



HIGHLIGHTS

of Your Total Rewards

- Important Information For Enrollment
- Medical Plan Options
- Dental Benefit
- Vision Benefit
- Basic Life & AD&D, Disability, and additional Voluntary Benefits
- Retirement Benefits
- Employee Stock Purchase Plan
- Short-Term & Long-Term Disability
- Employee Assistance Program
- Employee Travel Assistance Program
- Carrier Contact List
- *And more...*



MYE Total Rewards

2021 BENEFITS GUIDE





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DEFINITIONS

Here are some definitions that will help you better understand your plan options.

Deductible: A deductible is the amount of money you must pay each year toward your medical expenses before the plan will begin paying its portion of covered expenses.

Consumer Driven Health Plan (CDHP): Allows you to minimize your out-of-pocket premium and to open and contribute to a Health Savings Account (HSA) to offset qualified medical expenses. Please review page 8 for more information on this tax-advantaged savings account.

Copayment: Also known as a copay. The specific dollar amount for covered services for which you are responsible, as indicated in the schedule of benefits.

Coinsurance: Coinsurance refers to the amount of your medical expenses you pay once you have met your annual deductible.

Out-of-Pocket Maximum: There is a limit to how much you will be asked to spend out of your own pocket toward your eligible medical expenses in any given year. Once you have met this limit, the plan will pay any remaining reasonable and customary covered services for the year at 100%.

Reasonable Fees: Reasonable fees reflect the “going rates” for specific medical treatments and services in a particular geographical area. Insurance plans use these as a basis for paying claims. If doctors and hospitals charge rates higher than the reasonable fees, or are not in-network, most insurance plans will not cover the excess amounts and participants become responsible for those charges. The charges in excess of the reasonable fees do not accumulate toward your out-of-pocket maximum.

ENROLLMENT



Eligibility

All full-time employees who work 30 regularly scheduled hours a week can participate. Newly hired employees will have a waiting period of 30 days.

Your Personal Information

You will need to include personal data in your enrollment information, including your:

- Social Security Number
- Dependents (name, date of birth and Social Security Number)
- Primary Beneficiary
- Any Secondary Beneficiaries
- Spouses

Dependents

The federal government, through the Affordable Care Act, has passed legislation extending the eligibility age for dependents to remain covered under their parents' group health insurance coverage to age 26.

The Myers Industries, Inc. plan is a Non-Grandfathered health plan; therefore, eligible dependents must:

- 1 Be the natural child, stepchild, adopted child or foster child of the insured, subscriber or covered employee;
- 2 Have not yet reached their 26th birthday.

Spouses

Spouses who are offered medical coverage from their employer will not be eligible to participate in the Myers Industries medical plan.

How to Enroll:

The decisions you make regarding your benefits will affect you for an entire plan year.

It is important to read all of the benefits information carefully. If you are enrolling as a new hire or making a change to your coverage after the annual enrollment period, follow the steps below to make your elections:

- Step 1:** Complete your enrollment in Dayforce.
- Step 2:** If you are waiving coverage, check "waive" during the enrollment in Dayforce.

Changing Your Selection:

IRS regulations state that contributions associated with the choices you make during this enrollment period must stay in effect for the entire plan year – unless you have a change in family status. A change in family status occurs if:

- You marry or divorce
- You experience the death of a spouse or dependent
- You have or adopt a dependent
- You or your spouse begin or end a job
- You or your spouse change from part-time to full-time, or from full-time to part-time status
- Your spouse's coverage is terminated

Any change in benefits must be consistent with your status change. It is critical that you notify us within the allowable waiting period. Failure to do so may affect your ability to make changes. For example, if you have a child and do not add that child to your coverage within the 30-day period, you may have to wait until the next open enrollment period to insure that child.

Please visit the [MyMyersBenefits.com](https://www.MyMyersBenefits.com) for additional information on eligibility, plan details, and services provided through the benefit plan.

MEDICAL and PHARMACY



Health Plan Options

Myers offers three different health plans to meet the needs of you and your family. Your health care needs are unique. That's why you have a choice of health plans that vary by premium, deductible and coinsurance so you can find the fit that is right for you. A summary of coverage is included on page 5.

All plans include:

- Access to a network of providers that is one of the largest in the nation, BlueCross BlueShield.
- Prescription drug coverage with a money saving mail service option.
- Free preventive care, including annual checkups and immunizations.
- Personalized health services and online tools to help you manage your health, health decisions and health care dollars.

HSA Plan

The HSA Plan option combines a high deductible health insurance plan with a tax-favored savings account. Money in the savings account can help pay the deductible. Once the deductible is met, the insurance starts paying. Money left in the savings account earns interest and is yours to keep, even if you leave Myers Industries.

You are able to contribute to your HSA in compliance with the annual maximums set every year by the IRS. Myers will also make a contribution to your savings account as soon as administratively feasible after January 1. Note: New employees electing the HSA plan, will receive a pro-rated employer contribution based on their date of hire.

If a person is 65 or older and has enrolled in Medicare they are not eligible for the HSA plan.

PPO Plan

A traditional preferred provider plan that includes a copay for in-network visits and a coinsurance percentage for all other care until you reach the annual maximum. A deductible must be met before the plan pays its share of coinsurance.

This plan has the highest payroll contribution and the lowest annual deductible.

ECO Plan

This plan works just like the PPO plan, but with a much higher deductible. **This plan has the lowest payroll contribution and the highest deductible.**

Plan Details

Medical Plan Waiver

If you waive coverage during this enrollment period you can join the plan during the year only if you have a family status change. If you do not have a change in status and during the plan year you wish to join the plan, you must wait until the next open enrollment.

Paying for Medical Coverage

Any contributions you make toward the cost of your medical plan can be on a pre-tax basis.

Coordination of Benefits

If you or your dependents are covered by more than one medical plan, the coordination of benefits (COB) feature goes into effect and provisions of both plans will be considered in paying benefits. One plan is primary and will pay its regular benefits; the other plan is secondary. The total benefit payments you receive will not exceed 100% of the expenses incurred.

For example, assume you are married. You work at Myers Industries and your spouse works at another company. Each of you are covered by your respective employer-sponsored medical plan and your spouse has also covered you as a dependent. If you incur medical expenses, your plan will be considered primary and your spouse's plan will be considered secondary.

Determination of which benefit plan is primary in covering dependent children is based on the "birthday rule." This rule states that if both you and your spouse work and your dependent children are covered under your respective group health plans, the plan of the parent whose birthday falls earlier in the year is considered primary. *(Please note, annual deductibles will need to be met before considering COB expenses.)*

2021 HSA Plan Contributions

IRS Contribution Limits	Myers Contributions
Single\$3,600	Single.....\$500
Family\$7,200	Family\$1,000
Catch-up\$1,000	

Medical and Pharmacy Plan Summaries

COVERED SERVICES	MYE PPO		MYE HSA		MYE ECO	
	NETWORK	NON-NETWORK ¹	NETWORK	NON-NETWORK ¹	NETWORK	NON-NETWORK ¹
Deductible (Single/Family) (combined network and non-network)	\$1,500/3,000	\$2,000/4,000	\$2,800/5,600	\$5,600/11,200	\$5,000/10,000	\$10,000/20,000
Out-of-Pocket Maximum (single/family) Includes deductible and coinsurance (combined network and non-network)	\$5,500/11,000	\$9,000/18,000	\$4,500/9,000	\$6,000/18,000	\$6,000/12,000	\$12,000/24,000
Lifetime Maximum (combined network and non-network)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visit/Specialist Office Visit	\$30/50	50%	90%	60%	4 @ \$35	60%
Immunizations						
Well Baby	100%	100%	100%	100%	100%	100%
Well Child	100%	100%	100%	100%	100%	100%
Adult	100%	100%	100%	100%	100%	100%
Well Baby Care Preventive Care (baby/child/adult)	100%	100%	100%	100%	100%	100%
Colonoscopy & related services (regardless of diagnosis)	100%	100%	100%	100%	100%	100%
Outpatient Physical Medicine Therapies						
Physical/Occupational Therapy	80%	50%	90%	60%	100%	60%
Speech Therapy (illness, injury, trauma, surgery) Limited to 20 visits per calendar year	80%	50%	90%	60%	100%	60%
Chiropractic Manipulations & Office Visits (age 12+)	\$30	50%	90%	60%	100%	60%
Inpatient Facility Services/Skilled Nursing Facility	80%	50%	90%	60%	100%	60%
Outpatient Surgery Hospital/Alternative Care Facility	80%	50%	90%	60%	100%	60%
Other Outpatient Services Hospital/Alternative Care Facility	80%	50%	90%	60%	100%	60%
Inpatient & Outpatient Professional Charges	80%	50%	90%	60%	100%	60%
LiveHealth Online		\$10		90%		\$10
Emergency Care/Urgent Care						
Emergency care in emergency room (covers all services, copayment waived if admitted) Urgent Care facility	\$200	\$200	90%	60%	100%	100%
	\$50	\$50	90%	90%	100%	60%
Ambulance Services	80%	80%	90%	60%	100%	60%
Maternity Services	\$30 initial visit	50%	90%	60%	100%	60%
Mental Health & Substance Abuse						
Inpatient:						
Mental health	80%	50%	90%	60%	100%	60%
Substance abuse	80%	50%	90%	60%	100%	60%
Outpatient:						
Mental health	\$30	50%	90%	60%	100%	60%
Substance abuse	\$30	50%	90%	60%	100%	60%
Human Organ & Tissue Transplants	80%	50%	90%	60%	100%	60%
Medical Supplies, Equipment & Appliances	80%	80%	90%	60%	100%	60%
Prescription Drugs						
Network Retail Pharmacies: (30-day supply) Includes diabetic test strips	\$15 Generic \$45 Brand Formulary \$70 Non-Brand Formulary \$100 Specialty		100% before Deductible for preventive Rx (listing available) 90% after deductible for all other Rx		\$20 Generic \$40 Formulary \$80 All others ²	
Rx Direct Mail Service: (90 day supply) Includes diabetic test strips	\$30 Generic \$90 Brand Formulary \$140 Non-Brand Formulary				\$40 Generic \$80 Formulary \$160 All others ²	

Notes:

- All deductibles, coinsurance and copayments apply to the out-of-pocket maximum (including prescription drug and flat dollar copayments for physician office services and urgent care).
- The deductible(s) apply to all covered services listed with a percentage (%) copayment, excluding prescription drugs and preventative care.
- Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.
- A complete list of prescription drugs can be found at MyMyersBenefits.com

¹ All payments are based on the Maximum Allowed Amount and any negotiated arrangements. For Out of Network Providers, you are responsible to pay the difference between the Maximum Allowed Amount and the amount the Provider charges. Depending on the service, this difference can be substantial.

² Includes Brand Formulary and Non Formulary drugs.

HEALTH SAVINGS ACCOUNT



What is an HSA?

- It's a savings account for health care costs but you don't pay any federal income tax on the money you deposit
- Once you enroll in a qualified HSA plan (CDHP) you deposit money into your HSA so it's there to pay qualified medical expenses
- When you use your HSA money to pay for qualified medical expenses, you don't pay income tax on the money you withdraw

You can invest it

- Once your balance reaches the required minimum you can begin investing in mutual funds
- If you earn money on your investments, you don't pay income tax on that money, either

It's better than a Flexible Spending Account (FSA)

- Unlike an FSA, your savings grow from year to year
- Unlike an FSA, there's no "use it or lose it" rule it's your money to keep

Why have an HSA?

- It's easy to use your debit card to pay your qualified expenses
- Like a traditional plan, your HSA plan health insurance pays the providers directly once you have met your deductible
- It's not just for doctor visits: Use your HSA to pay for;
 - Eyeglasses
 - Qualified prescriptions
 - Hearing aids
 - and more!
- You can build a nest egg for retirement: After age 65, use HSA savings to pay any expense and only pay regular income tax on your withdrawal

It's Triple Tax Savings

- Deposits are federal income tax-free
- Interest and appreciation is federal income tax-free
- Withdrawals for qualified expenses are federal income tax-free

IMPORTANT

You must have an OPEN Health Savings Account to get all the benefits of the HSA plan.

DOES AN HSA FIT YOUR LIFESTYLE?



Age 42, Family Coverage - Bob

With the money that my employer puts into the HSA it was the right choice to select the HSA plan. We usually have some pretty high bills for regular medications, but the employer HSA money covers a lot of that anyway. So, between the lower premium cost, the money automatically put in the account, and tax savings on what we put in we come out ahead.



Age 26, Single Coverage - Cindy

I'm just starting out and I don't have a lot of extra money to spend so I picked the HSA plan since it was cheaper. I probably would not have enrolled in a health plan at all, but the cost was pretty low so I figured it was the right thing to do.



Age 56, Family Coverage - Annette

My husband and I are in our fifties and see retirement on the horizon. We're both blessed with good health so we didn't feel like we needed to buy a lot of insurance we wouldn't use. We plan to put as much as we can into our HSA so we have it in retirement. With an HSA you have a lot of flexibility which is good since you never know what might happen.

NOTE: The information in this booklet is not intended to be tax advice. If you have specific tax questions please ask your tax advisor.

Are you eligible?

Myers Industries, Inc. is pleased to offer the HSA as a savings option when you elect the HSA plan. However, the federal government regulates who is eligible for the account. So please review these rules carefully.

- You must elect the HSA plan to qualify to open an HSA.
- You cannot be enrolled in Medicare. If you are enrolled in Medicare then you are not eligible to open an HSA. However, if you have already opened an HSA before you enrolled in Medicare then you are allowed to use the money in your HSA, but you are not allowed to contribute any more money to your HSA.
- You cannot be covered under Tricare, and cannot have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the three months prior to opening your HSA.
- You must not have an FSA or be covered under any other medical insurance, such as a spouse's plan, unless the other coverage is also a special HSA-qualified medical insurance plan.
- You must not be claimed as a dependent on another person's tax return.

Opening your HSA

Myers Industries has partnered with BenefitWallet to offer the HSA. BenefitWallet will open your HSA account on your behalf after receiving enrollment information from Myers Industries. After 10 to 15 business days, employees will receive a welcome letter by mail with account information and Benefit Wallet Debit Card.

If you have any questions please contact BenefitWallet.

BenefitWallet Member Services

Phone: 1-877-472-4200

TDD: 1-800-833-8334

Hours of Operation (Eastern Time) 8:00 am – 11:00 pm

Monday – Friday 9:00 am – 6:00 pm Saturday & Sunday

Use your HSA Wisely

The money saved in your HSA is intended to be used for qualified medical expenses (as defined by the IRS) or saved for future qualified medical expenses. In order to avoid extra taxes and tax penalties, you should only use the money to pay for qualified medical expenses, unless you are over age 65.

The list of qualified medical expenses is extensive and includes vision and dental services. You can find a complete list in IRS Publication 502 available on the website.

After age 65 it's a retirement account – only better!

After age 65 you can withdraw money from your HSA even for non-qualified expenses and the money spent is taxed as normal income with no penalty, similar to other tax-advantaged retirement plans. Even better: Withdrawals for qualified medical expenses, including Medicare premiums, can be made without paying any federal income tax.



Plan Comparisons

Scenario #1

Adam went to see his doctor for his annual well visit. During the visit the doctor put him on a cholesterol medication.

Adam's claim - Single

Expenses

Preventative Wellness Visit & lab test	\$350
Brand Formulary Prescription Drug (Preventative Medication - Retail)	\$150
TOTAL	\$500

	PPO	HSA	ECO
Paid by Preventative Care Benefit at 100%	\$0	\$0	\$0
Brand Formulary Prescription Drug (Retail)	\$45	\$0	\$40
Total paid OOP	\$45	\$0	\$40
Deductible Amount Met	\$0	\$0	\$0
Remaining Deductible	\$1,500	\$2,800	\$5,000
OOP Amount After Deductible is Met	\$3,955	\$1,700	\$960

*Co-pays subject to OPP Max only not Deductible

Scenario #2

Carol went to see her podiatrist and was given a prescription for a specialty medication to treat an infection on her foot.

Carol's claim - Single

Expenses

Specialist Visit	\$350
Specialty Medication (Retail)	\$600
TOTAL	\$950

	PPO	HSA	ECO
Specialist Visit	\$50	\$350	\$35
Specialty Medication (Retail)	\$100	\$600	\$80
Total paid OOP	\$150	\$950	\$115
Deductible Amount Met	\$0	\$950	\$0
Remaining Deductible	\$1,500	\$1,850	\$5,000
OOP Amount After Deductible is Met	\$3,850	\$1,700	\$885

*Co-pays subject to OPP Max only not Deductible

Scenario #3

John was in a car accident and taken to the emergency room. Once there he had to have emergency surgery on his leg.

John's claim - Family

Expenses

Emergency Room	\$5,000
Inpatient Surgery and Hospital Stay	\$20,000
TOTAL	\$25,000

	PPO	HSA	ECO
Emergency Room	\$0	\$3,020	\$5,000
Inpatient Surgery and Hospital Stay	\$5,200	\$1,480	\$0
Total paid OOP	\$5,200	\$4,500	\$5,000
Deductible Amount Met	\$1,500	\$2,800	\$5,000
Coinsurance Amount Met	\$3,700	\$1,700	\$0
Remaining Deductible for John	\$0	\$0	\$0
Remaining OOP Balance for John	\$300	\$0	\$1,000
Remaining Deductible for John' Family	\$1,500	\$2,800	\$5,000
Remaining OOP Balance	\$4,000	\$1,700	\$1,000

Please note:

1. John has a family plan. For the deductible 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.
2. On the PPO plan John has to pay his deductible then 20% until he reaches his out-of-pocket maximum.
3. On the PPO plan Emergency room copays are waived if admitted



DENTAL



Dental Benefits

Good dental health is critical to your overall well-being. You may purchase dental insurance that is designed to prevent problems before they occur.

There is no deductible for the dental plan, and preventive and diagnostic services are paid at 100%. In addition, the plan pays 85% of therapeutic and restorative services. Major/complex services are paid at 60% and orthodontic services at 50% (with a lifetime limit of \$1,500). Keep in mind, the plan has an annual maximum limit of \$1,500 per person. All payments are subject to reasonable and customary guidelines. Your dental plan can be purchased on a pre-tax basis using payroll deductions. Please see chart for additional coverage information.

For dental coverage, you may use any dentist you wish. However, your out-of-pocket expenses will be lower if you use a dentist who participates in one of the two Delta Dental of Ohio networks - Delta Dental PPO & Delta Dental Premier.

Services	Coverage
Annual Maximum	\$1,500 per person
Preventive Services Two oral exams and cleanings per year; Bitewing X-ray once per calendar year; Full mouth X-ray once every 5 years.	100% Coverage*
Deductible	No Deductible
Therapeutic & Restorative Services Oral surgery, root canals, general anesthesia, gingivitis surgery, specified endodontic procedures, periodontal, antibiotic injections, extractions, alveoplasty, routine fillings, filling restorations to diseased/broken teeth, and repair of crowns, inlays, onlays and dentures (with limitations).	85% Coverage*
Major Services Inlays, onlays, gold fillings or crown restorations to repair diseased or accidentally broken teeth (when tooth cannot be restored with routine fillings); Initial installation of dentures, bridgework, replacement of bridge or dentures (with limitations); Mouth guards.	60% Coverage*
Orthodontia Braces and related treatments and procedures.	50% Coverage* (lifetime maximum \$1,500)

*Subject to reasonable and customary limitations.



VISION



- Choose an Anthem Blue View Vision network eye care provider at www.anthem.com.
- Vision examinations are covered once every 12 months – \$20 copayment.
- Prescription lenses are covered once every 12 months – \$20 copayment.
- Frames are covered once every 24 months – no copayments, up to \$130 retail value, then 20% off remaining balance.
- Prescription contact lenses are covered once every 12 months – no copayment, up to \$130 retail value, then 15% off remaining balance.

Covered Benefits	Member Benefit From	
	Blue View Vision Network Provider	Non-Network Reimbursement
Vision Examination including dilation and refraction as needed.		
Covered once every 12 months*	\$20 copayment	Up to \$42
Prescription Lenses (Pair)		
Standard plastic lenses up to 55 mm; and all ranges of prescriptions		
Covered once every 12 months*		
Basic Lenses (pair)	\$20 copayment	
* Single Vision Lenses (pair)		Up to \$40
* Bifocal Lenses (pair)		Up to \$60
* Trifocal Lenses (pair)		Up to \$80
Frames		
Covered once every 24 months*	No copayment, up to \$130 retail value	Up to \$45
Prescription Contact Lenses**		
Covered once every 12 months*		
Contact Lenses (Elective) (in lieu of eyeglass lenses allowances)	No copayment, up to \$130 retail value	Up to \$105
* Conventional Contact Lenses		
* Disposable Contact Lenses		
Contact Lenses (Non-Elective)	No copayment	Up to \$210
Lens Options	Member Cost for Upgrades	
UV Coating	\$15	Discounts on lens option upgrades are not available out-of-network.
Tint (Solid & Gradient)	\$15	
Standard Scratch-Resistance	\$15	
Standard Polycarbonate	\$40	
Standard Progressive (Add-on to bifocal cost)*	\$65	
Standard Anti-Reflective Coating	\$45	
Other Add-ons and Services	20% off retail	
Transition Lenses	\$75	
Blue View Vision Additional Savings		
Additional Pair of Complete Eyeglasses	40% off retail***	
Eyewear Accessories (Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.)	20% off retail price	

Laser Vision Correction Surgery

Pay a discounted amount per eye for LASIK Vision Correction.
For more information, go to Special Offers at www.anthem.com and select Vision Care.

* From the last date of service

** Professional fitting fees are not a covered service but may be covered or partially covered by applying any remaining contact lens allowance unused for the materials (lens) purchase. Any remaining amount will be applied to the professional fitting fee of the prescribing provider. Contact lens allowance must be used at one time; no amount will be carried forward. If the insured person chooses conventional contact lenses greater than the plan allowance, the insured person will receive a 15% discount toward the difference. If the insured person chooses disposable lenses greater than the plan allowance, the insured person is responsible for the balance.

*** Items purchased separately are discounted 20% off the retail price.

LIFE AND AD&D



Basic & Optional Life Insurance

While you are working, financial security for you and your family is based on regular income from your job. If you should die due to illness or accident, that income would be lost. Life insurance is an excellent way to protect your family's financial security.

Each employee receives basic life insurance funded entirely by Myers Industries. The amounts of coverage are:

- Hourly and Salaried Employees – One (1) times base annual earnings not to exceed \$250,000.
- Commission Sales Representatives – One (1) times three-year commission average not to exceed \$250,000.

In addition to the basic life insurance (\$250,000 maximum) Myers provides, you can purchase Optional Life Insurance in the following amounts:

- Option 1** – Additional one (1) times annual earnings
- Option 2** – Additional two (2) times annual earnings

(Combined Basic and Optional Life Insurance maximum is \$750,000) If you did not choose Optional Life during the last open enrollment or when you were hired, or if you want to increase your Optional life, there is an application that needs to be completed and approved by the insurance company before being covered.

Basic & Optional Accidental Death & Dismemberment Plan

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against certain injuries resulting from a covered accident in the course of business or pleasure. This includes accidents on or off the job; in or away from the home; commuting and traveling by train, airplane, automobile or other public and private conveyances, subject to certain limitations (see exclusions / limitations in the plan document.)

The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

Each employee receives basic AD&D funded entirely by Myers Industries for one (1) times your annual salary, rounded up to the nearest \$1,000. In addition, you can purchase optional AD&D. Under this coverage, you may elect to purchase a principal sum amount from one (1) to ten (10) times your annual salary, rounded up to the nearest \$1,000 to maximum of \$1,000,000.

Optional Dependent Life Insurance

You also have the option to purchase life insurance on your spouse and dependent children. The amount of life insurance for a dependent will not be more than 100% of the employee's amount of life insurance. You may purchase the following amounts of coverage:

Optional Dependent Life Insurance 1

Coverage for spouse is \$10,000
Coverage for each dependent

- Live to 14 days\$1,000
- 14 days to six months.....\$1,000
- Six months to age 19 or to age 26,
if a full time student.....\$5,000

Optional Dependent Life Insurance 2

Coverage for spouse is \$20,000
Coverage for each dependent

- Live to 14 days\$1,000
- 14 days to six months.....\$1,000
- Six months to age 19 or to age 26,
if a full time student.....\$10,000

Optional Dependent Life Insurance 3

Coverage for spouse is \$30,000
Coverage for each dependent

- Live to 14 days\$1,000
- 14 days to six months.....\$1,000
- Six months to age 19 or to age 26,
if a full time student.....\$15,000

Optional Dependent Life Insurance 4

Coverage for spouse is \$40,000
Coverage for each dependent

- Live to 14 days\$1,000
- 14 days to six months.....\$1,000
- Six months to age 19 or to age 26,
if a full time student.....\$20,000

Optional Dependent Life Insurance 5

Coverage for spouse is \$50,000
Coverage for each dependent

- Live to 14 days\$1,000
- 14 days to six months.....\$1,000
- Six months to age 19 or to age 26,
if a full time student.....\$25,000

DISABILITY



Short-Term & Long-Term Disability

Short-Term Disability (STD): The company provides STD coverage to employees at no cost after a 30-day waiting period from the date of hire. STD is effective after an elimination period of zero (0) days due to accident or seven (7) days due to illness. However, employees must be off work 8 consecutive days before a benefit is paid. After the elimination period, this 26-week coverage will provide you with a weekly income benefit if you are unable to work. You are automatically enrolled; no action from you is required.

- Salary employees receive 100% or 66.67% of weekly salary depending upon length of service.
- Hourly employees receive a weekly benefit amount of \$250.00.

Long-Term Disability (LTD): After one year of service, the company provides LTD coverage to employees at no cost. This benefit is provided to you if you meet the definition of disability as defined by the plan. This plan provides a 40% income replacement benefit, with a maximum monthly benefit of \$1,000.

An optional 60% benefit, with a maximum monthly benefit of \$10,000, is available if you would like to purchase a higher level of coverage through Long Term Disability Buy-Up.

How the coverage works:

- Pre-existing limitations will apply if you have a health condition that may disable you prior to your effective date, or if you buy up to the 60% LTD option after your initial LTD enrollment. (Please read the Summary of Coverage for additional information.)
- Depending on the coverage option you select, LTD pays a monthly benefit equal to: 40% of your pay with a maximum monthly benefit of \$1,000, or 60% of your pay with a maximum monthly benefit of \$10,000.
- Your LTD benefit is reduced by any other disability benefits you are eligible to receive, such as Social Security
- Your 'pay' for the purposes of this plan is your base pay, no overtime
- Your monthly LTD benefit will continue until you no longer meet the definition of a disability or reach the maximum benefit period. This will be defined in your certificate of coverage.

Your company-paid Basic Life Insurance and AD&D and your employee paid Optional Life, Dependent Life and Voluntary AD&D benefits will continue while you are on leave until the end of the month following the month in which the leave begins. However, while on leave, you are responsible for paying your payroll contributions to Human Resources.

Instructions to Calculate LTD Buy-Up Payroll Deduction

Base Cost (Employer paid)

Take your annual salary or \$30,000¹, whichever is lower, and divide it by 12 to get a monthly salary. Then, take your monthly salary and multiply by the base rate (.10) then divide by 100. Take this number and multiply by 12 to get an annual amount. Divide the annual amount by 52 weeks if you are paid weekly, or 26 weeks if you are paid bi-weekly. This is the amount Myers pays for your base benefit each pay period.

Buy-Up Cost (Employee paid)

Take your annual salary or \$200,000², whichever is lower, and divide it by 12 to get a monthly salary. Then, take your monthly salary and multiply this number by the buy-up rate (.415 or .72) then divide by 100. Take this number and multiply by 12 to get an annual amount. Divide the annual amount by 52 if you are paid weekly, or 26 if you are paid bi-weekly. Finally, subtract the employer paid base cost from the buy-up cost to arrive at your actual payroll deduction for the buy-up coverage.

Note: Rates are different for hourly and salary employees.

Hourly Example		Salary Example	
Assumptions:		Assumptions:	
Annual Salary	= \$25,000	Annual Salary	= \$25,000
Divide by 12	= 2,083.33	Divide by 12	= 2,083.33
Rate .10	= 208.33	Rate .10	= 208.33
Divide by 100	= 2.08	Divide by 100	= 2.08
Annual (times 12)	= 25.00	Annual (times 12)	= 25.00
Divide by 52	= .48	Divide by 52	= .48
Buy-up		Buy-up	
Annual Salary	= \$25,000	Annual Salary	= \$25,000
Divide by 12	= 2,083.33	Divide by 12	= 2,083.33
Rate .415	= 864.58	Rate .72	= 1,500
Divide by 100	= 8.64	Divide by 100	= 15.00
Annual (times 12)	= 103.68	Annual (times 12)	= 180.00
Divide by 52	= 1.99	Divide by 52	= 3.46
Base Cost:		Base Cost:	
$\$2083.33 \times .10 / 100 \times 12 / 52 = \0.48		$\$2083.33 \times .10 / 100 \times 12 / 52 = \0.48	
Buy-Up Cost:		Buy-Up Cost:	
$\$2083.33 \times .41 / 100 \times 12 / 52 = \1.99		$\$2083.33 \times .72 / 100 \times 12 / 52 = \3.46	
Employee Cost:		Employee Cost:	
$\$1.99 - \$0.48 = \$1.51 \text{ per week}$		$\$3.46 - \$0.48 = \$2.98 \text{ per week}$	

¹If an employee earns more than \$30,000 annually, their formula will be capped at \$30,000 because the monthly maximum benefit / payment is \$1,000.

²If an employee earns more than \$200,000 annually, their buy-up formula will be capped at \$200,000 because the monthly maximum benefit / payment is \$10,000.

VOLUNTARY BENEFITS



Accident Coverage

Accident insurance provides a lump sum payment based on the accident/injuries sustained; it's paid directly to you and you decide the best way to spend it.

Other advantages of accident insurance are:

- Cash benefits for expenses that may not be covered under your medical insurance
- You can keep coverage even if you leave Myers
- There are no health questions to answer
- You can cover your spouse and children
- There is no limit to the amount of accidents you can claim under the policy (with exception to policy rules)
- Covered individuals can receive a cash benefit for a covered health screening per plan year with no waiting period required.

Critical Illness Coverage

Critical illness coverage provides a way for you to stay ahead of the medical and out-of-pocket expenses that can accompany certain covered medical events. Most medical plans provide coverage for hospital and medical expenses associated with critical illnesses such as stroke, heart attack, kidney failure, major organ transplant, coma and paralysis. There are many expenses that aren't covered and that can be financially devastating. With critical illness coverage, you can be prepared financially for costs like:

- Copays, deductibles and coinsurance
- Possible transportation and lodging needs
- Childcare and other domestic help expenses
- Possible loss of income

Critical illness coverage offers:

- A set amount of money is paid directly to you to be used however you choose
- Portability – You can keep the policy even if you leave Myers, as long as you pay the premium
- Convenience of payroll deduction
- Additional opportunity to insure your spouse and children
- Policy enhancements

Critical Illness premium rates are determined by your age and the amount of coverage requested.

For assistance with these Unum voluntary benefits, including enrollment, please call or email us at:

Phone: 1-888-308-1596

Email: VoluntaryBenefits@MyMyersBenefits.com

Hospital Indemnity Insurance

Unum's group hospital indemnity insurance can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds for the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays and deductibles.

A hospital indemnity plan provides a daily benefit for each day you are hospitalized. The benefits are paid without regard to the hospital expenses incurred. For a plan summary please see the UNUM enrollment website.

This coverage is designed to pay a death benefit to beneficiaries, but can also gain cash value that can be used while you are living. We also offer the option of purchasing this coverage for your spouse, children, and grandchildren.

The perks of the plan:

- The policy accumulates cash value at a minimum guaranteed rate of 4.5%. Once your cash value builds to a certain amount, you can borrow from the cash value or use it to purchase a smaller "paid-up" policy with no additional premiums due.
- You can get great rates and Guarantee Issue up to certain limits if you apply within your initial eligibility period on this policy when you purchase through Myers, and your premium can be paid through convenient payroll deductions.
- You own the policy and can take it with you at the same rates, even if you leave Myers. Rates are provided online during enrollment.

Whole Life Insurance

Whole Life Insurance is life insurance that has premiums and benefits that do not change as you age. This insurance also builds cash value and can have riders added to it, for example, Long Term Care or Accidental Death Benefit.

Individual Short-Term Disability

Individual Short-Term Disability Insurance can replace a portion of your monthly income if you have a covered disability that keeps you from working. This voluntary plan is available to hourly employees only and would be in addition to the employer-paid STD provided by Myers.

*These benefits are only offered during Annual Open Enrollment. Please call 216-359-7813 or email voluntarybenefits@myers.com with any questions.

401(K) RETIREMENT



Am I eligible for the Myers Industries Profit Sharing and 401(k) Plan?

Employees with 30 days of service may begin making 401(k) deferrals from their paychecks.

Automatic Enrollment:

This retirement plan contains an automatic contribution arrangement. This means that in the absence of a salary deferral agreement, you may have been or will be automatically enrolled in the retirement plan to defer 3% of your pay after you have satisfied the plan's eligibility and entry requirements. If you do not wish to be automatically enrolled, you may elect not to defer or to defer another percentage. If you affirmatively elect to make salary deferral contributions, or if you are automatically enrolled and you do not provide an investment direction as to how contributions made on your behalf should be directed, then the contributions will be directed to the investment option default discussed below.

Automatic Annual Increase:

Automatic increases may make it easier for you to reach your retirement goals. If you're automatically enrolled in the Plan, your contribution will increase by 1% each year on Jan. 1st until you reach 10% of eligible pay. If you made an affirmative election to contribute 3% or higher, your election won't be increased each year.

401(k) Matching Contributions:

Myers Industries will make a matching contribution equal to 100% of the contributions you make, up to 3% of your pay, and an additional 50% on the next 2% of pay you contribute. So, if you contribute 5% of your pay to the 401(k) Plan, Myers Industries will contribute another 4%. Myers will deposit the matching contributions to your retirement account as soon as administratively feasible after each pay period.

Investment Option Default:

If you do not provide investment direction, or if contributions are received by the retirement plan prior to your investment direction being received in the Corporate Center of Principal Life Insurance Company, contributions will be directed to a Vanguard Target Retirement Fund (sub-advised by the Vanguard Group) based on your current age and the definition of normal retirement age under the retirement plan, which is age 65.

When am I vested in the retirement plan funds?

You are always 100% vested in the contributions you choose to defer. You cannot forfeit these contributions. If you were eligible to participate in the Plan prior to Jan. 1, 2019, you're automatically 100% vested in the contributions you make, and you're also 100% vested in employer matching contributions. Employees who become eligible for the Plan on or after Jan. 1, 2019 will not be vested in employer matching contributions until they have one year of service. One year of service is a calendar year in which you've worked at least 1,000 hours with Myers.

How do I enroll in the plan?

After you receive your first paycheck, you can enroll in the 401(k) plan by visiting www.principal.com to create an account, enroll in the plan and choose your investments.

Are there limits to my contributions?

The retirement plan includes an automatic contribution arrangement. Please refer to the notice provided to you by your plan sponsor for details. You may choose to contribute from 1% to 75% of your total pay. Your taxable income is reduced by the amount you contribute through salary deferral. This amount cannot exceed the Internal Revenue Services defined deferral limit. This amount is set each year by the IRS.

If you are 50 years old or older during the plan year and you have met the annual RS deferral limit (or the specialized plan limit for deferrals), you may contribute a catch-up deferral not to exceed the limit set by the IRS. If you qualify and are interested in making catch-up contributions, please contact your Plan Administrator for details.

Can I change my contributions to my employer's retirement plan?

You may stop making salary deferral contributions or change your salary deferral amount at any time. Changes will be implemented as soon as administratively feasible.

I have a retirement account with a previous employer – can I combine the two?

You may be allowed to rollover into this plan all or a portion of the retirement funds you have outside of this plan. Withdrawals from rollovers are restricted. Refer to your Summary Plan Description for more details.

To receive additional information, contact your Plan Administrator, visit www.principal.com or call 1-800-547-7754.

EMPLOYEE STOCK PLAN



As a Myers employee, you have the exclusive opportunity to invest in Myers' common stock. The Employee Stock Purchase Plan ("ESPP") allows you the convenience of purchasing Myers stock through payroll deductions and without brokerage fees, and at a discount of 15% off the market price. Purchasing shares at a discount provides you:

- A valuable opportunity to save for your future and reach your financial goals, and
- An opportunity for you to have an ownership stake in the Company you work so hard to make successful.

How does the ESPP work?

There are four opportunities to enroll in the ESPP during the year. When you enroll, you elect to contribute a percentage of your eligible pay – from 1% to 5% - in after-tax payroll deductions. Your contributions accumulate throughout the offering period, and at the end of the offering period, are used to purchase the maximum number of whole shares of Myers Industries' common stock.

Participation is entirely voluntary. Eligible employees must enroll to participate.

Who is eligible to participate in the ESPP?

All employees of Myers Industries with at least one year of service and working at least 30 hours per week.

How is the Discount Determined?

The fair market values (the closing price per share) of Myers Industries' common stock on the first day of the offering period and the last business day of the offering period are compared at the end of the offering period. Then, the 15% discount is applied to the lower of those 2 values which determines the purchase price of your shares.

When can I enroll in the ESPP?

November 15 – December 14, by 4 p.m. January 1 – March 31

February 15 - March 14, by 4 p.m. April 1 – June 30

May 15 - June 14, by 4 p.m. July 1 – September 30

August 15 – September 14, by 4 p.m. October 1 – December 31

What happens to purchased shares?

Once purchased, you own the shares; there is no vesting. In other words, once the shares are purchased, they will be posted to your ESPP Share Account at Shareworks and they belong to you. Please note that taxes will apply when you sell your shares. You should always consult your tax advisor, as the tax rules relevant to employee stock purchase plans can be complex.

What is Shareworks?

Myers Industries has partnered with Solium Shareworks to help administer the ESPP. This robust website offers you a wealth of information and capabilities. You will enroll in the plan in Shareworks, review your account value and it's also easy to navigate!

Where can I learn more about the ESPP?

You can always visit your human resources department or www.mymyersbenefits.com to learn about this, and all of your benefits. You can also visit Shareworks to access important plan documents, including the Summary Plan Description.

The information in this book is a summary of the ESPP. To help you better understand the ESPP, you should read the plan documents carefully before enrolling.

Are you ready to enroll in the ESPP?

Start by visiting Solium Shareworks at www.solium.com and select LOGIN. Solium Shareworks will coordinate with the payroll department to begin deducting from your paycheck at the beginning of the Offering Period.

Don't Forget to Designate Your Beneficiary

In the event of your death, your ESPP Share Account will be paid to your designated beneficiary, or if no beneficiary is named to your surviving spouse (or your estate if there is no surviving spouse). Login to your Shareworks account to elect your beneficiary.

SOLERA



Solera Health Diabetes Prevention Program

Solera knows that affordable medical coverage is important to Myers employees and their families, and preventative care is an important component. You now have access to a customized weight loss assistance and diabetes prevention program through Solera, which will be free for participants who qualify.

Did you know that 86 million Americans are at risk for type 2 diabetes – that's 1 in 3 of us.

Program Details

- If you're at risk, you can enroll in the Diabetes Prevention Program (DPP) – a lifestyle change program proven to help participants lose weight, adopt healthy habits, and reduce their risk of type 2 diabetes.
- The program meets weekly for 16 weeks and then 1-2 times a month for the balance of a year and comes with a lot of helpful tools like a Fitbit, scale (virtual programs), and access to a health coach.
- There are a number of different DPP formats (online or in-person); members will match with a DPP based on preferences.
- While social distancing guidelines are in effect, in-person programs will only be offered online or through virtual classrooms.
- There is no cost to Anthem Blue Cross and Blue Shield members that qualify for the DPP.

Take the 1-minute quiz to find out if you're at risk – at solera4me.com/Myers

LIVONGO COMING SOON!

Livongo Diabetes Management Program

Myers is pleased to announce the launch of Livongo as of January 1, 2021!

Livongo is a health benefit that combines advanced technology with coaching to support you with your diabetes and other health goals. This is a free-to-you diabetes management program that helps you make positive lifestyle changes such as eating healthier, lowering your blood pressure, managing stress, and more.

If you enroll in the program you'll get access to:

- **A Personalized Health Plan.** Work with an expert health coach to create a custom plan that fits your lifestyle and health goals.
- **Advanced Tracking Technology.** Receive a free blood glucose meter that automatically uploads your blood sugar readings. Plus, you may qualify to receive a connected scale and/or blood pressure monitor. Track all your health data in one place with the Livongo app.
- **Expert One-on-One Coaching.** Get advice on healthy eating, lifestyle changes, meal plans, and weight loss. Their expert coaches are here to help you achieve your health goals.
- **Tips That Inspire Action.** Receive guided 5-Day Challenges to help spark new habits around food, exercise, stress, and more.
- **Unlimited Strips at No Cost to You.** Get as many strips and lancets as you need sent right to your door. There are no hidden costs.

This program is covered by Myers for employees and dependents enrolled on the Myers medical plan.



A regular checkup can help keep your retirement in shape.

Use My Virtual Coach to help maintain financial wellness.



Saving for retirement doesn't have to be a difficult exercise. A checkup with My Virtual Coach simplifies the steps and helps you gain confidence in your financial fitness.

Flex your retirement planning muscle by:

- Reviewing your retirement goals
- Walking through any recent life changes
- Understanding your options with other retirement accounts
- Learning how to make necessary plan updates

My Virtual Coach is an interactive, personalized and educational retirement planning resource designed to help you react quickly and easily to any changes in your life that might impact your current retirement goals.

Keep your retirement goals on track at principal.com/MyVirtualCoach-Checkup.

Insurance products and plan administrative services are provided by Principal Life Insurance Company, a member of the Principal Financial Group® (Principal®), Des Moines, IA 50392.

Principal Life Insurance Company, Des Moines, IA 50392-0001

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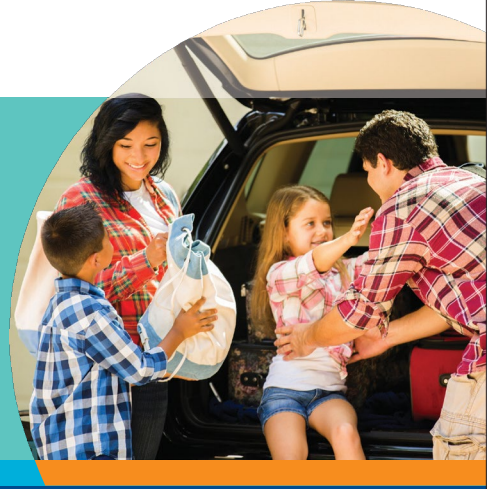
Life's stresses aren't a game

Real solutions are close at hand with the Employee Assistance Program (EAP)

unum.com
EN-1917 (11-14)

- Toll-free, 24-hour access
- 1-800-854-1446: English
 - 1-877-858-2147: Spanish
 - 1-800-999-3004: TTY/TDD

Online access
www.lifebalance.net; user ID and password: lifebalance



Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home



Download and activate the Assist America mobile app today from the Apple App Store or Google Play.
Activation code: 01-AA-UN-762490

EN-1938 (3-16)

If you need travel assistance anywhere in the world, contact us day or night:

- Within the U.S.: 1-800-872-1414
- Outside the U.S.: +1 609-986-1234
- Email: medservices@assistamerica.com

Reference number: 01-AA-UN-762490

Employer's name (please write above)



Whenever you travel 100 miles or more from home—to another country or just another city—be sure to pack your travel assistance phone number! Simply tear off and carry the wallet card or enter the number into your cell phone so it's always close at hand. Day or night, you and your family* can get support for medical, legal and other important services.

Here are some of the benefits of emergency travel assistance:

- Help replacing lost prescriptions and passports
- Referrals to Western-trained, English-speaking medical providers
- Hospital admission assistance**
- Emergency medical evacuation
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Legal and interpreter referrals

For more information, ask your HR manager for a copy of your company's service certificate.

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.

*Legal dependents are eligible for these services to age 19, or to the age specified by your medical plan. Spouses traveling on business for their employers are not eligible for this service. For more information on eligibility, contact your plan administrator.

**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.

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unum.com

BN-1938 (3-16)



This card is not a medical insurance card.

All services must be provided through Assist America, Inc. Claims for reimbursement will not be accepted. These services are not valid after termination of policy coverage and may be withdrawn at any time.

Your Work-life Balance Employee Assistance Program—provided at no additional charge through your company's insurance benefit plan—can help you find solutions for the everyday challenges of work and home as well as for more serious issues involving emotional and physical well-being.

- Child care and/or elder care referrals
- Personal relationship information
- Health information and online tools
- Legal consultations with licensed attorneys
- Financial planning assistance
- Stress management
- Career development

Help is easy to access

- Telephone consultations: Speak confidentially with a master's level consultant to clarify your need, evaluate options and create an action plan.
- Face-to-face meeting: Meet with a local consultant up to three times per issue for short-term problem resolution.*
- Educational materials: Receive information through our online library of downloadable materials and interactive tools.

To learn more, please visit www.lifebalance.net; user ID and password: lifebalance

The Work-life Balance Employee Assistance Program provided by Ceridian HCM, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

*In California and Nevada, you may confer with a local consultant up to three times in a six-month time period.

Insurance products underwritten by the subsidiaries of Unum Group. unum.com

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BN-1917 (11-14) FOR EMPLOYEES



This is not a medical insurance card.

Keep this card with you at all times. It gives you immediate access to a full range of confidential Work-life Balance services for you and your family. If you need additional cards, contact your workplace plan administrator.

unum.com

Employee Payroll Contributions

Medical Benefits

	2 WELLNESS CREDITS		1 WELLNESS CREDIT		0 WELLNESS CREDITS	
MYE PPO	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee	\$35	\$70	\$55	\$110	\$75	\$150
Employee + Spouse	\$75	\$150	\$120	\$240	\$151	\$302
Employee + Child(ren)	\$61	\$122	\$98	\$196	\$104	\$208
Family	\$102	\$204	\$164	\$328	\$182	\$364
MYE HSA						
Employee	\$10	\$20	\$26	\$52	\$35	\$70
Employee + Spouse	\$22	\$44	\$58	\$116	\$76	\$152
Employee + Child(ren)	\$18	\$36	\$47	\$94	\$63	\$126
Family	\$31	\$62	\$79	\$158	\$106	\$212
MYE ECO						
Employee	\$9	\$18	\$20	\$40	\$26	\$52
Employee + Spouse	\$21	\$42	\$44	\$88	\$59	\$118
Employee + Child(ren)	\$17	\$34	\$36	\$72	\$47	\$94
Family	\$28	\$56	\$61	\$122	\$80	\$160

One Wellness credit is earned with a tobacco free affidavit.

One wellness credit is earned by attending your annual exam with your primary care physician (PCP).

Dental Plan

DELTA DENTAL	Weekly	Bi-Weekly
Employee	\$5.25	\$10.50
Employee + Spouse	\$10.50	\$21.00
Employee + Child(ren)	\$12.50	\$25.00
Employee + Family	\$19.00	\$38.00

Vision Plan

ANTHEM BLUE VIEW VISION	Weekly	Bi-Weekly
Employee	\$1.25	\$2.50
Employee + Spouse	\$2.50	\$5.00
Employee + Child(ren)	\$2.50	\$5.00
Employee + Family	\$5.00	\$10.00

Life Insurance

In addition to the Basic Life Insurance Myers provides, you can purchase Optional Life in amounts of one times (1x) your annual earnings or two times (2x) your annual earnings. You can also purchase Dependent Life coverage for your spouse and dependent children.

Supplemental Life Insurance

Myers provides a life insurance benefit to eligible employees in the amount of 1 times their annual salary (up to a maximum of \$250,000). Employees can elect to purchase an additional 1 or 2 times their annual salary. Unum will guarantee a combined basic and additional life benefit of \$500,000. For amounts over \$500,000 employees may have to complete a medical questionnaire. At no time will the combined benefit exceed \$750,000. The employee's cost is based on amount of coverage and age. See schedule below.

Age Band	Monthly Cost per \$1,000 of coverage	
Less than 30	.165	
30-49	.230	
Greater than 49	.375	

Optional Dependant Life Insurance	Weekly	Bi-Weekly
Option 1 (Spouse \$10,000; Dependent \$5,000)	\$0.58	\$1.15
Option 2 (Spouse \$20,000; Dependent \$10,000)	\$1.15	\$2.31
Option 3 (Spouse \$30,000; Dependent \$15,000)	\$1.73	\$3.46
Option 4 (Spouse \$40,000; Dependent \$20,000)	\$2.31	\$4.62
Option 5 (Spouse \$50,000; Dependent \$25,000)	\$2.88	\$5.77

Benefits Contacts:

BENEFIT	CARRIER	PHONE	WEB/FAX
Medical & Pharmacy	Anthem Blue Cross Blue Shield Myers Policy # is 3328300 (until December 31, 2020) #W42719 (as of January 1, 2021) <ul style="list-style-type: none"> Anthem Blue Cross Blue Shield will mail your identification card(s) to your home. Enrollment processing takes approximately 7 to 14 business days after your effective date of coverage, so you will not receive your I.D. cards until after your coverage takes effect. For family coverage, you will not receive an I.D. card for each member of your family. You will receive two I.D. cards, both with your name on them. I.D. card(s) do NOT have your Social Security number on them. It is suggested that you contact your doctors to verify that they are in the Blue Cross Blue Shield Network PPO. For a list of Anthem Blue Cross Blue Shield providers, go to www.anthem.com, or call 1-800-810-BLUE. 	1-866-231-0849	www.anthem.com
	Anthem – IngenioRx Ingenio Customer Service Specialty Rx Customer Service Mail Order Customer Service	1-833-267-2133 1-833-255-0645 1-833-236-6196	
LiveHealth Online	Telehealth Option	1-888-548-3432	www.livehealthonline.com
Dental	Delta Dental Myers Policy # is 5933 <ul style="list-style-type: none"> Delta Dental of Ohio will mail your Summary Plan Description book(s) and identification card(s) to your home. Enrollment processing takes approximately 10 business days after your effective date of coverage, so you will not receive your I.D. cards until after your coverage takes effect. For family coverage, you will not receive an I.D. card for each member of your family. ID cards are not required, as your coverage information will be in Delta's online directory. For the dental coverage, you may use any dentist you wish, however, your out-of-pocket expenses could be lower if you use a dentist who participates in one of the two Delta Dental of Ohio networks: Delta Dental PPO and Delta Dental Premier. For a list of Delta Dental providers, go to www.deltadental.com or call 1-800-524-0149 	1-800-524-0149	www.deltadentaloh.com
Vision	Anthem Blue View Vision Myers Policy # is W42719 <ul style="list-style-type: none"> Anthem Blue View Vision will mail your identification card(s) to your home. Enrollment processing takes approximately 7 to 14 business days after your effective date of coverage, so you will not receive your I.D. cards until after your coverage takes effect. For family coverage, you will receive an I.D. card for each member of your family. 	1-866-723-0515	www.anthem.com
Ancillary and Worksite Benefits	UNUM <ul style="list-style-type: none"> Unum is the carrier for Life, Disability (Short and Long-Term), Critical Illness, Accident, Hospital Indemnity, and Whole Life Insurance. 	1-866-679-3054	www.unum.com
	Zurich Myers Policy # is GTU4847520 <ul style="list-style-type: none"> Zurich is the carrier for Additional Accidental Death and Dismemberment Insurance. 	1-800-382-2150	www.zurichna.com
401(k)	Principal Financial Group Myers Contract # is 4-50123	1-800-547-7754	www.principal.com

Benefits Website <https://mymyersbenefits.com/>

Federal law mandates employers to provide notice of requirements concerning the Consolidated Omnibus Budget Reconciliation Act (COBRA), the Health Insurance Portability and Accountability Act (HIPAA), and the Patient Protection and Affordable Care Act (PPACA) to employees and their dependents 1) upon the employee's enrollment in the employer's group health insurance, and 2) at certain other times during the employee's working career. You can obtain copies of these notices by visiting <http://www.myersindustries.com/Human-Resources.aspx>. You can also contact the human resources department to inquire about these notices. You will be provided with a copy of these notices free of charge.

IMPORTANT NOTICES

SECTION I: AFFORDABLE CARE ACT (ACA) REQUIREMENTS

MARKETPLACE EXCHANGE NOTICE

Health Insurance Marketplace Exchange Notice Offering Health Plan Model Notice (Fillable PDF located): DOL Marketplace Coverage Options

SECTION II: GENERAL NOTICE REQUIREMENTS

Women's Health and Cancer Rights Act of 1998 (WHCRA)

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;
- 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.

Please contact your Plan Administrator with any questions 330.253.5592.

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).

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

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: www.medicaid.georgia.gov Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	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
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofc/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremi-umpaymenthippprogram/index.hm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347

NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Website: http://dhcfp.nv.gov Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywhipp.com/ Toll-free phone: 1-855-MyWHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531
VIRGINIA – Medicaid	
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	

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

U.S. Department of Labor
Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

SECTION III: HIPAA NOTICE REQUIREMENTS

HIPAA Notice of Privacy Rights

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

Notice of Privacy Practices

You are receiving this Privacy Notice because you are eligible to participate in a Myers Industries, Inc. sponsored group health plans. The Health Plans are committed to protecting the confidentiality of any health information collected about an individual. This Notice describes how the Health Plan may use and disclose, "protected health information" (PHI). In order for information to be considered "PHI", it must meet three conditions:

Information is created or received by a health care provider, health plan, employer, or health care clearinghouse; Information relates past, present, or future physical or mental health condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and the information either identifies the individual or provides a reasonable basis for believing that it can be used to identify the individual.

The Health Plan is required by the Health Insurance Portability and Accountability Act (HIPAA) to provide this Notice to an individual. Additionally, the Health Plan is required by law to:

Maintain the privacy of an individual's "protected health information" (PHI), and provide you with the Privacy Notice of its legal duties and privacy practices with respect to an individual's PHI, and follow the terms of its Privacy Notice that is currently in effect.

Employees of the plan sponsor who administer and manage this Health Plan may use PHI only for appropriate plan purposes (such as for payment or health care operations), but not for purposes of other benefits not provided by this plan, and not for employment-related purposes of the plan sponsor. These individuals must comply with the same requirements that apply to the Health Plan to protect the confidentiality of PHI.

Uses and Disclosures of Protected Health Information (PHI).

The following categories describe the ways that the Health Plan may use and disclose protected health information. For each category of uses and disclosures, examples will be provided. Not every use or disclosure in a category will be listed. However, all the ways the Health Plan is permitted to use and disclose information will fall within one of these categories.

Treatment Purposes. The Health Plan may disclose PHI to a health care provider for the health care provider's treatment purposes. For example, if an individual's Primary Care Physician (PCP) or treating medical provider refers the individual to a specialist for treatment, the Health Plan can disclose the individual's PHI to the specialist to whom they have been referred so (s)he can become familiar with the individual's medical condition, prior diagnoses and treatment, and prognosis.

Payment Purposes. The Health Plan may use or disclose health information for payment purposes; such as, determining eligibility for plan benefits, obtaining premiums, facilitating payment for the treatment and services an individual receives from health care providers, determining plan responsibility for benefit payments, and coordinating benefits with other benefit plans. Examples of payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a specific treatment is covered under the plan.

Health Care Operations. The Health Plan may use PHI for its own health care operations and may disclose PHI to carry out necessary insurance related activities. Some examples of Health Care Operations may include: underwriting, premium rating and other activities related to plan coverage; conducting quality assessment and improvement activities; placing contracts; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration of the Health Plan.

To a Business Associate of the Health Plan. The Health Plan may disclose PHI to a Business Associate (BA) of the Health Plan, provided a valid Business Associate Agreement is in place between the Business Associate and the Health Plan. A Business Associate is an entity that performs a function on behalf of the Health Plan and that uses PHI in doing so, or provides services to the Health Plan such as legal, actuarial, accounting, consulting or administrative services. Examples of Business Associates include the Health Plan's Third Party Administrators (TPAs), Actuary, and Broker.

To the Health Plan Sponsor. The Health Plan may disclose PHI to the Plan Sponsor as long as the sponsor has amended its plan documents, provided a certification to the Health Plan, established certain safeguards and firewalls to limit the classes of employees who will have access to PHI, and to limit the use of PHI to plan purposes and not for non-permissible purposes, as required by the Privacy Rule. Any disclosures to the plan sponsor must be for purposes of administering the Health Plan. Some examples may include: disclosure for claims appeals to the Plan's Benefits Committee, for case management purposes, or to perform plan administration functions.

The Health Plan may also disclose enrollment/disenrollment information to the plan sponsor, for enrollment or disenrollment purposes only, and may disclose "Summary Health information" (as defined under the HIPAA medical privacy regulations) to the plan sponsor for the purpose of obtaining premium bids or modifying or terminating the plan.

Required by Law or Requested as Part of a Regulatory or Legal Proceeding. The Health Plan may use and disclose PHI as required by law or when requested as part of a regulatory or legal proceeding. For example, the Health Plan may disclose medical information when required by a court order in a litigation proceeding, or pursuant to a subpoena, or as necessary to comply with Workers' Compensation laws.

Public Health Activities or to Avert a Serious Threat to Health or Safety. The Health Plan may disclose PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

Law Enforcement or Specific Government Functions. The Health Plan may disclose PHI to law enforcement personnel for purposes such as identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order or subpoena; and other law enforcement purposes.

Other uses and disclosures will be made only with an individual's written authorization or that of their legal representative, and the individual may revoke such authorization as provided by section 164.508(b) (5) of the Privacy Rule. Any disclosures that were made when the individual's Authorization was in effect will not be retracted.

An Individual's Rights Regarding PHI. An individual has the following rights with respect to their PHI:

Right to Inspect and Copy PHI. An individual has the right to inspect and copy health information about them that may be used to make decisions about plan benefits. If they request a copy of the information, a reasonable fee to cover expenses associated with their request may be charged.

Right to Request Restrictions. An individual has the right to request restrictions on certain uses and disclosures of their PHI (although the Health Plan is not required to agree to a requested restriction).

Right to Receive Confidential Communications of PHI. An individual has the right to receive their PHI through a reasonable alternative means or at an alternative location if they believe the Health Plan's usual method of communicating PHI may endanger them.

Right to Request an Amendment. An individual has the right to request the Health Plan to amend their health information that they believe is incorrect or incomplete. The Health Plan is not required to change the PHI, but is required to provide the individual with a response in either case.

Right to Accounting of Disclosures. An individual has the right to receive a list or "accounting of disclosures" of their health information made by the Health Plan, except the disclosures made by the Health Plan for treatment, payment, or health care operations, national security, law enforcement or to corrections personnel, pursuant to the individual's Authorization, or to the individual. An individual's request must specify a time period of up to six years and may not include dates prior to May 1, 2010 (effective date of this regulation). The Health Plan will provide one accounting of disclosures free of charge once every 12 month period.

Breach Notification. An individual has the right to receive notice of a breach of your unsecured medical information. Notification may be delayed if so required by a law enforcement official. If you are deceased and there is a breach of your medical information, the notice will be provided to your next of kin or personal representatives if the plan knows the identity and address of such individual(s).

Optional if covered entity engages in underwriting Genetic Information An individual's genetic information will not be used for under writing except for long term care plans.

Right to Paper Copy. An individual has a right to receive a paper copy of this Notice of Privacy Practices at any time.

The Health Plan's Responsibilities Regarding an Individual's PHI

The Health Plan is a "covered entity" (CE) and has responsibilities under HIPAA regarding the use and disclosure of PHI. The Health Plan has a legal obligation to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI. The Health Plan is required to abide by the terms of the current Notice of Privacy Practices (the "Notice"). The Health Plan reserves the right to change the terms of this Notice at any time and to make the revised Notice provisions effective for all PHI the Health Plan maintains, even PHI obtained prior to the effective date of the revisions. If the Health Plan revises the Notice, the Health Plan will promptly distribute a revised Notice to all actively enrolled participants whenever a material change has been made. Until such time, the Health Plan is required by law to comply with the current version of this Notice.

The Health Plan's Complaint Procedures

Complaints about this Privacy Notice or if an individual believes their PHI has been impermissibly used or disclosed, or their privacy rights have been violated in any way, the individual may submit a formal complaint. Complaints should be submitted in writing to:

Myers Industries Inc.'s contact person for matters relating to complaints is:

Katie Newell

330.253.5592

Myers Industries Inc.

1293 South Main St.

Akron, OH 44301

The complaint will be investigated and a written response will be provided to the individual within 30 days from receipt of the complaint. A written summary of the complaint and any correction action taken will be filed with the Privacy Officer. The Health Plan will not retaliate against the individual in any way for filing a complaint.

If an individual would like their complaint reviewed by an outside agency, they may contact the Department of Health and Human Services at the following address:

Department of Health and Human Services

The Hubert H. Humphrey Building

200 Independence Avenue, S.W.

Washington, D.C. 20201

This Notice is effective October 3, 2019.

HIPAA Notice of Privacy Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. 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, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

HIPAA: WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call us at 330.253.5592 and we will collaborate with you to develop an alternative option to qualify for the reward.

SECTION IV: MEDICARE PART D RX REQUIREMENTS

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE
LANGUAGE OMB 0938-0990:

IMPORTANT NOTICE ABOUT PRESCRIPTION DRUG COVERAGE FOR YOU AND/OR YOUR MEDICARE ELIGIBLE DEPENDENTS

Medicare Part D Creditable Coverage Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Myers Industries Inc. and about your options under Medicare's prescription drug coverage. This information is to 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 covered drugs and costs, 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 considerations as to your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You are eligible for 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. Myers Industries Inc. has determined that the prescription drug coverage offered by the CaremarkPCS Health, LLC 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 May You Join A Medicare Drug Plan?

You may join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current CaremarkPCS Health, LLC coverage will/will not be affected.

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 Myers Industries Inc. and do not 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 experience 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may increase 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 have 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.

NOTE: You'll receive this notice each year. You will also receive it before the next period in which you may join a Medicare drug plan, and also if this coverage through Myers Industries Inc. changes. You may request a copy of this notice at any time.

For More Information Regarding Your Options Under Medicare Prescription Drug Coverage

Contact the person listed below for further information. Detailed information regarding Medicare plans offering prescription drug coverage is in the "Medicare & You" handbook. You'll receive 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: **October 3, 2019**

Name of Entity/Sender: **Myers Industries Inc.**

Contact—Position/Office: **Human Resources**

Address: **1293 South Main St., Akron, OH 44301**

Phone Number: **330.253.5592**



1293 South Main Street
Akron, Ohio 44301

2021 BENEFITS GUIDE

(330) 253-5592 | www.MyMyersBenefits.com

9/27/2021