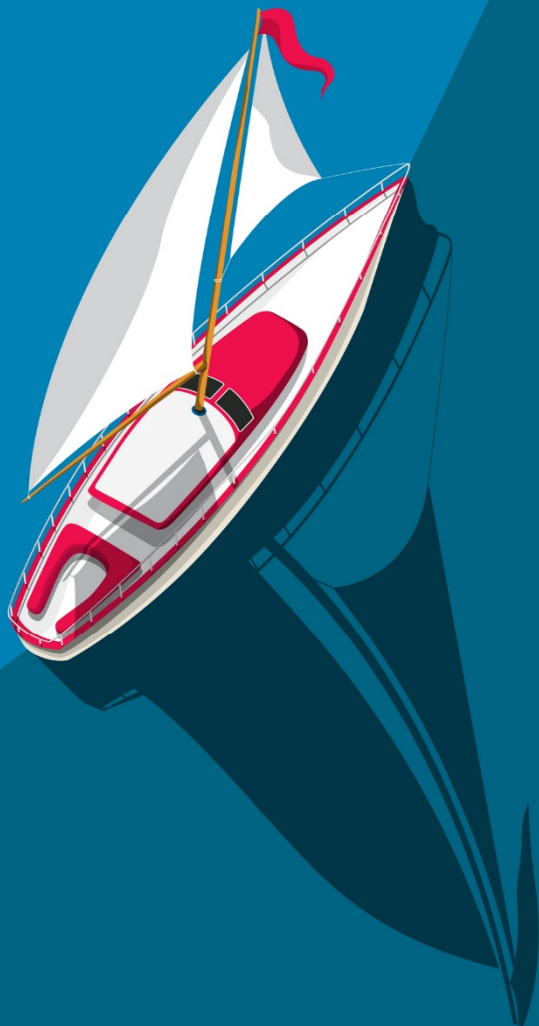


2026

Employee Benefits Handbook

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Wellness

Strength

Motivation

energy

Happiness

Wealth

innovation

Bona[®]

Welcome to the 2026 Bona US Benefits Handbook

Bona US is committed to your overall health and well-being, and we are pleased to offer a quality, competitive benefits package that provides valuable health care and financial protection for you and your family.

Your benefits are a significant part of your total compensation at Bona and it's your responsibility to make sure you understand them and use them wisely. This easy-to-use handbook which features important information about our benefit package, is designed to help you do just that.

Your human resources team is here to guide you and offer assistance in determining which benefit plans are right for you and your family.

The benefit information in this handbook will be updated from time-to-time, as necessary. Be sure to review this handbook on the Bona US intranet site for update to date information.

HR Team & Title	Direct Line or Mobile Numbers	Email
Erin Wright – SVP of Global Human Resources	303-923-6681(d) 303-356-6129(m)	erin.wright@bona.com
Melodie Newcomb – Sr. Payroll & Benefits Manager	303-923-6622(d) 303-710-0934(m)	melodie.newcomb@bona.com
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Yvonne Waters – HR Generalist Monroe/DC2	704-252-5710(d) 914-564-8075(m)	yvonne.waters@bona.com
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Introduction & Eligibility

The Bona US Employee Medical Plan provides you and your family with important protection against the financial hardship that often accompanies illness or injury. The plan has been designed to provide medical coverage for you and your family that is low-cost, comprehensive and all-inclusive. You and the Company share the cost of medical coverage. Your cost for coverage for yourself and your eligible dependents is based on the plan you select. Your premium for coverage is automatically deducted from your paycheck on a pre-tax basis, which means your taxable income is lower. Your enrollment authorizes the deductions to be taken from your paycheck.

Qualifying Status Changes:

If you experience a qualifying status change, you may qualify for a special enrollment period. You have 30 days from the date of the event to notify HR and request a change.

- *Marriage or Divorce*
- *Birth or Adoption of a child*
- *Change in your dependent child's status*
- *Change in your spouse's eligibility*
- *Court Ordered Medical Support*
- *Death of a covered dependent*
- *Loss of insurance coverage*

Who is Eligible:

If you are an active, regular full-time employee you are eligible to participate in the plan on the 1st of the month, following 30 days of employment.



If you enroll in the Plan, your eligible dependents may also be enrolled for coverage. Eligible dependents include:

- Spouse – excluding a spouse after divorce or separation by a legal agreement; excluding domestic partners.
- Child (as follows):
 - Your biological, legally adopted child;
 - Your stepchild, provided the parent is your spouse and you reside in the same household;
- You can cover the child if he/she is:
 - Under age 26
 - Age 26 or older, provided the child was disabled prior to age 26 and coverage is approved by the plan administrator within 30 days of his or her reaching age 26.

How to Enroll, Change or Elect Coverage

As a new, qualifying employee you will enroll in the enrollment portal on the ADP website.

When you enroll, you'll:

- Choose the plans available to you;
- Decide which medical plan is best for you (Premium or Standard Plan);
- Enroll your eligible dependents by adding their information into the site (Legal Name, DOB & SS#);
- Enroll in the wellness incentives to supplement the cost of medical premiums;
- **New employees have 30 days to enroll in the Bona US Benefit Plan. Coverage will start on the 1st of the month after 30 days of employment.**

Each year during Open Enrollment, you will have the opportunity to re-evaluate your benefit needs and adjust your coverage for the upcoming plan year. Once you make your selections, you may not change your benefits during the plan year.

Changing Your Coverage

Because you pay for coverage a before-tax basis, IRS rules limit when you can make changes to your coverage. Other than during each year's annual enrollment, you can change your coverage election only if you experience a change in status for which you may be required or allowed to make changes to your coverage. The coverage election must be consistent with your change in status, and you cannot make a coverage change for financial reasons.

Enrollment Website: ADP

The payroll manager will enter your information into the ADP portal and send new employees account set-up information. Be sure to complete all of the necessary paperwork to ensure timely enrollment.

What is?...

Coinsurance—the amount you pay to share the cost of covered services after your deductible has been paid. The coinsurance rate is usually a percentage. For example, if the insurance company pays 80% of the claim, you pay 20%.

Co-payment—one of the ways you share in your medical costs. You pay a flat fee for certain medical expenses (e.g., \$10 for every visit to the doctor), while your insurance company pays the rest.

Deductible—the amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.

Preferred Provider Organization (PPO)—a health insurance plan that offers greater freedom of choice than HMO (health maintenance organization) plans. Members of PPOs are free to receive care from both in-network or out-of-network (non-preferred) providers but will receive the highest level of benefits when they use providers inside the network.



Medical Insurance – Network, TPA & Contacts

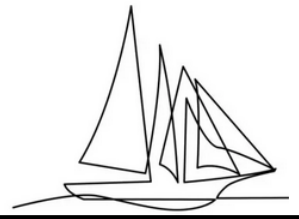
The Bona US medical plan covers a wide range of services, programs and prescriptions. You can save both time and money when you choose to receive your medical care from our Network providers.

- United HealthCare – a network of providers and facilities with which we have a negotiated discount;
- UMR – third-party administrator; provides EOB's, assistance with claims & finding a provider;
- MedImpact – network provider for medical prescriptions; included along with medical coverage;
- Teladoc – 24/7 access to board-certified doctors through the convenience of phone, video or mobile app.
- Standard/Premium Plans – medical tiers offered as a part of a low-cost insurance benefit.



**See page 8 for
2026 medical
premium costs.*

Contact Information	
Network	
UMR (TPA)	www.umar.com ; 800-826-9781
United HealthCare	www.umar.com ; 800-826-9781
MedImpact	www.medimpact.com ; 833-803-4402
Teladoc	www.teladoc.com ; 800-teladoc (800-835-2362); mobile app



Providers:

In-network provider—a health care professional, hospital, or pharmacy that is part of a health plan's network of preferred providers. You will generally pay less for services received from in-network providers because they have negotiated a discount for their services in exchange for the insurance company sending more patients their way.

Out-of-network provider—a health care professional, hospital, or pharmacy that is not part of a health plan's network of preferred providers. You will generally pay more for services received from out-of-network providers.

Specialist - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Annual Maximum Out-of-Pocket

The annual out-of-pocket is the maximum amount you pay each calendar year for covered medical service before your medical option begins paying 100% of the covered expenses. The OOP maximum varies, depending on the medical plan you select.

Annual Deductible

The annual deductible is the initial amount you pay for covered medical services you receive each calendar year before the plan begins paying benefits. Deductibles vary depending on the medical plan you select. You must meet the annual deductible for each covered dependent before the benefit payments begin.

Explanation of Benefits (EOB)

The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs you are responsible for.

UMR provides the EOB's to all employees. Enroll on the UMR website to get additional information.





2026 Medical Insurance | Standard & Premium Plans

Plan Features	Standard Plan – PPO		Premium Plan - PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual / Family	\$750 / \$2,250	\$1,000 / \$3,000	\$250 / \$750	\$500 / \$1,500
Out-of-Pocket Maximum Individual / Family	\$4,500 / \$9,750	\$8,500 / \$18,000	\$1,500 / \$4,500	\$4,250 / \$9,000
Coinsurance	Plans pays 80% after deductible is met	Plans pays 50% after deductible is met	Plans pays 90% after deductible is met	Plans pays 60% after deductible is met
Primary Care Physician	\$25 Copay per visit <i>Deductible Waived</i>	50% Coinsurance	\$10 Copay per visit <i>Deductible Waived</i>	40% Coinsurance
Specialist Visit	\$40 Copay per visit <i>Deductible Waived</i>	50% Coinsurance	\$25 Copay per visit <i>Deductible Waived</i>	40% Coinsurance
Preventative Care/Immunizations	Plan pays 100%	50% Coinsurance	Plan pays 100%	40% Coinsurance
Urgent Care Visit	\$40 Copay per visit <i>Deductible Waived</i>	50% Coinsurance	\$25 Copay per visit <i>Deductible Waived</i>	40% Coinsurance
Emergency Room Visit	\$250 Copay per visit <i>Deductible Waived</i>	\$250 Copay per visit <i>Deductible Waived</i>	\$150 Copay per visit <i>Deductible Waived</i>	\$150 Copay per visit <i>Deductible Waived</i>
Teladoc	\$25 Copay per visit <i>Deductible Waived</i>	NA	\$10 Copay per visit <i>Deductible Waived</i>	NA



2026 Medical Insurance – Premiums

Coverage	Standard Medical Plan Rates		Premium Medical Plan Rates	
	Company	Employee	Company	Employee
Employee Only	\$629.82	\$104.88	\$655.28	\$143.33
Employee + Spouse	\$926.55	\$395.86	\$906.97	\$530.52
Employee + Child(ren)	\$950.70	\$224.79	\$989.69	\$288.07
Family	\$1,440.85	\$395.86	\$1,465.97	\$530.52

Premium cost = Per Paycheck (24 pay periods)

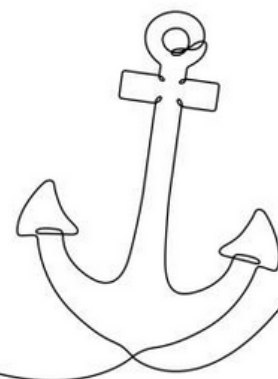
HRA Incentive

Employees that participate in the annual HRA wellness assessment will receive an additional \$10 per pay period incentive.

The HRA is provided at no cost to the employee at the beginning of the plan year. You must be employed at the time of the HRA & enrolled in the medical plan to take advantage of this incentive.

Tobacco-Free Incentive

Employees are eligible for a \$37.50 per pay period benefit if you do not regularly use tobacco products. This incentive will be paid as income to assist in the cost of paying medical premiums for employees enrolled in the medical plan. You must be enrolled in the medical plan to take advantage of this benefit.



HR is here to help if you have any questions about which plan is right for you!

2026 Dental Insurance – Delta Dental of Colorado

The Bona US Dental Plan provides you and your family with coverage for regular dental checkups, preventative care and other services to keep your teeth and gums healthy. The plan is provided by Delta Dental of Colorado.

Dental Card?

Delta Dental does not issue dental cards. Use your social security number to verify your coverage.



Important:

Employees that work outside of Colorado should inform their provider that they are covered by **Delta Dental of Colorado**.

Maximum Benefit – Calendar Year Benefit	\$1,500 per member, per calendar year
Calendar Year Deductible	Individual = \$50 Family = \$150
Preventative Services	Covered at 100%

You will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider. PPO & Premier dentist file claims directly with Delta Dental. You are responsible only for your deductible & coinsurance as well as any charges for non-covered services.

PPO	Premier	Covered Services	Benefit Information
Diagnostic and Preventative Services			
100%	100%	Oral Exams & Cleanings	Twice each in a 12-month period
		Bitewing X-rays	Twice in a 12-month period
		Full Mouth X-rays	Once in a 36-month period
		Flouride	Once in a 12-month period >15 only
		Space Maintainers	For posterior primary teeth in children through age 13
		Sealants	Once per tooth in a 36-month period for permanent molars in children through age 14
Basic Services			
80%	80%	Fillings	Once per tooth in a 12-month period
		Simple Extractions	As needed (specifics could apply)
		Oral Surgery	As needed (specifics could apply)
		Endodonicts/Periodontics	Subject to Delta Dental Guidelines
Major Services			
50%	50%	Crowns	Once per tooth in a 60-month period
		Dentures	Once in a 60-month period (specifics apply)
		Bridges	Once in a 60-month period (specifics apply)

Coverage Level	Per Pay Check (24 Pay Periods)	
	Company	Employee
Employee Only	\$14.39	\$7.25
Employee + Spouse	\$10.95	\$26.50
Employee + Child(ren)	\$16.39	\$29.15
Family	\$23.63	\$38.50

Orthodontics

\$1,500 lifetime maximum
Covered at 50% (children to age 19 only)

To locate a participating provider or to see if your current provider is in the network, please call Delta Dental at 800-610-0201 or visit their website at www.deltadentalco.com and click on the Find a Dentist search tool. Or use the free mobile app for iPhone and Android. You may even be able to schedule an appointment online or on the app if your provider has Brighter Schedule. You can also contact our customer service department at customer_service@ddpco.com.

2026 Vision Insurance – VSP

You and your eyes deserve to be healthy and happy. That's where Bona's vision plan comes in. You can now enroll in VSP's comprehensive vision care program and get access to quality eye care from a doctor you trust. Personalized care at a low out-of-pocket cost and stylish eyewear.

VSP Provider Network: VSP Signature

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every Calendar Year
Prescription Glasses		\$25	See frame and lenses
Frame	\$130 allowance for wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance	Included in prescription glasses	Every other calendar year
Lenses	- Single vision lined bifocal and lined trifocal lenses - Polycarbonate lenses for dependent children	Included in prescription glasses	Every calendar year
Lens Enhancements	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 35-40% on other lens enhancements	\$50 \$80-\$90 \$120-\$160	Every calendar year
Contacts (instead of glasses)	\$130 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
Extra Savings	Glasses and Sunglasses - Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details 30% savings on additional glasses and sunglasses, including lens enhancements from the same VSP provider on the same day as your WellVision exam. Or get 30% from any VSP provider within 12 months of your last WellVision exam.		
	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities - After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		

Vision Card?

VSP does not issue vision cards.
Use your social security number
to verify your coverage.

Coverage Level	Per Pay Check (24 Pay Periods)
Employee Only	\$3.25
Employee + Spouse	\$5.15
Employee + Child(ren)	\$4.81
Family	\$7.50



2026 Flex Spending & Dependent Care

Rocky Mountain Reserves provides two convenient ways to pay for medical expenses and child-care expenses:

Medical Flex Spending Account

2026 Limit = \$3400

- Lowers your taxable income;
- Increases your take home pay;
- Provides a way to pay for medical expenses;
- Dependents can use the funds;
- Roll over \$680 from year-to-year;
- Convenient debit card to pay for expenses;
- Smart phone app;
- Online account management.

Dependent Care

2026 Limit = \$7500

- Lowers your taxable income;
- Increases your take home pay;
- Provides a way to pay for dependent care;
- Can be used for summer camps, after-school care;
- Convenient auto deduction from account;
- Smart phone app;
- Online account management;
- No carry over.

How does it work?

Elect the amount of funds you need to cover your medical expenses/dependent care at the beginning of the plan year or when you are hired. Once you elect the amount of funds you need, you cannot change it. The amount you elect will be deducted from your paycheck evenly throughout the year.

Example: FSA Account

Cassie elects \$1800 to spend on medical expenses:

24 Payrolls =	\$75/check
Expense	Cost
Copays	\$50
Prescriptions	\$300
Chiropractor	\$375
Deductible	\$250
Total = \$975	
Amount Remaining	\$825
Carry Over	\$660
Amount Lost	\$165

Example: Dependent Care

Mia elects \$4200 to spend on daycare expenses:

24 Payrolls =	\$175/check
Expense	Cost
Daycare	\$2000
Summer Camp	\$300
After School Care	\$500
Total = \$2800	
Amount Remaining	\$1400
Carry Over	\$0
Amount Lost	\$1400

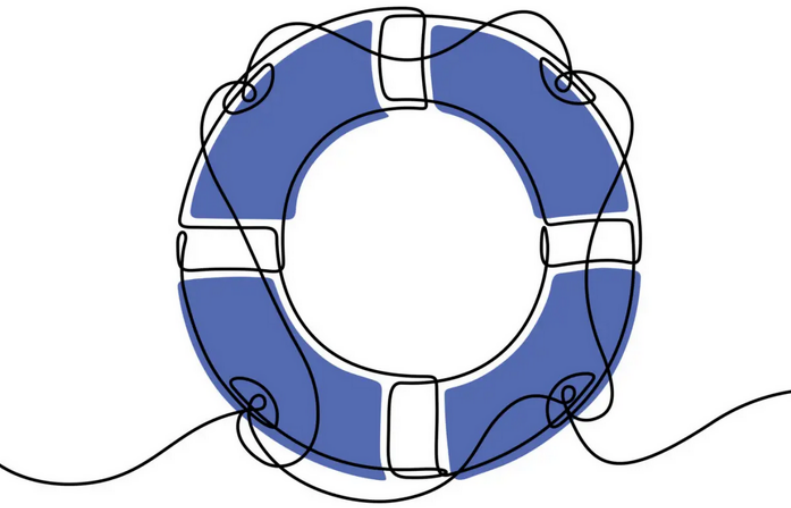
**You can enroll in Flex Spending apart from the medical plan.*

2026 Accident Insurance

Bona is partnering with The Hartford to provide employees with additional voluntary benefits to add supplemental insurance for you or your family's protection against accidents. This is a supplement to health insurance and is not a substitute for major medical insurance.

Cash Benefit

Accident Insurance pays cash benefits directly to you regardless of any other coverage you have. Accident insurance helps pay for unexpected costs of accidental injury. You can elect the coverage based on your needs and you are always covered 24/7.



**Contact the Benefits Manager to get additional information on Hartford Insurance.*

Examples of Benefit Pay-Out

Accident	Cash Pay-Out
Emergency Room	\$150
Urgent Care	\$50
Hospital Admission	\$750
Concussion	\$100

Cost of Coverage

Coverage	Semi-Monthly
Employee Only	\$4.44
Employee + Spouse	\$6.99
Employee + Child(ren)	\$7.47
Family	\$11.72

Eligibility & Exclusions

The plan covers participants who are actively employed for the company and working at least 30+ hours per week. You must be at least 21 years and dependent children between the ages of 0-26 are covered.

This is Accident Only Insurance. No benefits will be paid for an injury that is caused by intoxication or under the influence of narcotics or prescription drugs. Participating in any illegal activity or attempting to commit illegal activity will not be covered.

2026 Critical Illness Insurance

Covered Conditions

When you are diagnosed with a covered condition, submit your claim and the Hartford will send you a check. You can use the money however you choose and if you get sick again with another covered condition, you're still covered. You can insure yourself, your spouse, and your kids. You can keep your coverage even if you leave the company.



VOLUNTARY CRITICAL ILLNESS INSURANCE													
Monthly Premium Amount (Cost per Pay Period – 12/Year)													
Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee Only	\$3.92	\$4.76	\$5.32	\$6.70	\$9.27	\$14.20	\$19.65	\$26.75	\$37.55	\$51.38	\$69.00	\$92.01
	Employee & Spouse	\$6.35	\$7.62	\$8.48	\$10.57	\$14.54	\$22.22	\$30.71	\$41.81	\$58.60	\$79.78	\$106.83	\$141.76
	Employee & Child(ren)	\$5.62	\$6.46	\$7.02	\$8.40	\$10.97	\$15.90	\$21.35	\$28.45	\$39.25	\$53.08	\$70.70	\$93.71
	Employee & Family	\$8.33	\$9.60	\$10.46	\$12.55	\$16.52	\$24.20	\$32.69	\$43.79	\$60.58	\$81.76	\$108.81	\$143.74

Covered Conditions

*Standard Conditions

- ALS
- Alzheimer's Disease
- Brain Tumor
- Cancer
- Heart Attack
- Multiple Sclerosis
- Paralysis or Dismemberment
- Parkinson's Disease
- Stroke

*For a complete list, speak with the Benefits Manager

Questions?

Who is eligible? You are eligible for this service if you are a full-time employee (30+ hours/week)

When can I enroll? You may enroll during your first 30-days of employment or during the Open Enrollment period.

Am I guaranteed coverage? This insurance is guaranteed issued coverage – it is available without having to provide information about you or your family's health.

Coverage Amounts:

Employee Coverage: \$10,000

Spouse Coverage: 50% of your coverage amount

Child(ren) Coverage: 25% of your coverage amount

2026 Disability Insurance (Short-Term & Long-Term)

Bona US provides full-time employees with short term and long-term disability income benefits and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits may be provided as a source of income.

Coverage	Short-Term Disability	Long-Term Disability
Benefits Begin	After 14 Days	After 90 Days
Percentage of Income Replaced	60% of Weekly Salary	60% of Monthly Salary
Maximum Benefit	\$1,000 per Week	\$5,000 per Month

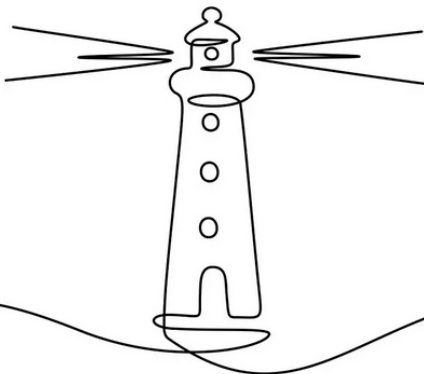
Short Term Disability eligibility is not subject to pre-existing conditions. However, the Long-Term Disability eligibility is subject to the elimination of any pre-existing conditions or exclusions and must fall into the definitions outlined in the Bona US plan document. These limitations and exclusions include, but are not limited to, injuries resulting from the following:

- Acts of War
- Self-Inflicted Injuries
- Felony
- Incarceration of Commission of a crime for which the Employee is convicted
- Participation in a Riot
- Loss of Professional License

Contact the Benefits Manager for more information.

Disability Premiums

Bona covers the cost of Long-Term and Short-Term Disability insurance. Employees do not pay a premium for this coverage and it begins the first of the month following 30 days of active employment.



2026 – 401(k) Retirement Benefit | Empower

To help you prepare for the future, Bona sponsors a 401(k) Plan, administered by Empower, as part of its benefits package. As a full or part-time employee, over the age of 21, you may start participating in this plan on the first day of the month and after completing 30 days of service.

Participant Rules

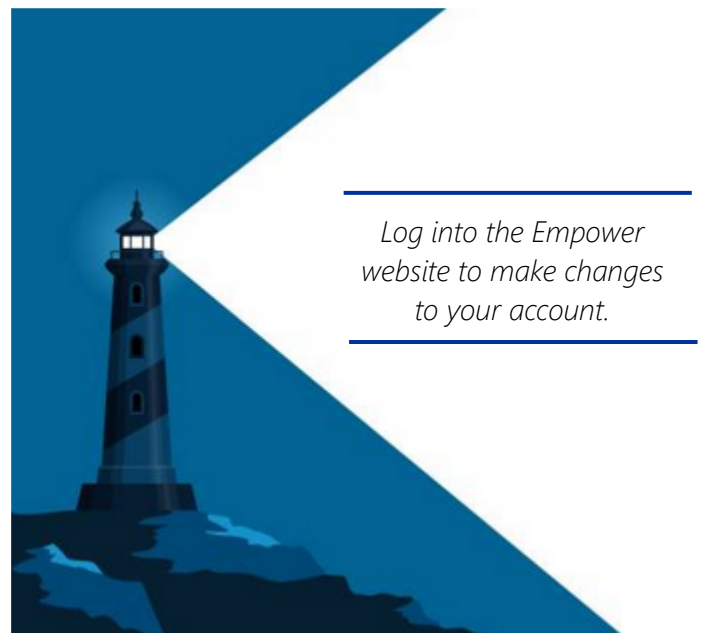
IMPORTANT INFORMATION:

- Payroll deductions will **start automatically** on the 1st payroll of the month following **30-days of employment**;
- **Automatic payroll deductions will start at 3%**;
- Employees will receive a **25% match** on the 1st payroll of the month following 6 months of full-time employment;
- Employees can contribute to the 401(k) on a pre-tax basis or a Roth account on an after-tax basis;
- Employees can make changes to their contributions on the **Empower App** at any time;
- There may be an additional **Discretionary Match** at the end of the year and eligible participants will receive this into their account automatically in the following plan year;
- Participants must return the **Opt-Out Form** if they do not want to participate following 30-days of employment;
- The plan allows for an **auto-increase** feature that will increase your contributions by 1% automatically once a year;
- Employees are **100% vested** in the full balance of their account after **5 years of employment**.

2026 IRS Limits:

- \$24,500 | 401k & Roth
- \$8,000 | Age 50+ Catch-up contribution
- \$11,250 | Age 60-63 Enhanced Catch-up

Years of Service	Total % Vested Match
0 – 1	0%
1 – 2	20%
2 – 3	40%
3 – 4	60%
4 – 5	80%
5+	100%



2026 Paid Holidays & Additional Benefits

Full-time employees receive 8 paid holidays a year, plus your birthday!

- New Year's Day
- MLK Day
- Memorial Day
- Fourth of July
- Labor Day
- ½ Day Wednesday before Thanksgiving
- Thanksgiving
- Friday After Thanksgiving
- Christmas Day
- Your Birthday



Additional Benefits – EAP, Paid Maternity Leave, Travel Assist & Health Club

EAP – Ability Assist

Everyone grapples with personal and work-related issues from time to time. Don't do it alone. Take advantage of your Employee Assistance Program and Work/Life Balance services, included free of charge with your benefits. Get help with stress, anxiety, relationship issues, anger, grief, loss, managing your finances, assistance with medical bills & more. Log-in or call:

Counseling Services: 800-964-3577

Visit: www.guidanceresources.com

Company Name: Abili

EAP – Beneficiary Assist

Beneficiary Assist® 2 Counseling Services offers compassionate expertise to help you, your beneficiaries (those you name in your policy) and immediate family members cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals, as well as five face-to-face sessions available for up to one year.

Travel Assist – The Hartford

The best laid travel plans can go wrong, leaving travelers vulnerable and potentially unable to find the right help. When the unexpected happens far from home, it's important to know whom to call for assistance. If you're covered under a group policy with The Hartford, you and your family may have access to travel assistance and identity theft support services provided by International Medical Group. Contact the benefits manager for information on what is covered under the Travel Assist plan.

Paid Maternity Leave

Full-time employees who have reached their 1-year anniversary are eligible for 4-weeks paid maternity leave.

Health Club Reimbursement

Employees that work outside of the Inverness office are eligible to receive \$30/month towards the cost of health club membership.



The Wellness Tracker is your ticket to a healthy lifestyle! This online program will keep track of all your healthy activities and get you on your way to a healthier lifestyle.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Melodie Newcomb at 303-923-6622 and I will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Each “wellness event” is worth points towards your bucket. Once you accumulate enough points to reach the “Novia, Mega, Traffic” levels, you will earn each of the rewards!

Social & Community																										
	<table><tr><th>Program</th><th>Status</th><th>Points</th></tr><tr><td>Q4 - Demonstrate Commitment</td><td>Click Here</td><td>20</td></tr><tr><td>Attend a Walking Meeting</td><td>Click Here</td><td>5</td></tr><tr><td>Do a Random Act of Kindness</td><td>Click Here</td><td>5</td></tr><tr><td>Caught in the Act Online Form</td><td>Click Here</td><td>0</td></tr></table>	Program	Status	Points	Q4 - Demonstrate Commitment	Click Here	20	Attend a Walking Meeting	Click Here	5	Do a Random Act of Kindness	Click Here	5	Caught in the Act Online Form	Click Here	0										
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Other Wellness																										
	<table><tr><th>Program</th><th>Status</th><th>Points</th></tr><tr><td>Organized Walk/Run - More than a 5k</td><td>Click Here</td><td>100</td></tr><tr><td>Participate in a Nutrition Program</td><td>Finished!</td><td>50</td></tr><tr><td>Participation in the 401(k)</td><td>Finished!</td><td>25</td></tr><tr><td>Participate in Yoga or Fitness Class</td><td>Click Here</td><td>15</td></tr><tr><td>Receive a Massage</td><td>Click Here</td><td>10</td></tr><tr><td>Be Creative: Find a Way to Be Active While at Work</td><td>Click Here</td><td>5</td></tr><tr><td>Practice Meditation</td><td>Click Here</td><td>5</td></tr></table>	Program	Status	Points	Organized Walk/Run - More than a 5k	Click Here	100	Participate in a Nutrition Program	Finished!	50	Participation in the 401(k)	Finished!	25	Participate in Yoga or Fitness Class	Click Here	15	Receive a Massage	Click Here	10	Be Creative: Find a Way to Be Active While at Work	Click Here	5	Practice Meditation	Click Here	5	
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Throughout the year several events will be offered that you can participate in to receive points. The more events you complete, the more points you receive. All points will be totaled in November and as you gain points you can earn gift cards in the wellness gift store.

<https://bona.fitthumb.com/logins/login?returnurl=>

Your health and the health of the company are very important to us. This program is meant to be a fun and rewarding way to help support you in getting and staying healthy!



Teladoc®

24/7 doctor visits via phone or mobile app



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care.



Talk to a doctor anytime, anywhere you happen to be



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Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care

Get the care you need

Teladoc doctors can treat many medical conditions, including:

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- Allergies
- Pink eye
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- Sinus problems
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Talk to a doctor anytime!

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A UnitedHealthcare Company

Annual Disclosures & Notices

Extension of Dependent Coverage to Age 26 and Re-Enrollment Rights

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the Bona Medical Plans. Individuals may request enrollment for such children during Open Enrollment.

Lifetime Limits No Longer Apply

There is no longer a lifetime limit on medical plans.

Pediatrician and OB/GYN Notice

Bona's medical plans do not require prior authorization from UMR or from any other person (including a primary care provider) in order to obtain access to obstetrical/gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Pediatricians and OB/GYNS will be considered primary care physicians and covered at the lower primary care physician co-pay.

Newborns' and Mothers' Health Protection Act of 1996 Notice

Under federal law, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician (e.g., your physician, nurse, or midwife, or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and insurers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, 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). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact the Human Resources.

Women's Health and Cancer Rights Act Notice

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:

- Standard Plan \$750/80%
- Premium Plan \$250/90%

If you would like more information on WHCRA benefits, call your plan administrator at 303-923-6622.

Your Rights After a Mastectomy *Women's Health and Cancer Rights Act of 1998*

Under Federal law, Group Health Plans and health insurance issuers providing benefits for mastectomy must also provide, in connection with the mastectomy for which the participant or beneficiary is receiving benefits, coverage for:

- reconstruction of the breast on which the mastectomy has been performed; and
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and physical complications of mastectomy, including lymphedemas;

These services must be provided in a manner determined in consultation between the attending Physician and the patient.

Call your plan administrator, Melodie Newcomb (303-923-6622) for more information.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information.

Colorado Pregnancy Fairness Workers Act

{C.R.S. 24-34-402.3}

The Pregnant Workers Fairness Act makes it discriminatory or unfair employment practice if an employer fails to provide reasonable accommodations to an applicant or employee who is pregnant, physically recovering from childbirth or a related condition.

Requirements:

Under the Act, if an applicant or employee who is pregnant or has a condition related to pregnancy or childbirth requests an accommodation, an employer must engage in the interactive process with the applicant or employee and provide a reasonable accommodation to perform the essential functions of the applicant or employee's job unless the accommodation would impose an undue hardship on the employer's business.

The Act identifies reasonable accommodations as including, but not limited to:

- provision of more frequent or longer break periods;
- more frequent restroom, food and water breaks;
- acquisition or modification of equipment or seating;
- limitations on lifting;
- temporary transfer to a less strenuous or hazardous position if available, with return to the current position after pregnancy;
- job restructuring;
- light duty, if available
- assistance with manual labor; or modified work schedule

The Act prohibits requiring an applicant or employee to accept an accommodation that the applicant or employee has not requested or an accommodation that is unnecessary for the applicant or the employee to perform the essential functions of the job.

Scope of accommodations required:

An accommodation may not be deemed reasonable if the employee has to hire new employees that the employer would not have otherwise hired, discharge an employee, transfer another employee with more seniority, promote another employee who is not qualified to perform the new job, create a new position for the employee, or provide the employee paid leave beyond what is provided to similarly situated employees.

Under the Act, a reasonable accommodation must not pose an "undue hardship" on the employer. Undue hardship refers to an action requiring significant difficulty or expense to the employer. The following factors are considered in determining whether there is undue hardship to the employer:

- the nature and cost of the accommodation;
- the overall financial resources of the employer;
- the overall size of the employer's business;
- the accommodations' effect on expenses and resources or its effect upon the operations of the employer;

Adverse action prohibited:

The Act prohibits an employer from taking adverse action against an employee who requests or uses a reasonable accommodation and from denying employment opportunities to an applicant or employee based on the need to make a reasonable accommodation.

Medicare Part D Notice

Important Notice from Bona US, INC. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Bona US, Inc. 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. Bona US, Inc. has determined that the prescription drug coverage offered by the United Health Care Plan {EnvisionRX} 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 to 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 decide to join a Medicare drug plan, your current prescription coverage will be affected. Currently, the Company has a commercial prescription drug coverage plan and under the current plan there are no provisions or options for Medicare eligible members. However, participants can choose to enroll in ElixirRX and this would enroll you into the Medicare program, but effectively terminating the commercial plan with the Company. Please see pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance available at 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.

If you do decide to join a Medicare drug plan and drop your current United Health Care Plan coverage, be aware that you and your dependents will be able to get this coverage back.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Medicare Part D Notice Continued

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 Bona US, Inc. 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 the person listed below for further information or call Melodie Newcomb at 303-923-6622. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through United HealthCare 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 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, 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).

Date:	09/15/2024
Name of Entity/Sender:	Melodie Newcomb
Contact--Position/Office:	HUMAN RESOURCES Benefits Manager
Address:	24 Inverness Place East, Englewood, CO 80112
Phone Number:	303-923-6622

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

NOTICE REGARDING WELLNESS PROGRAM {2026} –

FitThumb.com & Preventative Health Now

FitThumb/PHN is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for: Metabolic Panel, CMP Calculation & Lipid Profile. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$10 per paycheck (24 times a year) towards your earnings. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the additional \$10/per paycheck incentive.

Additional incentives of up to \$100 may be available for employees who participate in certain health-related activities such as: Prevention, Education, Eco-Friendly, Social & Community and other wellness activities or achieve certain health outcomes such as participating in a company event, participating in a nutrition program or maintaining a healthy balance. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Manager, Melodie Newcomb at 303-923-6622 or melodie.newcomb@bona.com.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Bona US may use aggregate information it collects to design a program based on identified health risks in the workplace, FitThumb and Preventative Health Now will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Melodie Newcomb at 303-923-6622 or melodie.newcomb@bona.com.



YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor
1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



1-800-336-4590

Publication Date—October 2008

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.

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** 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 or call 1-866-444-EBSA (3272).

BONAKEMI USA, INC. & UNITED HEALTH CARE NOTICE OF PRIVACY PRACTICES

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.

Certain employer-sponsored health plans are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of your health information that the plan creates, requests, or is created on the Plan's behalf, called Protected Health Information ("PHI") and to provide you, as a participant, covered dependent, or qualified beneficiary, with notice of the plan's legal duties and privacy practices concerning Protected Health Information.

The terms of this Notice of Privacy Practices ("Notice") apply to the **following plans (collective and individually reference in this Notice as the "Plan"):**

BONAKEMI USA, INC – PREMIUM MEDICAL PLAN & STANDARD MEDICAL PLAN

This Notice describes how the Plan may use and disclose your PHI to carry out payment and health care operations, and for other purposes that are permitted or required by law.

The Plan is required to abide by the terms of this Notice so long as the Plan remains in effect. The Plan reserves the right to change the terms of this Notice as necessary and to make the new Notice effective for all PHI maintained by the Plan. Copies of revised Notices in which there has been a material change will be mailed to all participants then covered by the Plan. Copies of our current Notice may be obtained by calling the Privacy Office at the telephone number or address below.

DEFINITIONS

Plan Sponsor means [UMR] and any other employer that maintains the Plan for the benefit of its associates.

Protected Health Information ("PHI") means individually identifiable health information, which is defined under the law as information that is a subset of health information, including demographic information, that is created or received by the Plan and that relates to your past, present, or future physical or mental health or condition; the health care services you receive; or the past, present, or future payment for the health care services you receive; and that identifies you, or for which there is a reasonable basis to believe the information can be used to identify you.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that the Plan may use and disclose your PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – Except as outlined below or otherwise permitted by law, the Plan will not use or disclose your PHI unless you have signed a form authorizing the Plan to use or disclose specific PHI for an explicit purpose to a specific person or group of persons. Uses and disclosures of your PHI for marketing purposes and/or the sale of your PHI require your authorization. You have the right to revoke any authorization in writing except to the extent that the Plan has taken action in reliance upon the authorization.

Uses and Disclosures for Payment – The Plan may use and disclose your PHI as necessary for benefit payment purposes without obtaining an authorization from you. The persons to whom the Plan may disclose your PHI for payment purposes include your health care providers that are billing for or requesting a prior authorization for their services and treatments of you, other health plans providing benefits to you, and your approved family member or guardian who is responsible for amounts, such as deductibles and co-insurance, not covered by the Plan.

For example, the Plan may use or disclose your PHI, including information about any medical procedures and treatments you have received, are receiving, or will receive, to your doctor, your spouse's or other health plan under which you are covered, and your spouse or other family members, unless you object, in order to process your benefits under the Plan. Examples of other payment activities include determinations of your eligibility or coverage under the Plan, annual premium calculations based on health status and demographic characteristics of persons covered under the Plan, billing, claims management, reinsurance claims, review of health care services with respect to medical necessity, utilization review activities, and disclosures to consumer reporting agencies.

Uses and Disclosures for Health Care Operations – The Plan may use and disclose your PHI as necessary for health care operations without obtaining an authorization from you. Health care operations are those functions of the Plan it needs to operate on a day-to-day basis and those activities that help it to evaluate its performance. Examples of health care operations include underwriting, premium rating or other activities relating to the creation, amendment or termination of the Plan, and obtaining reinsurance coverage. Other functions considered to be health care operations include business planning and development; conducting or arranging for quality assessment and improvement activities, medical review, and legal services and auditing functions; and performing business management and general administrative duties of the Plan, including the provision of customer services to you and your covered dependents.

Use or Disclosure of Genetic Information Prohibited. The Genetic Information Nondiscrimination Act of 2009 (GINA), and regulations promulgated thereunder, specifically prohibit the use, disclosure or request of PHI that is genetic information for underwriting purposes. Genetic information is defined as (1) your genetic tests; (2) genetic tests of your family member; (3) family medical history, or (4) any request of or receipt by you or your family members of genetic services. This means that your genetic information cannot be used for enrollment, continued eligibility, computation of premiums, or other activities related to underwriting, even if those activities are for purposes of health care operations or being performed pursuant to your written authorization.

Family and Friends Involved in Your Care – If you are available and do not object, the Plan may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and the Plan determines that a limited disclosure is in your best interest, the Plan may share limited PHI with such individuals. For example, the Plan may use its professional judgment to disclose PHI to your spouse concerning the processing of a claim. If you do not wish us to share PHI with your spouse or others, you may exercise your right to request a restriction on our disclosures of your PHI (see below), including having correspondence the Plan sends to you mailed to an alternative address. The Plan is also required to abide by certain state laws that are more stringent than the HIPAA Privacy Standards, for example, some states give a minor child the right to consent to his or her own treatment and, under HIPAA, to direct who may know about the care he or she receives. There may be an instance when your minor child would request for you not to be informed of his or her treatment and the Plan would be required to honor that request.

Business Associates – Certain aspects and components of the Plan's services are performed through contracts with outside persons or organizations. Examples of these outside persons and organizations include our third-party administrator, reinsurance carrier, agents, attorneys, accountants, banks, and consultants. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations. However, if the Plan does provide your PHI to any or all of these outside persons or organizations, they will be required, through contract or by law, to follow the same policies and procedures with your PHI as detailed in this Notice.

Plan Sponsor -- The Plan may disclose a subset of your PHI, called summary health information, to the Plan Sponsor in certain situations. Summary health information summarizes claims history, claims expenses, and types of claims experienced by individuals under the Plan, but all information that could effectively identify whose claims history has been summarized has been removed. Summary health information may be given to the Plan Sponsor when requested for the purposes of obtaining premium bids, for providing coverage under the Plan, or

for modifying, amending or terminating the Plan. The Plan may also disclose to the Plan Sponsor whether you are enrolled in or have disenrolled from the Plan.

Other Products and Services – The Plan may contact you to provide information about other health-related products and services that may be of interest to you without obtaining your authorization. For example, the Plan may use and disclose your PHI for the purpose of communicating to you about health benefit products or services that could enhance or substitute for existing coverage under the Plan, such as long-term health benefits or flexible spending accounts. The Plan may also contact you about health-related products and services, like disease management programs that may add value to you, as a covered person under the Plan. However, the Plan must obtain your authorization before the Plan sends you information regarding non-health related products or services, such as information concerning movie passes, life insurance products, or other discounts or services offered to the general public at large.

Other Uses and Disclosures – Unless otherwise prohibited by law, the Plan may make certain other uses and disclosures of your PHI without your authorization, including the following:

- * The Plan may use or disclose your PHI to the extent that the use or disclosure is required by law.
- * The Plan may disclose your PHI to the proper authorities if the Plan suspects child abuse or neglect; the Plan may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- * The Plan may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- * The Plan may disclose your PHI in response to a court order specifically authorizing the disclosure, or in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request), provided written and documented efforts by the requesting party have been made to (1) notify you of the disclosure and the purpose of the litigation, or (2) obtain a qualified protective order prohibiting the use or disclosure of your PHI for any other purpose than the litigation or proceeding for which it was requested.
- * The Plan may disclose your PHI to the proper authorities for law enforcement purposes, including the disclosure of certain identifying information requested by police officers for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; the disclosure of your PHI if you are suspected to be a victim of a crime and you are incapacitated; or if you are suspected of committing a crime on the Plan (e.g., fraud).
- * The Plan may use or disclose PHI to avert a serious threat to health or safety.
- * The Plan may use or disclose your PHI if you are a member of the military, as required by armed forces services, and the Plan may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- * The Plan may disclose your PHI to state or federal workers' compensation agencies for your workers' compensation benefit determination.
- * The Plan may, as required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of the HIPAA Privacy Rules.

Verification Requirements -- Before the Plan discloses your PHI to anyone requesting it, the Plan is required to verify the identity of the requester and the requester's authority to access your PHI. The Plan may rely on reasonable evidence of authority such as a badge, official credentials, written statements on appropriate government letterhead, written or oral statements of legal authority, warrants, subpoenas, or court orders.

RIGHTS THAT YOU HAVE

To request to inspect, copy, amend, or get an accounting of PHI pertaining to your PHI in the Plan, you may contact the Privacy Officer at 24 INVERNESS PLACE EAST, ENGLEWOOD, CO 80112.

Right to Inspect and Copy Your PHI – You have the right to request a copy of and/or inspect your PHI that the Plan maintains, unless the PHI was compiled in reasonable anticipation of litigation or contains psychotherapy notes. In certain limited circumstances, the Plan may deny your request to copy and/ or inspect your PHI. In most of those limited circumstances, a licensed health care provider must determine that the release of the PHI to you or a person authorized by you, as your “personal representative,” may cause you or someone else identified in the PHI harm. If your request is denied, you may have the right to have the denial reviewed by a designated licensed health care professional that did not participate in the original decision. Requests for access to your PHI must be in writing and signed by you or your personal representative. You may ask for a *Participant PHI Inspection Form* from the Plan through the Privacy Office at the address below. If you request that the Plan copy or mail your PHI to you, the Plan may charge you a fee for the cost of copying your PHI and the postage for mailing your PHI to you. If you ask the Plan to prepare a summary of the PHI, and the Plan agrees to provide that explanation, the Plan may also charge you for the cost associated with the preparation of the summary.

Right to Request Amendments to Your PHI – You have the right to request that PHI the Plan maintains about you be amended or corrected. The Plan is not obligated to make requested amendments to PHI that is not created by the Plan, not maintained by the Plan, not available for inspection, or that is accurate and complete. The Plan will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your personal representative, must state the reasons for the amendment

request, and must be sent to the Privacy Office at the address below. If the Plan denies your amendment request, the Plan will provide you with its basis for the denial, advise you of your right to prepare a statement of disagreement which it will place with your PHI, and describe how you may file a complaint with the Plan or the Secretary of the US Department of Health and Human Services. The Plan may limit the length of your statement of disagreement and submit its own rebuttal to accompany your statement of disagreement. If the Plan accepts your amendment request, it must make a reasonable effort to provide the amendment to persons you identify as needing the amendment or persons it believes would rely on your unamended PHI to your detriment.

Right to Request an Accounting for Disclosures of Your PHI – You have the right to request an accounting of disclosures of your PHI that the Plan makes. Your request for an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2004. Not all disclosures of your PHI must be included in the accounting of the disclosures. Examples of disclosures that the Plan is required to account for include those pursuant to valid legal process, or for law enforcement purposes. Examples of disclosures that are not subject to an accounting include those made to carry out the Plan's payment or health care operations, or those made with your authorization. To be considered, your accounting requests must be in writing and signed by you or your personal representative and sent to the Privacy Office at the address below. The first accounting in any 12-month period is free; however, the Plan may charge you a fee for each subsequent accounting you request within the same 12-month period.

Right to Place Restrictions on the Use and Disclosure of Your PHI – You have the right to request restrictions on certain of the Plan's uses and disclosures of your PHI for payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that the Plan not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. The Plan is not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. The Plan retains the right to terminate an agreed-to restriction if it believes such termination is appropriate. In the event of a termination by the Plan, it will notify you of the termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. Requests for a restriction (or termination of an existing restriction) may be made by contacting the Plan through the Privacy Office at the telephone number or address below.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. The Plan is required to accommodate reasonable requests if you inform the Plan that disclosure of all or part of your information could place you in danger. The Plan may grant other requests for confidential communications in its sole discretion. Requests for confidential communications must be in writing, signed by you or your personal representative, and sent to the Privacy Office at the address below.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting the Privacy Office at the telephone number or address below.

Right to Notice of Breach - You have the right to receive notice if your PHI is improperly used or disclosed as a result of a breach of unsecured PHI.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with the Plan through the Privacy Office in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact our Privacy Office by writing to:

Privacy Office – Human Resources
BONA US
24 Inverness Place East
Englewood, CO 80112
This Notice is effective: 09/28/2016

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid	MONTANA – Medicaid
Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-09
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofc/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414

OREGON – Medicaid	VERMONT– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

SUMMARY ANNUAL REPORT FOR BONAKEMI USA, INC. EMPLOYEE BENEFITS PLAN

This is a summary of the annual report of the Bonakemi USA, Inc. Employee Benefits Plan (Employer Identification Number 84-1069652, Plan Number 501) for the plan year 01/01/2024 through 12/31/2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Bonakemi USA, Inc. has committed itself to pay all medical, dental and healthcare FSA (medical dental, vision) claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Hartford Life and Accident, Vision Service Plan and Elixir Solutions to pay all life, accidental death and dismemberment, prescription drug, vision, temporary disability, long-term disability, critical illness and accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2024 were \$1,298,635.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 24 Inverness Place East Suite 100, Englewood, CO 80012 and phone number, 303-371-1411.

You also have the legally protected right to examine the annual report at the main office of the plan: 24 Inverness Place East Suite 100, Englewood, CO 80012, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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 less than one minute per notice (approximately 3 hours and 11 minutes per plan). 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, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

Model General Notice Of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You are getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child".

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days the qualifying event occurs. You must provide this notice to: BONA US, Human Resources Department: Melodie Newcomb, Benefits Manager at 24 Inverness Place East, Englewood, CO80112

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.
Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information
BONA US
Attention: Human Resources Department
Melodie Newcomb – Plan Administrator
24 Inverness Place East
Englewood, CO 80112
30-923-6622

BONAKEMI USA, INC. 401(K) PLAN
AUTOMATIC CONTRIBUTION NOTICE
THIS NOTICE CONTAINS IMPORTANT INFORMATION REGARDING YOUR PARTICIPATION IN THE PLAN.

This is an annual notice and only applies to the Plan Year beginning on January 1, 2026.

Automatic contributions (deferrals) and right to elect. This notice advises you of certain rights and obligations you have under the Plan. The Plan includes a feature known as an automatic contribution arrangement ("ACA"). Under the ACA provisions of the Plan, the Employer will automatically withhold a portion of your compensation from your pay each payroll period and contribute that amount to the Plan as a Pre-Tax 401(k) deferral (the automatic amount is described below). If you wish to defer the Automatic Deferral amount, you do not need to make a deferral election. However, you have the right to elect not to have the Automatic Deferrals withheld, and you have the right to elect to defer a different percentage of your compensation (including zero). However, if you do not wish to defer any of your compensation, or you wish to defer an amount of compensation different from the Automatic Deferral amount, then you may make an election to do so. This election is made by submitting a salary deferral agreement to the Administrator, in accordance with the deferral procedures of the Plan, within a reasonable time after receipt of this notice, and before the occurrence of the first Automatic Deferral to which this notice applies. Your election will be effective as soon as the Administrator reasonably can implement your election after receipt. Your election will generally remain in effect unless and until you change it.

Application of Automatic Deferral provisions. The Plan includes an automatic salary deferral feature. Your Employer will automatically withhold a portion of your compensation from your pay each payroll period and contribute that amount to the Plan as a Pre-Tax 401(k) deferral. The Automatic Deferral provisions apply to all Participants, except those who have a salary deferral agreement in effect on the Automatic Deferral provisions effective date, provided that the deferral amount under the agreement is at least equal to the Automatic Deferral amount specified below.

Automatic Deferral provisions. The following provisions apply to these Automatic Deferrals:

- As specified above, you may complete a salary deferral agreement to elect an alternative deferral amount or to elect not to defer under the Plan in accordance with the deferral procedures of the Plan.
- The amount to be automatically withheld from your pay each payroll period will be equal to 3% of your compensation.
- While you are a Participant, the Automatic Deferral amount will increase by 1% of compensation up to a maximum of 10% of compensation. Such increase will be applied as of the second period that begins after the period in which the initial deferral amount was withheld and will occur as of March 1st.

Special effective date for Automatic Deferral: Automatic Deferral Provisions: July 1, 2008.

Right to direct investment/default investment. You have the right to direct the investment of all of your accounts in any of the investment choices explained in the investment information materials provided to you.

We encourage you to make an investment election to ensure that amounts in the Plan are invested in accordance with your long-term investment and retirement plans. However, if you do not make an investment election, then the amounts that you could have elected to invest will be invested in a default investment that the Plan officials have selected. You will be provided with a separate notice which details these default investments and your right to switch out of the default investment if you so desire.

Further information. If you need additional information or have any question regarding the information provided in this notice, please contact the Administrator.

You may contact the Administrator at:

Contact: BonaKemiUSA, Inc.

Address: 24 Inverness Place East

Englewood, Colorado 80112

Telephone: (303) 371-1411

SUMMARY ANNUAL REPORT

For BONAKEMI USA, INC. 401(k) PLAN

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan for Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov. OMB Control Number 1210-0040 (expires 03/31/2026)

BONAKEMI USA, INC. 401K PLAN, EIN 84-1069652, Plan No. 001, for period January 1, 2024 through December 31, 2024. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a single-employer defined contribution plan.

Basic Financial Statement

Benefits under the plan are provided through a trust fund. Plan Expenses were \$1,790,794. These expenses included \$1,639,686 in benefits paid to participants and beneficiaries, \$49,473 in certain deemed distributions of participant loans and \$101,635 in other expenses. A total of 334 persons were participants in or beneficiaries of the plan at the end of the plan year.

The value of plan assets, after subtracting liabilities of the plan, was \$30,395,408 as of December 31, 2024, compared to \$25,198,444 as of January 1, 2024. During the plan year the plan experienced an increase in its assets of \$5,196,964. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$6,987,758 including employee contributions of \$1,993,728, employer contributions of \$482,114, rollover contributions of \$650,948 and earnings from investments of \$3,860,968.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of BONAKEMI USA, INC. in care of ERIN A. WRIGHT who is Plan Administrator at 24 Inverness Place East, Englewood, CO 80112, or by telephone at (303) 923-6622.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan (BONAKEMI USA, INC., 24 Inverness Place East, Englewood, CO 80112) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov. OMB Control Number 1210-0040 (expires 03/31/2026)

BONAKEMIUSA, INC. 401(K) PLAN

QUALIFIED DEFAULT INVESTMENT ALTERNATIVE NOTICE

This is an annual notice and only applies to the Plan Year beginning on January 1, 2026.

Right to direct investment/default investment. You have the right to direct the investment of all of your accounts under the Plan (your "directed accounts") in any of the investment choices explained in the investment information materials provided to you.

We encourage you to make an investment election to ensure that amounts in the Plan are invested in accordance with your long-term investment and retirement plans. However, **if you do not make an investment election**, then the amounts that you could have elected to invest will be invested in a default investment that the Plan officials have selected.

Description of default investment. The default investment is:

Name of Investment: T. Rowe Price Retirement Date Fund

Investment objectives: Please see attached investment profile

Risk and return characteristics (if applicable): Please see attached investment profile

Fees and expenses: Please see attached investment profile

Right to alternative investment. If the Plan invests some or all of your accounts in the default investment, then you have the continuing right to direct the investment of your accounts ("directed accounts") in one or more of the other investment choices available to you as explained above. You may change your investments at any time.

No transfer fees or expenses will be charged if you elect an alternative investment within 90 days after first being subject to the default investment. However, your account will be adjusted for any investment gains or losses. If you elect to transfer to an alternative investment after the 90 day period beginning on the date of your first elective deferral, then the following fees and/or restrictions will apply:

N/A

Where to go for further investment information. To learn more about the Plan's investment alternatives and procedures for changing how your accounts are invested you can contact the Plan Administrator at:

Contact: BonaKemiUSA, Inc.

Address: 24 Inverness Place East

Englewood, Colorado 80112

Telephone: (303) 923-6622

APPENDIX A

BONAKEMI USA, EMPLOYEE BENEFITS PLAN

WELFARE PROGRAMS

The following Welfare Programs shall be treated as part of the Plan

Welfare Programs

Medical Plan

Carrier's or Program Administrator's Name: UMR Inc.
Address: PO Box 30541
Salt Lake City, Utah 84130
(800) 826-9781
<https://www.umar.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Prescription Drug Plan

Carrier's or Program Administrator's Name: MedImpact
10181 Scripps Gateway Court
San Diego, CA 92131
(800) 788-2949
<http://www.medimpact.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Dental Plan

Carrier's or Program Administrator's Name: Delta Dental of Colorado
Address: 6465 Greenwood Plaza Blvd., Ste. 900
Centennial, Colorado 80111
(800) 610-0201
<https://www.deltadentalco.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Vision Plan

Carrier's or Program Administrator's Name: Vision Service Plan Insurance Company
Contract Number: 30010886
Address: 333 Quality Drive
Rancho Cordova, California 95670
(800) 877-7195
<http://www.vsp.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Health Care Flexible Spending Account

Carrier's or Program Administrator's Name: Rocky Mountain Reserve
Address: 1221 W. Mineral Ave.
Littleton, Colorado 80120
(303) 271-1411
<http://www.rockymountainreserve.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Dependent Care Reimbursement Account (DCRA) Plan

Carrier's or Program Administrator's Name: Rocky Mountain Reserve
Address: 1221 W. Mineral Ave.
Littleton, Colorado 80120
(303) 271-1411
<http://www.rockymountainreserve.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Basic Life/AD&D Plan

Carrier's or Program Administrator's Name: The Hartford Financial Services Group, Inc.
Address: PO Box 14302
Lexington, Kentucky 40512
(888) 563-1124
<https://www.thehartford.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Long-Term Disability Plan

Carrier's or Program Administrator's Name: The Hartford Financial Services Group, Inc.
Contract Number: GLT-886707
Address: PO Box 14302
Lexington, Kentucky 40512
(888) 563-1124
<https://www.thehartford.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Short-Term Disability Plan

Carrier's or Program Administrator's Name: The Hartford Financial Services Group, Inc.
Address: PO Box 14302
Lexington, Kentucky 40512
(888) 301-5615
<https://www.thehartford.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Voluntary/Dependent Life/AD&D Plan

Carrier's or Program Administrator's Name: The Hartford Financial Services Group, Inc.
Contract Number: GL-886707
Address: PO Box 14302
Lexington, Kentucky 40512
(888) 563-1124
<https://www.thehartford.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Accident

Carrier's or Program Administrator's Name: The Hartford Financial Services Group, Inc.
Contract Number: GLT-886707
Address: P.O. Box 99906
Grapevine, Texas 76099
(866) 547-4205
<http://thehartford.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Critical Illness

Carrier's or Program Administrator's Name: The Hartford Financial Services Group, Inc.
Contract Number: GLT-886707
Address: P.O. Box 99906
Grapevine, Texas 76099
(866) 547-4205
<http://thehartford.com>

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

Premium Conversion Plan

Carrier's or Program Administrator's Name: Bonakemi USA, Inc.
Address: 24 Inverness PL E
Englewood, Colorado 80012
(303) 371-1411

- Such other contracts as may, from time to time, replace any or all of the contracts listed above

A stylized, dark blue silhouette of a sailboat with its sails fully deployed, sailing on a wavy line representing the water. The sailboat is positioned on the left side of the image, with its mast and sails extending towards the top left corner.

Passion for floors
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