



2026 Benefits at a Glance (For non-union employees.)

All benefits are effective as of date of hire, unless specifically noted.

MEDICAL

(Cigna and Horizon Blue/Cross/Blue Shield are offered at all locations)

- Two national medical plan networks to choose from: Cigna or Horizon Blue Cross/Blue Shield
- Both are High-deductible Medical Plans with a Health Savings Account (HSA)
- Lifetime Maximum: None
- In-Network Deductible: \$1,700 individual, \$3,400 family
- In-Network Out-of-Pocket Maximum:
 - For annual pay \$50,000 and below: \$2,900 single coverage, \$5,800 family coverage
 - For annual pay more than \$50,000: \$4,400 single coverage, \$8,800 family coverage
- In-Network Coinsurance: 20% after deductible
- In-Network Preventive Care: Covered at 100%
- All preventive generic drugs at covered at 100%
- Prescription drug coverage through CVS is part of Solstice medical coverage
- In-Network Drug Cap on Employee Cost After Deductible is Satisfied: \$200 at retail, \$400 at mail
- Out-of-Network coverage provided: see full plan documentation for details.

Monthly Cost of Coverage (EE means Employee)

Employees making less than \$100K	Employees making \$100K - less than \$200K	Employees making \$200K - less than \$300K	Employees making \$300K or more
EE only: \$85.60 EE + Spouse: \$196.88 EE + Children: \$166.92 Family: \$273.92	EE only: \$119.84 EE + Spouse: \$285.48 EE + Children: \$233.69 Family: \$383.49	EE only: \$161.78 EE+ Spouse: \$399.67 EE + Children: \$315.48 Family: \$517.71	EE only: \$210.32 EE + Spouse: \$539.55 EE + Children: \$410.12 Family: \$673.02

VISION

- Employees have three vision options with various levels of coverage (Base, Premier, Premier Plus)
- Employees not enrolled in the medical plan can enroll in vision coverage

Cost of Coverage – Approximate Monthly Cost for Vision

Employee only: \$3 - \$10 | Family: \$11 - \$32

DENTAL

MetLife Plan Options - In-Network Plan Highlights:

	MetLife PDP Plus	MetLife PDP Plus Premier
Deductible	\$100 per person/\$250 per family	
Maximum Benefit	\$1,000 per person	\$1,500 per person
Diagnostic and Preventive	Covered at 100%	
Basic Restorative (fillings, extractions)	Covered at 60%	Covered at 70%
Major Restorative (bridges, dentures)	Covered at 30%	Covered at 50%
Orthodontia - Child	Covered at 50%	Covered at 50%
	\$1,000 per person (in addition to max benefit / calendar year)	\$1,500 per person (in addition to max benefit / calendar year)

Cigna DHMO Option Available at Some Locations

- No deductible and no maximum benefit
- Diagnostic and Preventive: 100%
- Basic Restorations: 100%
- **No out of network coverage: You can only receive care from DHMO providers.**

Monthly Cost of Coverage

	Cigna DHMO	MetLife PDP Plus	MetLife PDP Plus Premier
Employee Only	\$11.26	\$14.72	\$18.23
Employee + Spouse	\$20.96	\$31.45	\$38.97
Employee + Child(ren)	\$ 33.68	\$31.50	\$39.06
Family	\$40.10	\$53.20	\$65.94

HEALTH SAVINGS ACCOUNT (HSA)

- If you enroll in the High-Deductible Medical Plan, you may choose to contribute to a Health Savings Account (HSA) with Bank of America
- If you are age 55 or older by December 31, 2025, you can contribute an additional annual catch-up contribution of \$1,000.
- Solstice will contribute \$200 for employees with an annual salary of up to \$50,000 who enroll in a High-Deductible Medical Plan and are eligible to contribute to an HSA

LIMITED PURPOSE HEALTH (LPFSA) AND DEPENDENT CARE SPENDING (DCSA) ACCOUNTS

- The LPFSA allows you to set aside money from your pay before taxes to be used for eligible dental and vision expenses only
- The Dependent Care Flexible Spending Account allows you to set aside money from your pay before taxes to be used for eligible dependent care expenses
- Contribution limits apply

Cost of Coverage – Based on Employee Election

COMMUTER BENEFIT

- The Commuter Benefit provides the opportunity to save by purchasing qualified public transit and parking passes and vouchers with pre-tax dollars

Cost of Coverage – Based on Employee Election

BASIC LIFE INSURANCE

- 1 times annual base pay

Cost of Coverage – 100% Company Paid

GROUP UNIVERSAL LIFE INSURANCE

- Up to 8 times annual base pay for employee
- Up to 4 times your annual base pay for your spouse
- Term insurance available for children
- You or your spouse may be subject to Evidence of Insurability if above the guaranteed issue

Cost of Coverage – 100% Employee Paid (varies based on age, coverage level, and tobacco status)

ACCIDENTAL DEATH AND DISMEMBERMENT

- 1.5 times annual base pay (with option to purchase additional coverage)

Cost of Coverage – 100% Company Paid for 1.5 times annual base pay

BUSINESS TRAVEL ACCIDENT INSURANCE

- Up to 5 times annual base pay

Cost of Coverage – 100% Company Paid

EMPLOYEE ASSISTANCE PROGRAM

- Up to 8 face-to-face counseling sessions per issue per year for household members

Cost of Coverage – 100% Company Paid

BRIGHT HORIZONS BACK UP CARE

- Provides access to quality care for children and families – for planned and unexpected needs
- Includes trustworthy care for adults loved ones and pet care

Cost of Coverage – 100% Company Paid

401K SAVINGS PLAN

- You may commence participation in the plan as soon as administratively possible following your hire date (generally within two weeks). You must make an affirmative election to commence participation.
- A wide range of investment options will be available to you.
- **If you don't take action, you will automatically be enrolled at a 3% contribution level. If you do not want to contribute to the Solstice 401(k) plan, you must opt out of the plan.**
- Generally, you may elect to defer Pre-Tax, After-Tax, and Roth contributions.
- Solstice matches 87.5% of the first 8% of eligible pay you contribute.
- Match will be contributed annually as a lump sum by the end of January following the calendar year in which you contribute.
- To be eligible for any match for a given year, participants generally need to remain actively employed by Solstice through and including December 31 of that year.
- Participants become fully vested in company matching contributions after completion of three years of vesting service.

VACATION AND HOLIDAYS

- VACATION: Time off can be scheduled with manager approval based on business priorities and personal needs without pre-set maximums.
- HOLIDAYS: U.S. sites have 12 days off for holidays.

SICK TIME AND SHORT-TERM DISABILITY (STD)

- SICK TIME: 56 hours of paid sick leave per calendar year (employees in some locations may receive more than 56 hours based on local laws)
- STD: 100% of annual base pay through 8 weeks and 70% of annual base pay for weeks 9-26 (minus state disability where applicable) is provided for absence due to a non-work-related injury or illness.

Cost of Coverage – 100% Company Paid

LONG TERM DISABILITY

- 60% of annual base pay (or optional annual base pay plus variable pay for MIP eligible), after STD ends
- You must enroll within your first 45 days to receive coverage without having to provide Evidence of Insurability

Cost of Coverage – 100% Employee Paid

PARENTAL LEAVE

- Eight weeks (40 business days) of paid leave to focus on family without having to take vacation days. This can be taken consecutively or intermittently in increments of 10 business days (2 weeks). This leave should be used continuously within 12 months of a birth, adoption, or foster care placement.
- Parental leave runs consecutively with short term disability leave for birth mothers

Cost of Coverage – 100% Company Paid

HOW TO ENROLL:

- To enroll in your health, life, and disability benefits visit the **Solstice Health & Insurance Benefits Center** at lifeatworkportal.com/Solstice or call 833-447-2201.
- To enroll in the **Solstice 401(k) Plan**, visit Fidelity at <http://www.netbenefits.com> or call 800-835-5095 to speak with a representative.
- You can elect a beneficiary for benefits during your enrollment including life insurance, AD&D insurance, 401(k) and HSA.

This document summarizes key features of Solstice Advanced Materials employee benefit plans and other programs and services, and may not apply to employees who are covered by a collective bargaining agreement.

This document makes reference to the terms of certain employee benefit plans and programs provided by Solstice ("plans"). Nothing in this document creates a right to be covered under such plans. In the event of any conflict between the plans and this document or any oral or written statements made by a supervisor, human resources or other representative, the applicable legal plan document will govern. Solstice reserves the right to amend, modify or terminate the plans at any time and for any reason with respect to both current and former employees and their dependents.