply.

**For obesity surgery or infertility services to be considered Covered Health Services, you must enroll in the applicable COE at 1-877-706-1735. Enrollment in the Fertility Solutions Program Centers of Excellence Program (infertility services) will be available after January 1, 2020.**

<sup>†</sup> Updates for 2020.

### **Infertility Services (applies to The Lubrizol CDHP (Core, Standard and Plus) and The Lubrizol OOA)**

Therapeutic services for the treatment of Infertility when provided by or under the direction of a Physician, and with prior enrollment in the Fertility Solutions Program described below. Benefits under this section are limited to the following procedures:

- Assisted Reproductive Technologies (ART).
- Frozen Embryo Transfer cycle including the associated cryopreservation and storage of embryos.
- ICSI - (intracytoplasmic sperm injection).
- Insemination procedures (artificial insemination (AI) and intrauterine insemination (IUI)).
- Embryo transportation related network disruption.
- Ovulation induction (or controlled ovarian stimulation).
- Testicular Sperm Aspiration/Microsurgical Epididymal Sperm Aspiration (TESA/MESA) - male factor associated surgical procedures for retrieval of sperm.
- Surgical Procedures: Laparoscopy, Lysis of adhesions, tubotubal anastomosis, fimbrioplasty, salpingostomy, resection and ablation of endometriosis, transcervical tubal catheterization, metroplasty.
- Electroejaculation.
- Pre-implantation Genetic Testing for a Monogenic Disorder (PGT-M) or Structural Rearrangement (PGT-SR) - when the genetic parents carry a gene mutation to determine whether that mutation has been transmitted to the embryo.

**Fertility Preservation for Medical Reasons** - when planned cancer or other medical treatment is likely to produce Infertility/sterility. Coverage is limited to: collection of sperm, cryopreservation of sperm, ovarian stimulation and retrieval of eggs, oocyte cryopreservation, ovarian tissue cryopreservation, in vitro fertilization, and embryo cryopreservation. Long-term storage costs (anything longer than 12 months) are not covered.



**Fertility Preservation for Non-Medical Reasons** - when you would like to delay Pregnancy for non-medical reasons. Coverage is limited to: collection of sperm, cryopreservation of sperm, ovarian stimulation and retrieval of eggs, oocyte cryopreservation, ovarian tissue cryopreservation, in vitro fertilization, and embryo cryopreservation. Long-term storage costs (anything longer than 12 months) are not covered.

### **Criteria to be eligible for Benefits**

To be eligible for the Infertility Services Benefit you are not required to have a diagnosis of infertility, but the below eligibility requirements do apply:

- You must be under age 44 if female and using own oocytes (eggs) (for treatment initiated prior to pertinent birthday, services will be covered to completion of initiated cycle).
- You must be under age 50 if female and using donor oocytes (eggs) (for treatment initiated prior to pertinent birthday, services will be covered to completion of initiated cycle).
- Child Dependents are ineligible for coverage for Infertility Services, except for Fertility Preservation when planned cancer or other medical treatment is likely to produce infertility/sterility.

Any combination of Network Benefits and Non-Network Benefits is limited to \$25,000 per covered person during the entire period of time the covered person is enrolled for coverage under the Plan.

Only charges for the following apply toward the Infertility Services lifetime maximum:

- Surgeon.
- Assistant surgeon.
- Anesthesia.
- Lab tests.
- Specific injections.

There is a separate lifetime limit of \$15,000 under the Outpatient Prescription Drug plan administered by Caremark.

### **Fertility Solutions Program – Centers of Excellence Network**

For infertility coverage to be considered a covered health service, you must enroll in the Fertility Solutions Program to receive services from a designated provider. To enroll call UnitedHealthcare at 1-877-706-1735 or you can call the *Fertility Solutions Program Nurse Team* at 1-888-936-7246.

### **Opioid Management Program Enhancement (Applies to the Lubrizol CDHPs (Core, Standard, and Plus) and The Lubrizol OOA – prescription drug benefit)**

To help curb abuse of opioid prescription drugs, coverage for prescription opioid drugs will be subject to enhanced restrictions under CVS/Caremark's opioid management program. Opioid-naïve patients aged 19 years and younger are limited to no more than a three-day supply of short acting opioids. The strategy will include immediate release (IR) and immediate release combination opioid products.

For patients whose clinical diagnosis may require a longer day supply for ongoing therapy, prescribers may apply for prior authorization on a case-by-case basis. Opioid prescriptions for cancer, sickle cell disease, hospice or palliative care are exempt from this three-day limit.

### **Elimination of Transform Diabetes™ Program (Applies to the Lubrizol CDHPs (Core, Standard, and Plus) and The Lubrizol OOA – prescription drug benefit)**

The Transform Diabetes™ Program will be terminated on 12/31/2019. CVS Caremark will provide targeted communications to impacted members.

## **Special COVID-19 Provisions (applies to The Lubrizol CDHP (Core, Standard and Plus) and The Lubrizol OOA)**

*The description of the special COVID-19 Provisions updates the information presented in the Summary of Benefits and Coverage (SBC) for the Lubrizol CDHP (Core, Standard and Plus) and The Lubrizol OOA. In the event of a conflict between the information provided below and the SBC disclosures, the information presented below will govern.*

Changes to cost-sharing and preauthorization procedures have been made based on guidance provided by the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act in response to the COVID-19 pandemic.

### **Cost-sharing – COVID (applies to The Lubrizol CDHP (Core, Standard and Plus) and The Lubrizol OOA)**

No cost-sharing (deductible, Copayment or coinsurance) will apply for:

- Authorized and approved COVID-19 testing and testing-related visits at physician offices, urgent care centers, and emergency departments and through Telehealth (visits with a medical provider having the ability to connect to the provider's patients through virtual care), for dates of service February 4, 2020 and continuing until applicable federal law and the regulations and guidance is issued to conclude the practice.
- Inpatient and outpatient treatment-related medical expenses and Covered Services associated with COVID-19 for dates of service February 4, 2020 through May 31, 2020.
- Virtual Visits (through Amwell, Doctor on Demand, and Teledoc) for dates of service March 18, 2020 through June 18, 2020.

### **Telehealth**

Non-COVID-19-related visits will remain at Plan benefits (Network and non-Network) but will be allowed through Telehealth visits (with a participant's own provider) for dates of service March 18, 2020 through June 18, 2020.

### **Outpatient Behavioral Health and Telehealth**

Outpatient behavior health visits through Telehealth (with a participant's own provider) will be permitted for dates of service March 18, 2020 until applicable federal law and the regulations and guidance is issued to conclude the practice.

### **Prior Authorization Extension for Medical Services**

UnitedHealthcare requires prior authorization for certain medical services. Prior authorizations that are set to expire between March 24, 2020 and May 31, 2020 will be extended automatically for 90 days from the prior authorization's expiration date. Prior Authorizations issued on or after April 10, 2020 are not subject to extension.

### **Prior Authorization Extension for Prescription Drugs**

CVS/Caremark requires prior authorization for certain prescriptions drugs. Prior authorizations that are set to expire between March 23, 2020 and June 30, 2020 will be extended automatically for 90 days from the prior authorization's expiration date.

### **Participant Deadline Extensions**

The Plan will extend deadlines for participant actions or elections under the Plan due to the impact of COVID-19 consistent with and as required by applicable law, regulation, or guidance.

On May 4, 2020, the Departments of Labor and Treasury and the Internal Revenue Service jointly issued a temporary rule that extends the deadlines for certain participant actions. Under the temporary rule, in calculating the end date of the period in which a participant action must be taken, any dates that fall within the "Outbreak 2020

Period” will be disregarded. The Outbreak Period started March 1, 2020, and will end 60 days after the announced end to the national emergency that was declared under the Stafford Act (or another date that may be announced in a future agency notice).

The temporary rule provides that the Outbreak Period is disregarded for purposes of calculating the following deadlines:

- The 30-day period (or 60-day period, if applicable) to request special enrollment under ERISA as a result of marriage, birth, adoption or loss of other health plan coverage
- The 60-day election period for COBRA continuation coverage
- The date for making COBRA premium payments
- The date for individuals to notify the plan of a qualifying event or determination of disability under COBRA
- The date within which individuals may file a benefit claim under the plan’s claims procedures
- The date within which claimants may file an appeal of an adverse benefit determination under the plan’s claims procedure
- The date within which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination
- The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete

For more details about these extensions and how they may apply to your situation, please contact [benefits@lubrizol.com](mailto:benefits@lubrizol.com).

## Dental Coverage Changes

The schedule of Primary Covered Services & Limitations has been updated. See below for a comparison of your 2020 dental benefits and review the changes for each option on the following pages.

The dental plans use  
MetLife's PDP network.

### COMPARISON OF 2020 DENTAL BENEFITS

	Lubrizol Comprehensive Dental Option	Lubrizol Network PPO Dental Option
<b>FEATURE</b>		
<b>Annual Deductible</b>	\$25 per person • \$75 per family	\$50 per person • \$150 per family
<b>Annual Maximum Benefit</b>	\$2,000	\$1,000
<b>Orthodontia Lifetime Maximum Benefit</b>	\$1,500 per child	\$1,000 per child
	<b>You Pay</b>	<b>You Pay</b>
<b>Preventive Care - Type A</b> <ul style="list-style-type: none"> <li>• Oral exams (two per year)</li> <li>• Cleanings</li> <li>• X-rays</li> </ul>	\$0 (annual deductible does not apply)	\$0 (annual deductible does not apply)
<b>Basic - Type B</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Extractions</li> </ul>	20% after annual deductible	Network: 20% after annual deductible Non-Network: 50% after annual deductible
<b>Major Restorative - Type C</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Inlays</li> <li>• Dentures</li> </ul>	50% after annual deductible	50% after annual deductible
<b>Orthodontia - Type D</b> <ul style="list-style-type: none"> <li>• Children under age 26</li> </ul>	50%	50%

## The Lubrizol Network PPO Option

Plan Options	Current Provision	2020 Provision
<b>Perio Maintenance</b>	Type B: No Limit	Type B: 4 per year combined with regular prophylaxis
<b>Bitewing X-Rays</b>	Type A: 2 per year Adults/Children	Type A: 1 per year Adults/Children
<b>Bruxism Appliances (Occlusal Guards)</b>	Not Covered	Cover as a Type C service with a 1 in 24-month replacement frequency
<b>Composite Fillings on Molars</b>	Reimbursed as an alternate benefit of an amalgam	Cover composite fillings or molar teeth with no alternate benefit
<b>Rebase/Reline of Dentures</b>	Type B: No Limit	Type C: 1 per 36 Months
<b>Space Maintainers</b>	Type A: To age 19	Type A: To age 14
<b>OON Deductibles</b>	\$100/\$300	\$50/\$150
<b>General Anesthesia / IV Sedation</b>	Type B	Type C
<b>Full Mouth X-Rays/Panorex</b>	Type A: 1 in 36 months	Type A: 1 in 60 months
<b>Periodontics</b>	Type B: All Periodontal Services	Split Type B: Periodontics – Non-Surgical Type C: Periodontal Surgery
<b>Oral Surgery</b>	Type B: Simple/Surgical/All Other	Type B: Simple Type C: Surgical/All Other
<b>Prosthodontics — Crowns, Bridges, Implants, Implant Prosthetics, Dentures, Core Build ups, Post and Cores</b>	Type C: 1 in 5 years	Type C: 1 in 84 months
<b>Sealants</b>	Type A: 1 in 36 months to age 15	Type A: 1 in 60 months to age 19

## The Lubrizol Comprehensive Dental Option

Plan Options	Current Provision	2020 Provision
<b>Perio Maintenance</b>	Type B: No Limit	Type B: 4 per year combined with regular prophylaxis
<b>Bitewing X-Rays</b>	Type A: 2 per year Adults/Children	Type A: 1 per year Adults/Children
<b>Bruxism Appliances (Occlusal Guards)</b>	Not Covered	Cover as a Type C service with a 1 in 24 month replacement frequency
<b>Composite Fillings on Molars</b>	Reimbursed as an alternate benefit of an amalgam	Cover composite fillings for molar teeth with no alternate benefit
<b>Rebase/Reline of Dentures</b>	Type B: No Limit	Type C: 1 per 36 Months
<b>Annual Maximum</b>	\$1,500	\$2,000
<b>Space Maintainers</b>	Type A: To age 19	Type A: To age 14
<b>General Anesthesia / IV Sedation</b>	Type B	Type C
<b>Full Mouth X-Rays/Panorex</b>	Type A: 1 in 36 months	Type A: 1 in 60 months
<b>Periodontics</b>	Type B: All Periodontal Services	Split Type B: Periodontics – Non-Surgical Type C: Periodontal Surgery
<b>Oral Surgery</b>	Type B: Simple/Surgical/All Other	Type B: Simple Type C: Surgical/All Other
<b>Prosthodontics — Crowns, Bridges, Implants, Implant Prosthetics, Dentures, Core Build ups, Post and Cores</b>	Type C: 1 in 5 years	Type C: 1 in 84 months
<b>Sealants</b>	Type A: 1 in 36 months to age 15	Type A: 1 in 60 months to age 19

## **The Lubrizol Corporation Short Term Disability Plan Summary of Material Modifications**

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The following is a Summary of Material Modifications (SMM) and amends the Summary Plan Description (SPD) for The Lubrizol Corporation Short Term Disability Plan (the Plan) contained in your Employee Resource Guide. This is a required communication and you should keep this SMM with your SPD for future reference. Copies of the Plan's SPD may also be found on the Benefits website at <http://benefits.lubrizol.com>. Except as noted below, the change to the Plan described below are effective January 1, 2020.

The following is only a summary. In the case of a conflict between the information presented below and the Plan, the Plan provisions will govern.

### **Replacement of Plan**

The Lubrizol Corporation Short-Term Disability Plan is being replaced by a short-term disability program administered by The Hartford as of January 1, 2020. Employees eligible for Plan benefits due to an illness or injury occurring prior to January 1, 2020 will continue to receive benefits under the Plan until they have received the maximum benefit available under the Plan, or they return to work for at least a 30 day period, after which time they will cease to be eligible for further benefits under the Plan. The Plan will terminate once all employees cease to be eligible for further Plan benefits.

## **The Lubrizol Corporation Retiree Health Reimbursement Arrangement Summary of Material Modifications**

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The following is a Summary of Material Modifications (SMM) and amends the Summary Plan Description (SPD) for The Lubrizol Corporation Retiree Health Reimbursement Arrangement (the Plan). This is a required communication and you should keep this SMM with your SPD for future reference. Copies of the Plan's SPD may also be found on the Benefits website at <http://benefits.lubrizol.com>. Except as noted below, the changes to the Plan described below are effective January 1, 2020.

The following is only a summary. In the case of a conflict between the information presented below and the Plan, the Plan provisions will govern.

### **Pre-Medicare Retiree**

A "Pre-Medicare Retiree" includes a retiree who was localized from a foreign subsidiary or joint venture to The Lubrizol Corporation or a subsidiary that has adopted the Plan, who otherwise would have been eligible for retiree medical in the retiree's home country, and who has 15 years of qualifying service (with a participating employer or with a non-U.S. Lubrizol entity in a location where retirees are entitled to retiree medical), is eligible for the Pre-Medicare HRA benefit.

Employees who were on a long-term leave of absence on June 30, 2019, and who ceased to be employed as of July 1, 2019, and who were Medicare-eligible at the time of the employee's termination of employment, are also Pre-Medicare Retirees eligible for the Pre-Medicare HRA benefit, but only for benefit credits received in 2019.

### **HRA Eligibility – Years of Service**

An otherwise eligible retiree will not be entitled to an HRA benefit unless, at the time of the retiree's retirement, the retiree had at least 15 years of service. Only years of service performed for The Lubrizol Corporation or a subsidiary that has adopted the Plan will be considered in determining an employee's entitlement to an HRA benefit. Service performed for other entities will be disregarded in calculating a retiree's years of service.

# The Lubrizol Corporation Employees' Profit Sharing and Savings Plan

## Summary of Material Modifications

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The following is a Summary of Material Modifications (SMM) and amends the Summary Plan Description (SPD) for The Lubrizol Corporation Profit Sharing and Savings Plan (the Plan). This is a required communication and you should keep this SMM with your SPD for future reference. Copies of the Plan's SPD may also be found on the Benefits website at <http://benefits.lubrizol.com>. Except as noted below, the changes to the Plan described below are effective January 1, 2020.

The following is only a summary. In the case of a conflict between the information presented below and the Plan, the Plan provisions will govern.

### **Auto-Escalation**

Prior to 2020, eligible participants who, at July 1 of a Plan Year, are contributing less than a total of six percent of compensation would have their pre-tax deferral amount automatically increased by 1%, effective with the next administratively available payroll after July 1. That automatic increase is referred to as "auto-escalation." Starting in 2020, auto-escalation will apply to eligible participants who are contributing less than a total of 10 percent of compensation to the Plan at July 1. If the participant's contribution to the Plan total 10% or less of their compensation at July 1, the participant's pre-tax deferrals will automatically be increased by 1%.

Participants always have the right to opt out of auto-escalation, and participants receive advance notice each year describing how to opt out of auto-escalation. An election to opt out of auto-escalation does not carry over from year to year, and a participant must opt out before July 1 of the year in order to avoid auto-escalation. Participants also have the right to change their deferral or contribution elections at any time by visiting the Participant website at <https://lzs401k.voya.com>, or by contacting the Plan Information Line at 1-866-LZs-401k (1-866-597-4015), Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET (except on stock market holidays).

### **Missing Payees**

When the Plan is unable to locate a person to whom a distribution is required to be made (which may be a participant, a beneficiary, or an alternate payee), or a person has received a distribution check that remains uncashed for a period of time, those persons will be treated as "missing payees." In both cases, the Plan will treat the distribution as forfeited to the Plan. However, if the missing payee is later located, the missing payee's account will be credited with the forfeited amount for distribution to the missing payee.

### **Hardship Distributions (effective January 1, 2019)**

The Plan will no longer suspend contributions to the Plan following the Participant's receipt of a hardship withdrawal.

### **Plan Loans (effective January 1, 2021)**

The Plan currently allows Participants to have three outstanding loans at any time. Starting January 1, 2021, the maximum number of outstanding loans will be limited to two. Participants who have three loans outstanding at the time the new lower limit takes effect will be "grandfathered," but will become subject to the two-loan maximum once any of those loans ceases to be outstanding.



## Investment of Plan Contributions – Qualified Investment Alternative (effective July 1, 2019)

All contributions made to the plan are held by the plan trustee, and allocated to individual accounts established in the name of each participant. These separate accounts reflect the type of contributions (profit sharing, before-tax, after-tax, Roth 401(k), employer match, rollover, or transferred) as well as the participant’s investment choice.

The plan trustee invests your plan contributions according to the investment choices you have elected. If you do not have an investment election on file with Voya, or the Plan sponsor has elected to treat your account as if you did not provide direction on how to invest your account assets your plan contributions will be invested in the plan’s “Qualified Default Investment Alternative.” A QDIA is an investment alternative or option, as defined under rules issued by the Department of Labor, that has been chosen by the plan’s fiduciary for those instances when participants do not provide instructions on how to invest monies in their retirement plan account.

In general, the QDIA for the plan is the appropriate State Street Target Retirement Fund that corresponds to your birthdate. However, as described below, the QDIA that applies to your plan contributions may depend on additional information, such as your date of hire.

If you are:

- a participant, other than participant with auto-enrollment contributions hired before 7/1/2019,\* the QDIA for your plan contributions is determined by THIS table:

<b>Your Birthdate</b>	<b>Fund</b>
Prior to January 1, 1953	State Street Target Retirement Income Class V
January 1, 1953 - December 31, 1957	State Street Target Retirement 2020 Class V
January 1, 1958 - December 31, 1962	State Street Target Retirement 2025 Class V
January 1, 1963 - December 31, 1967	State Street Target Retirement 2030 Class V
January 1, 1968 - December 31, 1972	State Street Target Retirement 2035 Class V
January 1, 1973 - December 31, 1977	State Street Target Retirement 2040 Class V
January 1, 1978 - December 31, 1982	State Street Target Retirement 2045 Class V
January 1, 1983 - December 31, 1987	State Street Target Retirement 2050 Class V
January 1, 1988 - December 31, 1992	State Street Target Retirement 2055 Class V
January 1, 1993 and after	State Street Target Retirement 2060 Class V

If you are:

- a participant hired before 7/1/2019 with auto-enrollment contributions, the QDIA for your plan contributions is determined by THIS table:

<b>Your Birthdate</b>	<b>Fund</b>
Before January 1, 1950	State Street Target Retirement Income Class V
January 1, 1950 - December 31, 1959	State Street Target Retirement 2020 Class V
January 1, 1960 - December 31, 1969	State Street Target Retirement 2030 Class V
January 1, 1970 - December 31, 1979	State Street Target Retirement 2040 Class V
January 1, 1980 - December 31, 1989	State Street Target Retirement 2050 Class V
January 1, 1990 and after	State Street Target Retirement 2060 Class V

\*If you were hired during the period June 17, 2019 through June 25, 2019 and became auto-enrolled in the plan, the applicable QDIA for your contributions depends on the timing of Voya’s establishment of your plan record. Contact the Plan Information Line at 1-866-LZs-401k (1-866-597-4015) to confirm the QDIA Fund that applies to your auto-enrollment contributions.

## **Investment of Plan Contributions – Fund Lineup Information**

You can find the most up to date fund line up in the plan’s Fund Fact sheets. You can access the most current Fund Fact Sheets by visiting the Participant website at [lzs401k.voya.com](http://lzs401k.voya.com) or by contacting the Information Line at 1-866-LZs-401k (1-866-597-4015), Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET (except on stock market holidays). You can also access the most current version of the Fund Fact Sheets by accessing the plan page on Lubrizol’s benefit website.

## **The Lubrizol Corporation Age-Weighted Defined Contribution Plan Summary of Material Modifications**

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The following is a Summary of Material Modifications (SMM) and amends the Summary Plan Description (SPD) for The Lubrizol Corporation Age-Weighted Defined Contribution Plan (the Plan). This is a required communication and you should keep this SMM with your SPD for future reference. Copies of the Plan’s SPD may also be found on the Benefits website at <http://benefits.lubrizol.com>. Except as noted below, the change to the Plan described below was effective January 1, 2019.

The following is only a summary. In the case of a conflict between the information presented below and the Plan, the Plan provisions will govern.

### **Definition of “Basic Compensation”**

For Plan Years starting January 1, 2019 and thereafter, the definition of “Basic Compensation” will no longer include any Employer-provided disability benefit.

### **Investment of Plan Contributions – Qualified Default Investment Alternative (effective July 1, 2019)**

All contributions made to the plan are held by the plan trustee, and allocated to individual accounts established in the name of each participant. These separate accounts reflect the participant’s investment choice.

The plan trustee invests your plan contributions according to the investment choices you have elected. If you do not have an investment election on file with Voya, or the Plan sponsor has elected to treat your account as if you did not provide direction on how to invest your account assets your plan contributions will be invested in the plan’s “Qualified Default Investment Alternative.” A QDIA is an investment alternative or option, as defined under rules issued by the Department of Labor, that has been chosen by the plan’s fiduciary for those instances when participants do not provide instructions on how to invest monies in their retirement plan account.

In general, the QDIA for the plan is the appropriate State Street Target Retirement Fund that corresponds to your birthdate. However, as described below, the QDIA that applies to your plan contributions may depend on additional information, such as your date of hire.

If you are:

- a participant hired or rehired 7/1/2019 or after, the QDIA for your plan contributions is determined by THE TABLE ON THE FOLLOWING PAGE:

**Your Birthdate**

Prior to January 1, 1953  
 January 1, 1953 - December 31, 1957  
 January 1, 1958 - December 31, 1962  
 January 1, 1963 - December 31, 1967  
 January 1, 1968 - December 31, 1972  
 January 1, 1973 - December 31, 1977  
 January 1, 1978 - December 31, 1982  
 January 1, 1983 - December 31, 1987  
 January 1, 1988 - December 31, 1992  
 January 1, 1993 and after

**Fund**

State Street Target Retirement Income Class V  
 State Street Target Retirement 2020 Class V  
 State Street Target Retirement 2025 Class V  
 State Street Target Retirement 2030 Class V  
 State Street Target Retirement 2035 Class V  
 State Street Target Retirement 2040 Class V  
 State Street Target Retirement 2045 Class V  
 State Street Target Retirement 2050 Class V  
 State Street Target Retirement 2055 Class V  
 State Street Target Retirement 2060 Class V

If you are:

- a participant hired before 7/1/2019 the QDIA for your plan contributions is determined by THIS table:

**Your Birthdate**

Before January 1, 1950  
 January 1, 1950 - December 31, 1959  
 January 1, 1960 - December 31, 1969  
 January 1, 1970 - December 31, 1979  
 January 1, 1980 - December 31, 1989  
 January 1, 1990 and after

**Fund**

State Street Target Retirement Income Class V  
 State Street Target Retirement 2020 Class V  
 State Street Target Retirement 2030 Class V  
 State Street Target Retirement 2040 Class V  
 State Street Target Retirement 2050 Class V  
 State Street Target Retirement 2060 Class V

**Investment of Plan Contributions – Fund Lineup Information**

You can find the most up to date fund line up in the plan’s Fund Fact sheets. You can access the most current Fund Fact Sheets by visiting the Participant website at [lzs401k.voya.com](http://lzs401k.voya.com) or by contacting the Information Line at 1-866-LZs-401k (1-866-597-4015), Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET (except on stock market holidays). You can also access the most current version of the Fund Fact Sheets by accessing the plan page on Lubrizol’s benefit website.