

2024 Benefits Guide

January 1 - December 31, 2024

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Welcome

We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. If you are a part-time employee working at least 20 hours per week, you may be eligible for certain benefits. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your domestic partner¹ and/or their children
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective as of your hire date.
- If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2024.

¹ Domestic partner coverage is available for medical, dental, vision, dependent life insurance and voluntary plans for both same-gender and opposite-gender couples.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. You will also be asked to provide proof of eligibility for your dependents at initial enrollment. If you do not provide supporting documents of your dependent's eligibility, your dependent will not be enrolled.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, domestic partner or child
- You lose coverage under your spouse's/domestic partner's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must make the changes in Benefit Compass or contact Human Resources within 30 days of the qualified life event. Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Enrollment

Go to MAPFRE.gobenefits.net. There, you will find detailed information about the plans available to you. When you are ready to make your benefit elections, please sign up via **Benefit Compass**.



Decision Support

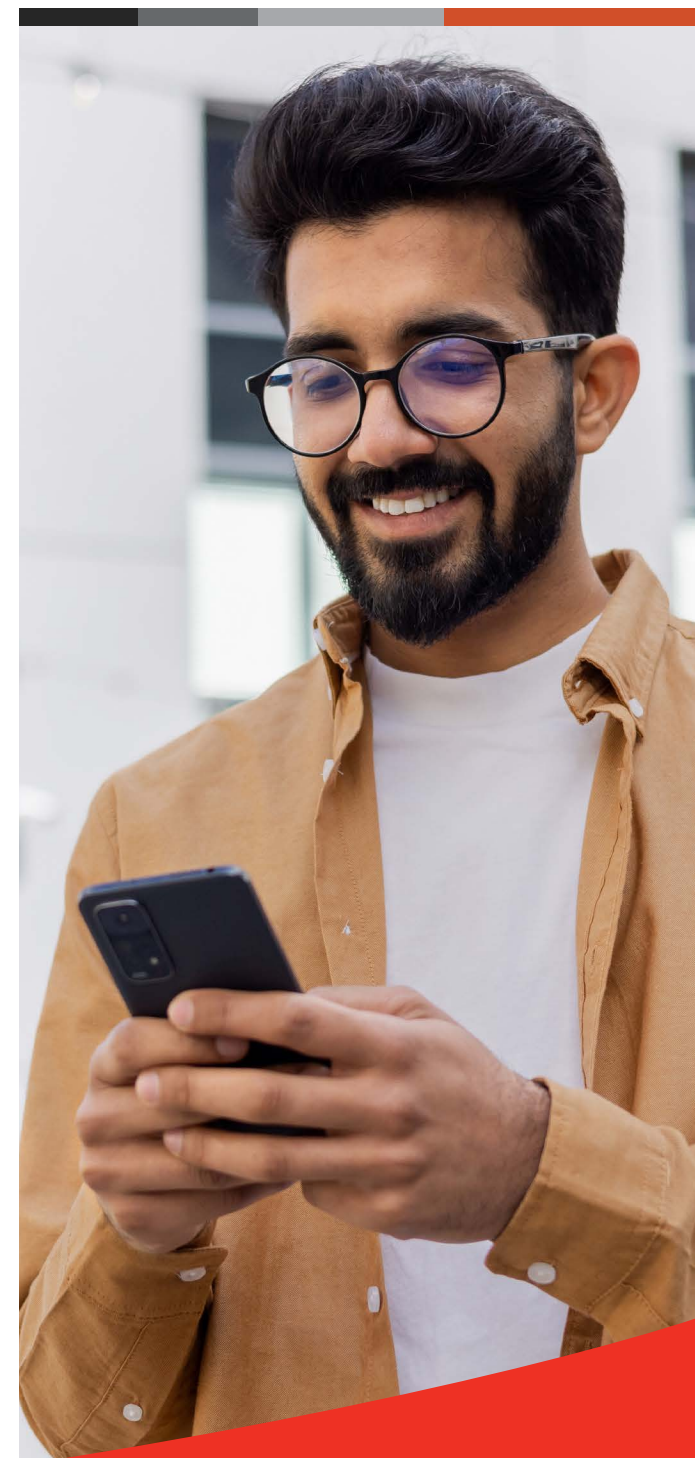
The benefits that best match your situation depend on several factors, such as how you use health care services and how you prefer to pay for them. It may seem contradictory, but sometimes the most expensive plan isn't automatically the best one for you and your family. Using Precision Benefits will help you understand your needs and preferences and make informed benefit decisions.

Precision Benefits

Picking the right benefit plans for you and your family can be challenging, but you don't have to do it alone. Precision Benefits provides personalized recommendations based on your own health history and anticipated care needs, so you can enroll with confidence. You have access to:

- **Decision support** to help you choose the benefits that meet your needs
- **Plan review** to see how your benefits have helped you save money
- **Care planning** to gain insights into the costs of health services

You will need to authorize the use of your healthcare claims, as doing so gives you the most accurate plan recommendation. Your data is kept confidential and not shared with anyone except you. If you choose not to authorize the use of your claims, you will be taken to the standard enrollment page. If you are a new hire and do not have claims available for the system to use, Precision Benefits will still make a recommendation based on the care needs you enter.





Make the Most of Your Benefits

These nine simple steps can help you get the most out of your coverage:

1. Choose Your Plans and Coverage Carefully

Use Precision Benefits to help compare costs and choose the plans, providers and coverage that provide the best value to you and your family.

2. Wellness Incentive

You can earn a medical premium discount of \$520 by completing the following requirements:

- Complete a biometric screening with your doctor, at an onsite screening event or at a LabCorp facility
- Complete a confidential Health Check Survey in the Better Health Wellness Portal powered by Virgin Pulse

Both of these requirements must be met by December 6, 2023, in order to receive the premium discount.

3. Use Network Providers

You'll pay less when you use a provider who is part of the medical, dental or vision plan network. To find a medical provider, visit member.bluecrossma.com/fad and select the Advantage Blue EPO network.

4. Take Advantage of Tax Savings Opportunities

A health savings account (HSA) is designed to help you save for medical expenses that you incur today, or later in life. The health care, limited-purpose and dependent care flexible spending accounts (FSAs) offer a tax-effective way to help pay your qualified health care and dependent care expenses on a pre-tax basis.

5. Practice Prevention

Prevention is key and our medical and dental plans cover many preventive care services at 100% when received from an in-network provider, including annual check-ups, routine immunizations, health screenings, dental exams and cleanings.

6. Use the Home Delivery Prescription Drug Program

This program offers you convenient delivery of maintenance medications (such as blood pressure or diabetes medications). Receive up to a 90-day supply of medication for a reduced cost.

7. Participate in Wellness Programs

Learn about the wellness resources and incentive programs available to you through the wellness program, all designed to help you on the path to better health.

8. Take Advantage of the Dental Rollover

If you don't use your entire annual dental maximum, some of the unused money can be put into a rollover account for you to use for covered dental services in the following year.

9. Check Out Discounts

There are many additional benefits and discounts available through MAPFRE to help you take charge of your health and to save money.





Medical

We are proud to offer a medical plan that provides comprehensive medical and prescription drug coverage, with a choice among three different options. The plan also offers many resources and tools to help you maintain a healthy lifestyle.

BlueCross BlueShield EPO

Exclusive provider organizations (EPOs) are similar to HMOs, in that you may only visit physicians and hospitals within the EPO network. Services received outside the network are not covered, except in the case of emergency medical care. With the EPO, you are not required to select a primary care physician (PCP) and you don't need a referral to see a specialist.

BlueCross BlueShield Value HSA and Super Value HSA Plans

These options come with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf. Here's how they work:

- **Preventive Care:** Preventive care, such as annual exams, screenings and vaccinations, are covered at 100% with no deductible.
- **Annual Deductible:** You must meet the annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
 - In the Value HSA, if you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
 - In the Super Value HSA, each family member needs to only meet the individual deductible and the plan will pay for that member.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan pays 80% and you pay 20%.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year.
 - In both the Super Value and Value HSA plans, each family member needs to only meet the individual out-of-pocket maximum and the plan will start paying 100% for that member.

- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, MAPFRE will contribute to your account as follows, based on the plan you select:
 - Value HSA: \$500 individual / \$1,000 family
 - Super Value HSA: \$1,000 individual / \$2,000 family
 - New hires after the first of the year will receive a pro-rated portion of MAPFRE's contribution.

To be eligible for the HSA, you cannot be covered through Medicare Part A or B or TRICARE.

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

| HSA Contribution Limit | 2024 |
|-------------------------------|---------|
| Employee Only | \$4,150 |
| Family (employee + 1 or more) | \$8,300 |
| Catch-up (age 55+) | \$1,000 |

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

1. Tax free under federal tax law; state taxation rules may apply

2. You must be enrolled in a qualified health plan to contribute to an HSA.

Waiving Medical Coverage

You also have the option to waive medical coverage if you have coverage under another plan. If you had coverage in 2023 and waive coverage in 2024, you will receive a waiver credit each pay period. This does not apply if you waived coverage in 2023. The credit is \$500 annually if you had individual coverage in 2023 or \$1,000 if you had dual or family coverage in 2023. If you lose your alternative coverage during the year, notify MAPFRE within 30 days. It may be considered a qualifying life event and you may be eligible to enroll in MAPFRE's coverage. Access the **Benefit Compass** system or contact MAPFRE USA Benefits Service Center at (800) 579-0889, within 30 days of the event.





Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

| Key Medical Benefits | BlueCross BlueShield EPO | BlueCross BlueShield Value HSA | BlueCross BlueShield Super Value HSA |
|---|---|--|--|
| | In-Network Only | In-Network Only | In-Network Only |
| Deductible (per calendar year) | | | |
| Individual / Family | \$1,000 / \$2,000 ² | \$1,600 / \$3,200 ¹ | \$3,200 / \$6,400 ² |
| Out-of-Pocket Maximum (per calendar year) | | | |
| Individual / Family | \$5,000 / \$10,000 ³ | \$5,000 / \$10,000 ³ | \$6,000 / \$12,000 ³ |
| Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible) | | | |
| Individual / Family | N/A | \$500 / \$1,000 | \$1,000 / \$2,000 |
| Covered Services | | | |
| Office Visits (physician/specialist) | \$30 / \$50 copay | 20%* | 20%* |
| Routine Preventive Care | No charge | No charge | No charge |
| Outpatient Diagnostic (lab/X-ray) | 20%* | 20%* | 20%* |
| Complex Imaging | 20%* | 20%* | 20%* |
| Chiropractic | \$30 copay | 20%* | 20%* |
| Ambulance | 20%* | 20%* | 20%* |
| Emergency Room | \$200 copay | 20%* | 20%* |
| Urgent Care Facility | \$30 copay | 20%* | 20%* |
| Inpatient Hospital Stay | 20%* | 20%* | 20%* |
| Outpatient Surgery | 20%* | 20%* | 20%* |
| Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 / Tier 6) | | | |
| Retail Pharmacy (30-day supply) | \$5 / \$25 / \$50 / \$75 / \$75 / \$150 | \$5 / \$25 / \$50 / \$75 / \$75 / \$150* | \$5 / \$25 / \$50 / \$75 / \$75 / \$150* |
| Mail Order (90-day supply ⁴) | \$10 / \$50 / \$100 / \$225 | \$10 / \$50 / \$100 / \$225* | \$10 / \$50 / \$100 / \$225* |

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. *Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs.

1. If you have family coverage, the family deductible may be met by any combination of covered family members (the individual deductible does not apply).

2. If you have family coverage, each covered member needs to meet the individual deductible before the plan pays for that member, unless the family deductible has already been met.

3. If you have family coverage, once one covered member meets the out-of-pocket maximum, the plan pays 100% for that member, unless the family out-of-pocket maximum has already been met.

4. Specialty medications are only available in a 30-day supply from BCBS preferred partners.



The HSA in Practice

A health savings account (HSA) helps you save for qualified health care expenses both now and in the future.



Harmony 27 / No dependents

Harmony is relatively healthy and doesn't need to visit the doctor much. She does go for her annual preventive exam.



Malik 48 / Family of four

In addition to the family's annual preventive care visits, Malik's wife comes down with the flu and his daughter needs braces.



Sofia 59 / Married, no kids

Sofia takes medication to manage her diabetes, and her wife needs new glasses this year.

| Example HSA Scenarios | Harmony Super Value HSA Individual Coverage | Malik Value HSA Family Coverage | Sofia Super Value HSA Employee + Spouse |
|--|---|---------------------------------------|---|
| Employee Premium Contribution (<i>annual with wellness incentive</i>) | \$507 | \$3,193 | \$1,808 |
| Annual Plan Deductible (<i>individual / family</i>) | \$3,200 / \$6,400 | \$1,600 / \$3,200 | \$3,200 / \$6,400 |
| HSA Annual Contribution Employer | \$1,000 | \$1,000 | \$2,000 |
| HSA Annual Contribution Employee (<i>optional</i>) | \$1,300 | \$3,900 | \$5,200 |
| Total Annual HSA Contribution | \$2,300 | \$4,900 | \$7,200 |
| Total Employee Annual Plan Cost (<i>premium + employee HSA contribution</i>) | \$1,807 | \$7,093 | \$7,008 |
| Annual Out-of-Pocket Health Care Expenses | \$500 | \$3,000 | \$5,000 |
| Remaining HSA Funds to be Carried Over to the Following Year | \$1,800 | \$1,900 | \$2,200 |

What health care expenses are covered by an HSA?

Qualified medical, dental and vision expenses include deductibles, copays, coinsurance, prescription costs, dental services, glasses and more. For a full list, visit irs.gov/pub/irs-pdf/p502.pdf.





Prescription Drugs

Each of the medical plan options includes prescription drug coverage. The cost you pay per prescription is determined according to a six-tier drug classification designed to make your prescriptions more affordable—including certain generic medications for only \$5. The tiers include:

- **Tier 1:** Low-Cost Generics
- **Tier 2:** Other Generics
- **Tier 3:** Preferred Brands
- **Tier 4:** Non-Preferred Brands
- **Tier 5:** Preferred Specialty
- **Tier 6:** Non-Preferred Specialty

90-day prescriptions for maintenance medications must be filled at CVS.

Specialty medication is only available in 30-day supplies from preferred BCBS network partners. Some medications may be subject to prior authorization and/or Quality Care Dosing requirements. Contact Blue Cross Blue Shield Member Services at (800) 262-2583 for more details.

To check your medication's tier, visit www.bluecrossma.org/medication.

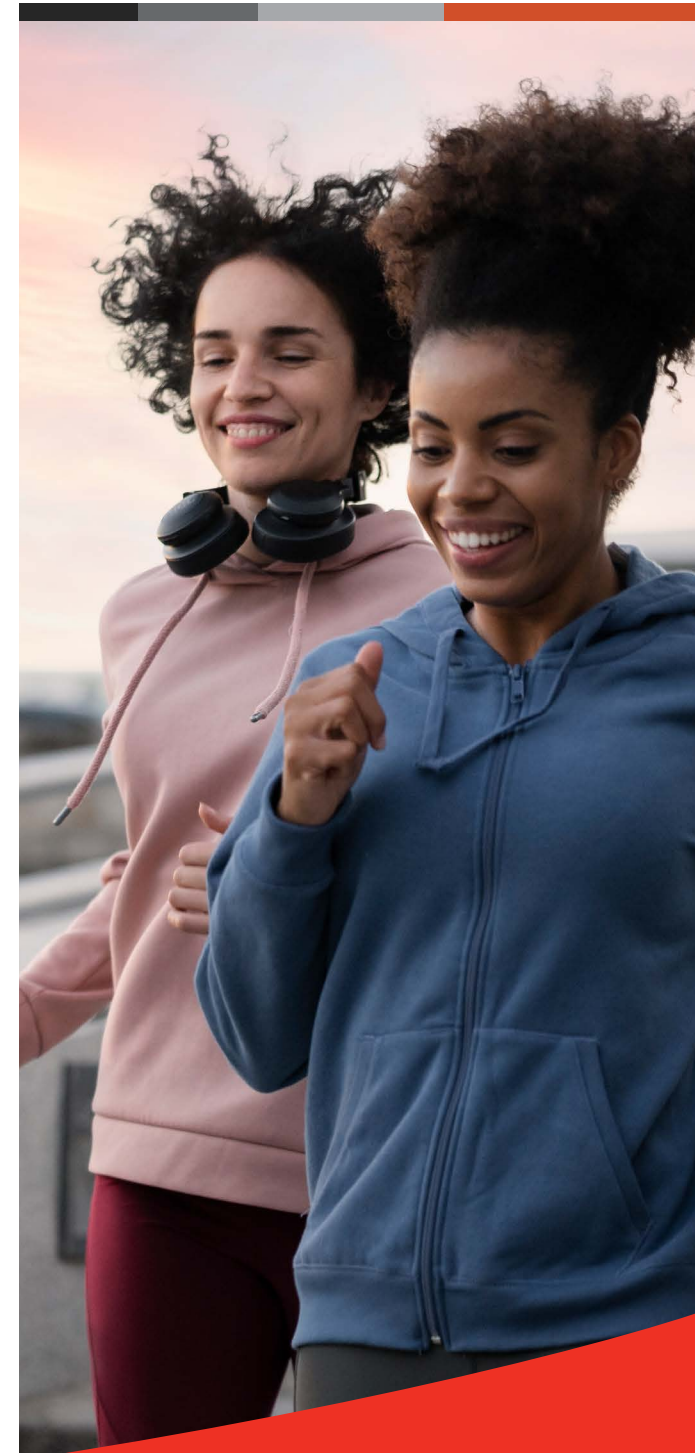
NOTE: Under the Value HSA and Super Value HSA, you must satisfy your medical plan annual deductible before prescription drug coverage begins. However, you can use HSA funds to help pay for expenses, including prescription drugs, applied toward your deductible.

Rx Delivery by Mail

Rx Delivery by Mail through CVS allows you to save money on your maintenance medications and sends them directly to your home. Opt in to receive email and text alerts for refill reminders.

When you use Rx Delivery by mail for tier one – three drugs, you will get a three-month supply of medication for the cost of two months. That's four months of medication FREE per year.

Find more information about these programs at MAPFRE.gobenefits.net.





Wellbeing Programs

MAPFRE.gobenefits.net

Your Path to Better Health

The key to a healthy lifestyle is having a good understanding of your health and risk factors—and making smart choices about nutrition and exercise.

For this reason, MAPFRE offers wellness programs and resources designed to help you set and reach your individual health and wellness goals. We encourage you to take advantage of these resources to improve your overall health and wellbeing.

Goodpath

Goodpath is a confidential integrative care program for employees and dependents over age 18 to assist with the following conditions: musculoskeletal issues, sleep disorders, digestive problems, long COVID and mental health support. New in 2024, Goodpath will offer an evidence-based cancer survivorship program designed to improve quality of life and clinical outcomes.

Good Health Gateway® Diabetes Care Rewards Program

If you or a covered dependent have been diagnosed with any form of diabetes, we encourage you to participate in this voluntary and confidential program. Participants will receive assistance in managing their diabetes and will qualify to receive covered diabetes medications and supplies at a \$0 copay, once all of the program's requirements have been met.

Fitness Reimbursement

Get rewarded with up to \$150 annually per family for your membership or fitness class fees at a full-service health club, fitness studio, virtual classes or for the purchase of home fitness equipment. Sign in to MyBlue at bluecrossma.org for more details.

Weight Loss Reimbursement

Reimbursement of up to \$150 annually per family is available for in-person or virtual programs that combine healthy eating, exercise and coaching including Weight Watchers and hospital-based programs. Sign into MyBlue at bluecrossma.org for more details.

Mind and Body Reimbursement

Great holistic health shouldn't be a stretch. Get reimbursed up to \$300 per family per year for alternative health treatments such as massage therapy, hypnosis therapy, meditation therapy and Tai chi. Sign in to MyBlue at bluecrossma.org for more details.

Wellness Incentive

You can earn a medical premium discount of \$520 by completing the following requirements:

- Complete a biometric screening in one of these three ways:
 - ▶ Have a biometric screening with your doctor and submit the biometric screening form
 - ▶ Schedule an appointment for an onsite screening event
 - ▶ Have a biometric screening at a LabCorp facility
- Complete a confidential Health Check Survey in the Better Health Wellness Portal powered by Virgin Pulse.
 - ▶ Sign up at join.virginpulse.com/BetterHealthProgram or download the Virgin Pulse mobile app
 - ▶ Under the Health menu, select Surveys, and find the Health Check Survey
 - ▶ This survey is completely confidential; MAPFRE does not receive any of your data, other than confirmation that you have participated

Both of these requirements must be met before December 6, 2023, in order to receive the premium discount.





Income Protection Plans

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can stretch your coverage even further? Our voluntary benefits are designed to complement your health care coverage. Benefits from these plans are paid directly to you! Coverage is also available for your spouse and eligible dependents.

You must enroll in these plans during Open Enrollment—they are available at affordable group rates.

Accident Insurance

Even with the most comprehensive medical plan, your out-of-pocket expenses can add up when an accident occurs. Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover unexpected out-of-pocket costs, like your medical deductible, living expenses or child care.

Critical Illness

With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use the funds however you would like, including to help pay for: treatment (e.g., experimental), prescriptions, travel, living expenses and more.

Hospital Indemnity Insurance

The hospital indemnity plan will pay a lump-sum benefit to assist in covering daily living expenses while experiencing an inpatient hospital stay. Your rent, mortgage, groceries, utilities and more can be paid for with the cash benefit from this plan.

Get rewarded for maintaining a healthy lifestyle. The Critical Illness Plan includes a Health Screening Benefit. If you or your covered family members receive certain screenings each year, you can each receive an annual \$50 benefit. Some examples of eligible screenings include biometric screenings, mammograms, skin cancer or oral cancer checks.





Dental

BlueCross BlueShield Dental

These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Dental Blue PPO network.

Following is a high-level overview of the coverage available for those age 13 and above.

| Key Dental Benefits | Low Plan | | High Plan | |
|--|------------|-----------------------------|---------------------------|-----------------------------|
| | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ |
| Deductible (per calendar year) | | | | |
| Individual | \$50 | \$50 | \$50 | \$50 |
| Dual | \$100 | \$100 | \$100 | \$100 |
| Family | \$150 | \$150 | \$150 | \$150 |
| Benefit Maximum (per calendar year; preventive, basic and major services combined) | | | | |
| Per Individual | \$1,000 | | \$2,000 | |
| Covered Services | | | | |
| Preventive Services | No charge | No charge | No charge | No charge |
| Basic Services | 20%* | 20%* | 20%* | 20%* |
| Major Services | 50%* | 50%* | 50%* | 50%* |
| Orthodontia (child & adult) | N/A | | 50%; \$1,500 max. benefit | |

Coinsurance percentages shown in the above chart represent what the member is responsible for paying. *Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

Beginning 1/1/24, MAPFRE covered family members who are under 13 will have 100% coverage up to the annual maximum for covered dental services, excluding orthodontics. (This will apply to both in and out of network services, though out of network dentists can balance bill.)

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

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Vision

EyeMed Vision

The EyeMed Select vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the EyeMed Select network.

Following is a high-level overview of the coverage available.

| Key Vision Benefits | In-Network | Out-of-Network Reimbursement |
|---|---|------------------------------|
| Exam (once every 12 months) | \$10 | Up to \$50 |
| Lenses (once every 12 months) | No charge after \$15 copay | Up to \$42 |
| Single Vision | | Up to \$78 |
| Bifocal | | Up to \$130 |
| Trifocal | | |
| UV Lens Coating | No charge after \$15 copay | N/A |
| Frames (once every 24 months) | Covered up to \$130 plus 20% off balance over \$130 | Up to \$74 |
| Contact Lenses (once every 12 months; in lieu of glasses) | Covered up to \$130 plus 15% off balance over \$130 | Up to \$104 |





Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in the below flexible spending accounts (FSAs), administered through Fidelity Investments. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

You may contribute up to \$3,050 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Deductibles
- Dental treatment
- Eye exams/eyeglasses
- Copayments
- Prescriptions
- Orthodontia
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants) If you enroll in the Value HSA or Super Value HSA medical plan, you may participate in a limited-purpose health care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

You may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 14 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA: Unused funds of up to \$610 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$610 will **NOT** be returned to you or carried over to the following year.

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through December 31, 2024, and must file claims by March 31, 2025.

The maximum contribution amount is established by the IRS each year.





Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through MetLife.

| | |
|-----------------------|--|
| Benefit Amount | 2 times your annual base salary, up to a \$400,000 maximum |
|-----------------------|--|

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through MetLife for yourself and your eligible family members.

| | Benefit Option | Guaranteed Issue¹ |
|-------------------|--|-------------------------------------|
| Employee | 1, 2, 3, 4 or 5 times your annual base salary; up to a \$800,000 maximum | \$100,000 |
| Spouse | \$10,000 increments; up to \$100,000 | \$20,000 |
| Child(ren) | \$5,000 or \$10,000 | \$10,000 |

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

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Disability

Available to full-time employees, disability insurance provides benefits that replace part of your income when you become unable to work due to a covered injury or illness. Coverage for these plans begins after 90 days of service.

Short-Term Disability (STD)

Provided at **NO COST** to you through MetLife.

| | |
|---------------------------------|---|
| Benefit Percentage | 75% |
| Weekly Benefit Maximum | N/A |
| When Benefits Begin | After 7 th day of disability |
| Maximum Benefit Duration | 12 weeks |

Long-Term Disability (LTD)

Provided at **NO COST** to you through MetLife.¹

| | |
|--------------------------------|---|
| Benefit Percentage | 60% |
| Monthly Benefit Maximum | \$10,000 |
| When Benefits Begin | After 90 th day of disability ² |

1. If you wish, you can elect to pay the cost of the LTD Plan on an after-tax basis. With this option, benefits from the LTD Plan are not taxed. It is recommended you consult with your personal tax advisor before making an election.
2. During the first 12 months of eligibility, pre-existing conditions may be excluded. Refer to the plan documents for further details.



LiveWell Services

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and wellbeing of our employees and their families. These LiveWell Services are provided at **NO COST** to you through KGA, Inc.

LiveWell Services can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

LiveWell Services Benefits

- Assistance for you and your household members
- Up to three sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

You may contact KGA, Inc. 24/7/365 by calling (800) 648-9557.

MAPFRE.gobenefits.net



Valuable Extras

We also offer the following additional benefits:

- Charitable Giving Program
- MetLaw Legal Services
- MetLife Pet Insurance
- AAA Membership
- Auto Insurance Discount
- ID Theft and Fraud Protection Program
- Tuition Reimbursement
- Adoption Assistance

Find more information about these plans at [MAPFRE.gobenefits.net](https://www.MAPFRE.gobenefits.net).



Profit Sharing and 401(k) Plan

You are eligible to participate in the plan immediately upon employment, provided you are at least age 18 and meet all other eligibility requirements. You can enroll and change your contributions at any time. The plan lets you:

- Save from 1% to 80% of your earnings on a pre-tax or after-tax basis
- Receive an automatic boost to your savings from MAPFRE's matching contribution (50¢ for each \$1 you save on the first 6% of your pay) and any profit sharing contribution MAPFRE may allocate
- Invest the money in your account for possible future growth

Your contributions are subject to an annual limit determined by the IRS. For example, in 2024, the amount is \$23,000. If you are age 50 or older, you may make an additional "catch-up" contribution of \$7,500 in 2023. This provision allows qualified participants the ability to maximize their 401(k) savings.

For more information about the plan and the investment options, contact the Retirement Benefits Department.





Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

| Coverage Tier | Medical Biweekly Employee Contribution | | | | | |
|-------------------|--|-----------|----------------|-----------|----------------------|-----------|
| | EPO Plan | | Value HSA Plan | | Super Value HSA Plan | |
| | Full-Time | Part-Time | Full-Time | Part-Time | Full-Time | Part-Time |
| Employee Only | \$138.28 | \$211.71 | \$56.79 | \$178.72 | \$39.51 | \$157.65 |
| Employee + 1 | \$316.43 | \$423.41 | \$129.81 | \$357.45 | \$89.55 | \$315.32 |
| Employee + Family | \$360.16 | \$592.77 | \$142.79 | \$500.42 | \$104.48 | \$441.44 |

| Coverage Tier | Dental Biweekly Employee Contribution | | | |
|-------------------|---------------------------------------|-----------|-----------|-----------|
| | Low Plan | | High Plan | |
| | Full-Time | Part-Time | Full-Time | Part-Time |
| Employee Only | \$5.40 | \$9.00 | \$9.60 | \$11.13 |
| Employee + 1 | \$10.65 | \$17.74 | \$17.90 | \$21.43 |
| Employee + Family | \$16.32 | \$27.19 | \$26.86 | \$32.55 |

| Coverage Tier | Vision Biweekly Employee Contribution | |
|-------------------|---------------------------------------|--|
| | Vision Plan | |
| Employee Only | \$2.45 | |
| Employee + 1 | \$4.90 | |
| Employee + Family | \$6.51 | |

Domestic Partner Contributions: Your contributions to cover a domestic partner are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your domestic partner's or their children's (if they are not federal tax dependents) health care coverage will be taxable to you as imputed income. This amount raises your taxable gross income. Also, the payroll deductions to cover a domestic partner must be taken on an after-tax basis.

Cost information for additional benefits can be found at [MAPFRE.gobenefits.net](https://www.mapfre.com/gobenefits.net).



Contact Information

MAPFRE.gobenefits.net

| Coverage | Carrier | Phone # | Website/Email |
|-----------------------------|----------------------|----------------|--|
| Medical | BlueCross BlueShield | (800) 262-2583 | bluecrossma.org |
| Diabetes Management Program | Abacus | (800) 643-8028 | goodhealthgateway.com |
| Voluntary Benefits | MetLife | (800) 638-5433 | metlife.com |
| Dental | BlueCross BlueShield | (800) 262-2583 | bluecrossma.org |
| Vision | EyeMed | (866) 723-0514 | eyemed.com |
| Flexible Spending Accounts | Fidelity Investments | (800) 544-3716 | netbenefits.com |
| Health Savings Account | Fidelity Investments | (800) 544-3716 | netbenefits.com |
| LiveWell Services | KGA, Inc. | (800) 648-9557 | kgreer.com |

Benefits Website

Our benefits website, MAPFRE.gobenefits.net, can be accessed anytime you want additional information on our benefits programs. This is also where you'll find important plan documents.

Questions?

If you have additional questions, you may also contact:

The MAPFRE USA Benefits Service Center at (800) 579-0889

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

