

NEW HIRE GUIDE TO **EMPLOYEE BENEFITS**



January 1 - December 31, 2022

Building great things together
for today and tomorrow.



WELCOME TO JAMES HARDIE

Benefits Overview

We are proud to offer a comprehensive package of valuable benefits to protect your health, your family and your quality of life. The following guide provides information about the benefits provided at James Hardie.

Becoming a better health care consumer starts by reading this guide and sharing it with the rest of your household. Not only does it have information on your health insurance options, it also includes details on benefit tools and resources to help you make informed decisions and stay well.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You also have the option to enroll yourself and any eligible family members in the plans of your choice. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner and/or their children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody up to age 26. Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Required Information: When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Dependent Verification

When adding dependents to your coverage, you must provide documentation that verifies your dependents are eligible for health care coverage. Please provide proof of dependent eligibility to your local HR representative.

- Marriage certificate or notarized affidavit of domestic partnership
- Birth certificate
- Adoption certificate

Enrollment

Go to healthcomp.com. You will find detailed information about the plans available to you and instructions for enrolling.

INSIDE

MEDICAL PLANS
DISEASE MANAGEMENT PROGRAM
PRESCRIPTION DRUG COVERAGE
DENTAL PLAN
VISION PLAN
FLEXIBLE SPENDING ACCOUNTS (FSAs)
LIFE AND AD&D INSURANCE
DISABILITY INSURANCE
EMPLOYEE ASSISTANCE PROGRAM (EAP)
VALUABLE EXTRAS
401(K) RETIREMENT SAVINGS PLAN
COST OF BENEFITS
CONTACT INFORMATION

When Coverage Begins

- You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first day of full-time employment. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits). Your next opportunity to enroll will be during the annual Open Enrollment period.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, registered domestic partner or child
- You lose coverage under your spouse's/registered domestic partner's plan
- You gain access to state coverage under Medicaid or the Children's Health Insurance Program (CHIP)

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

MEDICAL PLANS

We are pleased to offer you a choice between two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.



Both plans give you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem Blue Cross network.

Anthem Blue Cross PPO (Traditional Plan)

The PPO plan has a lower annual deductible but you pay a bit more each paycheck. For some services, like preventive check-ups and office visits, you will only pay a flat dollar amount. The PPO plan works much like the HDHP (HSA Plan) but does not come with a health savings account (HSA). The calendar-year deductible must be met before certain services are covered.

Anthem Blue Cross HDHP (HSA Plan)

The High-Deductible Health Plan (HDHP) has a higher annual deductible, but also comes with a health savings account (HSA). The HSA allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit irs.gov/pub/irs-pdf/p502.pdf.

Here's how the HSA Plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. NOTE: If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80% and you may pay 20%.

- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year. NOTE: If you enroll one or more family members, no one family member is responsible for more than the individual out-of-pocket maximum. Once the individual out-of-pocket maximum is met, the plan begins to pay 100% for that family member.
- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$500 annually to your HSA if you enroll in employee-only coverage and \$1,000 annually if you enroll yourself and one or more family members. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2022
Employee Only	\$3,650
Family (employee + 1 or more)	\$7,300
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You can use these funds to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

1. Tax free under federal tax law; state taxation rules may apply
2. You must be enrolled in a qualified health plan to contribute to an HSA.

MEDICAL PLANS

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

KEY MEDICAL BENEFITS	ANTHEM BLUE CROSS PPO		ANTHEM BLUE CROSS HDHP	
	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹
DEDUCTIBLE (per plan year)				
Individual / Family	\$300 / \$600	\$500 / \$1,000	\$1,750 / \$3,500	\$3,000 / \$6,000
OUT-OF-POCKET MAXIMUM (per plan year)				
Individual / Family	\$2,500 / \$5,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$8,000 / \$16,000
COMPANY CONTRIBUTION TO YOUR HEALTH SAVINGS ACCOUNT (HSA) (per plan year; prorated for newly eligible)				
Individual / Family	N/A		\$500 / \$1,000	
COVERED SERVICES				
Office Visits (physician/specialist)	\$15 copay	30%*	20%*	50%*
Mental Health Visits (psychologist/therapist) ²	No charge	30%*	No charge*	50%*
Routine Preventive Care	No charge	No charge	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	10%*	30%*	20%*	50%*
Chiropractic	10%*	30%*	20%*	50%*
Emergency Room	20%*		20%*	
Urgent Care Facility	\$35 copay per visit	30%*	20%*	50%*
Inpatient Hospital Stay	10%*	30%*	20%*	50%*
Outpatient Surgery	10%*	30%*	20%*	50%*
PRESCRIPTION DRUGS (Generic ³ / Preferred Brand / Non-Preferred Brand)				
Out-of-Pocket Maximum (per plan year)	Individual: \$5,400 Family: \$10,800	N/A	N/A	N/A
Retail Pharmacy (30-day supply)	\$10 / \$25 / \$40	Not covered	20%* ⁴	Not covered
Mail Order (90-day supply)	\$20 / \$50 / \$80	Not covered	20%* ⁴	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

¹If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

²Psychiatrist visits subject to copay/deductible/coinsurance per the plan document.

³Generic Statin: \$0 copay for those age 40–75 on low to moderate dose.

⁴Some preventive medications are covered at 100%, no deductible. Refer to the Express Scripts Preventive Drug List for more details.

DISEASE MANAGEMENT PROGRAM

At James Hardie, we care about your well-being and want to ensure you’re getting the best care possible, which is why we’ve partnered with HealthComp to provide you with the Disease Management program. This service acts as an additional health care resource and can help you manage chronic conditions and achieve your health and fitness goals. A team of nurses and other staff can help answer questions on your health and chronic condition, advise you on treatment options, send health information, review prescriptions and advocate on your behalf. If it is believed that you may benefit from the Disease Management program based on your claims experience, you will receive a letter directly from HealthComp* with more information and next steps. We encourage you to take this letter to your doctor.

*It is important to note that no one at James Hardie will have access to your personal health information.

FIND A PROVIDER

Using an in-network provider will save you money and ensure that you and your family receive the highest level of coverage available. The Anthem website can help you find participating providers—visit [anthem.com/ca/find-care/](https://www.anthem.com/ca/find-care/) to get started.

PRESCRIPTION DRUG COVERAGE



Choosing a Prescription Drug

Express Scripts manages your prescription drug benefits. How much you pay for your prescriptions depends on the category (or tier) of drug (see the medical chart on the previous page for specific copays).

- **Generic (Tier 1)** drugs are the most cost effective. If your doctor prescribes you a brand-name drug, ask whether a generic alternative is available.
- **Preferred (Tier 2)** drugs are widely accepted brand-name medications that come at a significant discount, meaning you pay a lower copay than other non-preferred drugs.
- **Non-preferred (Tier 3)** drugs are newer, higher-cost medications that often have a preferred drug alternative.

To determine whether a medication is covered, check the Express List formulary (or list) of covered drugs at [express-scripts.com](https://www.express-scripts.com). Express Scripts reviews the list of covered drugs on a regular basis. If a certain drug is no longer an eligible covered drug, you will be notified of the steps you'll need to take, and will have ample time to review alternative drugs with your doctor.

Walgreens Smart90 & Mail Order

To save you time and money, you have the option of filling a 90-day supply of a maintenance medication (e.g., diabetes or cholesterol medication) at a Walgreens retail pharmacy. You can also choose to use the Express Scripts mail-order program, which delivers maintenance medications right to your door! You will pay the same copay for either option.

To use the Smart90 program, have your doctor write you a 90-day prescription and take it with you to your local Walgreens pharmacy. To enroll in the Express Scripts mail-order program, register at [express-scripts.com](https://www.express-scripts.com).

Utilization Review Program

To ensure you use the right medications in terms of cost and safety, Express Scripts has implemented the following three-step utilization program:

Step Therapy: This program encourages your doctor to prescribe lower-cost medications before determining whether a higher-cost option is required. If you are using a drug covered under the Step Therapy program, Express Scripts will send you a letter asking you to contact your doctor to see whether a preferred alternative (as listed in the letter) is right for you. If you do not take action, **you will be responsible for the full cost of the higher-cost medication**, unless you have already tried a lower-cost alternative without success.

Prior Authorization: Prescriptions with a high potential for misuse will require prior authorization before the plan can cover them. If you are prescribed a medication that requires prior authorization, Express Scripts will send you a letter asking that you have your doctor contact them to arrange a review. **If you do not receive prior authorization, you will be responsible for the full cost of the drug.**

Drug Quantity Management (DQM): To help reduce waste, the DQM program limits the quantity of certain medications that are dispensed at one time, based on FDA guidelines. If your medication is reduced, Express Scripts will send you a letter with further instructions.

Opioid Addiction Program

If you are prescribed an opioid medication (e.g., Oxycontin, Percocet, Vicodin), Express Scripts may contact you by mail or phone to offer assistance and tips to help you maintain healthy habits for taking your prescribed medication. Express Scripts has also put steps in place to make sure you're receiving the appropriate opioid prescription.

DENTAL PLAN

We are pleased to offer you flexibility in dental coverage provided through Cigna. Our dental plan lets you use the dentist of your choice.



Plan benefits are based on a percentage of the Usual, Customary and Reasonable (UCR) charge for the service in your area. If you use network providers, your costs are generally lower. To find an in-network dentist in your area, visit cignadentalsa.com.

You will receive a Cigna ID card in the mail that you may keep with you as proof of insurance.

The following is a high-level overview of the coverage available.

KEY DENTAL BENEFITS	IN-NETWORK ¹
DEDUCTIBLE (per plan year)	
Individual / Family	\$50 / \$150
BENEFIT MAXIMUM (per plan year; preventive, basic and major services combined)	
Individual / Family	\$2,500
COVERED SERVICES	
Preventive Services (routine oral exams, cleaning/scaling, bitewing and full-mouth X-rays, fluoride treatment for dependent children under age 18)	No charge
Basic Services (anesthesia, consultations, fillings [other than gold] injections, palliatives, simple extractions, space maintainers, basic periodontics, oral surgery, endodontics)	20%*
Major Services (bridges and dentures, crowns and gold restorations, replacement of damaged appliances, prosthetic appliance repair re-cementing of inlays, onlays and crowns)	50%*
Orthodontia	50%; after \$100 deductible with lifetime max of \$2,000/person

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

¹If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

VISION PLAN

We are pleased to offer you flexibility in the vision plan through our plan administrator, Superior Vision.



The vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Superior Vision network.

To locate an in-network eye care doctor or location, visit superiorvision.com/members.

The following is a high-level overview of the coverage available.

KEY VISION BENEFITS	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exam (once every calendar year)	\$10 copay	Up to \$49
Lenses (once every calendar year)	\$10 copay	Up to \$35
Single Vision		Up to \$50
Bifocal		Up to \$74
Trifocal		
Frames (once every calendar year)	\$130 allowance; then 20% off remaining balance	Up to \$70
Contact Lenses (once every calendar year; in lieu of glasses)	Elective conventional: \$130 allowance; then 20% off any remaining balance. Elective disposable: \$130 allowance; then 10% off any remaining balance Non-elective (medically necessary): No charge	Elective conventional: Up to \$105 Elective disposable: Up to \$105 Non-elective (medically necessary): Up to \$250

FLEXIBLE SPENDING ACCOUNTS

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs).

FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

You may contribute up to **\$2,850** to cover qualified health care expenses incurred by you and your eligible dependents. Be advised that expenses incurred by domestic partners and their children do not qualify as eligible expenses under Internal Revenue Code 125. However, a domestic partner's expenses may qualify for reimbursement if he or she is the employee's tax dependent for health coverage purposes.

Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- LASIK eye surgery
- Over-the-counter drugs
- Period care products

For a complete list of eligible expenses, visit irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose health care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2022, you may contribute up to **\$5,000** (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit irs.gov/pub/irs-pdf/p503.pdf.



FSA RULES

YOU MUST ENROLL EACH YEAR TO PARTICIPATE!

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **Health Care FSA:** Unused funds of up to **\$570** from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$570 will NOT be returned to you or carried over to the following year.
- **Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year.

You can incur expenses January 2022 - December 2022, and must file claims by March 31, 2023.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

LIFE AND AD&D INSURANCE

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Unum.

Benefit Amount	1.5 times your basic annual earnings rounded to the next highest multiple of \$1,000, up to \$1 million at no cost to you.
-----------------------	--

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Unum for yourself and your eligible family members.

PLAN	COVERAGE OPTIONS	MAXIMUM	EVIDENCE OF INSURABILITY (EOI) REQUIREMENT
Supplemental Life Insurance for You	\$10,000 to \$500,000 in \$10,000 increments (rounds to the next lower \$10,000)	\$500,000 (or 5x basic annual earnings, if less)	During your initial eligibility period, EOI is only required for amounts over \$200,000. If you enroll during your initial eligibility period and elect coverage of at least \$10,000, you can increase your coverage, up to \$200,000, during a future Open Enrollment period without having to submit EOI. In all other cases, EOI will be required for any coverage amount you elect in the future.
Spouse/Domestic Partner Life Insurance	\$5,000 to \$250,000 in \$5,000 increments (rounds to the next lower \$5,000)	\$250,000 (or 50% of your combined basic and supplemental life insurance, if less)	If you enroll your spouse/domestic partner during their initial eligibility period, you must submit EOI for amounts over \$30,000 only. After that, future enrollment for any amount requires EOI.
Child(ren) Life Insurance	\$10,000 for each eligible child up to age 26	\$10,000	EOI is never required for coverage for your child(ren).

DISABILITY INSURANCE

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. Your payment may be reduced by deductible sources of income, and in some cases, by the income you earn while disabled. Eligibility for this benefit begins on the first of the month following six months of employment.

SHORT-TERM DISABILITY		LONG-TERM DISABILITY	
PROVIDED AT NO COST TO YOU THROUGH UNUM.		PROVIDED AT NO COST TO YOU THROUGH UNUM.	
Benefit Percentage	66 2/3% ¹	Benefit Percentage	66 2/3%
Weekly Benefit Maximum	\$2,500	Monthly Benefit Maximum	\$15,000
When Benefits Begin	1 st day for accident 8 th day for sickness	When Benefits Begin	After 180 th day of disability
Maximum Benefit Duration	26 weeks	Maximum Benefit Duration	See Plan Certificate

¹You will earn 100% of weekly earnings to a maximum of \$3,750 per week for the first four weeks (excluding the elimination period), then 66.6667% of weekly earnings to a maximum benefit of \$2,500 per week. Your payment may be reduced by deductible sources of income and in some cases by the income you earn while disabled.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges, and sometimes balancing it is difficult.

We are pleased to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Magellan Health.

Features



Counseling & Mental Health Services

Learn to manage anxiety, depression, stress and other behavioral health issues.



Coaching

Create an action plan to meet your health and wellness goals, then get help staying on track, with the help of a professional coach.



Online Programs

Learn to improve your emotional well-being and address issues like anxiety and depression using self-guided, interactive programs.



Work-Life Web Services

Access webinars, live talks and articles on a range of work-life challenges, including child and elder care, education, parenting and more.



Legal Assistance, Financial Coaching & Identity Theft Resolution

Access a free online library with resources for identity theft resolution, budgeting, debt management, family law, wills and other financial and legal topics.



Wellness Resources

Find interactive tools and assessments, educational articles and videos and more to help you eat better, move more and meet your health and wellness goals.



NO COST

to you and your household members

EIGHT

free counseling sessions

100%

confidential

24/7/365

availability



TAKE ADVANTAGE TODAY

(800) 523-5668 | TTY: (800) 456-4006
magellanascend.com

VALUABLE EXTRAS

MetLaw® Legal Assistance Plan

MetLaw, administered by Hyatt Legal Plans, provides advice to you, your spouse/domestic partner and your dependents on the following legal matters:

- Wills and estate planning
- Family law
- Real estate matters
- Consumer protection
- Debt collection/ID theft defense
- Document preparation
- Traffic tickets

For more information, call (800) 821-6400 or visit legalplans.com.

LifeStages® Identity Management Services from CyberScout

When you enroll in MetLaw, you will also have access to LifeStages Identity Management Services at no additional cost to you. LifeStages can help protect and recover your identity if it is stolen. Services include:

- 24/7 access to a fraud specialist
- Protection for your household members, including your spouse and one child under age 26 who is unmarried or disabled
- Proactive and fraud measures to avoid identity theft, including child, relocation, military and travel risk services; relationship identity, disaster identity, external breach, system protection, email identity, social media identity, assisted living identity and estate identity support; document replacement and much more

MetLife Group Auto & Home Insurance

Protect your most valuable assets and take advantage of discounted group rates with auto and home insurance from MetLife. Not only can you take advantage of lower premiums, MetLife also offers convenient payment options, 24/7 claim reporting and even an identity theft resolution service.

For more information and to get a no-obligation quote, call (800) GET-MET8 or visit metlife.com/mybenefits.

James Hardie Wellness Program

In support of our vision and belief that the well-being of our employees has a direct impact on the success of our business, James Hardie offers a wellness program. The purpose of this program is to encourage you to take steps toward a healthier lifestyle. The James Hardie Wellness Program consists of three platforms, which reflect three distinct benefits:

1. A \$25 monthly reimbursement for gym fees, fitness classes and fitness events.
2. Access to Wellness assistance through the Magellan EAP website.
3. Reimbursement for Weight Watchers up to \$150, not to exceed two reimbursements per lifetime.

Adoption Benefit

We support your decision to adopt a child, which is why James Hardie will reimburse up to \$4,000 of your adoption expenses.

Charitable Matching

James Hardie offers a comprehensive Charitable Giving Program. This program provides two platforms:

- **Charitable Matching:** This platform supports a broad spectrum of eligible organizations and institutions that serve our employees' communities. James Hardie will match a maximum of \$5,000 per employee per year.
- **Charitable Volunteer Hours:** James Hardie offers a charitable contribution gift to a qualifying charity in which you have volunteered your time.

Safety Glasses Program

Thanks to our partnership with Essilor Prescription Safety Eyewear, your elite pair of safety glasses is covered! You also get the option to add transition lenses. To order a pair, visit a participating provider or order during your annual eye exam. To find a provider, visit essilorpse.com.

Work Boot Purchasing Program

You can order a pair of premium-brand work boots online from Lehigh Outfitters and have them shipped to your home. Or, you can attend a quarterly on-site fitting event. Each pair comes with a 60-day comfort guarantee and one-year warranty.

401(K) RETIREMENT SAVINGS PLAN

We provide you with an opportunity to participate in the James Hardie Building Products, Inc. Retirement Plan, administered by Fidelity Investments. The 401(k) Savings Plan allows you to set aside a portion of your income, before taxes, to save for your future retirement income needs. Because the portion of the income you defer is not taxed, you defer federal and state income taxes (you will still pay Social Security and Medicare taxes on the income you defer).

Individual Contributions

You will be automatically enrolled in the 401(k) plan at a savings rate of 4% of your pay; unless you select a different rate or opt out. You may change your election or opt out at any time for future pay periods. For 2022, you may contribute up to \$20,500 annually into your savings account. If you are age 50 or older, you can save an additional \$6,500 annually for a total of \$27,000 per year into your account. The maximum amount saved per year cannot exceed 50% of your base salary or wages. You can elect to save on either a pre-tax or after-tax basis.

Company Contributions

James Hardie will help you accumulate savings for retirement by contributing to your savings. The Company will contribute to your account at a matching rate determined by the Company. The rate of the matching contribution will be determined annually and will be communicated to all employees. It is currently set at 100% on the first 6% of pay you defer.

Investing Your Contributions & the Company Match

The 401(k) Plan allows you the ability to invest your account balance in the investment options made available under the Plan. If you do not make an election as to how your contributions will be invested, or if you choose to select the default investment option under the Plan, your account value will be invested in the target retirement date fund that most closely reflects your estimated retirement date (year).

Ownership of the Account

You will always own 100% of the amount you contribute to your account. You will also always own 100% of the earnings that accumulate on your savings in the account. You will earn ownership of the Company's contributions and the earnings on those contributions over a three-year period. Subject to certain rules, you may be able to borrow from your account or take a withdrawal due to financial hardship. Please review the plan summary for further details.

For more details regarding the plan, please visit 401k.com and sign in to your account.

LEAVES OF ABSENCE

We understand the need to take time off to take care of your health or the health of a loved one. James Hardie offers the following leaves of absence to eligible employees:

- **Short-term disability:** See [page 9 for an overview](#)
- **Long-term disability:** See [page 9 for an overview](#)
- **Family Medical Leave Act (FMLA):** Provides 12 weeks of unpaid, job-protected leave and continued health insurance benefits if you need to care for a newborn, newly-adopted child, newly-placed foster child, family member who is seriously ill or yourself, if you are seriously ill and cannot work. Employees are eligible for FMLA leave after you have been with the company for 12 months and have worked at least 1,250 hours.

To initiate a leave of absence:

- Notify Unum and your supervisor. If you are taking a new foreseeable leave, be sure to report it 30 days before you expect to take time off. If it is an intermittent foreseeable leave, report it three days before you expect to take time off.
- Submit a claim by calling Unum at (866) 779-1054, fax a completed claim form to (800) 447-2498 or use the Unum Customer app.
- If you have any questions on the new leave request and claims process, please refer to the Unum brochure and/or contact your local Human Resources Department.

COST OF BENEFITS

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical Coverage (Biweekly)

COVERAGE TIER	ANTHEM BLUE CROSS PPO	ANTHEM BLUE CROSS HDHP
Employee Only	\$33.26	\$28.74
Employee + 1 Dependent	\$83.38	\$72.06
Employee + 2 Dependents	\$109.27	\$94.43
Employee + 3 Dependents	\$133.09	\$115.02
Employee + 4 Dependents	\$155.58	\$134.46
Employee + 5 or More Dependents	\$179.95	\$155.52

WAIVER CREDIT

Note: Employees may waive health coverage and receive \$40 per pay period credit if you provide proof of other medical coverage in the form of a letter from your current carrier or a copy of your medical ID card.

Dental Coverage (Biweekly)

COVERAGE TIER	CIGNA DENTAL PLAN
Employee Only	\$1.31
Employee + 1 Dependent	\$2.61
Employee + 2 Dependents	\$3.92
Employee + 3 Dependents	\$5.23
Employee + 4 Dependents	\$6.54
Employee + 5 or More Dependents	\$7.84

Vision Coverage (Biweekly)

COVERAGE TIER	SUPERIOR VISION PLAN
Employee Only	\$0.83
Employee + 1 Dependent	\$1.66
Employee + 2 Dependents	\$2.50
Employee + 3 Dependents	\$3.33
Employee + 4 Dependents	\$4.16
Employee + 5 or More Dependents	\$4.99

MetLaw & LifeStages

COVERAGE TIER	
Employee Only	\$8.31



COST OF BENEFITS



Supplemental Life/AD&D

The cost of supplemental life coverage, for both you and your spouse, depends on your current age.

EMPLOYEE / SPOUSE LIFE	
EMPLOYEE AGE	MONTHLY RATE PER \$1,000 OF COVERAGE
<30	\$0.07
30-34	\$0.08
35-39	\$0.09
40-44	\$0.13
45-49	\$0.21
50-54	\$0.34
55-59	\$0.53
60-64	\$0.79
65-69	\$1.39
70-74	\$2.58
75+	\$4.58
EMPLOYEE AD&D	
All Ages	\$0.04
CHILD LIFE (TO AGE 26)	
Flat rate of \$1.20 for \$10,000 of coverage per child (rate covers all dependent children)	

CALCULATING YOUR PREMIUM

To calculate your monthly premium: Take your coverage amount and divide it by 1,000, then multiply by the rate per \$1,000 of coverage.

Divide that number by 2.17, and you will have the amount of your biweekly (per pay period) deduction.

For example: If you are 36 years old and decide to purchase \$100,000 of life insurance coverage, your calculations would look like this:

$$\begin{aligned}
 \$100,000 / 1,000 &= 100 \\
 100 \times 0.09 &= \$9.00 \text{ per month} \\
 \$9.00 / 2.17 &= \$4.14 \text{ per pay period}
 \end{aligned}$$

CONTACT INFORMATION

MEDICAL CLAIMS, BENEFIT QUESTIONS, COBRA AND ELIGIBILITY

Third Party Administrator:
HealthComp
(800) 442-7247

Customer Service Hours:
6:00 a.m. - 4:30 p.m. PT
Monday-Friday
healthcomp.com



COVERAGE	CARRIER	PHONE #	WEBSITE/EMAIL
Medical	HealthComp Administrators	(800) 442-7247	Enrollment and claims questions: healthcomp.com
Medical Providers Network	Anthem Blue Cross Providers Network	(866) 723-0515	healthcomp.com To find a provider, visit: https://www.anthem.com/find-care/
Prescription	Express Scripts	Retail and Mail Service: (800) 334-8134 Walgreens Smart90: (866) 890-1419	Retail and Mail Service: express-scripts.com Walgreens Smart90: express-scripts.com/90day
Dental	HealthComp Administrators	(800) 442-7247	healthcomp.com To find a provider, visit: cignadentalsa.com
Vision	Superior Vision	(800) 507-3800	superiorvision.com/members
Flexible Spending Accounts	HealthComp Administrators	(800) 442-7247	healthcomp.com
Life/AD&D	Unum	Contact your local Human Resources department	
Disability	Unum	Contact your local Human Resources department	
Employee Assistance Program	Magellan Health	(800) 523-5668	magellanascend.com
Legal Plan	MetLaw (Hyatt Legal Plans)	(800) 821-6400	legalplans.com ; Password: METLAW
Auto/Home Insurance Group Rates	MetLife	(800) 438-6388	metlife.com/mybenefits
401(k) Retirement Savings	Fidelity	(800) 835-5095	401k.com
Leaves of Absence	Unum	(866) 679-3054	unum.com/claims

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



**Building great things together
for today and tomorrow.**



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.