



2025 EMPLOYEE BENEFITS

A Summary Guide to Your Benefits

Benefits Overview

Phibro Animal Health is proud to offer a comprehensive benefits package to eligible employees. The complete benefits package is briefly summarized in this booklet.

You share the costs of some benefits and Phibro provides other benefits at no cost to you. In addition, there are also some employee-paid benefits with reasonable group rates that you can purchase through payroll deductions.

Benefit Plans Offered:

- > Medical and Prescription Drug
- > Health Savings Account (HSA)
- > Dental
- > Vision
- > Flexible Spending Account (FSA) and Dependent Care Savings Account
- > Life Insurance
- > Accidental Death & Dismemberment (AD&D) Insurance
- > Short and Long Term Disability Insurance
- > Employee-Paid Life and AD&D Insurance for you and your family members
- > Employee Assistance Program
- > Voluntary Benefits
 - Accident Protection
 - Critical Illness Protection
 - Hospital Indemnity Protection
- > Prepaid Legal
- > Pet Insurance
- > Travel Assistance Plan
- > Medical Benefits Abroad
- > Malloy Advisors
- > 401(k) Retirement Savings and Retirement Program
- > Benefit Advocacy Center

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.





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Eligibility Overview

Eligibility

To be eligible for coverage under the Phibro benefits program, you must be an employee who is regularly scheduled to work at least 30 hours each week. Your benefits go into effect on the 30th day of employment.

Dependents

Eligible dependents, as defined below, may also be covered under the medical, dental and vision plan options:

- > Legal spouse
- > Domestic Partner – same sex or opposite sex. Please contact Human Resources for additional information on enrolling a domestic partner as qualifying paperwork and supporting documentation is required.
- > Adult dependents, regardless of student, marital or employment status, will be covered until the last day of the year following the date the dependent reaches age 26.
- > Dependent children over age 26 who are physically or mentally incapacitated, not capable of self support and depend on the employee for support.

When Can I Enroll?

You are eligible for benefits after completing the waiting period.

You have 30 days to elect coverage. Once you elect coverage your elections will remain in effect for the remainder of the calendar year, unless you have a qualified life event.*

Open enrollment is held each year in the fall and the elections you make will remain in effect for the upcoming calendar year and cannot be changed unless you have a qualified life event.*

* Qualified Life Event Examples

- > Marriage or divorce
- > Legal separation
- > Birth or adoption of a child
- > Death of an eligible dependent
- > A dependent losing eligibility for coverage
- > Change to spouse's benefits during his/her employer's open enrollment
- > A termination or commencement of employment by you, your spouse or dependent child(ren)

Medical Plan Overview

As a Phibro employee you have the option of enrolling in our health plan insured by UnitedHealthcare. You have a choice of two options: the **HSA Medical Plan** or the **Basic Medical Plan**.

While Phibro does cover a significant portion of the health care premiums, the HSA and Basic Medical Plans do require an employee contribution. The cost to you can be found when you enroll in our Benefit Focus system.

Medical Plan Options

The HSA Plan is in-network only. Out of network services will only be covered in the case of a medical emergency (hospital-based care only). While both medical plans continue to use the same network of doctors, only the Basic Plan will cover out-of-network services. The out-of-network services have higher deductibles and out-of-pocket maximums than when you seek services in network. As an employee, you will always spend less out of pocket when you utilize a UnitedHealthcare participating provider.

Opting Out

You may choose to opt out of Phibro Animal Health Corporation's Medical Plans with UnitedHealthcare and receive a \$1,500 payment. In order to be eligible for this payment, you will be required to complete a waiver form and provide proof of participation in another health plan. Payment will be made over the course of the year in each paycheck.

Note: If you are a new employee, the amount you receive will be prorated based on your date of hire.



Medical Plan Overview

Coverage provided by UnitedHealthcare

HSA Medical Plan

The HSA Plan is a high deductible EPO in-network only Plan (exclusive provider plan). In the HSA Medical Plan, all services including prescription drugs are subject to the deductible and coinsurance, other than preventive care which is covered at no cost. Please note, if you are covering any dependents under the HSA Medical Plan, no one in the family is eligible for reimbursement until the family deductible is met. Participating in this plan allows you to open up a Health Savings Account in which you can set aside pre-tax dollars for qualified health care expenses. Additional information can be found in the [HSA section](#) of this booklet. The employee contributions for this plan are significantly lower than the Basic Medical Plan contributions.

Basic Medical Plan

The Basic Medical Plan is a traditional open access point of service plan which allows you to utilize services in or out of network. Most in-network services, such as doctor visits and prescription drugs, are covered with copays. Preventive care is covered at no cost under this plan as well when you utilize in-network providers. For inpatient hospitals visits, outpatient surgeries, and most out-of-network services, the deductible and coinsurance will apply. Employee contributions are higher for this plan than the HSA Medical Plan.

For provider
information go to
UnitedHealthcare
www.myuhc.com



Medical Plan Comparison

UnitedHealthcare

Both UnitedHealthcare plans share the same network of participating doctors/facilities. The HSA Plan features coverage on an **in-network only** basis, with the exception of out-of-network hospital-based care due to a medical emergency. The Basic Plan will cover out-of-network services, however, your reimbursement levels will be higher when you receive care (at discounted rates) from in-network doctors, hospitals, labs, etc. You do not need referrals to see specialists under either plan, but you may need to have certain procedures and all hospital stays pre-certified. If you elect to see an out-of-network provider, you will

be reimbursed for allowable charges subject to the reasonable and customary provision once you or your family members meet the out-of-network deductible (**Basic Medical Plan only**).

UnitedHealthcare's website is www.myuhc.com where you can access a list of participating providers, see the status of your claims, view your deductible/out-of-pocket maximum balances, access UnitedHealthcare's cost estimator compare health care costs, and research various health and wellness resources.

	UnitedHealthcare HSA Medical Plan	UnitedHealthcare Basic Medical Plan	
Plan Features	In-Network	In-Network	Out-of-Network
Annual Calendar Year Deductible	\$2,000/person; \$4,000/family	\$2,000/person; \$4,000/family	\$3,000/person; \$7,500/family
Plan Pays (after deductible)	80%	70%	60%
Out-of-Pocket Maximum	\$4,500/person; \$7,500/family	\$5,000/person; \$10,000/family	\$6,000/person; \$15,000/family
Out-of-Network Reimbursement Level	N/A	140% of Medicare Fee Schedule	
Preventive Care	100%	100%	60% after deductible
Doctor's Office Visits Primary Care Specialist	80% after deductible	\$25 copay \$50 copay	60% after deductible
Lab & Radiology	80% after deductible	70% after deductible	60% after deductible
Inpatient/Outpatient Hospitalization	80% after deductible	70% after deductible	60% after deductible
Hospital Emergency Room	80% after deductible	\$100 copay	\$100 copay

Prescription Drug Coverage

UnitedHealthcare

You automatically receive prescription benefits as part of your UnitedHealthcare medical coverage. Please refer to the abbreviated summary below for benefit information. The prescription drug formulary is Access PDL which is UnitedHealthcare's most comprehensive formulary.

In addition to obtaining prescriptions at the retail pharmacy, you and your covered dependents can also use UnitedHealthcare's Home Delivery Pharmacy, OptumRX. This program can be used for maintenance drugs for new prescriptions and/or refills. You can order either online, by phone or mail. You may receive up to a 90-day supply of medication for 2.5 times the retail copay. Ask your doctor's office to call **800-791-7658** for instructions on how they can fax your prescription to the mail order pharmacy or complete an OptumRX Mail Order form.

	UnitedHealthcare HSA Medical Plan	UnitedHealthcare Basic Medical Plan	
Prescription Drugs	In-Network	In-Network	Out-of-Network
Rx Deductible	Combined with Medical	\$100	\$250
Retail Copay (30-Day Supply)	Tier 1: \$10 copay* Tier 2: \$30 copay* Tier 3: \$50 copay*	Tier 1: \$10 copay Tier 2: \$35 copay* Tier 3: \$70 copay*	Deductible, copay plus difference
Mail Order Maintenance Drugs (90-Day Supply)	Tier 1: \$25 copay* Tier 2: \$75 copay* Tier 3: \$125 copay*	Tier 1: \$25 copay Tier 2: \$87.50 copay* Tier 3: \$175 copay*	Not covered

*After deductible

Virtual Doctor Visits

Coverage provided by Teladoc, Dr+ on Demand and AmWell for UnitedHealthcare members.

Telemedicine 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.

A Teladoc, Dr+ on Demand or AmWell doctor is just a call or click away. Pre-registration is required before use.

Get the Care You Need

Telemedicine doctors can treat many medical conditions, including:

- > Cold & flu symptoms
- > Allergies
- > Pink eye
- > Respiratory infection
- > Sinus problems
- > Skin problems
- > And more!

Teladoc: Access Virtual Visits through myuhc.com. On the 'Welcome' page click <Connect with a Doctor Online>.

Dr+ On Demand and AmWell: Access Virtual Visits through myuhc.com. On the 'Welcome' page click <Find Care and Cost> tab, then click <People> box, then <Virtual Visit> box on the far right.

It Saves You Money!

If you are enrolled in the HSA Medical Plan, applicable virtual visit costs will be applied to your annual deductible. Once your deductible is met, there are no more copays for virtual visits for the remainder of the plan year compared to 20% coinsurance for office services, urgent care or ER visits after your deductible.

If you are enrolled in the Basic Medical Plan, there are no copays for virtual visits unlike office visits, urgent care and ER visits.

	HSA Medical Plan				Basic Medical Plan			
Cost Comparison	Virtual	Office	Urgent Care	ER Visit	Virtual	Office	Urgent Care	ER Visit
Deductible	Yes	Yes	Yes	Yes	N/A	N/A	N/A	Yes
Cost	\$0*	20%*	20%*	20%*	\$0	\$25/\$50	\$50	30%*

*After deductible

Health Savings Account (HSA)

What is a Health Savings Account (HSA)?

If you are enrolled in the HSA Medical Plan, you have the option to contribute pre-tax dollars, deducted from your paycheck and placed in your HSA. This money can be used to pay for your deductibles, copays, medical visits, prescriptions, dental and vision expenses.

Phibro will contribute \$600 for individuals, and \$1,200 if you elect coverage for yourself and one or more dependents. The contribution will be deposited into your HSA bank account twice a year, in January and July.

How Much Can I Contribute?

The IRS sets contribution limits for Health Savings Accounts each year. Below are the 2025 IRS limits:

- > Single coverage: \$4,300*
- > Family coverage: \$8,550*
- > \$1,000 catch-up contributions for individuals age 55 or older*

*Limits include Phibro's contribution. For example with Phibro's \$600 contribution for single coverage, an employee with single only coverage can contribute \$3,700 of their pre-tax dollars. An employee with family coverage can contribute an additional \$7,350 after Phibro's \$1,200 annual contribution.

How Do I Access My Health Savings Money?

HSA enrollees will be automatically set up with an HSA bank account. Once your account is set up, HSA Bank will mail a welcome kit and debit card to your home address, deposit \$0.01 into your new account, and perform a Customer Identification Process (CIP) to verify your identity. If the bank cannot verify your identity, they will contact you for necessary identification so that your account can remain open. Once your account is open you will access your account via myaccounts.hsabank.com/Login. You may contact HSA Bank at **800-357-6246** with any questions.

Who Cannot Contribute to a Health Savings Account?

The IRS states that you cannot contribute to a Health Savings Account if you are:

- > Enrolled in Medicare
- > Covered by another medical plan, including an FSA
- > Under age 26 and your parents claim you on their tax return

If you are ineligible to open an HSA, please contact Human Resources.



Flexible Spending Account (FSA)

Coverage is provided by Benefit Resource Inc. (BRI)

The FSA Plan allows employees to set aside money on a pre-tax basis through payroll deductions to pay for eligible health care or dependent care expenses.

Health Care

The annual maximum for 2025 is \$3,300. You will be able to use the money that has been set aside for expenses incurred January 1, 2025 to March 15, 2026. All expenses for the plan year must be submitted to BRI by April 15, 2026. The Health Care FSA is front loaded which means you have access to your full amount as of January 1. This account reimburses you for out-of-pocket medical, dental, vision, and prescription drug expenses. You can use the FSA funds to pay for copays, coinsurance and certain over-the-counter (OTC) items. You can use this account to pay for eligible expenses for you, your spouse and your eligible dependents. If you or your spouse are covered under a high deductible health plan and have an HSA, you are not eligible to participate in the Health Care FSA.

*Over-the-counter medications are covered for reimbursement under both the FSA or HSA without a prescription. A list of eligible items can be found on the BRI/HSA Bank websites.

Example of Eligible Expenses

- > Acupuncture
- > Alcoholism Treatment
- > Artificial limbs/teeth
- > Chiropractors
- > Contact lenses/solutions
- > Copayments
- > Confinement-physical/mental illness
- > Deductibles
- > Dental Fees
- > Eyeglasses/contact lenses
- > Eye surgery (cataracts/LASIK)
- > Hearing devices, batteries
- > Lab/diagnostic fees
- > Orthodontic fees
- > Orthopedic devices
- > Over-the-counter drugs
- > Oxygen
- > Prescribed medicines
- > Psychiatric care
- > Psychologist's fees
- > Smoking cessation programs
- > Smoking cessation drugs
- > Vitamins (with doctor's letter)
- > Weight loss programs
- > Wheelchair, crutches
- > X-rays

Over-the-Counter Eligible Expenses

- > Antiseptics
- > Asthma education
- > Bandages
- > Cold, flu, allergy medication
- > Pain relief
- > Personal test kits
- > Skin care
- > Stomach care

Flexible Spending Account (FSA)

Dependent Care

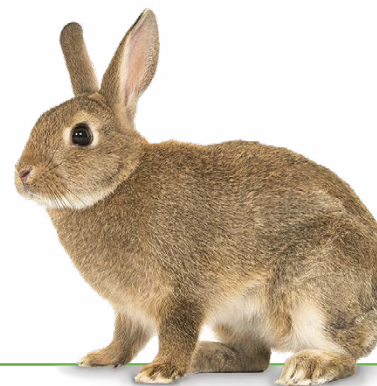
The annual maximum contribution for 2025 is \$5,000 per year if you are single or married and filing a joint federal income tax return; \$2,500 if married and filing a separate federal income tax return. You will be able to use the money set aside for expenses incurred between January 1st and December 31 and expenses must be submitted by April 15, 2026. Under the Dependent Care FSA, you have access up to the amount you have contributed.

This account reimburses you for eligible child and adult care expenses. Such expenses include day care, before and after school care, nursery school, pre-school and summer day camp. These expenses must be to care for an eligible dependent to allow you to work.

Claim Reimbursement

All claim forms should be submitted to BRI with a receipt or explanation of benefits (EOB). You can mail your claim forms to BRI. You also have the option to upload your documentation to the BRI website via BRiWeb or BRiMobile.

You can access your account online at www.BenefitResource.com or on the mobile app, BRiMobile. In order to proceed online, you will be asked to provide a company code. Your company code is **phibro**. Your member number is your Social Security number.



The funds in both the Health Care FSA and Dependent Care FSA accounts are
“USE IT OR LOSE IT”.

Dental Plan

Coverage is provided by UnitedHealthcare

Phibro provides all benefit-eligible employees with a choice of two dental plans options, a Basic Plan and an Enhanced Plan. Both plans utilize the same PPO 30 UnitedHealthcare network.

The contributions for both options are separate from your medical contribution and can be found on our Benefit Focus enrollment website.

Under both dental plans, employees can receive care at any dentist. If you receive care at an in-network dentist, the amount you pay is based off of UnitedHealthcare's pre-negotiated fees with the dentist. The dentist cannot balance bill you for any amounts over the total negotiated fee. If you receive care at an out-of-network dentist, pricing is based off of the usual and customary cost for that service in your specific geographic location. The dentist can then balance bill you for any amounts over the usual and customary cost.

Orthodontics are only covered under the Enhanced Plan for dependents under the age 19. This plan also has a higher reimbursement percentage and a lower deductible. The chart on the next page is an abbreviated summary of the dental benefits. Please refer to your certificate for additional benefit information.



To find a provider,
check the status of your
claims and get answers
to your questions go to
www.myuhcdental.com
or call customer service
at **877-816-3596**.

Dental Plan

Coverage is provided by UnitedHealthcare

	Basic PPO Plan		Enhanced PPO Plan	
Plan Features	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$100/individual; \$300/family		\$50/individual; \$100/family	
Waived for Preventive	Yes		Yes	
Annual Plan Maximum*	\$2,000		\$2,000	
Out-of-Network Reimbursement Level	Not covered	90th%	Not covered	90th%
Coinsurance				
Diagnostic and Preventive (Includes 2 exams/cleanings per calendar year)	100%	100%	100%	100%
Basic Service	60%	60%	80%	80%
Major Service	50%	50%	50%	50%
Orthodontia				
Deductible	Not covered		\$0	
Coinsurance	Not covered		50%	
Child Lifetime Maximum*	Not covered		\$2,000 (up to age 19)	

*Annual and lifetime maximums are combined for in- and out-of-network services.

Vision Plan

Coverage from Spectera is provided by UnitedHealthcare

New and Enhanced Vision Plan for 2025. Vision coverage is now a separate election and the cost of the plan will now be shared between Phibro and you. The vision contributions can be found in the Benefit Focus website.

UnitedHealthcare has a vast network of providers. The following retail chains are representative of some of the participating chains: America's Best, Walmart, For Eyes, Warby Parker, Eyeglass World, Costco and Visionworks. Please visit myuhcvision.com for a full list of providers.

	Vision Plan	
Plan Features	In-Network	Out-of-Network
Exam (once per calendar year)	\$10 copay	Up to \$40 allowance
Materials	\$25 copay	N/A
Office Visit Copay	N/A	N/A
Basic Lenses (once per calendar year)		
Single	\$10 copay, then 100%	Up to \$40 allowance
Bifocal	\$10 copay, then 100%	Up to \$60 allowance
Trifocal	\$10 copay, then 100%	Up to \$80 allowance
Lenticular	\$10 copay, then 100%	Up to \$80 allowance
Frames (once per calendar year)	\$200 allowance	Up to \$45 allowance
Contacts (once per calendar year, in lieu of glasses)		
Conventional	Up to \$200 allowance	Up to \$200 allowance
Disposable*	Up to 8 boxes	Up to \$200 allowance
Medically Necessary	Up to \$210 allowance	Up to \$210 allowance



To find out more about
UnitedHealthcare's
vision program, call toll free
800-638-3120 or visit
www.myuhcvision.com.

Digital copy of your Vision ID is
available on website.

*FORMULARY VS NON-FORMULARY (in-network)

If you choose contact lenses from the formulary list, you can receive up to 8 boxes (4 boxes per eye), at no charge – daily, bi-weekly, or monthly. To see the full list of brands covered, please visit myuhcvision.com. If you choose non-formulary contact lenses, you may use your contact lens allowance toward your purchase.

Wellness Plan

Phibro offers the following to employees and spouses/domestic partners:

- > On-site annual health screenings (flu shots, health screenings, etc.)
- > 75% of the cost for participation in Weight Watchers
- > Gym Reimbursement (to be eligible for reimbursement, you must visit the gym 50 times in a 6-month period)
 - » Employee: up to \$200
 - » Spouse/domestic partner: up to \$100

**If you are enrolled in one of our UnitedHealthcare medical plans, then you must submit your gym receipts through UHC's Sweat Equity Program for reimbursement. Employees not enrolled in our medical plans may submit their receipts to Phibro through Success Factors and will be reimbursed through payroll.*

Wellness Benefits through UnitedHealthcare

You must be enrolled in one of our UnitedHealthcare medical plans to qualify for the following wellness benefits.

Sweat Equity

Visit the gym 50 times in a 6-month period and receive a gym reimbursement – up to \$200 for employee – and up to \$100 gym reimbursement for spouse/domestic partner. You can upload your claim from the myuhc.com website.

UHC Rewards

As a UHC Rewards member you can earn up to \$300 a year with UHC Rewards. There are many ways to earn rewards — including many things you may already be doing. Personalize your experience by selecting activities that are right for you and look for new ways of earning rewards throughout the year. If you cover your spouse they are eligible for this program.*

Apple Watch

With UHC Rewards, employees have the option to enroll in **Earn It Off**. This is a payment option where they can get an Apple Watch for a low- or \$0- upfront cost and pay the remaining cost with the rewards they earn over 12 months.

* More information on these programs is available on the UHC website



UHC One Pass Select

UHC One Pass Select offers employees an option of gym memberships with no long term contracts or annual gym registration fees. You can also add up to four family members (ages 18+)*

Category	Classic	Standard	Premium	Elite
Monthly fee	\$34	\$69	\$109	\$159
Gym network size	11,000+	12,000+	14,000+	16,000+
Premium network	✓	✓	✓	✓
Multi-location access	✓	✓	✓	✓
Upgrade/downgrade monthly	✓	✓	✓	✓
Cancel within 30 days	✓	✓	✓	✓

An enrollment fee may apply.
Or get started with a digital-only plan for \$10/month.

Participating fitness brands			
Classic	Standard	Premium	Elite
    	    	    	    
Other participating locations available in our network. All trademarks are the property of their respective owners.			

Life and AD&D Insurance

Coverage is provided by Unum

Basic Life Insurance

Employees are covered at one and one half times to \$500,000 (1.5 times their basic annual salary paid by Phibro). Life insurance coverage is determined on the first day of each new year (or after the completion of 30 days of employment for new employees). By law, for those employees whose life insurance coverage exceeds \$50,000, the cost of the excess coverage above \$50,000 will be included in the employee's gross income. The cost of the excess coverage is nominal and is computed under a formula from Internal Revenue Code Section 79, which is based on age. The cost of the excess coverage is reported as income to the employee and is reflected on the pay stub as GTL (Group Term Life).

Supplemental Life Insurance

This is a voluntary benefit. If you are actively employed and eligible for benefits, you are eligible to enroll for Supplemental Term Life Insurance coverage at favorable group rates based on age. The cost of the supplemental coverage is paid by the employee on a post-tax basis.

> Employee Life Insurance

You may purchase coverage, in the following increments of your annual base salary: 1x, 2x, 3x, 4x or 5x to the Supplemental Term Life maximum of \$500,000. The monthly Supplemental Life insurance coverage rates are based on your age as shown in the chart on the following page. If you do not enroll when you are first eligible, and you wish to elect coverage at a later date, you may be required to provide evidence of insurability.

> Spouse Life Insurance

You can also purchase Supplemental Life Insurance for your spouse to a maximum of \$25,000 (in increments of \$5,000). Please be advised that the employee must elect Supplemental Life in order to elect spouse coverage. Premium rates are based your spouse's age. If you do not enroll when you are first eligible, and you wish to elect coverage at a later date, you may be required to provide evidence of insurability.

> Child Life Insurance

Supplemental Life Insurance is available for child coverage for child(ren) through age 26. Employees can elect \$10,000 in coverage. The rate for this coverage is \$1.00 per month regardless of the number of children. The maximum benefit for newborns to 6 months of age is \$1,000.

> Supplemental AD&D Insurance

Employees are eligible to purchase Supplemental Accidental Death and Dismemberment coverage. This plan will cover certain injuries from an accident. It also pays an additional amount if you die from a covered accident. Employees can buy Supplemental AD&D coverage in multiples of \$25,000 to a maximum of the lesser of 10x your annual earnings or \$400,000.

Supplemental AD&D Monthly Rates

Rates per \$1,000

> Employee: \$0.021

> Family: \$0.029

Supplemental AD&D	
Employee Benefits	
Benefit Maximum	10x salary to \$400,000
Benefit Reduction Schedule	Increments of \$25,000
% Benefit reduces by age 70, 75, 80, 85	35%, 55%, 70%, 85%
Spouse Benefits	
Benefit Maximum	Without insured Dependent Children – 60%
Benefit Reduction Schedule	With insured Dependent Children – 50%
% Benefit reduces by age 70, 75, 80, 85	35%, 55%, 70%, 85%
Child Benefits	
Benefit Maximum	Without insured Spouse – 20%
	With insured Spouse – 10%

Life Insurance Coverage

Age	Monthly Premium per \$1,000	Age	Monthly Premium
Under 29	\$0.075	50 – 54	\$0.540
30 – 34	\$0.090	55 – 59	\$0.850
35 – 39	\$0.120	60 – 64	\$0.970
40 – 44	\$0.190	65 – 69	\$1.890
44 – 49	\$0.330	70 +	\$2.770

For New Hires Only

Coverage up to the lesser of 3x your salary or \$300,000 (guaranteed issue) may be obtained without providing medical evidence of good health. Supplemental Life Insurance coverage in excess of 3x or \$300,000 is subject to medical evidence of insurability and becomes effective on the date it is approved by the insurance company. You will be covered up to the guaranteed issue amount (and only charged for that amount) until the company receives approval in writing from Unum. If you do not enroll when you are first eligible, any supplemental life insurance elected or increased going forward would be subject to evidence of insurability.

Integrated Short Term Disability Insurance and Family Medical Leave Administration

Coverage is provided by Unum

Short Term Disability (STD)

Fully paid by Phibro Animal Health Corporation.

Short Term Disability benefits apply for any absence due to illness or injury that extends beyond 5 consecutive working days. For absences 5 days or less, sick-leave or other available paid time off (PTO) will be used. Keep in mind that any absence of 3 consecutive days or more requires a doctor's note.

Phibro may cover your waiting period through salary continuation, based on your eligible class. Disability benefits will begin on the 6th working day.

If you receive state-mandated disability benefits, the STD benefit will be reduced by the amount received from disability benefits. STD benefits begin after you have been disabled for 7 days (waiting period includes weekends) and as long as you remain disabled, you can receive disability payments up to 25 weeks. The weekly benefit is 60% of your base weekly income up to a maximum of \$2,500 per week.

To file a claim, call Unum directly at **866-779-1054**. This will also initiate your FMLA request.

The STD maternity benefit has been enhanced to cover the two weeks prior to an employee's expected due date.

Family Medical Leave Administration (FMLA)

Unum will also manage all requests for Family Medical Leave. For leave requests, employees can call Unum at **866-779-1054**, go to Unum's website, www.unum.com or download the Unum Customer App and follow the claim submission instructions.



Long Term Disability Insurance

Coverage is provided by Unum

Long Term Disability (LTD)

Insurance is paid by Phibro.

The LTD Plan provides monthly replacement income if you become disabled and meet the definition of disability. Benefits begin after you have satisfied the elimination period of 180 days.

The monthly LTD benefit is equal to 60% of your annual base earnings. Your LTD benefits may be offset by other sources of income. See the Unum booklet for more information. You can receive benefits up to the Social Security normal retirement age.

- > Hourly Employees: Maximum monthly benefit is \$5,000.
- > Salaried Employees: Maximum monthly benefit is \$20,000.



Prepaid Legal Plan

Coverage is provided by MetLife

What Services Are Covered

You and your eligible dependents are entitled to receive certain personal legal services. Refer to chart on next page.

As a Phibro employee you can select to participate in a prepaid legal plan. Both plans provide access to MetLife's network of over 18,000 attorneys and you can select a plan that meets the needs of you and your family. These legal plan offer coverage for the employee, spouse, and dependents. The Buy Up plan offers plus parents coverage where you can add coverage for up to 8 additional family members. You can find the details on the Base and Buy Up plan on the following page.

Quality legal assistance can be pricey. And it can be hard to know how to find an attorney you trust. With MetLife Legal Plans, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

When you use a network attorney, there is nothing for you to do. All covered plan services are covered in full and billing is between MetLife and the network attorney. There are no waiting periods, no copays, no deductibles and no claim forms.



To learn more about your coverages and see our attorney network, create an account at legalplans.com or call 800.821.6400 Monday – Friday 8:00 am to 8:00 pm (ET).

Sample Summary of Covered Services	Base Legal Plan	Buy Up Legal Plan
Coverage of Pre-Existing Matters	Yes (If There is No Existing Attorney)	Yes (If There is No Existing Attorney)
Phone / Office Consultations With Attorney	Unlimited	Unlimited
Discount for Non-Covered Items	Network Attorneys Provide Representation For Personal Injury, Probate and Estate Administration Matters at Reduced Fees	Network Attorneys Provide Representation For Personal Injury, Probate and Estate Administration Matters at Reduced Fees
Wills & Codicils	Covered	Covered
Living Trusts	Covered (Revocable and Irrevocable)	Covered (Revocable and Irrevocable)
Power of Attorney	Covered	Covered
Sale / Purchase of Real Estate	Covered (Primary and Secondary Residence)	Covered (Primary and Secondary Residence)
Adoption	Covered (Contested & Uncontested)	Covered (Contested & Uncontested)
Divorce	Uncontested / Contested: Covered Up to 20 Hours	Uncontested / Contested: Covered Up to 20 Hours
Post Decree Child Custody / Support	Advice & Consultation, Document Review	Advice & Consultation, Document Review
Personal Bankruptcy	Covered	Covered
Tax Audits	"Covered (Federal, State & Local)"	"Covered (Federal, State & Local)"
Defense of Tickets (Excluding DUI)	Covered	Covered
Probate	Covered At 10% Reduced Fee	Covered At 10% Reduced Fee
Immigration Assistance	Covered	Covered
Elder Law Matters	Not Covered	Plus Parents Coverage (Additional Premium Required, Up to 8 Additional People): Member Support (Consultation & Document Review For Issues Related to Your Parents), LifeStages Identity Restoration Services, Promissory Notes, Deeds, Mortgages, Codicil, Complex / Simple / Living Wills, Healthcare Proxies, POA, Review of Any Personal Legal Document
Miscellaneous	Financial Wellness Programs, Legal Self-Help Docs	Financial Wellness Programs, Legal Self-Help Docs

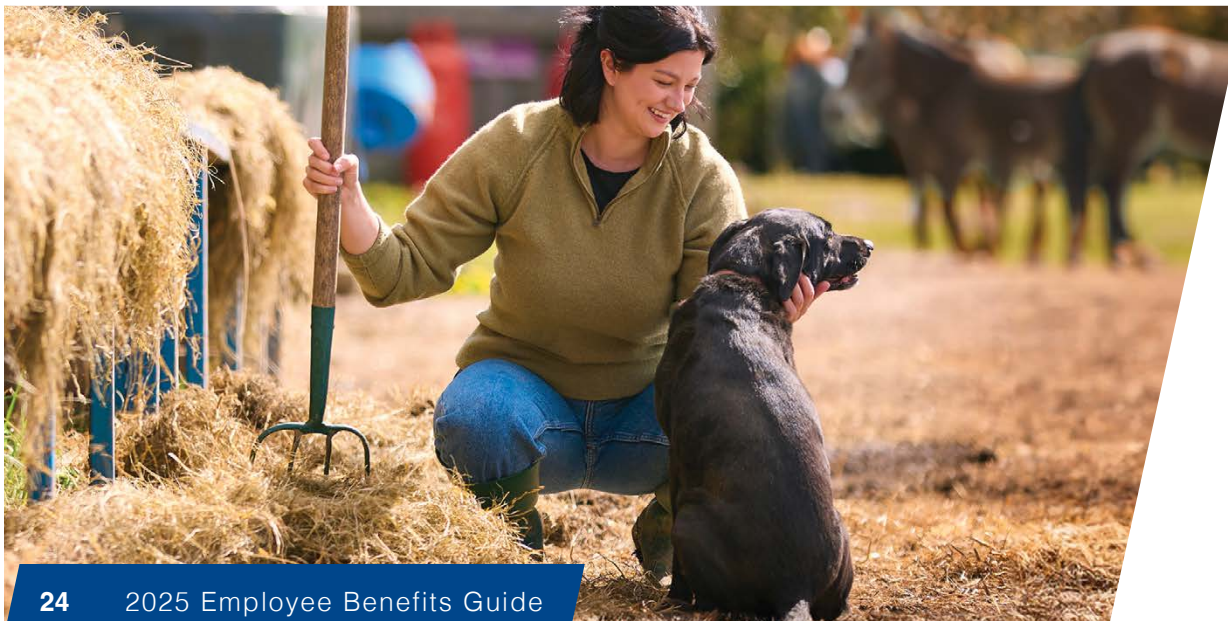
Pet Insurance

Coverage is provided by MetLife

With MetLife Pet Insurance, pet parents have the power of choice to customize their pet insurance to meet their needs.

Our quick 3-step enrollment process and supportive team of pet professionals are here to help.

- > No breed exclusions
- > No upper age limits
- > No initial exam or previous vet records needed to enroll
- > No per-incident or lifetime limits
- > Group flexible coverage with up to 100% reimbursement and the freedom to visit any U.S. vet
- > Optional Preventive Care coverage
- > 24/7 access to Telehealth Concierge Services
- > Multi-channel support options with caring, knowledgeable representatives
- > Discounts and offers on pet care
- > MetLife Pet mobile app makes it easy to submit and track claims and manage your pet's health and wellness



MetLife Pet Insurance, What does it cover?

- > Accidental injuries
- > Illnesses
- > Exam fees
- > Surgeries
- > Medications
- > Ultrasounds
- > Hospital stays
- > X-rays and diagnostic tests

And your coverage also includes:

- > Hip dysplasia
- > Hereditary conditions
- > Congenital conditions
- > Chronic conditions
- > Alternative therapies
- > Holistic care
- > And much more!

Call: **1-800-GET-MET8** for a quote
and to enroll. To learn more, visit
quote.metlifepetinsurance.com

This plan is not payroll deducted and if you enroll in this plan you will be billed by MetLife.

Voluntary Benefits

The following plans are voluntary for you and/or your dependents and are 100% employee paid. Benefits from these plans will not reduce the amount the insurance company will pay for medical claims. For coverage details, see your official benefit plan documents, which include exclusions and limitations.

Benefit Assist Through UnitedHealthcare

If you are enrolled in one of the UHC medical plans, you can participate in Benefit Assist. With a Benefit Assistant in your corner, the claims process is easier than ever. Included when enrolled in one of these supplemental health plans (Accident, Critical Illness, and/or Hospital Indemnity), Benefit Assist is designed to help make sure you get the benefits you're eligible for — and get them processed faster. Here's how Benefit Assist does the heavy lifting for you:

Questions?

Call: **800-444-5854**, Monday–Friday: 8am to 8pm ET

There's no obligation to use Benefit Assist to file your supplemental health plan claim. You have the option to submit your own claim by calling **866-556-8298**. There is a lag time between when the medical claim is processed, flagged as a voluntary benefit claim and then forwarded to Benefit Assist for processing.



REVIEWING

A Benefit Assistant will review your eligible medical claims.



SUPPORTING

If any of your medical claims appear to qualify for a benefit payout from your supplemental health plan, you will receive a call.



SUBMITTING

If you are not enrolled in our UHC medical plan, you will be required to submit your own claim.

Accident Protection

Coverage is provided by UnitedHealthcare

Even with health insurance, an accidental injury can cost you thousands of dollars. Accident insurance helps cover the added costs that you may face following an injury.

If you or a covered family member have a covered accident, the Accident Protection Plan will pay you a cash benefit directly. Any payment you receive is in addition to the benefits your health plan gives you. Plus, you don't have to meet a deductible to receive the money — and you can use the money any way you want.

Some common examples of services covered under the accident plan are: Accident-related emergency and non-emergency care, fractures, medical testing, dislocations, cuts, ambulance, hospital admission and confinement, physician follow-up, x-rays and more.

Critical Illness Protection

Coverage is provided by UnitedHealthcare

Critical Illness Protection helps give you and your family more financial security if you or a covered family member is diagnosed with a covered illness. The plan sends a lump-sum payment directly to you after diagnosis of a covered condition. Covered conditions include: heart attack, stroke, coma, certain cancers and more.

You have a choice in enrolling for a \$10,000 or \$20,000 benefit. The rates you pay are based on your age.

The money is yours to use however you want, including paying for:

- > Out-of-pocket health plan costs (deductibles, coinsurance, etc.)
- > Prescriptions
- > Mortgage or rent
- > Treatment by a specialist
- > Groceries
- > Transportation to and from treatment

Additionally, the Critical Illness Protection Plan includes a wellness benefit that helps pay for preventive care and other health screenings. Since many health plans cover blood tests, mammograms and other screenings at no cost to you, the wellness benefit may be money in your pocket.

Complete an eligible screening or test and you (and a covered spouse) can receive the \$50 wellness benefit.* If you are covered under the UHC Medical Plan, Benefit Assist will process this for you automatically.

*Screening or test must be completed during the calendar year. The benefit will only be paid for 1 test each calendar year, regardless of the test results. The benefit is paid in addition to any other payments you and/or your covered spouse receive under the policy. Benefit payment amounts may vary. Please refer to the benefit summary in Benefit Focus for more details.

Hospital Indemnity

Coverage is provided by UnitedHealthcare

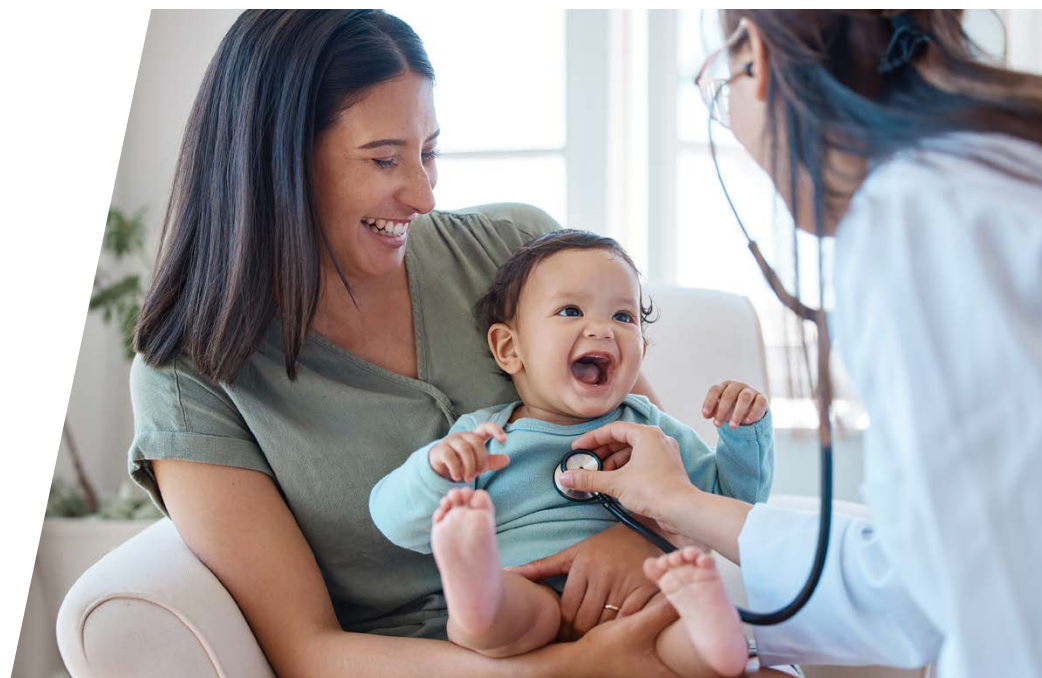
A hospital stay can mean big out-of-pocket costs and stress. This plan gives you the extra financial help you need so you can focus on feeling better. If you or a covered family member receive covered hospital care and submit a claim, the Hospital Indemnity Protection Plan will pay you directly — in a single payment to use any way you choose.

IMPORTANT:
The hospital indemnity plan is a fixed indemnity policy.

Covered hospital expenses include:

- > Hospital admission: \$1,000 benefit (you must be admitted as an inpatient)
- > Hospital confinement: \$100/day benefit. Must include room and board charge to be eligible
- > Intensive Care Unit (ICU) confinement: \$100/day benefit

Note: You can use benefits received from these plans to help pay your deductible.



Employee Assistance Program (EAP)

Coverage is provided by Unum and UnitedHealthcare

Challenges are all around us, both at work and at home. To make it easier for you, we have two programs to help employees navigate these challenges.

Unum Work/Life Balance

Unum's EAP is designed to help you lead a happier and more productive life at home and at work. You can receive up to 3 in-person sessions per event with a Licensed Professional Counselor **at no cost to you**. For ongoing support, you may be referred to resources in your community.

Just call a Work/Life Specialist at 800-854-1446 and they will answer your questions and help you find resources in your community such as:

- > Child and elder care
- > Financial services, debt management, credit report issues
- > Identity theft
- > Legal questions
- > Tips to help reduce your medical/dental bills!

Access dozens of pre-recorded, archived webinars.

Each month Unum hosts a new on-demand, expert-led talks on financial, health and wellness, family life, and much more.

For online support, visit: unum.com/lifebalance; for support by phone, call: **800-854-1446**.

UnitedHealthcare EAP for UHC Members

This program is designed to provide short-term counseling, work-life assistance, legal and financial guidance to help you and your family handle concerns before they become major issues, **at no cost to you**. You can receive up to 3 in-person counseling sessions per event when you seek care from a UHC EAP provider. After the 3 free sessions, you can continue with the same provider as you are not required to change. You also have unlimited 24/7 telephone access to UHC's EAP coordinators.

Call the member phone number on your health plan ID card and ask to speak to an EAP consultant or you may also contact the EAP directly at: **888-887-4114**.

Get access to self-care techniques, coping tools, meditations and more — anytime, anywhere. With AbleTo, you'll get personalized content that's designed to help you boost your mood and shift your perspectives. Tap into clinician-created tools, including daily mood tracking, meditation tools, and a personalized road map to help track your progress.

Ready to get started? Visit ableto.com/begin Have your health plan ID handy. Follow the steps to sign up and begin your self-care program. Please use your member ID number when prompted to provide an access code.

Benefit Advocacy Center (BAC)

Gallagher is ready to help you get the most from your benefit programs by providing an advocate at no cost to assist you with:

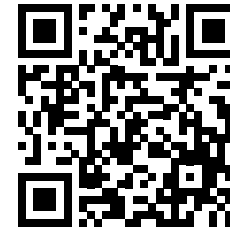
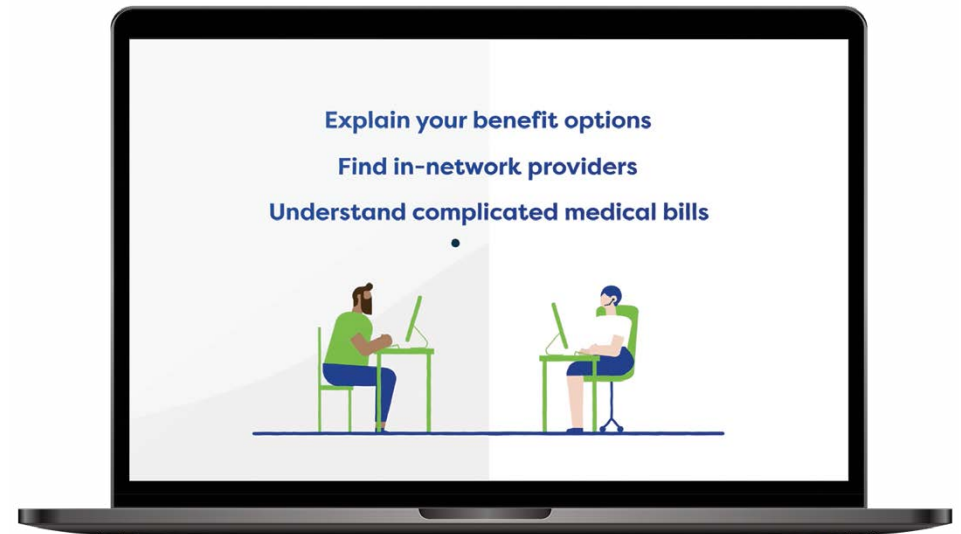
- > **Explanation of benefits.** Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?
- > **Prescription/pharmacy problems.** Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?
- > **Benefits questions.** Are you unsure if the insurance will pay for a certain procedure?
- > **Claim issues.** Did you receive a bill from a doctor but don't know why?
- > **Difficult situations.** Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

You have a Team of Advocates ready to handle any situation in a discreet and confidential manner.

Call Toll Free: **800-370-1578** or **856-372-3253**

Monday-Friday: 8:00am - 6:00pm EST

Email: bac.pahc@ajg.com



Click on link or scan the QR code to watch the BAC video

vimeo.com/875513465/c749417d55

Travel Assistance

Coverage is provided by Unum

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it’s always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

Use Your Travel Assistance Phone Number to Access:

- > Hospital admission assistance*
- > Emergency medical evacuation
- > Prescription replacement assistance
- > Transportation for a friend or family member to join a hospitalized patient
- > Care and transport of unattended minor children
- > Assistance with the return of a vehicle
- > Emergency message services
- > Critical care monitoring
- > Emergency trauma counseling
- > Referrals to Western-trained, English-speaking medical providers
- > Legal and interpreter referrals
- > Passport replacement assistance

* Hospital admission is coordinated by Assist America, Inc. It may require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America, Inc. within 45 days. Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum Insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee’s health insurance.

With the Assist America Mobile App, you can:

- > Call Assist America’s Operation Center from anywhere in the world with the touch of a button
- > Access pre-trip information and country guides
- > Search for local pharmacies (U.S. only)
- > Download a membership card
- > View a list of services
- > Search for the nearest U.S. embassy
- > Read Assist Alerts

Download and activate the app today from the Apple Store or Google Play.

Activation code: 01-AA-UN-762490

Within the US: 800-872-1414

Outside the US: +1 609-986-1234

Email: medservices@assistamerica.com

Reference number: 01-AA-UN-762490

Medical Benefits Abroad

Coverage provided by Cigna Global Health Benefits


When traveling on international business, be assured you have medical coverage for an unexpected illness or injury. The coverage under the Cigna Global Health Benefits' Medical Benefits Abroad (MBA) will cover you for emergency medical treatment, prescription drug medications and replacement for medicines that are lost and medically necessary. It does not cover routine care visits. These health care needs should be taken care of before your departure. It is easy to access this coverage while traveling. Cigna is available 24 hours a day. Should you need their assistance while traveling, reach out to Cigna by calling the number on the back of your Cigna MBA ID card. Reach out to Human Resources for this card before traveling. This plan does not apply to personal travel or family members who may be traveling with you when traveling internationally.

Cigna MBA's program has a website with specific country information so you can prepare for your trip before departing. The CignaEnvoy website has information including currency and exchange rates, immunization requirements and security alerts. Additionally, you can locate nearby health providers and facilities.

Toll free number: 800-243-1348

Website: [CignaEnvoy.com](https://www.cignaenvoy.com)

Contact Human Resources
to get a copy of your
Cigna ID card



**Medical Benefits Abroad**

Policy No: 00593C001


Employer: PHIBRO ANIMAL HEALTH

To verify benefits, please see the contact information on the back of this card.

Teladoc Global Health Complete app



You can now access Global Telehealth 24/7 in addition to visiting a provider.



Code: MBA01350-704161

All benefits are subject to verification of eligibility, definitions, exclusions and contract limitation. Card possession does not certify eligibility for benefits

Members and Providers

Fax Claims: 1.800.243.6998 (toll-free) or 001.302.797.3150 (direct fax)

Contact: 1.800.243.1348 (toll-free) or 001.302.797.3535 (outside the U.S.)
302.797.3535 (inside the U.S.)

Mail Claims: Cigna PO Box 15111, Wilmington, DE 19850-5111


Courier: Cigna 300 Bellevue Parkway, Wilmington DE 19809-3718

Website: [www.CignaEnvoy.com](https://www.cignaenvoy.com)

U.S. Provider: Payor ID# Cigna – 62308

Preferred care network in the U.S.: Cigna HealthCare PPO

For U.S.-inpatient services pre-authorized required

MultiPlan Network Savings Program

Life Planning Financial & Legal Resources

Coverage is provided by Unum

When a loved one is terminally ill, or passes away, you may need help with the personal, financial and legal decisions that need to be made. Support is always available when you are protected by Unum group life insurance.

With Unum group life coverage, you have automatic access to Life Planning Financial & Legal Resources. This service is provided at no extra cost for employees, spouses and beneficiaries who need help during a terminal illness, or after the loss of a covered employee.

Care Consultants Provide the Assistance You Need

When a life claim is submitted and approved, a specially-trained consultant will reach out to the employee or beneficiary to provide support. Each consultant holds a Master's degree in the mental health field, and is highly skilled at assisting those who need help dealing with the emotional challenges of a terminal illness or the loss of a loved one.

Life Planning consultants are also able to provide financial and legal support regarding estate settlement, Social Security, cash flow, taxes and investment planning. They can help you develop a customized financial plan to preserve your quality of life, protect resources and build future security.

These consultants are available to assist you in your time of need 24 hours a day, 365 days of the year, and are strictly confidential.

Call: 800-854-1446 (multi-lingual)
Visit: members.healthadvocate.com
(Enter Unum – Life Planning)



401(k) Retirement Savings Plans

Administered by Fidelity Management Trust

All full-time and part-time employees are eligible for the Phibro Animal Health Corporation 401(k) Plan. This plan has an automatic enrollment feature and pre-tax contributions will be made on your behalf at the deferral rate of 6%, unless you elect otherwise before the deadline to decline (30 days including your hire date). If you wish to enroll sooner or elect an amount other than 6%, you must access Fidelity's website directly at www.netbenefits.com or you may contact Fidelity by speaking with a Service Representative at **800-835-5097** before the date of your automatic enrollment. This non-forfeitable contribution will be automatically deducted from your pay each payroll cycle.

The plan allows you to contribute 1% to 60% of pre-tax earnings, subject to IRS limitations to a maximum in 2025 of \$23,500.

This plan is administered by Fidelity Management Trust and currently offers you 16 different fund investment options along with a variety of Target Date Funds. Unless you have investment elections on file with Fidelity before this amount is received, your contribution will be invested in the Plan's default investment option (Fidelity Freedom Target Date fund based on the year closest to when you are eligible to retire).

Auto Increase Program

Take the work out of managing your deferrals. Fidelity allows you to set up a process to automatically increase your deferrals annually. You choose the percentage you wish to increase annually and it will automatically increase each year.



Visit the Fidelity website
netbenefits.com or call a
Service Representative
at **800-835-5097**.



401(k) Retirement Savings Plans

Contributions

Roth (401k) Contributions

The Plan allows you to designate all or any portion of your 401(k) contributions as Roth 401(k) contributions. A Roth 401(k) contribution is treated the same as a traditional 401(k) contribution in all respects, except that Roth 401(k) contributions are subject to federal income tax in the year contributed, whereas traditional 401(k) contributions are made on a pre-tax basis.

Catch-up Contributions

If you reach age 50 during the calendar year and are meeting the maximum pre-tax contribution of \$23,500 you are eligible to contribute an additional \$7,500 as a Catch-up Contribution (\$31,000 total)*. The company will not match any monies contributed towards Catch-up Contributions.

Company Matching Contributions

Phibro Animal Health Corporation will make matching contributions in an amount equal to 100% of the first 6% of your compensation contributed to the plan.

Additional Company Contributions

Full-time and Part-time employee are eligible for this additional company contribution to your 401(k) account. Phibro makes an additional non-elective discretionary contribution to your 401(k) account, provided that these payments conform to ERISA and IRS regulations. The payment will post to your Fidelity Savings account during the first quarter following the calendar year's completion. To receive these payments, you must be an active employee on December 31 of the calendar year. This contribution is made regardless of your participation in the Plan. The contribution is based on points (age plus years of service). See the chart below.

The framework for discretionary contributions is based on the following table below in which points equal age (in whole years) plus completed years of service as of December 31 of the calendar year.

Points	% Pay
Under 35	0.5%
35 – 44	1.5%
45 – 54	2.5%
55 – 64	3.5%
65 +	4.5%

Malloy Advisors

Whether you are retiring at age 65 or older, Malloy Advisors will work closely with you to help you understand all your Medicare options when you retire. Medicare can be confusing but Malloy has professional advisors to assist you with understanding the complications of Medicare at no cost or obligation.

Staffed by licensed and trained agents, Malloy Advisors is dedicated to ensuring that you and your loved ones make the best educated decisions.

Call: 800-933-8129

Visit: www.malloymedicare.com

Email: answers@malloymedicare.com



Time Off Policies

Paid Time Off

Location	Years of Service	# of Days	First Year Accrual	Carry Over
US (excluding California)	0 – 4	10 days	Accrued pro-rata as of start date	Can carry over 5 days
	5 – 9	15 days		
	10 +	20 days		

Holiday Policy

The company will observe 8 paid holidays each year and 3 floating holidays. The holiday schedule can be found on the Human Resources page of Phibro Connect>Time Off, and may vary by location. An employee must be at work (or on approved leave) on both the day before and the day after a designated holiday to be eligible to receive full pay for the holiday.

Sick and Safe Time Leave Policy

This policy can be found on the Human Resources page of Phibro Connect under Time off.

Contact Information

Benefits	Carrier	Phone	Website
Medical	UnitedHealthcare	866-633-2446	www.myuhc.com
Mail Order Prescription Drugs	Mail Order: OptumRx	800-791-7658	www.myuhc.com
Health Savings Account (HSA)	HSA Bank	800-357-6246	www.hsabank.com
Flexible Spending Account (FSA)	Benefit Resource Inc. (BRI)	800-473-9595	www.BenefitResource.com
Dental	UnitedHealthcare	877-816-3596	www.myuhcdental.com
Vision	UnitedHealthcare (Spectera)	800-638-3120	www.myuhcvision.com
Life/AD&D/Disability/ Family Medical Leave Administration (FMLA)	Unum	866-779-1054	www.unum.com
UHC Voluntary (Accident Protection, Critical Illness Protection, Hospital Indemnity)	UnitedHealthcare	888-299-2070	www.myuhcfp.com
Prepaid Legal	MetLife	800-821-6400	www.legalplans.com
Pet Insurance	MetLife	800-438-6388	www.metlifepetinsurance.com
Employee Assistance Plan (EAP)	Unum	800-854-1446	www.unum.com/lifebalance
	UnitedHealthcare	888-887-4114	www.myuhc.com
Travel Assistance	Unum	U.S.: 800-872-1414 Outside the U.S.: +1 609-986-1234	www.unum.com
Medical Benefits Abroad	Cigna	+1 800-243-1348	www.cignaenvoy.com
Life Planning Financial & Legal Resources	Unum	800-854-1446	www.members.healthadvocate.com
401(k) Retirement Saving Plans	Fidelity Management Trust	800-835-5097	www.netbenefits.com
Medicare Assistance	Malloy Advisors	800-933-8129	www.malloymedicare.com answers@malloymedicare.com
Benefit Advocacy Center (BAC)	Gallagher	800-370-1578 856-372-3253	bac.pahc@ajg.com

Glossary of Terms

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you will be responsible to pay the difference.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan’s allowed amount for a service is \$100 and you’ve met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Copay

A fixed amount (for example, \$25 for a primary care office visit) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Annual Deductible

The amount you owe for health care services your health insurance or dental plan covers before your health insurance or plan begins to pay. For example, if your Individual Deductible is \$750, your plan won’t pay anything until you’ve met your \$750 deductible for covered health care services subject to the deductible.

Embedded Deductible (applicable to the Basic Plan)

If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Non-Embedded Deductible (applicable to the HSA Plan)

If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.

Out-of-Pocket Maximum

The most you pay during a plan year before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your employee contributions, balance-billed charges or health care your health insurance or plan doesn’t cover. Ineligible expenses, such as items not covered by the plan, out-of-network prescription drugs, or out-of-network charges in excess of the allowed amount do not count toward the out-of-pocket maximum.

Embedded Out-of-Pocket Maximum (applicable to the Basic Plan)

If you have other family members on this plan, they have to meet their own out-of-pocket maximums until the overall family out-of-pocket maximum has been met.

Non-Embedded Out-of-Pocket Maximum (applicable to the HSA Plan)

If you have other family members on this plan, the overall family out-of-pocket maximum must be met.

Emergency Room Care

Emergency services you get in an emergency room.

Hospital Inpatient

Care you receive in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient

Care in a hospital that usually doesn't require an overnight stay.

Preauthorization

A decision by your health care plan or dental plan that a health care service, treatment plan, prescription drug or other medical care is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health care or dental plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Prescription Drugs

Drugs and medications that by law require a prescription.

Generic Drugs

A pharmaceutical drug that contains the same chemical substance as a drug that was originally protected by chemical patents. Generic drugs are allowed for sale once a patent expires.

Specialty Drugs

High-cost oral or injectable medications used to treat complex chronic conditions. These are highly complex medications typically biology based that structurally mimic compounds found within the body.

Vesting

Vesting is a term used to determine how much of your 401(k) funds you can take with you.

Important Legal Notices

Family Medical Leave Act (FMLA)

Phibro Animal Health Corporation recognizes that employees may require leave of absence due to family or medical reasons. The purpose of the Phibro Animal Health Corporation policy is to ensure compliance with the Federal Family and Medical Leave Act (FMLA) of 1993. Please note that individual State requirements exist which may impose greater or different benefits. Nothing contained in the Phibro Animal Health Corporation policy is intended to limit benefits made under laws of your locality (where a designation of different types of leave may be made under Federal, state or local laws). When the leave qualifies under both laws, the leave is concurring and not consecutive.

Under the FMLA, eligible employees are entitled to up to 12 weeks of unpaid leave (a “rolling” 12-month period measured backward from the date of any FMLA leave usage) in order to care for a child after birth or placement for adoption or foster care, to care for a spouse, child or parent who has a serious health condition (as defined by the Act within your own locality), or for your own serious health condition which renders you unable to perform your job.

Effective January 16, 2009, eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. Additionally, employees may be eligible for up to 26 weeks of leave in a single 12-month period to care for a covered service member recovering from a serious injury or illness incurred in the line of duty on active duty. Eligible employees are entitled to a combined total of up to 26 weeks of all types of FMLA leave during the single 12-month period.

Employees are eligible if they have been employed by the Company for more than one year and have worked for 1,250 hours over the previous 12 months.

Leave may be available, under some circumstances, on an intermittent or reduced leave schedule. In some instances, paid leave, such as vacation days or sick days, may be used or be required to be used as a substitute for unpaid leave.

Employees are required to provide notice in advance regarding the need for such leave. If the employee’s need for family/medical leave is foreseeable, Phibro Animal Health Corporation must be given 30 days prior notice, in writing, specifying the reason for the leave. Failure to provide such notice may be grounds for delay of leave. Where the need for a leave is not foreseeable, an employee is expected to notify Human Resources as soon as possible (within 1 to 2 business days of learning of the need for the leave).

Employees may also be required to provide medical certifications in some instances. The Company, at its own expense, has the right to request a second medical opinion. While you are on this leave, the Company in its discretion may request you to report on your leave status and return to work date.

During your leave, your health benefits will be maintained on the same terms and conditions as if you were working. If necessary, you will be provided with notice of any opportunity to change plans or benefits made available to employees while you are out on leave. Please contact your Human Resource Representative about the differences in the application of the policy as it pertains to paid or unpaid leave.

Upon your return to work, you will be restored to your original or an equivalent position with equivalent pay, benefits and employment terms. Further, you will suffer no loss of benefits or seniority rights that you accrued prior to the start of your leave.

For more information regarding family or medical leaves and to determine if you are eligible under the provisions mandated by the Family and Medical Leave Act of 1993, please contact your Human Resource Representative.

Phibro Animal Health Corporation outsources the administration of FMLA (Family Medical Leave) with Unum. If you do need to file for an FMLA claims.

IMPORTANT

The hospital indemnity plan is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- > The payment you get isn't based on the size of your medical bill.
- > There might be a limit on how much this policy will pay each year.
- > This policy isn't a substitute for comprehensive health insurance.
- > Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- > **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- > To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- > For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- > If you have this policy through your job, or a family member's job, contact the employer.

Women's Health and Cancer Rights Act

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

- > All states of reconstruction of the breast on which the mastectomy was performed;
- > Prostheses; and
- > Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- > 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 the plan.

Employee Retirement Income and Security Act (ERISA) New Hire Notification

Phibro Animal Health Corporation is required to comply with ERISA guidelines to notify all hired employees of their rights under the Consolidated Omnibus Budget Reconciliation Act (COBRA). This is not a notice informing you of a loss of coverage. This notice is intended solely to inform you and your spouse and dependent child(ren) of your rights if you are (or should become) covered under your employer's group health plan(s). This notice summarizes your rights and your obligations under COBRA, and should be reviewed by both you and your spouse (if applicable), retained with other benefits documents, and referred to in the event any action is required on your part.

Notices are mailed to directly to the employee's home upon the date of hire and mailed from Phibro's COBRA Administrator, P&A Group.

HIPAA Privacy Notice

Phibro Animal Health Corporation protects your individually identifiable health information. When you first became covered by our health plan you received a Privacy Notice that explains how we do that. A copy of the Privacy Notice is available to you on request and without charge. If you want a copy for any reason, just contact your Human Resource Manager.

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within "30 days" or any longer period that applies under the plan after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within "30 days" or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

Statement of Rights under the Newborns' and Mothers' Health Protection Act

Under federal law, group health plans offering group health coverage generally may not:

- > Restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery,

- > Or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.
- > 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.
- > Require that you, your physician, or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain pre-certification for any days of confinement that exceeds 48 hours (or 96 hours).

CHIP Notice

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 [healthcare.gov](https://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 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 askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

(CHIP) Paperwork Reduction Act Statement

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

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

Notes





2025 EMPLOYEE BENEFITS

This Guide is a Summary of Material Modifications (SMM) providing information on various Phibro's benefit plans and outlining changes that take effect January 1, 2025. It is intended to provide an overview of changes and information about some of the benefit plans you are eligible for as an employee of Phibro. If any information in this Benefit Guide conflicts with the plan documents and insurance policies, those plan documents and policies will govern. Phibro reserves the right to amend, modify or terminate these plans at any time.