

POST EMPLOYMENT HEALTH CARE AGREEMENT
Amendment 2021-1

Between

PILKINGTON NORTH AMERICA, INC.

and

**UNITED STEEL, PAPER AND FORESTRY, RUBBER
MANUFACTURING, ENGERGY, ALLIED INDUSTIRAL and
SERVICE WORKERS INTERNATIONAL UNION,
AFL-CIO, CLC**

Effective January 1, 2021

**POST EMPLOYMENT HEALTH CARE AGREEMENT AMENDMENT 2021-1
PILKINGTON NORTH AMERICA UNION RETIREES & SURVIVING SPOUSES**

Pilkington North America, Inc., (hereinafter referred to as the “Company” or “PNA”) and the United Steel, Paper and Forestry, Rubber Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO, CLC (hereinafter referred to as the "Union" or “United Steelworkers”) hereby amends the parties’ Post Employment Health Care Agreement dated April 1, 2003 as follows.

**ARTICLE II
MEDICAL & PRESCRIPTION DRUG BENEFITS**

Effective January 1, 2021, the Comprehensive Plan Secondary to Medicare Plan will be replaced with a Group Medicare Advantage Plan with Prescription Drug Coverage. No alternative Medicare plan will be offered.

	Anthem BCBS Medicare Advantage Custom PPO \$20 Plan
Annual Medical Deductible	\$300 per person
Annual Medical Out-of-Pocket Max (Includes deductible, copays, and coinsurance)	January 1, 2021 - \$1,500 per person January 1, 2023 - \$1,600 per person

INPATIENT SERVICES:	
Inpatient Hospital Care <i>No limit to number of days</i>	INN: \$250 copay; after deductible OON: 20% coinsurance; after deductible
Inpatient Hospital Care - Physician Services	INN: \$0 copay; after deductible; ONN: 20% coinsurance; after deductible
Inpatient Mental Health Care <i>No limit to number of days</i>	INN: \$250 copay; after deductible OON: 20% coinsurance; after deductible
Inpatient Mental Health Care - Physician Services	INN: \$0 copay; after deductible; ONN: 20% coinsurance; after deductible
Skilled Nursing Facility (SNF) Care <i>Prior hospital stay is not required</i>	INN: \$0 copay for days 1-20 per benefit period; \$25 copay for days 21-100 per benefit period; after deductible ONN: 20% coinsurance for days 1-100; after deductible
Home Health Agency Care	INN: \$0 copay; after deductible ONN: 20% coinsurance; after deductible

OUTPATIENT SERVICES:	
Physician Services - Primary Care Physician (PCP)	INN: \$20 copay; after deductible OON: 20% coinsurance; after deductible
Physician Services - Specialist	INN: \$40 copay; after deductible OON: 20% coinsurance; after deductible
Physician Services - Allergy Testing	INN: \$0 copay; after deductible; OON: 20% coinsurance; after deductible
Physician Services - Allergy Injections	INN: \$0 copay; after deductible; OON: 20% coinsurance; after deductible
Chiropractic Services - Medicare Covered (visits are not limited)	INN: \$20 copay; after deductible OON: 20% coinsurance; after deductible
Podiatry Services - Medicare Covered	INN: \$40 copay; after deductible OON: 20% coinsurance; after deductible
Mental Health/Substance Abuse Services - Primary Care Physician (PCP)	INN: \$20 copay; after deductible OON: 20% coinsurance; after deductible
Outpatient Surgery - (Outpatient Hospital Facility or Ambulatory Surgical Center visit)	INN: \$150 copay; after deductible OON: 20% coinsurance; after deductible
Ambulance - Medicare Covered <i>Per One-Way Trip</i>	\$75 copay
Emergency Care <i>Copay waived if admitted within 72 hours</i>	\$100 copay / waived if admitted within 72 hours for same condition or illness.
Urgently Needed Services <i>Copay waived if admitted within 72 hours</i>	\$50 copay
Outpatient Rehabilitation Services - Physical, Occupational & Speech Therapy Visits	INN: \$40 copay; after deductible OON: 20% coinsurance; after deductible
Cardiac Rehabilitation Services - Cardiac Rehabilitation Visits	INN: \$40 copay; after deductible OON: 20% coinsurance; after deductible
Pulmonary Rehabilitation Services - Pulmonary Rehabilitation Visits	INN: \$40 copay; after deductible OON: 20% coinsurance; after deductible
Durable Medical Equipment and Related Supplies	10% coinsurance; after deductible
Diabetes Self-Monitoring Training & Supplies Blood Glucose Test Strips, Lancet Devices, Lancets & Glucose Control Solutions <i>Per 30 day supply</i>	10% coinsurance; after deductible

Outpatient Diagnostic Tests, Therapeutic Services & Supplies - X-rays and Simple Diagnostic Tests	INN: \$40 copay; after deductible OON: 20% coinsurance; after deductible
Outpatient Diagnostic Tests, Therapeutic Services & Supplies - Complex Diagnostic Tests and Radiology services	INN: \$75 copay; after deductible OON: 20% coinsurance; after deductible
Vision Care - Medicare Covered - Exams (diagnose & treat diseases of the eye) - Primary Care Physician (PCP)	INN: \$20 copay; after deductible OON: 20% coinsurance; after deductible
Vision Care - Medicare Covered - Glasses/Contacts following Cataract Surgery	20% coinsurance; after deductible
PREVENTIVE CARE & SCREENING TESTS:	
ALL Medicare-covered Preventive Services	\$0 copay
OTHER SERVICES:	
Service to Treat OP Kidney Disease and Conditions - Kidney Disease Education sessions	INN: \$0 copay OON: 20% coinsurance
Prescription Drugs Covered Under Medical (Part B Drugs) - Medicare Covered Part B Chemotherapy Drugs	20% coinsurance
ADDITIONAL BENEFITS:	
Routine Hearing Services - Routine Hearing Exams (Hearing Care Solutions)	\$0 copay
Routine Hearing Services - Hearing Aids (Hearing Care Solutions)	INN: \$0 copay ONN: 70% coinsurance limited to \$1,000 every 12 months INN and ONN combined
Routine Vision Care - Routine Vision Exam; including eye refraction.	\$0 copay; after deductible
Routine Foot Care - Primary Care Physician (PCP)	INN: \$20 copay; after deductible ONN: \$50 copay ; after deductible
Routine Foot Care - Specialist	INN: \$40 copay; after deductible ONN: \$50 copay ; after deductible
Annual routine physical exam	INN: \$0 copay OON: 20% coinsurance
Health and Wellness Education Programs - SilverSneakers®	\$0 copay
NurseLine®	\$0 copay
Foreign Travel - Emergency Outpatient Care <i>Waived if admitted within 72 hours</i>	\$100 copay

Foreign Travel - Urgently Needed Services <i>Waived if admitted within 72 hours</i>	\$50 copay
Foreign Travel - Inpatient Care <i>Limited to 60 days per lifetime</i>	\$250 copay
PRESCRIPTION DRUG COVERAGE	Enhanced Formulary
30 Day Retail	Tier 1: 20% coinsurance (minimum of \$7 and maximum of \$50) Tier 2: 20% coinsurance (minimum of \$7 and maximum of \$70) Tier 3: 50% coinsurance (maximum of \$250) Tier 4: 20% coinsurance (minimum of \$7 and maximum of \$70)
90 Day Mail	Tier 1: 20% coinsurance (minimum of \$14 and maximum of \$140) Tier 2: 20% coinsurance (minimum of \$14 and maximum of \$140) Tier 3: 50% coinsurance (maximum of \$750) Tier 4: 20% coinsurance (minimum of \$7 and maximum of \$70; 30 day limit)
Prescription Drug Deductible	\$250
TrOOP	\$6,550

The monthly contribution will remain the same as the Contracted Comprehensive Plan Secondary to Medicare of \$50 per month for Medicare retiree only or \$100 per month for Medicare Family coverage.


If a member is eligible for Medicare but does not enroll in A&B as required for the Group Medicare Plan they will not be eligible for the Non-Medicare Plan [PPO].

When a family is comprised of both Medicare and Non-Medicare eligible members they will be split into separate plans each following their respective plan designs (i.e. Medicare Advantage Plan or PPO Plan). The monthly family contribution will be charged based on the retiree or surviving spouse's Medicare eligibility.


All other provisions of the original agreement remain in force.

Signed and accepted this 10th day of September, 2020

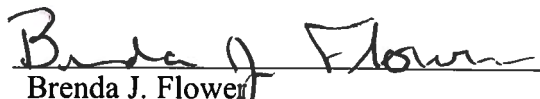
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