

2027 GUIDE TO BENEFITS ENROLLMENT

My Hexcel **Benefits**

SelectHealth and **Anthem**
Hexcel Salt Lake City

HEXCEL®

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2027 Benefits Program Overview

At Hexcel, our people are our greatest strength

As part of our One Hexcel approach, we're committed to leading the industry not only through innovation, but also by being thoughtful stewards of employee well-being. We continuously explore new ways to support the evolving needs of our team and their families—because when you thrive, we all succeed.

We're proud to partner with you as we Work Together for a Healthier You.

Introducing New Chatbot to the Benefits Website!

Finding what you need on the benefits website has gotten even easier. It is your one-stop destination for all things benefits-related. Whether you're exploring plan options, have questions about your benefits or are seeking resources to support your wellbeing, this website has everything you need in one convenient location.

Visit today to explore your benefits and take advantage of the resources available to you: **benefits-slc.com.**

While all 2027 updates are available on Hexcel's new benefits site, we've also highlighted key changes and enhancements to our program here…

Medical Bi-weekly Contributions

The bi-weekly cost of your medical plan is increasing for 2027. The increase depends on the plan you choose, the number of dependents covered, and your base salary. The increase is driven by a rise in claims activity over the past year, along with a general overall inflation of healthcare costs nationwide. Rates can be found on page 24.

Dental and Vision Bi-weekly Contributions

Dental and Vision payroll costs will not be changing in 2027.

Medical Plan Changes

This year the annual deductibles will increase on both the Anthem and Select Health PPO and HDHP plans. See page 5 for details.

Prescription Drug Coverage

There will be a change to the generic drug copay as well as changes to the brand name drug minimum and maximum. See Page 6 for details.

Virtual Visits

Don't Forget! You can get medical virtual care 24/7/365 – even on weekends and holidays – by connecting with quality board-certified doctors via video or telephone. **Virtual visits for those enrolled in both the High Deductible Health Plan and the PPO plan will be covered at a $20 co-pay, not subject to deductible.**

You must use Anthem Live Health providers for this co-pay to apply. Cost sharing with non-Live Health Online providers may vary.

To take advantage of this service, register online at **www.livehealthonline.com** or call 1-888-548-3432.

You will need your member ID during the registration process.

HSA Funding and Limits

The Internal Revenue Service (IRS) has increased the HSA contribution limits effective January 1, 2027. Annual Individual contributions increased to $4,500 and Family contributions increased to $9,000. Employees age 55 and older may contribute an additional $1,000.

Remember that Hexcel will jump start your savings by depositing $500 for Individuals and $1,000 for those with dependents in January (pro-rated for new hires). See page 12 for details.

My Mobile Wallet Card

All employees have access to My Mobile Wallet Card, a web-based tool that makes it easy to access benefit information on the go.

It provides vendor contact details, group numbers, and websites all in one place. You can also access the Hexcel Benefits website and key documents like Benefit Guides and SPDs on any device—mobile, tablet, or desktop. To get started, visit **mymobilewalletcard.com/benefitsslc.**

Anthem National Blue Distinction Centers of Specialty Care

Did you know that Anthem members can access top-tier specialized care through the Anthem National Blue Distinction Centers?

When facing serious health challenges, receiving exceptional care is crucial. Blue Distinction Centers are recognized for their expertise in various categories, including bariatric surgery, cardiac care, cancer care, knee and hip replacement, spine surgery, and solid organ and bone marrow transplants.

To find a Blue Distinction Center near you, visit Anthem.com or use the Sydney App.

Eligibility

Our 2027 benefits program is designed to help you stay healthy, plan for the future, and maintain a work/life balance when coupled with paid-time off plans. Offering a competitive benefits package is just one way Hexcel strives to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully.

To be eligible for all benefits, you must be an active, full-time employee scheduled to work 30 hours or more a week.

Dependents You May Cover

- Lawfully married spouses and dependent children up to age 26 regardless of student or marital status. Spouse does not include a person from whom an employee is divorced or legally separated or a common-law spouse.
- Unmarried disabled children within 31 days after the date the child attains age 26. "Children" includes natural children, adopted children, stepchildren and children who the Plan has determined are covered under a "Qualified Medical Child Support Order" as defined by ERISA. For more information, contact your local HR representative.

Employees Who Are Married To Each Other

Only one employee of a married couple who works for the company may elect employee and spouse coverage. Additionally, if you are married to another company employee and you have children, employee and family coverage may be elected with immediate family members under only one employee's name.

Spousal Premium

If your spouse has the option to enroll in medical coverage elsewhere but is enrolled in a Hexcel medical plan, you will pay a spousal premium of $30 per pay period (bi-weekly) in addition to the rate for your medical coverage.

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to Workday within 30 days of the event. The change must be consistent with the event. For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Consider your benefit choices carefully because the elections you make during Annual Enrollment will stay in effect for the entire year (January 1 through December 31, 2027), unless you experience a qualifying life event. Some examples of qualifying events include:

- Change in marital status (e.g., marriage or divorce)
- Change in number of dependents (e.g., childbirth or adoption)
- Change in spouse's employment status
- Change in Medicare or Medicaid eligibility

Have you designated a beneficiary for your accounts?

Keeping up-to-date beneficiary information on all of your accounts is easy to do and only takes a few minutes online. Most importantly, you can feel confident that your loved ones will receive the assets you intend for them to have. Be sure you have named beneficiaries for all of the Hexcel benefits in which you participate. There is a separate process for each account:

For Your 401(k) Savings Plan
Log on to netbenefits.com and click the Profile link at the top of the home page then select beneficiaries and follow the instructions.

For your Health Savings Account
Log on to netbenefits.com and select your Health Savings Account then the Update Beneficiaries link.

If you need assistance, please call the Fidelity Retirement Benefits Line at 1-800-835-5095, Monday through Friday, from 8:30 a.m. to 8:00 p.m. Eastern time, to speak to a representative.



Workday Passive Enrollment

If you do not actively enroll during Annual Enrollment, your existing elections for medical, dental, vision, life insurance, AD&D, and disability plans will carry over to 2027.

Your elections for your healthcare and dependent care flexible spending accounts, health savings accounts, and commuter spending accounts DO NOT carry over. So if you want to participate in those plans, **you must enroll between October 26 – November 9 (11 p.m. Eastern time).**

Please update your spouse's tobacco user status before you enroll. Update this status by logging on to Workday > Benefits > Dependents > Edit > and answer "Yes" or "No" to the question: "Does this person use tobacco?" If you respond '"Yes," you will pay more for spouse life insurance coverage.

You can report qualifying life events and enrollment changes directly through Workday. Go to wd5.myworkday.com/hexcel > Benefits > Change Benefits > and enter your event information.

Medical Plan

Select Health

Hexcel offers two plan options with Select Health: a traditional PPO or a High Deductible Health Plan. The plans feature different deductibles, coinsurance, and out-of-pocket maximums. The PPO plan with a lower deductible has higher costs per paycheck while the High Deductible plan has a higher deductible with lower costs per paycheck and an employer-funded Health Savings Account. When evaluating which of these plans is the right fit for you and your family, please consider your annual costs per paycheck, expected office visits and/or hospitalization, and your maintenance medications.

Virtual Visits

Get medical virtual care 24/7/365 – even on weekends and holidays – by connecting with quality board-certified doctors via video or telephone. **Virtual visits for those enrolled in both the High Deductible Health Plan and the PPO plan will be covered at a $20 co-pay, not subject to deductible.**

You must use Select Health Connect Care providers for this copay to apply.

To take advantage of this service, register online at **www.intermountainconnectcare.org** or call 1-800-538-5038.

You will need your member ID during the registration process.

Plan Features and Your Costs	Select Health Traditional Plan (PPO) Med Network		Select Health HSA-Eligible HDHP Med Network	
	Participating (In Network)	Nonparticipating (Out of Network)	Participating (In Network)	Nonparticipating (Out of Network)
Annual Deductible – Individual – Family	$750 $1,500	$1,500 $3,000	$2,000 $4,000[3]	
HSA Contribution[1] – Individual – Family	Does not apply Does not apply		$500 $1,000	
Office Visit Preventive Care	$0	Not covered	$0	50% coinsurance[2]
Office Visit Primary Care Physician (PCP)	20% coinsurance[2]	50% coinsurance[2]	20% coinsurance[2]	
Office Visit Specialist or Secondary Care Provider	20% coinsurance[2]	50% coinsurance[2]	20% coinsurance[2]	
Out-of-Pocket Maximum[4] – Individual – Family	$5,000 $10,000	$10,000 $20,000	$5,000 $10,000	$10,000 $20,000
Urgent Care Facility[5]	20% coinsurance[2]	50% coinsurance[2]	20% coinsurance[2]	50% coinsurance[2]
Hospital Admission or Outpatient Surgery	20% coinsurance[2]			
Emergency Room		20% coinsurance[2]	20% coinsurance[2]	
Maternity Care		50% coinsurance[2]	20% coinsurance[2]	50% coinsurance[2]

[1] If you have a HDHP and a Health Savings Account (HSA), Hexcel will make an annual contribution to your account to help cover your out-of-pocket expenses.

[2] Coinsurance is applicable after you have met your calendar year deductible. Coinsurance applies to your annual out- of-pocket maximum.

[3] If you have family coverage, you must meet the entire family deductible even if only one family member incurs expenses.

[4] Medical and pharmacy are included in the out-of-pocket maximum.

[5] $30 copay for Intermountain KidsCare facilities; $45 copay for Urgent Care, Intermountain InstaCare facilities.

Note (Select Health Members): Payments made to non-participating (out-of-network) providers or facilities are based upon Select Health's allowed amount for covered services. Non-participating providers and facilities can bill for any charges that exceed the amount the plan allows for covered services. These are called excess charges, and these amounts do not apply to the out-of-pocket maximum.

Prescription Coverage

Select Health

When you enroll in a Select Health medical plan, you automatically receive prescription drug coverage.

The Select Med Plus pharmacy benefit has four tiers. Each drug is covered under a specific tier that corresponds to a copay amount – this is the amount you pay. You will save money by purchasing Tier 1 (mostly generic drugs), rather than brand-name drugs. You also can save money by using the 90-day maintenance drug benefit, which applies to drugs that you have been using for at least one month and expect to continue using for the next year. There are two ways to fill a 90-day prescription: through a local pharmacy using Retail90 or through the mail using Intermountain Home Delivery Pharmacy.

- **Select Health PPO Plan:**
  You have an annual prescription deductible of $50 for individual coverage and $150 for family coverage that is separate from your medical deductible. Once you have met your prescription deductible, you will pay the amounts shown. Once you've reached your plan out-of-pocket maximum, which includes your deductible, your plan pays 100% of eligible prescription drug expenses for the remainder of the benefit year.
- **Select Health HDHP Plan:**
  Once you meet your deductible, you pay the amounts shown until you reach your in-network out-of-pocket maximum of $5,000 individual coverage and $10,000 family coverage.

Once you've reached your in-network out-of- pocket maximum, your plan pays 100% of in-network eligible medical and prescription drug expenses for the remainder of the benefit year. Note that a generic drug is a medication with the same active ingredients, safety, dosage, quality, and strength as its brand-name counterpart. The plan requires the dispensing of generics or you must pay the copay plus the cost difference between the name brand and generic.

Plan Features and Your Costs	Retail Pharmacy 30-day supply	Maintenance Drug 90-day supply (Intermountain Home Delivery or Retail 90)
Tier 1 Lowest cost (mostly generic drugs)	$15	$15
Tier 2 Generic and brand name drugs	20% of the total cost ($35 minimum/$75 maximum)	20% of the total cost ($62.50 minimum/$137 maximum)
Tier 3 Mostly brand name drugs	50% of the total cost ($50 minimum/$100 maximum)	50% of the total cost ($100 minimum/$163 maximum)
Tier 4 Injectable drugs and specialty medications	$125	Not applicable

Intermountain Home Delivery Pharmacy

There are two options to enroll yourself and your family members:

1. Complete an Online enrollment form at IntermountainRX.org/HomeDelivery.
2. Call toll-free at (855) 779-3960 from 8:00 a.m. to 7:00 p.m. Monday – Friday, or 8:00 a.m. to 4:00 p.m. on Saturday, and they will assist you with the entire process.

They will deliver your medications to your home and work with your current pharmacy and doctors to move your prescriptions to the Intermountain Home Delivery Pharmacy.

They are available to answer questions about your medication therapy, pricing, or any medication-related concerns that you have. They ship your medication free of charge. Orders will arrive in unmarked, tamper-resistant packaging.

It's easy to order refills by phone, online, or via Intermountain Healthcare's convenient mobile app.

Retail90®

Retail90 allows you to pick up a 90-day supply of maintenance medications at a participating Retail90 pharmacy for a more affordable copay/coinsurance amount. Go to selecthealth.org and click on "Pharmacies" under the pharmacy tab to find participating network pharmacies.

Intermountain Specialty Pharmacy

A staff of pharmacists and technicians is available Monday through Friday, from 9:00 a.m. to 5:30 p.m. to speak to you about your medication therapy, pricing, insurance coverage, or any other medication-related question you have. Call (801) 442-4600 or toll free at (844) 442-4600. You can also find information and answers to many common questions at IntermountainRx.org.

If you are just getting started on a medication, have your doctor call (801) 442-4600 or toll free at (844) 442-4600. Your doctor may also fax the prescription to (801) 442-4601, or toll free at (844) 442-4601.

To transfer an existing prescription to Intermountain Specialty Pharmacy, just give them a call and they will take it from there.

Medical Plan

Anthem

Hexcel offers two plan options. The plans feature different deductibles and coinsurance. The Preferred Provider Organization Plan offers a lower deductible for a higher cost per paycheck while the High Deductible Health Plan has a higher deductible with lower costs per paycheck and is coupled with an employer-funded Health Savings Account.

Virtual Visits

Get medical virtual care 24/7/365 – even on weekends and holidays – by connecting with quality board-certified doctors via video or telephone. **Virtual visits for those enrolled in both the High Deductible Health Plan and the PPO plan will be covered at a $20 co-pay, not subject to deductible.**

You must use Anthem Live Health providers for this co-pay to apply. Cost sharing with non-Live Health Online providers may vary.

To take advantage of this service, register online at **www.livehealthonline.com** or call 1-888-548-3432.

You will need your member ID during the registration process.

Plan Features and Your Costs	PPO Century Preferred (Low Deductible Plan)		HDHP Century Preferred (High Deductible Plan)	
	In Network	Out of Network[4]	In Network	Out of Network[4]
Annual Deductible – Individual – Family	$750 $1,500	$1,500 $3,000	$2,000 $4,000[3]	
	Separate prescription deductibles: $50 for individual coverage $150 for family coverage		Annual medical deductible above applies for prescription coverage	
HSA Contribution[1] – Individual – Family	Does not apply Does not apply		$500 $1,000	
Office Visit Preventive Care	No charge	40% coinsurance[2]	No charge	40% coinsurance[2]
Office Visit Primary Care Physician (PCP)	20% coinsurance[2]		20% coinsurance[2]	
Office Visit Specialist				
Out-of-Pocket Maximum – Individual – Family	$5,000 $10,000	$10,000 $20,000	$5,000 $10,000	$10,000 $20,000
	Prescription out-of-pocket maximums: $1,850 for individual coverage; $3,700 for family coverage		Prescriptions count toward your medical plan out-of-pocket maximum	
Emergency Room	20% coinsurance[2]		20% coinsurance[2]	
Urgent Care Facility	20% coinsurance[2]	40% coinsurance[2]	20% coinsurance[2]	40% coinsurance[2]
Maternity Care				
Radiology				
Hospital Admission or Outpatient Surgery				

[1] If you have a HDHP and a Health Savings Account (HSA), Hexcel will make an annual contribution to your account to help cover your out-of-pocket expenses.

[2] Coinsurance is applicable after you have met your calendar year deductible. Coinsurance applies to your annual out-of-pocket maximum.

[3] If you have family coverage, you must meet the entire family deductible even if only one family member incurs expenses.

[4] Claims for services rendered by in-state, nonparticipating, providers are reimbursed at the lesser of a "Maximum Allowable Amount," defined by Anthem or the nonparticipating provider's charge. Maximum Allowable Amounts are typically reviewed by Anthem on an annual basis. All claims are subject to individual member benefits including applicable deductibles, coinsurance or other cost shares. The reimbursement methodology for services rendered by out-of-state, nonparticipating professional providers varies based on the state in which the services are rendered. The out-of-state nonparticipating provider submits his/her claim to the local or host Blue Cross and Blue Shield Plan, which informs Anthem of the applicable reimbursement or alternatively, submits the nonparticipating provider's billed charges to Anthem. If the host Plan forwards the nonparticipating provider's charges, then Anthem will apply its in-state, nonparticipating provider reimbursement methodology. All nonparticipating providers may bill Anthem members up to the provider's actual charges, regardless of the applicable reimbursement methodology for out-of-network services.

Prescription Coverage

CarelonRx

When you enroll in one of the Anthem medical plans, you automatically receive prescription drug coverage. Co-payment amounts vary depending on the prescription drug tier – generic, preferred brand, or non-preferred brand. You will save money by purchasing generic drugs rather than brand-name drugs and by ordering your maintenance medications (prescription drugs you use on a regular basis) through the home delivery mail order or Rx Maintenance 90 options.



Plan Features and Your Costs	Retail Pharmacy 30-day supply[1]	Home Delivery or Rx Maintenance 90[2] 90-day supply
Generic	Up to $15	Up to $25
Preferred Brand	20% of the total cost ($35 minimum/$75 maximum)	20% of the total cost ($62.50 minimum/$137 maximum)
Non-preferred Brand	50% of the total cost ($50 minimum/$100 maximum)	50% of the total cost ($100 minimum/$163 maximum)
Specialty	Not covered	30% coinsurance, may be waived if enrolled in Cost Relief Program for Specialty Medications[3]

[1] Members with maintenance medications should fill these prescriptions with the CarelonRx mail order or Rx Maintenance 90 program. Members will receive only two grace fills at a retail pharmacy before being charged the full cost of the medication.

[2] Home delivery is offered by CarelonRx.

[3] See page 26 for more information.

PPO Century Preferred

You have an annual prescription deductible of $50 for individual coverage and $150 for family coverage that is separate from your medical deductible. Once you have met your prescription deductible, you will pay the amounts listed above. In addition, your out-of-pocket maximum for prescription coverage is $1,850 for individual coverage and $3,700 for family coverage, which also is separate from your medical out-of-pocket maximum. Once you've reached your out-of-pocket prescription maximum, including your deductible, your plan pays 100% of eligible prescription drug expenses for the remainder of the benefit year.

HDHP Century Preferred

You must meet your medical deductible for most prescriptions before the coinsurance amounts above are applicable. Your annual out-of-pocket maximum for prescriptions is included in your medical out-of-pocket maximum. Once you've reached your out-of-pocket maximum, including your deductible, your plan pays 100% of eligible prescription drug expenses for the remainder of the benefit year.

Rx Maintenance 90

The Rx Maintenance 90 program provides covered members with access to 90-day maintenance medication fills at local and national pharmacies such as CVS, Costco, Kroger and Walmart at the same price as home delivery mail order. Certain generic, brand, and non-preferred pharmacy medications may continue to cost less through home delivery mail order or through a Rx Maintenance 90 retail pharmacy.

If you are prescribed a drug that is not on your health plan's preferred list, yet an alternative plan-preferred drug exists, CarelonRx may contact your doctor to ask whether that drug would be appropriate for you. If your doctor agrees to use the plan-preferred drug, you will usually pay less.

Pricing a Medication

To ensure that you are paying the lowest possible price for your medication, contact CarelonRx directly at 1-833-267-2133. Or, use the CarelonRx "Price a Medication" calculator in Workday to compare pricing between Rx Maintenance 90 and home delivery mail order. Enrollment in Rx Maintenance 90 is optional, and you may continue to use the home delivery mail order program with CarelonRx. You may also use the Price a Medication tool to identify the price for retail medications for 30 or 90 days.

Price a Medication Calculator

Use the CarelonRx "Price a Medication" calculator in Workday to identify costs for any covered medication on the Hexcel 2026 formulary. You can find the calculator link on the Benefits page in Workday during Annual Enrollment.

Dental Coverage

Delta Dental

Hexcel offers dental coverage through Delta Dental. The chart to the right is a brief outline of the plan. The plan allows you to go to any dentist you choose. However, when you visit in-network dentists, you will maximize your benefits and reduce paperwork with lower out-of-pocket expenses. Note that Delta Dental has two networks – the Delta Dental Premier network and the Delta Dental PPO network.



Plan Features and Your Costs	Delta Dental PPO Network	Delta Dental Premier or Non-Network Dentist
Annual Deductible: Individual Annual Deductible: Family	$50 $150	$50 $150
Preventive Services Includes cleanings and X-rays (one bitewing per year and one full mouth every five years), fluoride treatments for children to age 18 (up to two per year), and sealants for children to age 14.	$0 Not subject to deductible	$0 Not subject to deductible
Basic Services Includes fillings, extractions, root canals, periodontal services, oral surgery and the repair of dentures and removable prosthodontics.	20% after you have met your deductible	30% after you have met your deductible
Crowns & Prosthodontics Includes crowns, inlays, gold restorations, bridgework and full and partial dentures.	50% after you have met your deductible	50% after you have met your deductible
Annual Benefit Maximum[1]	$2,000	$2,000
Orthodontics Adults and dependent children (to age 26)	50% coinsurance	50% coinsurance
Lifetime Orthodontic Maximum	$2,000	$2,000
Dental Implants	50% ($1,500 lifetime maximum)	50% ($1,500 lifetime maximum)
Veneers	Not covered	Not covered

[1] Preventive and diagnostic services paid by the plan do not apply to the Annual Benefit Maximum.

Understanding Dental Networks

Delta Dental has two networks available under this plan. The Delta Dental Premier network is the largest of the Delta Dental networks with more than 436,000 participating dentist offices nationally. Delta Dental PPO is a smaller, but more discounted network with more than 371,000 participating dentist offices nationwide. Delta Dental PPO fees are on average 20% less than Delta Dental Premier. You may use any fully licensed dentist under this plan, but it is to your advantage to use a network dentist, especially PPO, since they accept the Delta Dental allowance as their maximum charge and cannot bill Delta Dental patients for amounts above this level.

Participating dentists will be paid directly by Delta Dental for covered services. Non-participating dentists will bill you directly, and Delta Dental will make claim payment directly to you. You will maximize benefits and reduce paper-work by using a Delta Dental participating dentist.

If you do not have a dentist, you may obtain a current listing of participating dentists in any area, by calling 1-800 DELTA OK (1-800-335-8265). Provide your zip code to the representative and a directory for that area will be mailed to your home.

You may also visit deltadentalct.com to locate participating dentists. At the time of your first appointment, tell the dentist that you are covered under this program and provide your group number and ID number. Your dependents, if covered, should provide your employee ID number.

Vision Coverage

Vision Service Plan (VSP)

Routine eye exams are important for detecting vision problems and serious health conditions. In addition to routine eye exams, the vision plan also provides coverage for lenses and frames (or contacts in lieu of lenses and frames). Keep in mind that if you use an out-of-network provider, you may be required to pay your provider in full at the time of service and request reimbursement from VSP.

How to Use Your VSP Benefits

You can visit any doctor you choose, but you get the best value from your benefit when you choose a VSP doctor. At your appointment, tell them you have VSP. There's no ID card needed. If you'd like one as a reference, you can print one at vsp.com. There are no claim forms to complete when you see a VSP provider. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have six months to submit a claim to VSP for partial reimbursement less co-payments.

Extra Savings

- **Glasses and sunglasses:** Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.
- **Diabetes Care:** VSP members can save up to 75% on test strips and other diabetes care supplies. Visit vsp.com/simplevalues to access your savings.
- **Retinal Screening:** Covered in full during your WellVision exam at a network provider.
- **Laser Vision Correction:** Average 15% off the regular price or 5% off the promotional price from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.



- **Retail Locations:** You have access to an expanded provider network that includes participating retail chains including Walmart Optical, Cohen's Fashion Optical, Costco, Optyx, Visionworks, Pearle Vision, and My Eye Dr. Plus. Get even more from your benefit when you visit a practice that participates in the Premier Program.

Plan Features and Your Costs	Vision Standard Plan	Vision Buy-Up Plan with new Easy Options Benefits	Out-of-Network Reimbursement Amounts
WellVision Eye Exam Includes one exam every year	$10	$10	Up to $50
Frame Your benefit covers either eyeglasses or contacts during the benefit period, but not both.	Benefit available every **24 months.** You pay $10 co-payment and then a $150 allowance applies.	Benefit available every **12 months.** You pay $10 co-payment and then a $150 allowance applies.	Up to $70
Lenses Costs include single vision, lined bifocal and lined trifocal lenses; polycarbonate lenses for dependent children. Amounts you pay are listed by materials purchased.	Benefit available every **24 months;** cost is amount you will pay: • Standard progressive lenses $0 • Premium progressive lenses $80-$90 • Custom progressive lenses $120-$160 • Average savings of 40% on other lens enhancements	Benefit available every **12 months;** cost is amount you will pay: • Standard progressive lenses $0 • Premium progressive lenses $80-$90 • Custom progressive lenses $120-$160 • Average savings of 40% on other lens enhancements	From $50 to $100
Contact Lenses and Exam Your benefit covers either eyeglasses or contacts during the benefit period, but not both.	Benefit available every **24 months:** • $150 allowance for contacts lenses • Co-payment of up to $60 for contact lens exam (fitting and evaluation)	Benefit available every **12 months:** • $150 allowance for contacts lenses • Co-payment of up to $60 for contact lens exam (fitting and evaluation)	Up to $105
Easy Options	Not offered	You can choose one additional benefit every 12 months: • Additional $100 frame allowance • Additional $50 contact lens allowance • Fully covered premium or custom progressive lenses • Fully covered photochromic lenses • Fully covered anti-reflective coatings	

Flexible Spending Accounts (FSAs)

Hexcel offers you the opportunity to set aside dollars in tax-free accounts to help pay for qualified healthcare and for dependent care expenses. The Hexcel Benefits Plan offers two FSAs: The Healthcare Flexible Spending Account and the Dependent Care Flexible Spending Account.

Healthcare FSA

The Healthcare FSA may be used for any medical, dental, and vision expenses not reimbursed by any other benefit plans. These expenses include deductibles, co-pays, coinsurance, dental services, eyeglasses, contact lenses, LASIK eye surgery, orthodontics for adults and children, hearing aids, chiropractor, some diabetic supplies, medical equipment, and other out-of-pocket costs not covered by our health, dental, or vision plan. You pay no federal or state income taxes on the money you place in a FSA. The maximum yearly contribution (currently published) is $3,400.

Eligible Expenses: The IRS has a list of expenses that can be funded with tax-free FSA dollars. This listing, Publication 502-Medical and Dental Expenses, is available at www.irs.gov. Over-the-counter drugs are not eligible for reimbursement from your FSA account unless prescribed by a physician.

How a Healthcare FSA works

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, submit the appropriate paperwork to be reimbursed by the plan.

Dependent Care FSA

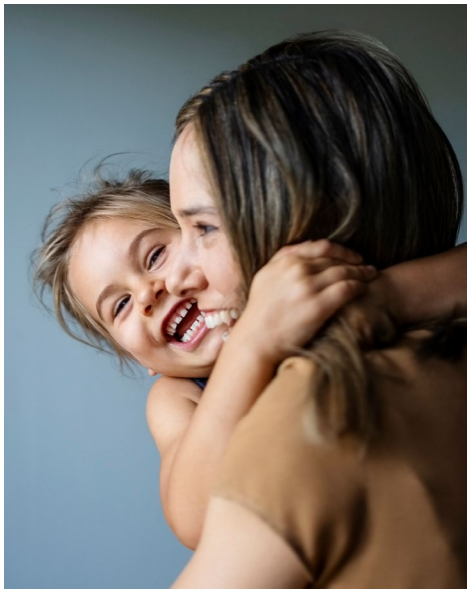
The Dependent Care FSA may be used to pay for expenses for your tax-qualified dependents. These generally include your children up to age 13 and/or your elder parents who live with you. Qualifying expenses include daycare fees, before-school and after-school care, local day camp, and elder care.

If you are married, your spouse must either be employed or a full-time student in order to use a Dependent Care FSA.

Under IRS guidelines, you can be reimbursed only for dependent care that has already taken place. Also, you can only be reimbursed for the amount you have already contributed to your Dependent Care FSA. The IRS limits the total amount of money you can contribute to a dependent care account to $7,500 each year for married couples filing jointly, unmarried couples, and single individuals, and $3,750 if you are married and filing separately.

How a Dependent Care FSA works

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your WEX Debit Card to pay at the point of service or submit the appropriate paperwork to be reimbursed by the plan.



Important Rules to Keep in Mind

- You have until March 15, 2028 to incur services for your 2026 Healthcare or Dependent Care FSA.
- You have until March 31, 2028 to request reimbursement for healthcare or dependent care expenditures incurred before March 15, 2028.
- Once you enroll in a Healthcare or Dependent Care FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event (limitations may apply).
- You cannot transfer funds from one FSA to another.

You can have only one healthcare spending account: FSA or HSA. Regardless of your medical election, you are eligible to enroll in the Dependent Care FSA.

Health Savings Account (HSA)

When you choose a HSA-qualified high-deductible medical plan, Hexcel offers you the opportunity to set aside dollars in a tax-free account to help pay for qualified healthcare expenses. Hexcel makes a contribution to your HSA in January.

HSA Contributions and Limits	Employee Only	Employee + 1 or more dependents
Maximum IRS Contribution Limit	$4,500	$9,000
Those 55 and older can contribute an additional $1,000		
January 2027: Hexcel will jump start your savings by depositing these amounts (pro-rated for new hires):	$500	$1,000

The company contribution counts toward the maximum IRS contribution limits.



An HSA offers you the opportunity to plan and save for a lifetime of healthcare expenses while helping protect you financially against major medical claims. Unlike a Healthcare FSA, HSA funds roll over from year to year. You keep any leftover funds in your HSA at year end. The leftover money rolls over from year to year until you spend it – which could be after you retire.

You may also change your HSA contributions in Workday at any time. No qualifying event is required. In addition, HSA funds are portable. If you leave your job, you don't forfeit any funds in your HSA. The funds can be rolled over when you change health plans or employers.

Note: Before enrolling in Workday, estimate all HSA contributions below to stay under IRS limits for 2027.

Accessing Your Fidelity HSA Account

- **Debit card:** Use your Fidelity HSA card like a credit card for all qualified medical expenses. It is a signature based card and does not require a personal identification number (PIN).
- **Fidelity BillPay® for Health Savings Accounts:** Make online payments for qualified medical expenses, set up an automatic schedule for recurring payments, or go paperless with providers that offer electronic billing. Fidelity also offers HSA checkbook and direct deposit reimbursement options.

Eligibility

To be an eligible individual and qualify for an HSA, you must meet the following requirements.

- You must be covered under a high deductible health plan (HDHP).
- You have no other health coverage (through another plan that is not a HDHP).
- You are not enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.

Remember that you are responsible for tracking all expenses paid from the HSA funds and the qualified medical expenses they correspond to, in case you need to prove to the IRS that distributions from the HSA were for qualified medical expenses. You will be required to complete IRS Form 8889 and submit it with your federal tax return. Note that Fidelity HSAs do not include the option to have your medical expenses paid automatically through your HSA.

Retirement Savings Plan

Invest in yourself with help from the Hexcel 401(k) Retirement Savings Plan, administered by Fidelity.

Your Hexcel retirement savings plan offers a convenient, tax-advantaged way for you to save for retirement. You benefit from:

- **Tax savings now.** Your pre-tax contributions are deducted from your pay before income taxes are taken out. It could mean more money in your take-home pay versus saving money in a taxable account. You may also contribute a percentage of your after-tax pay to your account.
- **Tax-deferred savings opportunities.** You pay no taxes on any earnings until you withdraw them from your account, enabling you to keep more of your money working for you now.
- **Investment options.** You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio. Your plan offers you the option of having experienced professionals manage your account for you.
- **Catch-up contributions.** If you make the maximum contribution to your plan account, and you are 50 years of age or older during the calendar year, you can make an additional "catch-up" contribution in 2027. Check with your tax advisor for more information.

Contributions

Through automatic payroll deduction, you can contribute between 1% and 75% of your eligible pay on a pre-tax basis, up to annual IRS dollar limits. You may also make Roth after-tax contributions between 1% and 75% of your pay. Combined, your total contribution cannot exceed 75% of your eligible pay. You can change your contribution amount virtually any time at netbenefits.com.

Investments

The plan offers you a range of options from which you can choose to best meet your goals. There are currently 29 investment options, and you can compare them at netbenefits.com. You also can learn about managed accounts, brokerage accounts, or receive advice on how to manage your investments yourself. See page 17 for more details about investment guidance.

Vesting

You are always 100% vested in your contributions to the plan, as well as any earnings on them. The company's contributions and any earnings vest according to the following schedule:

- 20% after one year of service
- 40% after two years of service
- 60% after three years of service
- 80% after four years of service
- 100% after five years of service

Plan Enrollment

Log on to Fidelity NetBenefits at netbenefits.com or call the Fidelity Retirement Benefits Line at 1-800-603-4015 to enroll in the plan.

Hexcel Contributions to Your Plan

Your Hexcel retirement savings plan offers a convenient, tax-advantaged way for you to save for retirement. You benefit from:



- **Matching contributions.** Hexcel matches 50% of your contribution that you defer to the Plan, up to 6% of your eligible pay. This means that if you defer 6%, Hexcel will match 3%.
- **Basic contribution.** Hexcel provides a contribution equal to 2% of your eligible pay into your account on a bi-weekly basis.
- **Profit Sharing.** Hexcel shares company profits with all eligible employees through discretionary annual profit sharing contributions to the Retirement Savings Plan. The level of profit sharing is determined by the company's performance against financial targets, and the amount is a percentage of your eligible pay. If a contribution is made, it typically occurs in March.

Legal Plan



MetLife Legal Plans

Finding an affordable lawyer to represent you when you have trouble with identity theft, buying or selling your home, or even preparing your will can be a challenge. A legal plan can be a simple and cost-effective way to receive fully covered legal services for a wide range of personal legal matters.

MetLife Legal Plans

With a legal plan, you'll have access to a network of attorneys with an average of 25 years of experience to help you with important times in your life. Take advantage of:

- **An experienced service team** to match you with the right lawyer
- **Expert legal advice and representation,** in person or by phone
- **In-court representation** for covered legal matters
- **A mobile app** and online tools for your convenience
- **No co-pays, deductibles, or claim forms** with network attorneys

MetLife Legal Plans provides you with the ability to create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly.

Before enrolling for MetLife Legal Plans during Annual Enrollment, keep the following in mind:

- You are enrolled for the entire year and cannot opt out until next Annual Enrollment.
- You should consider enrolling for this benefit when you know you will use it (such as buying or selling a house, developing a will, or estate planning).
- You may select an attorney from MetLife Legal Plans' nationwide attorney network, or any attorney of their choice.[1]
- This coverage is open to your benefits-eligible family members including spouses and children.
- MetLife Legal Plans include unlimited access to more than 18,000 network attorneys and are easy for employees to use. You will have no waiting periods, co-pays or hourly limits when using a network attorney.

Excluded Services

No services, not even a consultation, can be provided through the plan for the following matters:

- Employment-related matters, including company or statutory benefits.
- Matters involving Hexcel, MetLife and affiliates, and Plan attorneys.
- Matters in which there is a conflict of interest between the employee and spouse or dependents, in which case services are excluded for the spouse and dependents.
- Appeals and class actions.
- Farm matters, business or investment matters, matters involving property held for investment or rental, or issues when the Participant is the landlord.
- Patent, trademark and copyright matters.
- Costs or fines.
- Frivolous or unethical matters.
- Matters for which an attorney-client relationship exists prior to the Participant becoming eligible for plan benefits.

Potential Family Savings for Basic Legal Needs	
Wills for employee and spouse	$740
Medical powers of attorney	$185
Traffic ticket defense	$740
Home refinancing	$1,480
Total cost for legal services	$3,145
Annual cost for Hexcel employees who enroll in the plan	$216
Potential savings	$2,929

Fees for legal services are based on the average amount of hours it would take using the average hourly rate of $370 based on years of legal experience, National Law Journal and ALM Legal Intelligence, Survey of Law Firm Economics (2018).[1]

[1] If services are provided by an out-of-network attorney, the participant is responsible for paying the difference between the reimbursement amount and the attorney's charge for the services.

MetLife

To learn more about your coverages and see our attorney network, create an account at legalplans.com or call 1-800-821-6400 Monday – Friday 8:00 a.m. to 8:00 p.m. Eastern Time.

Life and AD&D Insurance

Life insurance can protect your survivors from financial difficulty in the event of your death. Hexcel provides Basic Life and Accidental Death and Dismemberment insurance to all employees automatically – no enrollment is required. In addition, you may elect to purchase additional coverage.

Basic Life Insurance

Life insurance can protect your survivors from financial difficulty in the event of your death. Hexcel provides Basic Life insurance to all employees automatically – no enrollment is required – and at no cost to you. Your coverage is equal to your annual base pay, rounded up to the next $1,000 to a maximum of $50,000.

Supplemental Life Insurance

- For yourself: You have the option to purchase additional life insurance coverage for yourself via payroll deduction. You can select up to eight times your annual earnings to a combined basic and supplemental maximum of $1.5 million. Your cost for this benefit will be increased based on your tobacco user status.
- For your spouse: You have the option to purchase life insurance coverage for your spouse via payroll deduction. You can select coverage in increments of $20,000 to $200,000, but the amount cannot exceed 100% of your combined Basic Life and Supplemental Employee life insurance coverage (you cannot insure your spouse for more than you insure yourself). Your cost for this benefit will increase if you indicate that your spouse is a tobacco user.
- For your children: You have the option to purchase life insurance coverage for each of your dependent children from age 14 days up to 25 years if they are a full-time student.



Note that current employees who want to increase existing coverage may do so but evidence of insurability may be required. Follow instructions on Workday on how to submit the online application to Reliance Standard Life Insurance Company.

Accidental Death and Dismemberment Insurance

AD&D insurance can provide assistance if you suffer accidental dismemberment or death resulting from an accident. Hexcel provides coverage is equal to your annual base pay, rounded up to the next $1,000 to a maximum of $50,000. This coverage is provided to all employees automatically – no enrollment is required – and at no cost to you.

Supplemental AD&D Insurance

You have the option to purchase additional accidental death and dismemberment insurance for yourself in increments of $10,000 to a maximum of $1.5 million. You also have the option to cover yourself, your spouse and your children through a family plan. If you choose the family plan, you are covered for 100% of the benefit amount elected; your spouse is covered for 50% of the benefit amount elected or 40% of the benefit amount elected if your children also are covered. Your children are covered for 10% of the benefit amount elected, if your spouse is covered, or for 15% if your spouse is not covered.

Disability Insurance

Disability insurance provides income protection in the event you incur a non-work related disability. Short-term disability benefits are paid through Hexcel payroll. Long-term disability benefits are paid by Reliance Matrix.

Short-Term Disability Insurance

Hexcel provides short-term income protection in the event you become unable to work due to a non-work related illness or injury. The benefit replaces 55%* of weekly base pay with no weekly maximum benefit. A buy-up plan to increase the benefit to 66 2/3% income replacement is available for purchase. Benefits begin after a seven-day waiting period and can last up to 26 weeks.

Expectant mothers employed by Hexcel receive 100% pay for six weeks following a normal delivery and eight weeks for Cesarean delivery.

Long-Term Disability Insurance

Hexcel requires that all employees purchase a basic LTD benefit that replaces 60% of monthly base pay. A voluntary buy-up plan to increase the benefit to 66 2/3% income replacement is also available for purchase. The table above illustrates monthly benefits for each of these two plans.

*60% for employees based in California. Benefits can last up to 52 weeks.

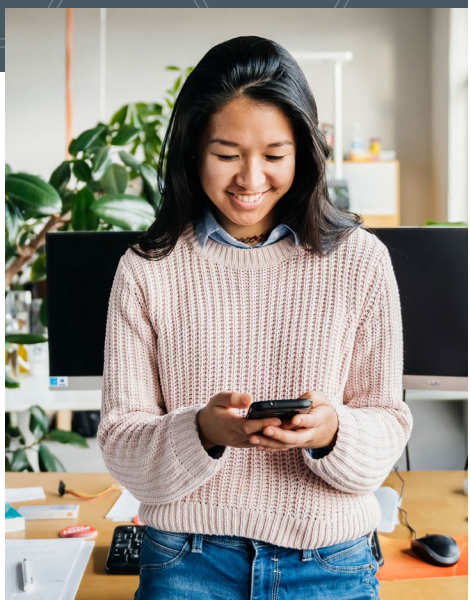
Long-Term Disability Insurance			
If your annual base salary is . . .	$30,000	$60,000	$120,000
...then your monthly Basic Long-Term Disability[1] benefit will be:	$1,500	$3,000	$6,000
...then your monthly Buy-Up Long-Term Disability[2] benefit will be:	$167	$334	$667

[1] The maximum monthly benefit for the Basic Long-Term Disability Plan is $12,000.

[2] The maximum monthly benefit for the Basic + Buy-Up Long-Term Disability Plans is $20,000.



Fidelity NetBenefits



Financial Health

Take control over your full financial picture with help from Fidelity. NetBenefits® has evolved into a comprehensive Financial Wellness portal, giving you a holistic view of your finances along with actionable next steps that you can consider across your financial needs and benefits – all in one, trusted place. Just visit netbenefits.com and log in to your account.

Planning and Guidance Center[1]

The Planning & Guidance Center makes it easier to plan for the retirement you envision. By answering just a few questions, you'll be able to estimate how much income you may have in retirement, receive next steps to consider helping you get on track, and build your retirement plan in minutes. Click on the Planning link on NetBenefits® to access the tool.

Free Online Workshops

Fidelity's online workshops can give you the knowledge you need to help you create and follow a more successful path to retirement. Below are just a few of the topics covered:

- Budget and debt management
- Saving for multiple goals
- Investing and choosing your investment approach
- Building a retirement income plan
- Estate planning

Visit netbenefits.fidelity.com/workshopregistration to learn more.

Personalized Planning & Advice

Fidelity offers professional investment management services for your workplace savings plan account. Designed to help keep you on track by monitoring and adjusting your investments, providing you updates on your progress and adjusting your strategy as your personal needs or situation change. This service provides advisory services for a fee.

Fidelity Investor Centers[2]

As a Hexcel employee services offered through a Fidelity Investor Center are free to you. Get help with:

- Investment strategies
- Retirement income planning
- Income and asset protection
- Family assistance

Workplace Planning and Advice Professional 1-800-603-4015.
Want to speak to someone? Call for help for things like in-depth retirement or multi-goal planning.

The NetBenefits® Mobile App Helps You Make the Most of Your Benefits.
Download the NetBenefits® mobile app and get access anytime to all of these great resources!

Money Management International (MMI)

MMI offers counseling services and debt management plan that can make paying down your credit card debt easier. The service provides access to live credit counseling services and a competitively priced debt management plan.

Through our relationship with Fidelity, Hexcel negotiated rates include a $30 initiation fee (normally $75) and a monthly maintenance fee (maximum $50). No one will be denied access to a debt management plan based on their inability to pay fees.

IDnotify

CSID/Experian provides comprehensive credit and identity solutions, including identity monitoring, full restoration services and identity theft insurance. Three levels of protection services are offered ranging from a cost of $5.99 to $14.99 per month.

Credible

Credible offers access to refinancing services that can make managing student debt easier. Credible's online marketplace lets users compare offers across lenders, determine if refinancing is a fit and select an offer that best fits their objectives. There are no service fees, and none of Credible's lending partners charge loan origination fees for student debt refinancing.

Fidelity INVESTMENTS

[1] **IMPORTANT:** The projections or other information generated by the Planning & Guidance Center's Retirement Analysis regarding the likelihood of various investment outcomes are hypothetical in nature, do not reflect actual investment results, and are not guarantees of future results. Your results may vary with each use and over time.

[2] Investor Center products and services are offered beyond those of your 401(k) Plan. You should first engage with a Workplace Planning and Advice Professional to determine if your needs are considered more complex where an appointment with a Fidelity Representative is recommended.

Health Advocate

All About Healthy Rewards:

Health Advocate is a service provided at no cost to you, courtesy of Hexcel. Health Advocate can help you and your eligible family members resolve healthcare and insurance-related issues, get healthier, better balance work and life, save on medical costs and more. Our Wellness Program offers eligible members opportunities to earn $300 for participating in healthy activities.

Who is Eligible?

Health Advocate provides services to help you, your spouse, and your dependent children (as well as your parents and parents-in-law).

Health Advocate Services
Health Advocacy For healthcare and insurance-related issues • Find providers, schedule appointments • Research treatments, secure second opinions
Wellness Program For meeting your health goals • Unlimited access to a Wellness Coach • Lose weight, eat healthier, quit tobacco • Online tools, fun interactive programs, special offers
Employee Assistance Program (EAP) For help with personal, family and work issues • New baby, aging parents; grief and loss • Divorce, financial and legal issues, stress • Addiction, mental health, job burnout
Medical Bill Saver™ For saving money on your medical expenses • Skilled negotiators can help lower your non-covered medical and dental bills over $400 or more • Send the bill to Health Advocate and let them do all the legwork

Focus on YOU and Immediately Earn Points		Points	Max. Points
Annual physical	Complete your Annual Physical between July 1, 2026 – June 30, 2027.	75	75
Preventive Dental Exam	Complete your Preventive Dental Exam between July 1, 2026- June 30, 2027.	50	50
Vision Exam	Complete your Vision Exam between July 1, 2026- June 30, 2027.	50	50
Other Preventive Exams	Complete age-appropriate preventive care exams between July 1, 2026 - June 30, 2027. *Accepted exams: Breast Cancer Screening, Cervical Cancer Screening, Colon Cancer Screening, Prostate Cancer Screening, Skin Cancer Screening.* If you do not have a Primary Care Physician, contact Health Advocate for assistance.	25 each, 50 max	
Flu Vaccine	Get a flu shot through your medical plan or at a Hexcel location between November 1, 2026 – October 31, 2027.	25	25
Track your time exercised and Sync your Fitness Device with your Health Advocate account	Track your time exercised using the physical activity tracker and aim for 150 minutes of exercise each week daily to earn points. Sync a fitness device/app such as FitBit, Garmin, MapMyRun, Apple Health & more for easy tracking! *Time exercised can be tracked without a device.*	10 points per week	150
Biometric Health Screening or Hexcel Workplace Events	Screenings can occur at work, at a participating LabCorp location or at your physician's office (between November 1, 2026 - October 31, 2027). Screening results through your workplace or LabCorp lab will be submitted directly to Health Advocate for you. Refer to **www.HealthAdvocate.com/members** for more information. Or Participate in local wellness activities such as 5K walk/runs, health fairs, blood drives, lunch-and-learns. Stay tuned for opportunities!	25	50
Additional Ways to Earn Points		**Points**	**Max. Points**
Engage with an Advocate	Connect with Health Advocate for healthcare and insurance-related issues, and mental health and work/life balance assistance. *Wellness inquiries do not count for points*	25	25
Hexcel Financial Wellness Checkup	Complete the Financial Wellness Checkup through your Fidelity account.	50	50

- Open to all Hexcel employees eligible for medical coverage. Employees who waive medical coverage must self-report these activities through Health Advocate.
- Open to all spouses only if enrolled for medical coverage.
- You may earn up to 300 points and your spouse who must be enrolled in a Hexcel medical plan may earn up to 300 points per year. Points can be redeemed for gift cards or merchandise or contributed as a cash donation to a charitable organization. All redeemed points are reported to Hexcel payroll as taxable income.

Care.com

Care.com

Balancing the demands of work and life can be challenging. Hexcel has partnered with Care.com to help you find quality care for your loved ones so that you can get to work with peace of mind.

All active, full-time employees have unlimited access to a Care Membership with Care.com–the world's largest platform for finding and managing care for children, seniors, pets and the home.

In addition to the free membership, you have access to Backup Care days for those times when your regular care is not available, and you need to get to work. Part of your Backup Care is subsidized, so you are only responsible for your co-pay. To learn more, enroll now at **www.care.com/yourbenefits.**

You will need your employee ID during the registration process.

Care.com Services Include		
Care Membership	Unlimited access to the world's leading online community for finding and managing care	Included
Backup Care	Quality, vetted, subsidized solution to help you cover those times when their regular, ongoing care is unavailable, and you need to get to work.	Included (5-day Cap per Employee)
	In-Home Backup Care by Provider (Child or Adult)	$6/hour Co-pay
	Out-of-Home Backup In-Center (Child or Adult)	$10/day Co-pay
	Employee Personal Network Backup Care	$125/day Reimbursement
LifeMart Discounts	Exclusive offers on childcare, education, nutrition services & more	Included
Quality Care/ Resources	Ability to find quality care/resources for personal reasons at your own expense (Childcare, Senior care, Housekeeping, Pet care and Tutoring)	Included

There's the **reality** we all live with...



Care is a personal matter but a universal concern.



Care disproportionately impacts women so access to care promotes gender equity and stimulates economic growth.



Every single person will need and/or provide care to someone in their lifetime, probably more than once.



When people have care, they can work.

When people work, everyone wins.

Diabetes Prevention Program

Digital Diabetes Prevention Programs

Roughly 88 million Americans are living with prediabetes but 84% aren't even aware they have it. Are you one of them?



Way to Wellness–Select Health Enrollment

Those enrolled in a Select Health Medical plan may be eligible to participate in Way to Wellness (formerly known as Weigh to Health), a one-year CDC recognized Diabetes Prevention Program for adults who want to lose weight at no extra cost.

Program Features

The Way to Wellness program includes 16 sessions over six months, followed by seven monthly sessions:

- Three 60-minute one-on-one sessions with a registered dietitian nutritionist.
- With the help of a dietitian you will set goals, review progress, and personalize your Way to Wellness experience.
- Twenty 90-minute group sessions, with a maximum of 20 other participants.
- Group sessions cover everything from exercise and behavior basics to healthy eating and menu planning, plus so much more!

Go intermountainhealthcare.org/weightohealth to learn more or call 801-507-2400 to register.

Lark–Anthem Enrollment

Lark Digital Diabetes Prevention Program

Those enrolled in an Anthem Medical plan may be eligible to participate in The Lark Diabetes Prevention Program (DPP) at no extra cost.

24/7 coaching support includes:

- A customized program based on your lifestyle.
- Convenient access to a coach through the Lark mobile app.
- Personalized feedback through daily check-ins.
- Educational information on prediabetes and preventing type 2 diabetes.
- A free, wireless smart scale when you enroll.

Lark Focus Areas

- Weight Loss
- Physical activity
- Nutrition counseling
- Sleep
- Stress management

Go to lark.com/anthem and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.

Virtual Health Resources

Sword Thrive

Digital Physical Therapy Benefit

Those enrolled in a Hexcel Medical plan are eligible to participate in Sword Thrive, your no-cost digital physical therapy program designed to help you overcome joint, back and muscle pain – all at home.

Visit **https://meet.swordhealth.com/hexcel** to learn more!

Here's how it works:

Pick your licensed Physical Therapist

Get your Thrive Kit which includes your own tablet

Stay Connected; chat 1:1 with your PT anytime

Feel the relief by completing exercise sessions when its most convenient

Eligible members must be 13 and older to participate in Sword Thrive

Sword Bloom

Digital Pelvic Health Benefit



In addition to Sword Thrive, eligible members have access to Sword Bloom, your no-cost, digital pelvic health benefit.

1 in 3 women suffer from pelvic health disorders[1] including bladder issues, bowel dysfunction, and pelvic pain. Sword Health developed Bloom to give you relief with an easy-to-use, at-home pelvic therapy solution.

Visit **https://meet.swordhealth.com/hexcel** to learn more!

Eligible members must be 18 and older with vaginal anatomy

[1] Kenne, K.A., Wendt, L. & Brooks Jackson, J. Prevalence of pelvic floor disorders in adult women being seen in a primary care setting and associated risk factors. Sci Rep 12, 9878 (2022)

2ndMD Virtual Second Opinion Service

Feel confident about your medical decisions



Those enrolled in a Hexcel Medical plan have access to 2ndMD - an independent virtual second opinion service. You can get an expert second opinion from a leading medical specialist at no additional cost to you. Directly connect with experts by video or phone from the comfort of home.

Here's how it works:

- **Request a consult** by calling **866-841-2575** or visit **2nd.MD/hexcel**
- **Speak with a nurse** to see if a second opinion is right for you and they'll handle the rest, including gathering your medical records, finding the right specialist and setting up the video consultation
- **Consult with a leading specialist** ask questions and get personalized advice about your diagnosis and treatment plan from a specialist in your condition

Go Mobile!

Scan the QR codes below to download the Vendor Apps to your Apple or Android device. You can find information about your account balances, processed claims, summaries of benefits, and temporary ID cards when you need it.

Select Health Mobile App

- Manage your claims
- Access your ID Card
- View plan information
- Get care cost estimates

Health Advocate

- Access EAP services
- 24/7 live support with healthcare & insurance related issues
- Ability to sync your fitness device
- Complete wellness activities for points; redeem points for gift cards

VSP Vision

- View your benefit coverage
- Access your Member ID Card
- Find a doctor
- Get Exclusive Member Extras
- Shop eyewear & contacts

Sydney Health Mobile App

- Anthem/CarelonRx members manage your claims
- Access your ID Card
- Ask questions using live chat
- Refill your prescriptions
- Receive virtual care

My Mobile Wallet Card

- Access benefit vendors contact information like group numbers, phone numbers and websites - all in one place
- Access the Hexcel Benefits website and documents like Benefit Guides and SPDs
- Works on any device – mobile phones, tablets, and desktops
- Scan the QR code to open your wallet card

Delta Dental

- Access your ID card
- Find a dentist near you
- Dental Care Cost Estimator
- Cost ranges on common dental care needs

Fidelity Investments

- Access your 401(k) balance
- Access your HSA
- Enroll in the Hexcel Employee Stock Purchase Plan (after six months of service)

WEX Benefits

- Access your FSA account
- Check available balances 24/7
- Contact Customer Service
- View your statements and notifications

Matrix eServices

- File a claim
- View claim status/details
- Upload and download documents

Employee Perks and Discounts

As a Hexcel employee, you can take advantage of discounts on popular services and products that can help you stretch your dollars. You may receive information from each of these providers about how to take advantage of their services.



Hexcel's Employee Perks & Discounts

Access deals and limited time offers on the products, services and experiences you know and love.

Featured offers include:

- Discount Hotel Reservations
- Theme Parks & Attractions save on tickets to theme parks nationwide
- Discount Flight Reservations
- Discount Movie Tickets
- Appliances
- Apple exclusive employee savings on select products

It is cost-free and easy to enroll. Just visit **hexcel.savings.workingadvantage.com** and explore these and hundreds of other offers.

TruHearing

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too. To make an appointment with a provider, contact TruHearing at 1-877-396-7194. You must mention VSP to receive service at no additional cost.

In addition to great pricing, TruHearing provides you with: Three provider visits for fitting and adjustments, 45-day trial, three year manufacturer warranty for repairs and one-time loss and damage replacement, and 48 free batteries per hearing aid. For more information, visit truhearing.com/vsp.

Purchasing Power

Purchasing Power is a reliable way to buy computers, appliances, electronics and more when paying with cash or credit is challenging. Get your product upfront and pay over six or 12 months directly from your paycheck. While not a discount program, you'll always know the total cost when you order–no surprises. Sign up today and unlock your spending power at hexcel.purchasingpower.com.

Advantages include:

- **Spending power.** Access spending power for the things you need with no credit check.
- **Thousands of brand-name products.** Find the items you need to create a more comfortable and productive home.
- **Manageable payments.** Pay over six or 12 months with no down payment, and you'll always know the total cost upfront.
- **Better choice.** Alternative to loans, high interest credit cards or rent-to-own.

2027 Bi-weekly Rates and Surcharges

The bi-weekly cost of your medical, dental and vision coverage can be found in the tables to the right. Please refer to Workday Benefits for your life, accidental death and dismemberment, and disability plan costs.

Medical Plan Surcharges

- **Tobacco Premium**[1]**:** If you and/or your spouse identify as a tobacco user[2] and either of you complete a smoking cessation program during 2027, the $23.08 surcharge that has been added to your bi-weekly rate will be credited to your account so that your cost going forward is the same as a non-tobacco user.
- **Spouse Surcharge:** If your spouse has access to medical coverage through his or her own employer and you choose to cover them through a Hexcel plan, you will pay a bi-weekly surcharge of $30.00 in addition to the rate (chart to the right) for your medical coverage.

[1] Not applicable in Massachusetts.

[2] A tobacco user is someone who has used tobacco at least four times during the prior 12 months. A "tobacco product" means a cigarette, cigar, pipe, chewing tobacco, snuff or an e-cigarette. The use of a "tobacco product" outside of work, during a break, at home, at a social occasion, or anywhere else, counts as using a tobacco product.

Bi-weekly Medical Plan Rates

When you elect healthcare coverage, the following amounts will be deducted from your paycheck every other week, based on your annual base pay:

Medical Plan Option	Bi-weekly rate for Annual Pay up to $70,000 per year			
	Employee Only	Employee + Children	Employee + Spouse	Employee + Family
Select Health HDHP	$33.95	$67.87	$78.62	$107.78
Select Health PPO	$43.68	$87.34	$102.62	$144.11
Anthem HDHP	$36.61	$73.21	$86.18	$121.38
Anthem PPO	$79.31	$158.62	$186.37	$261.17

Medical Plan Option	Bi-weekly rate for Annual Pay $70,000 – $89,999 per year			
	Employee Only	Employee + Children	Employee + Spouse	Employee + Family
Select Health HDHP	$49.38	$98.73	$114.36	$156.77
Select Health PPO	$57.13	$114.21	$134.19	$188.44
Anthem HDHP	$53.25	$106.49	$125.35	$176.55
Anthem PPO	$94.42	$188.83	$221.88	$311.56

Medical Plan Option	Bi-weekly rate for Annual Pay $90,000 and over per year			
	Employee Only	Employee + Children	Employee + Spouse	Employee + Family
Select Health HDHP	$61.72	$123.41	$142.94	$195.96
Select Health PPO	$73.92	$147.81	$173.66	$243.87
Anthem HDHP	$66.56	$133.12	$156.69	$220.68
Anthem PPO	$109.51	$219.05	$257.37	$361.41

Bi-weekly Dental and Vision Rates

You may choose to purchase dental and vision coverage at the bi-weekly rates below:

Plan Option	Employee Only	Employee + Children	Employee + Spouse	Employee + Family
Delta Dental	$4.30	$9.63	$11.55	$17.60
Vision Standard Plan	$0.88	$1.54	$1.85	$2.82
Vision Buy-Up Plan	$2.05	$3.56	$4.29	$6.53

How to Enroll

If you want to change your coverage or enroll in HSA or FSA accounts for 2027, you must enroll during the 2027 enrollment period from October 26 – November 9 (11 p.m. Eastern time). Go to Workday and follow these steps.

Before You Enroll

Review the accuracy of your personal data, including your dependent, beneficiary, and mailing address information. Reviewing this information in advance will save you time once you're ready to enroll for your 2027 Hexcel benefits. Click on the *Benefits* worklet to make changes to Dependents and/or Beneficiaries. Click on the *Personal Information* worklet and select *Address Changes* to update your mailing address.

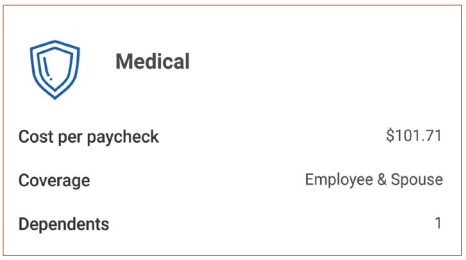
If you want to elect HSA, FSA, or commuter benefits (not available in all locations), you must enroll again. Your current plan elections for these plans will not carry over into the new year.

Getting Started: Follow These Steps

- Begin your enrollment through Workday (wd5.myworkday.com/hexcel/login.flex).
- If you do not have access to a computer at home or at work, your local HR representative will direct you to a kiosk where you can enroll in your benefits.
- Your inbox will contain an action item advising you to enroll in your benefits.

Benefit Plan "Cards"

Plan enrollment options are in a "card" format (see example below). You can review your current enrollments, select specific cards for items you wish to change, or enroll in new plans as needed. Each card will display instructions and links to tip sheets to help you complete the process. Once you have completed enrollment with a card, you can select *Confirm* and *Continue* to continue your selections with another "card."



Once you have completed all of your elections, you can select *Review and Sign* or *Save for Later* at the bottom of the main page.

- Clicking *Save for Later* will save your benefit elections if you decide to return and submit your elections later.
- Clicking *Review and Sign* will bring you to the summary of your elections for final submission.

Once you have selected *Review and Sign,* please review your elections summary. If correct, check *I Agree* and click *Submit.* Your elections will not be finalized until this step is completed. Click View 2026 Benefits Statement to download a PDF copy of your elections for printing.

To make a change after you submit your elections (as long as the Annual Enrollment window is still open), click on the *Benefits* worklet on the Workday homepage. Then click on the box labeled *Change Annual Enrollment.*

OCTOBER 26
Annual Enrollment begins

NOVEMBER 9
Annual Enrollment ends

DECEMBER 18
Medical/ pharmacy ID cards mailed to home address

(Note: You will receive a new ID card only if you change plans.)

JANUARY 30
Hexcel makes annual HSA contribution

JANUARY 31
1095-C tax forms mailed to home addresses by ADP

Benefits Contact Vendor List

Health Advocate can help you with any questions you have about your health care coverage, claims, and more.

Call 1-855-424-6400 all day, any day for personal assistance. If you prefer to call one of our health care providers directly, you will find contact information to the right.

Provider	Telephone	Website	Group Number
Health Advocate Health and wellness questions and Employee Assistance Program	1-855-424-6400	healthadvocate.com	None
Select Health Medical Plan	1-800-538-5038	SelectHealth.org	G1006630
Anthem Medical Plan	1-833-952-2074	anthem.com	L03357
CarelonRx (Anthem) Pharmacy Plan	1-833-267-2133	anthem.com	L03357
Vision Service Plan Vision Plan	1-800-877-7195	vsp.com	12031796
Dental Plan Delta Plan	1-866-655-9442	deltadentalct.com	04583
WEX Flexible Spending Accounts	1-866-451-3399	wexinc.com	None
Fidelity and Financial Health Solutions Health Savings, 401(k) and ESPP Accounts	**HSA** 1-800-544-3716 **401(k) Plan** 1-800-835-5098 **ESPP** 1-800-544-9354	netbenefits.com	None
MetLife Legal Plan	1-800-821-6400	info.legalplans.com	Legal
2ndMD Virtual Second Opinion Service	1-866-841-2575	2nd.MD/hexcel	None
Lark	-	www.lark.com/anthem	None
Way to Wellness	801-509-2400	www.intermountainhealthcare.org/weightohealth	None
Care.com	-	www.care.com/yourbenefits	None
Sword Health Digital Physical Therapy	-	https://meet.swordhealth.com/hexcel	None

Virtual Visits

Get medical virtual care 24/7/365 – even on weekends and holidays – by connecting with quality board-certified doctors via video or telephone. Virtual visits for those enrolled in the High Deductible Health Plan and the PPO plan will be covered at a $20 co-pay, not subject to deductible. You must use Anthem Live Health or Select Health Connect Care providers for this copay to apply. You also can have a prescription sent directly to your local pharmacy, if appropriate. To take advantage of this service, register online. You will need your member ID during the registration process.

LiveHealth Online	Anthem.com Livehealthonline.com Sydney App	LiveHealth Online: 1-888-548-3432
Connect Care (Select Health)	www.intermountainhealthcare.org	1-800-538-5038

The information in this guide should in no way be construed as a promise or guarantee or employment or benefit coverage. Pricing, underwriting, plan specifics and all other product features are solely that of the insurance companies. If there is a conflict between the information in this guide and the actual plan document or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from the Benefits Department.

Notices

Health-Contingent Wellness Program Model Notices Regarding Reasonable Alternative Standards

Your plan may offer wellness programs because we care about your health. We will help you enroll in any wellness program that is offered. You may qualify for a reward if you complete these programs.

The Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (See 42 U.S.C. 1395y(b)(7)&(b)(8)

Collection of Medicare Health Insurance Claim Numbers (HICNs), Social Security Numbers (SSNs) and Employer Identification Numbers (EINs) (Tax Identification Numbers) – ALERT

This ALERT is to advise that collection of HICNs, SSNs, or EINs for purposes of compliance with the reporting requirements under Section 111 of Public Law 100-173 is appropriate.

HICNs, SSNs, and EINs:

- The Medicare program uses the HICN to identify Medicare beneficiaries receiving healthcare services and to otherwise meet its administrative responsibilities to pay for healthcare and operate the Medicare program. In performance of these duties, Medicare is required to protect individual privacy and confidentiality in accordance with applicable laws, including the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. The SSN is used as the basis for the Medicare HICN.
- While the HICN is required to identify a Medicare beneficiary, if the HICN is not available, some beneficiaries may also be identified by the SSN. Please note that the Centers for Medicare & Medicaid Services (CMS) has a longstanding practice of requesting HICNs or SSNs for coordination of benefit purposes.
- The EIN is the standard unique employer identifier. It appears on the employee's Federal Internal Revenue Service Form W-2 Wage and Tax Statement received from their employer. The Medicare program uses the EIN to identify businesses. The establishment of a standard for a unique employer identifier was published in the May 31, 2002, Federal register, with a compliance date of July 30, 2004.

A new Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers, third-party administrators (TPAs), and plan administrators or fiduciaries of self-insured/self-administered group health plans (GHPs) to report, as directed by the Secretary of the Department of Health and Human Services, information that the Secretary requires for purposes of coordination of benefits. The law also imposes this same requirement on liability insurers (including self-insurers), no-fault insurers, and workers' compensation laws or plans. Two key elements that are required to be reported are HICNs (or SSNs) and EINs. In order for Medicare to properly coordinate Medicare payments with other insurance and/or workers' compensation benefits, Medicare relies on the collection of both the HICN (or SSN) and the EIN, as applicable.

As a subscriber (or spouse or family member of a subscriber) to a GHP arrangement, it is likely that your employer or insurer will ask for proof of your Medicare program coverage by asking for your Medicare HICN (or your SSN) to meet the requirements of P.L. 110-173 if this information is not already on file with your insurer. Similarly, individuals who receive ongoing reimbursement for medical care through no-fault insurance or workers' compensation or who receive a settlement, judgment, or award from liability insurance (including self-insurance), no-fault insurance, or workers' compensation will be asked to furnish information concerning whether or not they (or the injured party if the settlement, judgment or award is based on an injury to someone else) are Medicare beneficiaries and, if so, to provide their HICNs or SSNs. Employers, insurers, TPAs, etc., will be asked for EINs. To confirm that this ALERT is an official government document and for further information on the mandatory reporting requirements under this law, please visit http://www.cms.gov on the CMS website.


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