Alabama Cullman Yutaka Technologies

WELFARE BENEFITS PLAN

SUMMARY PLAN DESCRIPTION

(The effective date of this document is April 1, 2019)

TABLE OF CONTENTS

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I. Introduction

Alabama Cullman Yutaka Technologies ("Employer") has established the Alabama Cullman Yutaka Technologies Welfare Benefits Plan ("Plan") for the benefit of eligible employees of Employer and any affiliated companies participating in the Plan. One or more benefit options sponsored and maintained by the Employer are offered through the Plan. The benefit options ("Benefit Options") offered under the Plan are identified on Appendix A.

The Plan is established pursuant to a plan document, into which the insurance policies, certificates of coverage, booklets and/or summary plan descriptions ("SPDs") for each of the benefit options are incorporated. You may request a copy of that plan document by contacting that Plan Administrator identified in the Plan Information Summary of this SPD.

The benefits provided by each of the Benefit Options are described in more detail in certificates of coverage or "booklets" provided by the insurance carrier (if fully insured) or SPDs provided by the Employer (collectively, the certificates, booklets and/or SPDs are referred to as the "Benefit Plan Documents"). If you have not received a Benefit Plan Document for any of the Benefit Options, you should contact the Plan Administrator identified in this Summary Plan Description. The purpose of this Summary Plan Description ("SPD") is to accomplish the following goals:

- Identify the minimum rights and obligations of the Plan and eligible employees. Additional rights and obligations are described in the Benefit Plan Documents.

- Provide information relevant to the Plan not otherwise provided in the Benefit Plan Document Summaries.

NOTE: Terms that are capitalized throughout this SPD are defined terms for purposes of the Plan. The definition for such capitalized terms will be set forth in this SPD or in the Plan Document.

If you have any questions, contact the Plan Administrator identified in this SPD.

II. Eligibility and Enrollment in the Plan

Eligibility for each of the Benefit Options will be described in the applicable Benefit Plan Documents.

Each eligible person must enroll (or be enrolled) in accordance with procedures established by the Employer. Coverage will not become effective unless the eligible person has properly enrolled. Enrollment in the Benefit Options is conditional on the Plan Administrator's or the insurance carrier's (if applicable) receipt of all documentation required to enroll and coverage may be delayed pending the Plan Administrator's or insurance carrier's approval of any enrollment forms or applications.

If an eligible person properly enrolls, coverage under the chosen Benefit Options will become effective in accordance with the applicable Benefit Plan Documents.

NOTE: You may be required to provide adequate documentation (as determined by the Plan Administrator (or its delegate) in its sole discretion) from time to time verifying your dependent's eligibility. Failure to provide such documentation upon request may result in denial or loss of coverage for your Dependents.

NOTE: Benefit Options that are group health plans are subject to special rules regarding qualified medical child support orders. Those options will provide benefits in accordance with any qualified medical child support order (QMCSO), as defined in ERISA Section 609(a). Under no circumstance is a Benefit Option required to provide benefits pursuant to a QMCSO that are not otherwise provided by the Benefit Option and only group health plans are subject to the QMCSO rules. You may obtain a description of the Plan's procedures for handling QMCSOs upon request without charge from the Plan Administrator.

Employee Contributions. Covered persons may be required to pay all or a part of the costs for a Benefit Option. If the Benefit Option is fully insured by an insurance carrier, the carrier will be responsible for paying all benefits under the Benefit Option. If the Benefit Option is self-insured by the Employer, the benefits will be paid first with plan assets and then, to the extent necessary, by the Employer from its general assets

Mid-Year Election Changes. Once you make an election to participate (or not to participate) in a Benefit Option, you may not change that election during the Plan Year, except in specific circumstances. Mid-year election changes for the Benefit Options will be subject to the following requirements and limitations:

- The requirements and limitations set forth in Internal Revenue Code Section 125, to the extent the Benefit Option is offered through the Employer's "Cafeteria Plan";

- Any other requirements and limitations set forth in the Benefit Plan Documents, subject to any applicable requirements and limitations in the Employer's "Cafeteria Plan".

Termination of Coverage. Coverage for you and/or your dependents will end on the dates described in the Benefit Plan Documents.

NOTE: Coverage may be terminated retroactively to the extent that the Plan Administrator or the insurance carrier (as applicable) determines that you or a dependent has intentionally misrepresented information relevant to your eligibility for and/or participation in the Plan.

III. Amendment and Termination of the Plan

The Employer has adopted the Plan with the intent of it being maintained for an indefinite period of time. Notwithstanding this intention, the Employer reserves the right to terminate the Plan and/or any of the benefit options offered under the Plan at any time. Moreover, the Employer has discretion to amend the cost-sharing between participants and the Employer. The Employer has discretion to amend any of the Benefit Options from time to time, and at any time, including the discretion to change benefit levels or benefit availability or eligibility. The Employer can

change a policy with an insurance company only with the consent of the insurance company. Insurance companies can generally change their policies and contracts from time to time and may eliminate or reduce future coverage of certain benefits or change their procedures.

IV. Other Important Terms and Conditions

No Guarantee of Employment. Nothing contained in this SPD, the Plan, or the Benefit Plan Documents shall be construed as a contract of employment between the Employer and any employee, or as a right of any employee to be continued in the employment of the Employer, or as a limitation of the right of the Employer to discharge any of its employees, with or without cause.

Anti-Assignment Provision. Except for voluntary assignments to health care providers, as may be required by law or as may be specifically permitted in the Benefit Plan Documents, your right to receive benefits under the Plan may not be assigned, voluntarily or involuntarily, to any other person.

Plan Funds. Any funds received by the Plan, including but not limited to insurance company refunds, dividends, or rebates attributable to any benefit option, including but not limited to Medical Loss Ratio rebates under the ACA, shall be the property of the Employer and will be retained by the Employer even if such rebates relate to policies paid in whole or in part by Covered Employee and/or other Plan participant contributions.

Overpayments. To the extent permitted by law, if, for any reason, any benefit under any Plan is erroneously paid or exceeds the amount appropriately payable under the Plan to a covered person, the covered person shall be responsible for refunding the overpayment to the Plan. The Plan may also seek recovery of the erroneous payment or benefit overpayment from any other appropriate party.

Misrepresentation or Fraud. To the extent permitted by law, the Plan Administrator, third-party administrators, and insurers reserve the right to terminate a Covered Employee's or Dependent's benefits, deny future benefits, take legal action against a Covered Employee or Dependent, and/or set off from any future benefits the value of benefits the Plan has paid relating to inaccurate information or misrepresentations provided to the Plan, in the case of any participant who obtains benefits wrongfully due to intentional misrepresentation or fraud.

Compliance with HIPAA Privacy and Security Requirements. All group health plan Benefit Options that are covered by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") are intended to comply with the privacy and security requirements of HIPAA. An explanation of the Plan's HIPAA privacy and security policy is contained in the Plan's Privacy Notice, which is provided to employees.

V. ERISA Rights

The Plan is an ERISA welfare benefit plan. As a result, you are entitled to certain rights and protections under the Employee Retirement Income Security Act ("ERISA"). ERISA provides that all plan participants shall be entitled to:

- Receive information about your plan and benefits.

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as work-sites and union halls, all documents governing the plan, including insurance contracts, collective bargaining agreements and a copy of the latest annual report (Form 5500 series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

- Obtain, upon written request to the Plan Administrator, copies of all documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 series) and updated SPD. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Plan Coverage. You may continue health care coverage for yourself, Spouse or Dependent children if there is a loss of coverage under a group health plan as a result of a qualifying event. You or your eligible Dependents will have to pay for such coverage. You should review the COBRA Continuation Coverage Section of this SPD for more information concerning your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries. In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of the plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit from the plan, or from exercising your rights under ERISA.

Enforce Your Rights. If your claim for a welfare benefit under an ERISA-covered plan is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits that is denied or ignored in whole or in part, you may file suit in a federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions. If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under

ERISA, or if you need assistance obtaining documents from the Plan Administrator, you should contact the nearest office of the U.S. Department of Labor, Employee Benefits Security Administration listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Ave., N.W., Washington, D.C., 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

VI. Plan Information Summary

Plan Name	Alabama Cullman Yutaka Technologies Welfare Benefits Plan
Plan Sponsor and Plan Administrator	Alabama Cullman Yutaka Technologies 460 AL-157 Cullman, AL 35058 256-739-3533
Type of Plan	The Plan is a welfare benefit plan as defined in ERISA Section 3(1).
Plan Number	501
Employer I.D.	87-0786105
Plan Year	04/01 – 03/31 *NOTE*: The Plan Year for the any Form 5500 filing requirements that might apply may differ from the Plan Year for coverage purposes. See the Plan Document for additional details.
Agent for Services of Legal Process	Alabama Cullman Yutaka Technologies 460 AL-157 Cullman, AL 35058 256-739-3533
Levels of appeal provided by the Plan	Two
COBRA Administrator	Benefit Planning Consultants

Type of Plan Administration. Some of the benefit options offered through the Plan are provided pursuant to an insurance contract issued to the Employer by an insurance carrier. Other benefits are self-insured. See Appendix A for more information on whether a benefit option is insured or self-insured.

Role of the Plan Administrator and Insurance Carriers. The Plan Administrator will make determinations that may be required from time to time in the administration of the benefit option. The Plan Administrator will have the sole authority, discretion and responsibility to interpret and apply the terms of the Plan and to determine all factual and legal questions under the Plan except as otherwise specifically delegated to a third party, such as insurance carrier (see Insurance Carrier's Authority under a fully insured plan, below) or as set forth in the Benefit Plan Documents. The Plan Administrator or its designee may adopt such rules as it deems necessary, desirable, or appropriate. All determinations, interpretations, rules, and decisions of the Plan

Administrator or its designee shall be made in its sole discretion and shall be conclusive and binding upon all persons having or claiming to have any interest or right under the benefit option.

If a Benefit Option is fully insured, the insurance carrier will have the sole authority and discretion to interpret and construe the Benefit Option and to determine all factual and legal questions under the Benefit Option with respect to all initial claims and appeals for benefits. This delegated authority includes, but is not limited to, determinations of entitlement to benefits and the amounts of the benefits to be paid.

Insurance Carrier's Authority. For insured Benefit Options, the insurance carrier is responsible for paying benefits and the Employer is only responsible for remitting premiums to the insurance carrier. Neither the Plan nor the Employer pay any claims under the insured Benefit Options.

Claims for Benefits. In order to make a claim for benefits under a Benefit Option, contact the following claims administrator:

For claims concerning:	Claims Administrator
Medical coverage and prescription drug benefits	Blue Cross & Blue Shield of Alabama 450 Riverchase Parkway East Birmingham, AL 35244-2858 800-292-8868
Dental benefits	Delta Dental P.O. Box 9085 Farmington Hills, MI 48333-9085 800-524-0149
Vision benefits	Avesis PO Box 38300 Phoenix, AZ 85069 800-828-9341
Health FSA	HealthEquity 15 W. Scenic Pointe Drive, Ste. 100 Draper, UT 84020 877-288-0719
Life insurance, AD&D, LTD and STD	Mutual of Omaha Life Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 800-775-8805
Voluntary worksite benefits (accident, critical illness and hospital indemnity)	AFLAC PO Box 427 Columbia, SC 29202 800-433-3036
Employee assistance program benefits	Mutual of Omaha Life Insurance Company Mutual of Omaha Plaza Omaha, NE 68175 800-775-8805
COBRA	Benefit Planning Consultants, Inc.

For claims concerning:	Claims Administrator
	2110 Clearlake Blvd., Suite 200 P.O. Box 7500 Champaign, IL 61826-7500 877-272-8880

Appendix A
Alabama Cullman Yutaka Technologies Welfare Benefits Plan
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BENEFIT OPTIONS

Benefit	Fully Insured/ Self-insured	Insurer/Claims Administrator	Document Names in Online Payroll System	Eligibility to Participate*
Accidental Death and Dismemberment (AD&D) Insurance	Fully Insured	Mutual of Omaha	• Group Life Certificate of Coverage Current • Group Life Summary of Coverage Current	Non-exempt employees – 1st day of the month following 3 months from your date of hire Exempt employees – 1st day of the month following 3 months from your date of hire
Dental Coverage	Fully Insured	Blue Cross & Blue Shield of Alabama	• Dental Summary Current • Dental Certificate of Coverage Current	Non-exempt employees – 1st day of the month following 60 days from your date of hire Exempt employees – 1st day of the month following 60 days from your date of hire
Employee Assistance program	Fully Insured	Mutual of Omaha		Non-exempt employees – 1st day of the month following 3 months from your date of hire Exempt employees – 1st day of the month following 3 months from your date of hire
Group Term Life Insurance (including voluntary insurance)	Fully Insured	Mutual Of Omaha	• Group Life Certificate of Coverage Current • Group Life Summary of Coverage Current	Non-exempt employees – 1st day of the month following 3 months from your date of hire Exempt employees – 1st day of

Benefit	Fully Insured/ Self-insured	Insurer/Claims Administrator	Document Names in Online Payroll System	Eligibility to Participate*
			• Voluntary Life Certificate of Coverage Current • Voluntary Life Summary of Coverage Current	the month following 3 months from your date of hire
Health FSA	Self Insured	HealthEquity	FSA SPD Current	Non-exempt employees – 1st day of the month following date of hire Exempt employees – 1st day of the month following date of hire
Long Term Disability Insurance	Fully Insured	Mutual Of Omaha	• LTD Certificate of Coverage Current • LTD Summary of Coverage Current	Non-exempt employees – 1st day of the month following 3 months from your date of hire Exempt employees – 1st day of the month following 3 months from your date of hire
Medical Coverage – Preferred Provider Organization (PPO)	Fully Insured	Blue Cross & Blue Shield of Alabama	• Medical - Summary of Benefits and Coverage • Medical - SPD • Uniform Glossary of Terms Current	Non-exempt employees – 1st day of the month following date of hire Exempt employees – 1st day of the month following date of hire
Short Term Disability Insurance	Fully Insured	Mutual Of Omaha	• STD Group Certificate of Coverage Non-Exempt Current • STD Group Certificate of Coverage Technical Specialist Current • STD Group Summary Non-Exempt Current	Non-exempt employees – 1st day of the month following 3 months from your date of hire Exempt employees – 1st day of the month following date of hire

Benefit	Fully Insured/ Self-insured	Insurer/Claims Administrator	Document Names in Online Payroll System	Eligibility to Participate*
			• STD Group Summary Technical Specialists Current	
Vision Coverage	Fully Insured	Avesis	• Vision Summary Current • Vision Certificate of Coverage Current	Non-exempt employees – 1st day of the month following 60 days from your date of hire Exempt employees – 1st day of the month following 60 days from your date of hire
Voluntary Worksite - Accident Insurance	Fully Insured	Aflac	Plan Certificates are sent directly to enrolled Associtates homes.	Non-exempt employees – 1st day of the month following date of hire Exempt employees – 1st day of the month following date of hire
Voluntary Worksite – Critical Illness Insurance	Fully Insured	Aflac	Plan Certificates are sent directly to enrolled Associtates homes.	Non-exempt employees – 1st day of the month following date of hire Exempt employees – 1st day of the month following date of hire
Voluntary Worksite - Hospital Idemnity	Fully Insured	Aflac	Plan Certificates are sent directly to enrolled Associtates homes.	Non-exempt employees – 1st day of the month following date of hire Exempt employees – 1st day of the month following date of hire
Wellness Program	Self Insured	Alabama Cullman Yutaka Technologies	Wellness Program Notice	Non-exempt employees – 1st day of the month following date of hire Exempt employees – 1st day of the month following date of hire

Period of Coverage – The Period of Coverage for the benefits described above is April 1 through March 31 annually.

* If an Associate returns to work following a disability lasting longer than 6 months, the Associate will be treated as a, “New Hire” and will have to satisfy the “Eligibilty to Participate*” periods noted for each benefit.

Look-back Measurement Method for Eligibility Determinations . Effective April 1, 2015, the Company uses the look-back measurement method to determine who is a full-time employee for purposes of Plan coverage. The look-back measurement method is based on Internal Revenue Service (IRS) guidance under the Affordable Care Act (ACA). Its purpose is to provide greater predictability for Plan coverage determinations.

The look-back measurement method applies to all Company employees.

The look-back measurement method involves three different periods:

- A *measurement period* for counting your hours of service. Different measurement periods apply to ongoing employees, new employees who are variable hour, seasonal or part-time, and new non-seasonal employees who are expected to work full-time.

    - If you are an ongoing employee, this measurement period is called the "standard measurement period." Your hours of service during the standard measurement period will determine your Plan eligibility for the stability period that follows the measurement period and any administrative period.

      The standard measurement period starts on February 1 and ends on January 31.

    - If you are a new employee who is variable hour, seasonal or part-time, this measurement period is called the "initial measurement period." Your hours of service during the initial measurement period will determine your Plan eligibility for the stability period that follows the measurement period and any administrative period.

      The initial measurement period starts on the first of the month following your date of hire and lasts for 12 months.

    - If you are a new non-seasonal employee who is expected to work full time, the Company will determine your status as a full-time employee who is eligible for Plan coverage based on your hours of service for each calendar month. Once you have been employed for a certain length of time, the measurement rules for ongoing employees will apply to you.

- A *stability period* is a period that follows a measurement period. Your hours of service during the measurement period will determine whether you are a full-time employee who is eligible for coverage during the stability period. As a general rule, your status as a full-time employee or a non-full-time employee is "locked in" for the stability period, regardless of how many hours you work during the stability period, as long as you remain an employee of the Company. There are exceptions to this general rule for employees who experience certain changes in employment status.

  The stability period lasts 12 months from the date you're offered coverage.

- An *administrative period* is a short period between the measurement period and the stability period when the Company performs administrative tasks, such as determining eligibility for coverage and facilitating Plan enrollment.

  The administrative period for new employees in their initial measurement period lasts one month following the conclusion of their initial measurement period. The administrative period for those employees in their standard measurement period lasts two months from February 1 to March 31 each year.

Special rules may apply in certain circumstances, such as when employees are rehired by the Company or return from an unpaid leave.

The rules for the look-back measurement method are very complex. Keep in mind that this information is just a summary of how the rules work. More complex rules may apply to your situation. The Company intends to follow applicable IRS guidance when administering the look-back measurement method. If you have any questions about this measurement method and how it applies to you, please contact Human Resources.