



# Your 2027 Benefits Decision Guide



Enroll in your Health and Welfare benefits by November 4, 2026.

# YOUR FUTURE. YOUR HEALTH.

Covestro remains committed to your total wellbeing by offering you comprehensive Health and Welfare programs for 2027. These benefits offer you and your family valuable health care coverage and financial protection.

**Annual Enrollment begins at 8:00 a.m. ET on Wednesday, October 21, and ends at 8:00 p.m. ET on Wednesday, November 4, 2026.**

This is your once-a-year opportunity to make benefit changes, so you have some important decisions to make. Use this guide to help you choose and use your benefits with confidence and make the most of your future and your health.

## Take these steps

- 1. Read this guide.** Learn what’s new and review your coverage options and rates for 2027.
- 2. Use the tools.** Get help making your benefit decisions by using the tools on the Covestro Benefits Center website, <https://covestro.bswift.com>, including Ask Emma®. If you’re in the office, you can also click the HR information link through Workday to get started!
- 3. November 4, 2026, at 8:00 p.m. ET.** Enroll by logging on to <https://covestro.bswift.com> or by calling the Covestro Benefits Center. Just turn to [page 12](#) when you’re ready to get started.
- 4.** Review and confirm your dependent information (Social Security numbers, dates of birth, etc.) is up to date on the Covestro Benefits Center website, <https://covestro.bswift.com>, during enrollment.

**Note:** Some older versions of the Firefox browser are not compatible with the Covestro Benefits Center website. If your browser doesn’t work properly, please try using Internet Explorer or Google Chrome.

## DO YOU NEED TO ENROLL?

You must only take action during Annual Enrollment if:

- You want to change your current medical, dental, vision, and/or life and disability insurance coverage for 2027.
- You want to add or drop coverage for a spouse or dependent. Be sure to have their Social Security number ready. Any **new** dependents you wish to include during enrollment will require verification (birth certificate, marriage license).
- You want to contribute money to a Flexible Spending Account (FSA) program.
- You want to purchase PTO (if eligible) or participate in the myTotal Wellbeing program.

If you do not take action during Annual Enrollment, you will remain enrolled in your current plans for 2027 with the exception of the Flexible Spending Accounts (FSAs), purchase PTO, or myTotal Wellbeing program. If you want to contribute to an FSA, purchase PTO, or participate in the myTotal Wellbeing program, you must enroll each year.

After November 4, 2026, your coverage elections may not be changed until the next Annual Enrollment period unless you experience a qualified status change, such as adding a newborn, or marriage. If you do have a qualified status change during 2027, you must contact the Covestro Benefits Center within 31 days of the event — see [page 13](#) for details.

If you have coverage for a spouse/ domestic partner, and you do not enroll and certify that they do not have coverage available through an employer, a spousal surcharge will be applied to your medical deduction.

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## Spousal Surcharge for Medical Coverage

Covestro's medical plan costs exceed those of other companies in our industry. A major contributor to this is the high number of spouses/domestic partners covered under the plan.

- A \$3,000 per year surcharge divided evenly across your pay periods will apply if your spouse/domestic partner is eligible for medical coverage through their own employer but remains covered under a Covestro plan.
- This surcharge does not apply to covering a spouse/domestic partner under the dental and vision plans.

## When the Surcharge Does Not Apply

You will not pay the spousal surcharge if:

- Your spouse/domestic partner's employer does not offer medical coverage.
- Your spouse/domestic partner is self-employed.
- Your spouse/domestic partner pays 100% of the cost for their employer's medical benefits (no employer contribution).

**If you do not enroll during Annual Enrollment and you have coverage for a spouse/domestic partner, a spousal surcharge will be applied to your medical plan contribution.**

**You must notify the benefit center of any change to your spouse/domestic partner's employer coverage eligibility during the year.**

# SEE WHAT'S NEW

## Health & Savings Plan

The deductible for you + spouse and for you + child(ren) will increase to \$3,500 per IRS rules.

## Health Savings Account (HSA)

- **Increased contribution limits:** The IRS limits on **total** contributions to your HSA (from both you and Covestro) are increasing for both single and family coverage. In 2027, the limits are:
  - You only: \$4,500
  - You + spouse, you + child(ren), or you + family: \$9,000
  - If you're age 55 or older, you may contribute an additional \$1,000

## Flexible Spending Accounts (FSAs)

- Health Care Flexible Spending Account maximum contribution limit: For 2027, you can contribute up to **\$3,300** per IRS guidelines.
- Limited Purpose Health Care FSA contribution limit: For 2027, you can contribute up to **\$3,300** per IRS guidelines.

## Medical Expense Cost-Saving Tips

Here are a few tips to help you become a smart consumer of health care benefits — saving money for you and the company.

## Where You Receive Care Impacts Your Cost

Use convenience care clinics and urgent care centers for after-hours care that is not a true emergency. Use the emergency room for critical, life-threatening situations, such as chest pain, difficulty breathing, poisoning, head trauma, severe burns, or stroke symptoms. Emergency room treatment is the most expensive care you can receive when compared to your doctor's office or urgent care centers.

## You Can Save on Lab Work

An in-network freestanding facility such as Aetna's preferred lab, Quest Diagnostics, performs services and submits claims as a separate entity, not as a hospital. As a result, you and the company save money when lab work and testing are done at an in-network freestanding facility. Freestanding facility costs are as much as 50% lower than in-network lab costs at facilities such as hospitals, and out-of-network lab costs can be up to 10x higher.

## Get Your Annual Check-ups and Screenings

Be sure to take advantage of no- or low-cost preventive benefits like annual physicals, preventive dental exams, and cleanings every six months, and by getting appropriate screenings like cholesterol, blood pressure, and blood sugar each year. Not all lab work done during an annual physical is covered at 100%. You should check with your health plan prior to obtaining lab work to confirm what level it will be covered.

## Easy Enroll

Re-enrolling in your benefits is now easier than ever. With Easy Enroll, you can carry forward your prior year's elections with a single click.

The tool highlights important plan or carrier changes and prompts you to take action only where it's needed such as for FSAs, HSAs, or DCAs.

Go to the Covestro Benefits Center website at <https://covestro.bswift.com> to get started.



## myTotal Wellbeing Program

You can enroll in the myTotal Wellbeing program through the Covestro Benefits Center website. If you are accessing through your work computer, click the HR information link through Workday, or at <https://covestro.bswift.com>.



## Paid Time Off (PTO) Benefit

You may be eligible to purchase up to 40 hours of additional PTO. The minimum purchase is eight hours. This election will need to be made as part of your Annual Enrollment and no changes will be allowed after the enrollment deadline. **Employees participating in the Early Notification Retirement Program (ENRP) are ineligible to purchase additional PTO during Annual Enrollment.** (Not applicable to union employees.)

## BENEFITS WHILE ON DISABILITY

- **Benefits while on LTD:** If you become disabled and are approved for LTD, your benefits coverages (medical, dental, vision, voluntary benefits, and life insurance) will end once you have been on LTD for two years.

## For Your Information and Awareness — Medical Plan Costs for 2027

Medical inflation is trending at approximately 9% annually, and Covestro’s own claims experience has consistently exceeded budget in recent years — finishing 8.3% over budget in 2025. Our total projected plan cost for 2027 is nearly \$59 million— with Covestro absorbing approximately \$49 million, or roughly 83% of the total cost, while employees contribute the remaining 17% through premiums and surcharges. Despite this cost-sharing structure, employee out-of-pocket costs remain below industry benchmarks.

Covestro will absorb the majority of the 2027 cost increase; however, there will be premium increases for all plans. Medical employee contributions will increase by 6.5% per pay period, dental contributions will increase by 4.3%, and vision premiums remain unchanged for 2027. There will be no change to the spousal surcharge for 2027.

This trajectory is not financially sustainable. Continuing to absorb increases of several million dollars each year places significant pressure on the organization. Accordingly, the Compensation and Benefits Committee has directed our Total Rewards team to conduct a comprehensive review of our medical and prescription drug programs for the 2028 plan year. This review will evaluate all aspects of our programs — including plan design, vendors, deductibles, and surcharges — to ensure long-term affordability and competitiveness for both Covestro and our employees.

# REVIEW YOUR 2027 BENEFIT OPTIONS

## Medical Plans

Covestro will offer two national medical plan options — all through one national vendor, Aetna. Each Aetna plan includes prescription drug coverage through Caremark. For more details on the national plans listed below, or to enroll, visit <https://covestro.bswift.com>.

**Reminder:** If you do not take action during Annual Enrollment, you will remain enrolled in your current medical plan for 2027.

| Plan Feature                            | Health & Savings Plan                                                                                                                                                                |                                                                                                              | 80% PPO Plan                                                                                                                                                                |                                                                                                                 | 85% EPO Plan                                                                                                                                                              |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                         | Aetna Health & Savings Plan (plan uses the Aetna POS II provider network)                                                                                                            |                                                                                                              | Aetna 80% PPO Plan (plan uses the Aetna POS II provider network. Closed to new enrollments)                                                                                 |                                                                                                                 | Aetna In-network Only Plan (plan uses the Aetna POS II provider network)                                                                                                  |
| Your Annual Contributions               | You only: \$1,315.20<br>You + spouse: \$3,624.96<br>You + child(ren): \$3,182.04<br>You + family: \$5,496.12                                                                         |                                                                                                              | You only: \$2,313.00<br>You + spouse: \$6,104.16<br>You + child(ren): \$5,292.60<br>You + family: \$9,087.00                                                                |                                                                                                                 | You only: \$1,784.40<br>You + spouse: \$4,709.49<br>You + child(ren): \$4,083.48<br>You + family: \$7,010.76                                                              |
| Health Savings Account (HSA)*           | Covestro contributes:<br>You only: \$300<br>You + spouse: \$550<br>You + child(ren): \$550<br>You + family: \$800                                                                    |                                                                                                              | N/A                                                                                                                                                                         |                                                                                                                 |                                                                                                                                                                           |
| Preventive Care                         | 100% covered with no deductible, in-network, or out-of-network (includes wellness exams, women's preventive care, immunizations, and health screenings, according to AMA guidelines) |                                                                                                              |                                                                                                                                                                             |                                                                                                                 |                                                                                                                                                                           |
|                                         | In-network                                                                                                                                                                           | Out-of-network                                                                                               | In-network                                                                                                                                                                  | Out-of-network                                                                                                  | In-network                                                                                                                                                                |
| Annual Deductible                       | Applies to eligible medical and prescription drug expenses                                                                                                                           |                                                                                                              | You only:<br>\$1,250<br>You + spouse:<br>\$1,250<br>You + child(ren):<br>\$1,250<br>You + family:<br>\$1,875                                                                | \$2,000 per person<br>\$4,000 maximum per family                                                                | \$350 per person<br>\$1,050 maximum per family                                                                                                                            |
|                                         | You only: \$1,800<br>You + spouse: \$3,500<br>You + child(ren): \$3,500<br>You + family: \$3,600                                                                                     |                                                                                                              |                                                                                                                                                                             |                                                                                                                 |                                                                                                                                                                           |
| Medical Coinsurance                     | 100% after deductible is met                                                                                                                                                         | 80% of Reasonable & Customary after deductible is met                                                        | 80% after deductible is met                                                                                                                                                 | 60% of Reasonable & Customary after deductible is met                                                           | 85% after deductible is met                                                                                                                                               |
| Prescription Drugs                      | 80% after deductible is met                                                                                                                                                          |                                                                                                              | 80% covered<br>Minimum: \$5 retail; \$15 mail order<br><b>Out-of-pocket maximum</b><br>(combined retail and mail order)<br>\$1,000 per person<br>\$3,000 maximum per family |                                                                                                                 | 85% covered<br>Minimum: \$5 retail; \$15 mail order<br><b>Out-of-pocket maximum</b><br>(combined retail and mail order)<br>\$700 per person<br>\$2,100 maximum per family |
| Annual Out-of-Pocket Maximum            | Includes medical and prescription drug expenses and annual deductible                                                                                                                |                                                                                                              | Includes medical deductible; does not include prescription drug expenses                                                                                                    |                                                                                                                 |                                                                                                                                                                           |
|                                         | You only:<br>\$2,800<br>You + spouse:<br>\$4,200<br>You + child(ren):<br>\$4,200<br>You + family:<br>\$5,600                                                                         | You only:<br>\$3,800<br>You + spouse:<br>\$5,700<br>You + child(ren):<br>\$5,700<br>You + family:<br>\$7,600 | You only:<br>\$3,500<br>You + spouse:<br>\$3,500<br>You + child(ren):<br>\$3,500<br>You + family:<br>\$7,000                                                                | You only:<br>\$6,000<br>You + spouse:<br>\$10,000<br>You + child(ren):<br>\$10,000<br>You + family:<br>\$12,000 | You only:<br>\$2,350<br>You + spouse:<br>\$2,350<br>You + child(ren):<br>\$2,350<br>You + family:<br>\$3,700                                                              |
| Coverage When Traveling Internationally | Yes, generally for emergencies only                                                                                                                                                  |                                                                                                              |                                                                                                                                                                             |                                                                                                                 |                                                                                                                                                                           |
| Lifetime Maximum                        | Unlimited                                                                                                                                                                            |                                                                                                              |                                                                                                                                                                             |                                                                                                                 |                                                                                                                                                                           |

**Note:** Part-time rates for employees working 20-29 hours per week are twice the full-time rates displayed.

\* If you are Medicare-eligible, neither you nor Covestro is eligible to contribute to the HSA. These health plans are considered to be creditable coverage plans.

A regional plan through UPMC is available to Pittsburgh-area employees with prescription drug coverage through their selected provider. A regional plan through KelseyCare is available to most Houston-area employees with prescription drug coverage through Caremark.

| Plan Feature                            | UPMC                                                                                                                                                                                                                                                                                                |                | KelseyCare                                                                                                                                                   |                |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Your Annual Contributions               | <b>You only:</b> \$1,498.08<br><b>You + spouse:</b> \$3,948.24<br><b>You + child(ren):</b> \$3,511.68<br><b>You + family:</b> \$5,951.52                                                                                                                                                            |                | <b>You only:</b> \$1,418.76<br><b>You + spouse:</b> \$3,738.48<br><b>You + child(ren):</b> \$3,325.08<br><b>You + family:</b> \$5,635.44                     |                |
| Preventive Care                         | 100% covered with no deductible (If applicable) in-network (includes wellness exams, women’s preventive care, immunizations, and health screenings, according to AMA guidelines)                                                                                                                    |                |                                                                                                                                                              |                |
|                                         | In-network                                                                                                                                                                                                                                                                                          | Out-of-network | In-network                                                                                                                                                   | Out-of-network |
| Annual Deductible                       | <b>You only:</b> \$250<br><b>You + family:</b> \$500                                                                                                                                                                                                                                                | Not covered    | None                                                                                                                                                         |                |
| Primary Visit Copay                     | \$20                                                                                                                                                                                                                                                                                                | Not covered    | \$15                                                                                                                                                         | Not covered    |
| Specialist Visit Copay                  | \$50                                                                                                                                                                                                                                                                                                | Not covered    | \$40                                                                                                                                                         | Not covered    |
| Prescription Drugs                      | <b>Generic:</b> \$12 copay (retail); \$24 copay (mail order)<br><b>Preferred brand:</b> \$32 copay (retail); \$64 copay (mail order)<br><br><b>Non-preferred brand:</b> \$64 copay (retail); \$128 copay (mail order)<br><br><b>Specialty:</b> \$76 copay<br><br><b>Out-of-network:</b> Not covered |                | Per 30-day supply<br><b>Generic:</b> \$8 copay<br><b>Formulary brand:</b> \$28 copay<br><b>Non-formulary brand:</b> \$56 copay (plus the difference in cost) |                |
| Annual Out-of-Pocket Maximum            | <b>You only:</b> \$6,600<br><b>You + family:</b> \$13,200                                                                                                                                                                                                                                           | N/A            | <b>You only:</b> \$4,600<br><b>You + family:</b> \$8,700                                                                                                     | N/A            |
| Coverage When Traveling Internationally | Yes, generally for emergencies only                                                                                                                                                                                                                                                                 |                |                                                                                                                                                              |                |
| Lifetime Maximum                        | Unlimited                                                                                                                                                                                                                                                                                           |                |                                                                                                                                                              |                |

**Note:** Out-of-network services for these plans generally are not covered.  
Part-time rates for employees working 20-29 hours per week are twice the full-time rates displayed.

## Health Savings Account (HSA)

The HSA, administered by Inspira Financial, is only available to employees who enroll in the Aetna Health & Savings Plan (High Deductible Health Plan). This account lets you save tax-free dollars to pay for eligible health care expenses, now or in the future. As an added bonus, Covestro contributes to your HSA to help you cover costs. For more details or to enroll, visit <https://covestro.bswift.com>.

### How it works

Use your HSA to pay for eligible health care expenses with tax-free dollars.\* Spend your money by swiping an HSA debit card or by submitting receipts for reimbursement. Please keep in mind that funds are only available for use after they have been posted to your account (usually by Wednesday following payday).

### Contributions

If you are enrolled in the Aetna Health & Savings Plan, Covestro will contribute to your HSA in 2027:

- You only: \$300
- You + spouse: \$550
- You + child(ren): \$550
- You + family: \$800

You can also contribute to your HSA through automatic, before-tax payroll deductions. You may change your contribution amount at any time during the year. In 2027, the IRS limits on **total** contributions to your account (from both you and Covestro) are:

- You only: \$4,500
- You + spouse, you + child(ren), or you + family: \$9,000
- If you're age 55 or older, you may contribute an additional \$1,000

### It's your money

The money in your HSA is always yours to keep and remains tax-free as long as it is used for eligible expenses. That means you can use your HSA to build up tax-free health spending money over time. You can take it with you if you leave the company and even use it to pay for health expenses in retirement.

### A note about FSAs

If you are enrolled in the high deductible Health & Savings Plan, you may not participate in a traditional Health Care FSA at the same time. However, you may contribute to a Limited Purpose Health Care FSA for additional tax savings on certain qualified expenses — see [page 8](#) to learn more.

\* Money in an HSA can be withdrawn tax-free as long as it is used to pay for qualified health-related expenses. If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn, plus a 20% penalty tax if you withdraw the money before age 65.

**Note:** If you are Medicare-eligible, neither you nor Covestro is eligible to contribute to the HSA.

## WHAT CAN YOU PAY FOR WITH AN HSA?

Use your HSA to cover qualified medical, dental, and vision expenses (as defined by the IRS) for you and your family, including deductibles, coinsurance, copayments, prescription drugs, out-of-pocket expenses, and more. For a complete list, refer to Publication 502, available at [www.irs.gov](http://www.irs.gov).

## HSA FUN FACTS – DID YOU KNOW?

- You can change your HSA contribution anytime during the year, not just during Annual Enrollment.
- You can use your HSA to pay for eligible expenses, or you can pay out of your pocket and let your HSA balance grow for the future (in two years or even during retirement!).
- Unlike a Flexible Spending Account (FSA), your HSA balance rolls over each year. Plus, it's portable. Your HSA is yours to keep, even if you leave Covestro or get coverage elsewhere.

## Flexible Spending Accounts (FSAs)

Covestro offers three different types of FSAs, administered by Inspira Financial. An FSA lets you save tax-free dollars to pay for eligible health and dependent care expenses. For more details, or to enroll, visit <https://covestro.bswift.com>. **Please note:** Changes can only be made to a Health Care or Limited Purpose Health Care FSA during the year in the event of an immediate family death or divorce.

### Three things to know about FSAs

- 1. Enroll if you want to participate.** Even if you currently participate in an FSA, you must re-enroll if you want to participate in 2027. FSA enrollment does not carry over from year to year.
- 2. Contribute only as much as you'll use.** Before deciding how much you want to contribute, you should carefully estimate your 2027 expenses. Up to \$660 of unused funds remaining in your Health Care or Limited Purpose Health Care FSA at the end of 2027 may be carried over for use in 2028, but amounts exceeding \$660 will be forfeited. **Note:** This rollover feature does not apply to the Dependent Care FSA.
- 3. Save your receipts.** It's important to keep your receipts whenever you swipe your Health Care FSA debit card. You may be asked to provide them as documentation to verify a claim.

### FSA comparison

|                              | Health Care FSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Limited Purpose FSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dependent Care FSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who's eligible?              | Employees who are <b>not</b> enrolled in the Health & Savings Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Employees who <b>are</b> enrolled in the Health & Savings Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | All employees are eligible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Contribution limits for 2027 | From \$100 to \$3,300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | From \$100 to \$7,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Use this account for...      | <ul style="list-style-type: none"><li>• Deductibles, coinsurance, and copayments for medical, dental, and vision care</li><li>• Prescription drugs</li><li>• Eye exams, glasses, contact lenses and solution, and sunglasses when prescribed for a medical condition</li><li>• Hearing exams and hearing aids</li><li>• Lasik surgery</li><li>• Adult orthodontia</li><li>• Over-the-counter (OTC) medicines, feminine hygiene products</li><li>• And more — for a complete list, refer to IRS Publication 502, available at <a href="http://www.irs.gov">www.irs.gov</a></li></ul> | <ul style="list-style-type: none"><li>• Any medical service reimbursable per IRS guidelines that is not covered by the health plan toward your deductible (your HSA covers your out-of-pocket medical expenses)</li><li>• Coinsurance and copayments for medical care and prescription drugs after you meet your deductible</li><li>• Eye exams, glasses, contact lenses and solution, and sunglasses when prescribed for a medical condition</li><li>• Hearing exams and hearing aids</li><li>• Lasik surgery</li><li>• Adult orthodontia</li><li>• Over-the-counter (OTC) medicines, feminine hygiene products</li><li>• And more — for a complete list, refer to IRS Publication 502, available at <a href="http://www.irs.gov">www.irs.gov</a></li></ul> | <ul style="list-style-type: none"><li>• Licensed nursery school and child care centers</li><li>• Private day care providers and nannies</li><li>• Licensed care for disabled dependents</li><li>• Care for an elderly parent whom you claim as a dependent on your tax return</li><li>• Education expenses for a child not yet in the first grade, such as day care center expenses</li><li>• Fees for special camps if the camp also serves as day care for your eligible dependent</li><li>• And more — for a complete list, refer to IRS Publication 503, available at <a href="http://www.irs.gov">www.irs.gov</a></li></ul> |
| How to get reimbursed        | Use either of the following: <ul style="list-style-type: none"><li>• Health Care FSA debit card</li><li>• Submit claims by mail, fax, online, or through the EZ Receipts mobile app</li></ul>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Submit claims by mail, fax, online, or through the EZ Receipts mobile app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## Dental Plan

The Aetna dental plan helps your family maintain good dental health. You will save money if you see dentists in Aetna's national network of providers. When you register at [www.aetna.com](http://www.aetna.com), you will be able to search for participating providers, order ID cards, review your claims, and so much more. For more details or to enroll, visit <https://covestro.bswift.com>.

| Plan Feature                                                          | Aetna Dental Plan                                                                                    |                                                      |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Your Annual Contributions                                             | You only: \$103.80<br>You + spouse: \$259.44<br>You + child(ren): \$316.44<br>You + family: \$446.28 | You + child(ren): \$303.36<br>You + family: \$427.92 |
| Preventive Care (not subject to annual deductible and annual maximum) | 100%                                                                                                 |                                                      |
| Annual Deductible (excludes preventive care)                          | \$50 per person<br>\$150 maximum per family                                                          |                                                      |
| Annual Maximum (excludes preventive care)                             | \$1,500 per person                                                                                   |                                                      |
| Basic Services (fillings, routine extractions)                        | 80% covered                                                                                          |                                                      |
| Major Services (crowns, dentures, bridges)                            | 50% covered                                                                                          |                                                      |
| Orthodontia Services (\$1,000 lifetime maximum)                       | 50% covered                                                                                          |                                                      |

**Note:** Part-time rates for employees working 20-29 hours per week are twice the full-time rates displayed.

## Vision Plan

Aetna Vision<sup>SM</sup> Preferred helps you take better care of your eyesight. It comes with coverage for routine eye exams (including dilation), one complete pair of eyeglasses, prescription sunglasses, contact lenses, and many more discounts. It's easy to find a provider in our network of more than 80,000 providers, including some of the most popular nationwide chains, like LensCrafters®, Target Optical®, Pearle Vision<sup>SM</sup>, Sears Optical®, and JCPenney Optical. Just visit [www.aetnavision.com](http://www.aetnavision.com) to learn more about the benefits of Aetna Vision Preferred or to find an in-network provider near you. For more details or to enroll, visit <https://covestro.bswift.com>.

| Plan Feature                       | Aetna Vision Plan                            |                                                      |
|------------------------------------|----------------------------------------------|------------------------------------------------------|
| Your Annual Contributions          | You only: \$106.20<br>You + spouse: \$220.32 | You + child(ren): \$200.40<br>You + family: \$314.52 |
|                                    | In-network                                   | Out-of-network                                       |
| Routine Exam                       | \$0 copay                                    | \$25 reimbursement                                   |
| Single Vision Lenses               | \$0 copay                                    | \$25 reimbursement                                   |
| Frames                             | \$125 allowance; 20% off balance over \$125  | \$30 reimbursement                                   |
| Medically Necessary Contact Lenses | \$0 copay                                    | \$210 reimbursement                                  |

**Note:** Part-time rates for employees working 20-29 hours per week are twice the full-time rates displayed.



### SAVINGS TIP

Use providers in the Aetna Dental and Aetna Vision Preferred networks — then use a Health Care or Limited Purpose Flexible Spending Account (FSA) to offset expenses not covered by your dental or vision plan. See [page 8](#) to learn more about FSAs.

## HAVE YOU NAMED A BENEFICIARY?

Be sure to designate a beneficiary for your insurance benefits. You can provide this information when you're enrolling on the Covestro Benefits Center website at: <https://covestro.bswift.com>. If you're accessing through your work computer, you can click the HR information link through Workday.

## Life and Disability Insurance

Covestro offers insurance plans to help protect your financial wellbeing. You can choose from different levels of coverage to meet your needs. For more details or to enroll, visit <https://covestro.bswift.com>.

| Insurance                               | Coverage Details                                                                                             |                                                                                                                                                                 |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability*                             | <b>Short-Term Disability (STD)</b><br>(coverage is automatic)                                                | <b>Long-Term Disability (LTD)</b> <ul style="list-style-type: none"><li>• 60% (default, no cost to you)</li><li>• 70% (additional cost to you)**</li></ul>      |
| Life Insurance*                         | <b>Basic Life Insurance</b> <ul style="list-style-type: none"><li>• 1.5x base pay (no cost to you)</li></ul> | <b>Optional Life Insurance</b> <ul style="list-style-type: none"><li>• Supplemental employee life insurance</li><li>• Spouse/dependent life insurance</li></ul> |
| Business Travel Accident Insurance      | 2.5x base pay when traveling for Covestro business (coverage is automatic)                                   |                                                                                                                                                                 |
| Accidental Death & Dismemberment (AD&D) | Optional coverage for you only or for you and your family (\$50,000–\$500,000)                               |                                                                                                                                                                 |

\* **Note:** Unions may have different disability and life insurance options.  
\*\* CG 4+ and above are not eligible for the 70%

## Additional Benefits

Covestro offers you a variety of additional benefits to help support your physical and financial wellbeing.

| Benefit                           | What Is It?                                                                                                                                                                                                                                                                                                                                                                                                             | How to Enroll                                                                                                                                                                        |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employee Assistance Program (EAP) | A free and confidential service from UPMC that helps you and/or your family address personal problems that may affect your health, family life, and/or job performance <ul style="list-style-type: none"><li>• Automatically available to you and your family at no cost</li></ul>                                                                                                                                      | No enrollment required<br><br>Visit UPMC<br><b>1-866-918-1590</b><br><a href="https://work.partners/lifesolutions">https://work.partners/lifesolutions</a><br>Company code: Covestro |
| Wellness Programs                 | We have partnered with UPMC, a leading wellness provider, to offer programs and resources to help you improve your health <ul style="list-style-type: none"><li>• Work with a health coach to help you reach your wellness goals</li><li>• Track your workouts, access health information, and more by visiting <a href="http://www.covestromytotalwellbeing.com">http://www.covestromytotalwellbeing.com</a></li></ul> | To get started, visit <a href="http://www.covestromytotalwellbeing.com">http://www.covestromytotalwellbeing.com</a> or call <b>1-844-833-0527</b>                                    |
| Paid Time Off (PTO)               | Vacation time, sick time, and personal days are included in the PTO plan. Employees participating in the Early Notification Retirement Program (ENRP) are ineligible to purchase additional PTO during Annual Enrollment.                                                                                                                                                                                               | No enrollment is required. Eligible employees are able to purchase up to an additional 40 hours during Annual Enrollment.*                                                           |
| Critical Illness Insurance        | Pays a benefit if you or a covered family member is treated for a covered medical event or diagnosed with a critical illness (such as cancer, heart attack, stroke).                                                                                                                                                                                                                                                    | You may enroll during Annual Enrollment at <a href="https://covestro.bswift.com">https://covestro.bswift.com</a> .                                                                   |
| Accident Insurance                | Pays a benefit in the event you or a covered family member under the plan is in a non-work-related accident.                                                                                                                                                                                                                                                                                                            | You may enroll during Annual Enrollment at <a href="https://covestro.bswift.com">https://covestro.bswift.com</a> .                                                                   |
| Hospital Indemnity Insurance      | Pays a benefit in the event you or a covered family member under the plan is hospitalized, including for childbirth.                                                                                                                                                                                                                                                                                                    | You may enroll during Annual Enrollment at <a href="https://covestro.bswift.com">https://covestro.bswift.com</a> .                                                                   |

\* Not applicable for union employees.



# DECIDE AND ENROLL

## Access the Covestro Benefits Center

During Annual Enrollment — 8:00 a.m. ET on Wednesday, October 21, through 8:00 p.m. ET on Wednesday, November 4, 2026 — you'll use the Covestro Benefits Center website to access helpful decision tools and enroll in your 2027 benefits. If you need help or prefer to enroll by phone, simply call the Covestro Benefits Center to speak with a representative at **1-844-522-6775**. When calling the Covestro Benefits Center be sure to listen to the phone options so that you will be transferred to the correct place.

### Get started!

Here's how to access the Covestro Benefits Center:

#### ONLINE

**Opens October 21, 2026, at 8:00 a.m. ET for 2027 benefits enrollment**

1. Visit <https://covestro.bswift.com>. If you're using your work computer and click the HR information link through Workday, you won't need to enter your username and password to get started.
2. To access the site from your home computer, please enter your username and password. If you have forgotten your password or are having trouble logging in, please click on the "Forgot Password" link to reset it.  
**Note:** If you are using a shared computer or a computer in a public place, like a library or community center, be sure you close all browser windows and tabs and log out when you are done. This will keep your information secure.
3. Use the decision-making tools and enroll.

### Easy Enroll

Easy Enroll makes re-enrolling in your benefits simple. With one click, you can carry forward your prior year's elections. The system highlights any important plan or carrier changes and prompts you to take action only where it's required — such as for FSAs, HSAs, or DCAs.

#### BY PHONE

**Opens October 21, 2026, at 8:00 a.m. ET for 2027 benefits enrollment**

Call the Covestro Benefits Center at **1-844-522-6775**, if you have benefit questions or need help enrolling. Representatives are ready to assist you between 8:00 a.m. and 8:00 p.m. ET, any business day.



## WHAT IF YOU DON'T ENROLL?

If you do not take action during Annual Enrollment, you will remain enrolled in your current plans for 2027. You must enroll if you would like to contribute to an FSA or HSA, participate in the Wellness Program, or purchase PTO.\* After November 4, 2026, your coverage elections may not be changed until the next Annual Enrollment period unless you experience a qualified status change during the year.

\* Not applicable for union employees.

## HELPFUL ONLINE RESOURCES

On the Covestro Benefits Center website, <https://covestro.bswift.com>, you can:

- **Emma EnrollPro™** features all the great features of Ask Emma®, plus more! Emma EnrollPro walks you through a short questionnaire and, based on your answers, provides tailored plan recommendations. Help relieve some of the guesswork as you make your benefit plan decisions by using Emma!

**Note:** Ask Emma is not available to U.S. Expatriates. If you have coverage for a spouse/domestic partner, and you do not enroll and certify that they do not have coverage available through an employer, a spousal surcharge will be applied to your medical deduction.

- **Chat with a representative:** Use the online chat feature to quickly get answers to your Health and Welfare benefit questions.

**Download the bswift® mobile app!** Use the bswift mobile app to view plan details on the go, navigate to the enrollment website, check coverages, and more.

You can download the app in the Apple or Google Play store by searching "bswift". Enter the company code "COVESTRO," enter your username and password (the same as you used to log in to the Covestro Benefits Center website), and you're all set!

# MORE INFORMATION

## Benefits Eligibility and Coverage

### Employee eligibility

Employees who work 30 hours or more per week are eligible for full-time benefits.

### Dependent eligibility

Your eligible dependents include your spouse, a qualified domestic partner, and your dependent children. For purposes of the Covestro Benefits Program, a qualified domestic partner is eligible for medical, dental, and vision coverage only, plus the Employee Assistance Program (EAP).

Your dependent children include those whom you may claim as a dependent for federal income tax purposes. An eligible dependent child includes:

- Natural child
- Stepchild
- Adopted child or child placed with you for adoption
- Child for whom you are a permanent legal guardian
- Child of your covered qualified domestic partner

A dependent child is eligible for coverage up to the last day of the month of the child's 26th birthday.

Coverage for a child age 26 or older can continue if he or she becomes totally and permanently disabled while continuously covered as a dependent under a company-sponsored medical, dental, and/or vision plan, is supported by you, and is incapable of self-support because of a mental or physical handicap. You must provide proof of the child's disability within 31 days of the date coverage would otherwise end. Periodic proof of the child's disability may be required for this coverage to continue.

A qualified domestic partner is a person of the same or opposite sex who has resided with you for at least one year (proof required) and intends to continue the relationship indefinitely.

If you wish to cover your spouse/domestic partner under a Covestro health plan, you both must be enrolled in the same plan. You are not required to cover your spouse/domestic partner, and he or she may enroll in coverage elsewhere, even if you enroll in a Covestro plan. You may need to provide documentation (e.g., the first page of your tax return or a birth certificate) before your dependent coverage is granted. Any **new** dependent you wish to include in coverage for 2027 will require verification when you enroll. If both you and your spouse are employees of Covestro, you cannot enroll in any plan as both an employee and also as a spouse.

### Changing coverage during the year

After the Annual Enrollment period for 2027 ends on November 4, 2026, you will not be able to change your coverage until the Annual Enrollment period for 2027 unless you have a qualified status change, such as:

- Marriage, divorce, or legal separation
- Establishment or termination of a qualified domestic partnership
- Death of a spouse/domestic partner or dependent child
- Birth or adoption (or placement for adoption) of a child
- Change in your own or your spouse's/domestic partner's work schedule, resulting in gain or loss of benefits coverage
- A ZIP code change that results in a move out of your regional plan coverage area
- Loss of coverage under another group health plan

**If you do have a qualified status change during 2027, you must contact the Covestro Benefits Center within 31 days of the event.** For more information on qualified status changes and changing your benefit elections, visit <https://covestro.bswift.com>. If you're in the office, you can click the HR information link through Workday.

Contact Information

Benefit providers

Need to reach one of our benefit providers? Please refer to the table below.

| For Questions About                                                                                                                                              | Contact                  | Phone                     | Website                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Aetna Medical Plans</b> <ul style="list-style-type: none"><li>Aetna Health &amp; Savings Plan</li><li>Aetna 80% PPO Plan</li><li>Aetna 85% EPO Plan</li></ul> | Aetna                    | 1-800-993-7669 (option 1) | <a href="http://www.aetna.com">www.aetna.com</a><br>Network: POSII                                              |
| <b>Regional Medical Plans</b> <ul style="list-style-type: none"><li>KelseyCare</li></ul>                                                                         | KelseyCare               | 1-800-993-7669 (option 5) | <a href="http://www.aetna.com">www.aetna.com</a><br><br>Network: (TX) - KelseyCare – HMO                        |
| <ul style="list-style-type: none"><li>UPMC</li></ul>                                                                                                             | UPMC                     | 1-888-876-2756            | <a href="http://www.upmchealthplan.com">www.upmchealthplan.com</a>                                              |
| <b>Prescription Drugs</b>                                                                                                                                        | CVS/Caremark             | 1-877-853-7327            | <a href="http://www.caremark.com">www.caremark.com</a>                                                          |
| <b>Health Savings Account (HSA)</b>                                                                                                                              | Inspira Financial        | 1-844-729-3539            | <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>                                          |
| <b>Flexible Spending Accounts (FSAs)</b> <ul style="list-style-type: none"><li>Health Care</li><li>Limited Purpose</li><li>Dependent Care</li></ul>              | Inspira Financial        | 1-844-729-3539            | <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>                                          |
| <b>Retiree Medical Account (RMA)</b>                                                                                                                             | Inspira Financial        | 1-844-729-3539            | <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>                                          |
| <b>Dental Plan</b>                                                                                                                                               | Aetna                    | 1-800-993-7669 (option 1) | <a href="http://www.aetna.com">www.aetna.com</a><br>Network: Dental PPO/PDN with PPO II                         |
| <b>Vision Plan</b>                                                                                                                                               | Aetna                    | 1-800-993-7669 (option 1) | <a href="http://www.aetnavision.com">www.aetnavision.com</a>                                                    |
| <b>Life Insurance</b>                                                                                                                                            | The Standard             | 1-833-240-6582            | <a href="http://www.standard.com">www.standard.com</a>                                                          |
| <b>Short-Term Disability</b>                                                                                                                                     | WorkPartners             | 1-833-854-7382            | <a href="http://www.workpartners.com">www.workpartners.com</a>                                                  |
| <b>Long-Term Disability</b>                                                                                                                                      | The Standard             | 1-833-240-6582            | <a href="http://www.standard.com">www.standard.com</a>                                                          |
| <b>Family and Medical Leave (FML)</b>                                                                                                                            | WorkPartners             | 1-833-854-7382            | <a href="http://www.workpartners.com">www.workpartners.com</a>                                                  |
| <b>Employee Assistance Program (EAP)</b>                                                                                                                         | UPMC                     | 1-866-918-1590            | <a href="https://work.partners/lifesolutions">https://work.partners/lifesolutions</a><br>Company Code: Covestro |
| <b>Wellness Program</b>                                                                                                                                          | UPMC                     | 1-844-833-0527            | <a href="http://www.covestromytotalwellbeing.com">http://www.covestromytotalwellbeing.com</a>                   |
| <b>General Inquiries About Your Health and Welfare Benefits</b>                                                                                                  | Covestro Benefits Center | 1-844-522-6775            | <a href="https://covestro.bswift.com">https://covestro.bswift.com</a>                                           |
| <b>Critical Illness Insurance</b>                                                                                                                                | Aetna                    | 1-800-607-3366            | <a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>                                    |
| <b>Accident Insurance</b>                                                                                                                                        | Aetna                    | 1-800-607-3366            | <a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>                                    |
| <b>Hospital Indemnity Insurance</b>                                                                                                                              | Aetna                    | 1-800-607-3366            | <a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>                                    |

Notices

REMINDER: 1095-C forms available to you

Employees who are enrolled in a medical plan through Covestro in 2026 will receive IRS form 1095-C, Employer-Provided Health Insurance Offer and Coverage, early in 2027 as proof of coverage. Employees enrolled in a fully insured plan in 2026 also will receive IRS form 1095-B from their medical plan carrier. Learn more at [www.healthcare.gov](http://www.healthcare.gov).

Women’s Health and Cancer Rights

All Covestro medical plans cover the legally required women’s health benefits. These benefits include mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy (including lymphedema). Health Care Reform also expanded preventive health services for women.

Women’s preventive care

Under Health Care Reform, many preventive services for women are covered under Covestro’s two national medical plans and some regional medical plans at no cost to you, including birth control methods and counseling; well-woman visits; breastfeeding support, supplies, and counseling; screening and counseling for violence you may face in any relationship; screening for diabetes related to pregnancy; DNA testing for high-risk strains of human papillomavirus (HPV); counseling about sexually transmitted infections (STIs); screening for human immunodeficiency virus (HIV); and breast cancer prevention drugs for high-risk patients.

Medicaid and the Children’s Health Insurance Program (CHIP)

Please see the “Library” section of <https://covestro.bswift.com> for details.

SBCs will be available to you

The government-required Summary of Benefits and Coverage (SBC) will be available to help you make an informed benefits decision. An SBC summarizes the medical plan in a standard format, allowing you to compare Covestro’s medical plan options. Please see the “Library” section of <https://covestro.bswift.com> for details.

IS YOUR DEPENDENT INFORMATION UP TO DATE?

Annual Enrollment is a good time to review your dependent information (Social Security numbers, dates of birth, etc.) on <https://covestro.bswift.com> to make sure it’s current.





**Please Note:** This guide highlights Covestro's U.S. Health and Welfare benefits. While every effort was made to ensure accuracy, if any discrepancies exist between this guide and the governing plan documents, the governing documents will prevail.

Nothing in this guide is intended to imply a contract of employment. The company or its designee by action of the Board of Directors reserves the right to end, suspend, or amend, in whole or in part, the Covestro Benefits Program, or your contributions to it, at any time.