



Maritz
HEALTHY YOU!

**2024 MARITZ
EMPLOYEE BENEFITS GUIDE**
For New Regular Full-Time Employees
Plan Year 1/1/2024 - 12/31/2024

KEEP FOR FUTURE REFERENCE



BENEFITS SUMMARY

Maritz offers the following benefits:

- Medical (with Health Savings Account)
- Dental
- Vision
- Dependent Care Flexible Spending Account
- Life insurance
- Voluntary benefits
- 401k

This guide is intended to provide an overview of these options. For additional information, refer to the more detailed plan information on the Maritz benefits website at MaritzBenefits.com. If you still have questions, contact the Benefits Department at Benefits@Maritz.com or 636.827.4088.

Please note if any conflict occurs between this overview and the formal Plan Document or Summary Plan Descriptions (SPDs), the Plan Document or SPD would prevail.

If you are enrolling a spouse or child in medical, dental or vision coverage, please email a copy of your marriage certificate (if adding a spouse), or birth certificate(s), adoption or legal guardianship papers (if adding children) to Michelle.Konakci@Maritz.com within one week after making your elections in Workday. Your new hire benefits will be approved for processing when your family documentation is received. If the documents are not received, those family members will be removed from coverage.

If you do not actively enroll within 31 days after your full-time hire date, or within 31 days of experiencing a qualified change in status, you will not have another opportunity to enroll until the annual open enrollment period which is held each year in November.



IMPORTANT DATES AND INFORMATION

You will make an election in Workday to enroll in or waive coverage for each of the benefits listed below, within the **first 31 days** of full-time employment. Even if you wish to waive coverage, you need to make an election to decline coverage by the deadline. Look in your **Workday Inbox** and open the New Hire Benefits task to complete your elections. Refer to the page in this booklet for each benefit plan in which you wish to enroll to find your per pay period cost for that coverage.

Select this link to the **New Hire Job Aid** for step-by-step instructions to complete your elections in Workday.

All decisions are binding until the end of the calendar year unless you experience a qualified change in status and change your benefits within 31 days of that status change. The only exceptions are for HSA contributions, 401k, Commuter, and auto/home/pet insurance, which can be changed at any time.

The following benefits are effective **retroactive to your first day of full-time employment** once you have completed your elections:

Medical with HSA Option*

* You must be enrolled in the Maritz medical plan to be eligible to elect the HSA.

Dental

Vision

Dependent Care Flexible Spending Account (FSA)

Optional Life Insurance or AD&D for employee, spouse, or children is effective the 1st day of full-time employment if no evidence of insurability (EOI) is required.

*If EOI is required, the amount approved is effective on the date of the approval.

The following benefits are effective on the **1st day of the month** following the later of your full-time employment date or enrollment date:

Health Savings Account (HSA) is effective the 1st day of the month following your full-time employment date.

Hospital Confinement Indemnity

Critical Illness

Accident

Identity Theft Protection

Legal Plan

Commuter/Transit



The following benefits, for which Maritz pays the full cost, become effective on your first day of full-time employment. You are automatically enrolled in these benefits once you submit your new hire elections for all other benefits.

- Basic Life & AD&D
- Short-term Disability Coverage
- Long-term Disability Coverage
- Employee Assistance Program (EAP)
- Travel Accident
- Global Medical Plan

The following benefits are **not elected in Workday** and are effective once you have elected coverage on the provider's website:

Maritz Investment Plan (401k) – enroll at rps.troweprice.com after you receive the welcome email from T. Rowe Price (see Maritz Investment Plan page for details).

Home, Auto and Pet Insurance – enroll at youdecide.com/portal/login/mtz936 (or log on through the single sign on link in Workday through the Benefits Application, External Links column).

A **Summary of Benefits and Coverage (SBC)** is a document that you can use to learn the basics about the medical and prescription plans. It can also be used to easily compare benefits to other plan options you may have, such as through a spouse's provider. You can find the SBC on the Benefits website.

If you need more information than what is provided on the SBC for medical and prescription coverage, or for any other benefits, refer to the more detailed **Summary Plan Description (SPD)** which will provide you with information regarding: eligibility requirements to enroll or change coverage, types of expenses covered or excluded, claim filing and appeal procedures, and contribution limits where applicable (such as the 401k). The SPDs for each benefit can also be found on the Benefits website.

General Information regarding other policies not included in any other summary listed on the Benefits website, such as Tuition Reimbursement, Vacation, Flex Days, or other absences such as illness, bereavement, jury duty or holidays can be found on MyMaritz. Search for policies by typing Tuition Reimbursement, Absence Policy or Vacation Policy in the search bar.

If you need printed copies of the SBC or SPD and do not have access to a printer, please contact the Benefits department at 636.827.4088 to request a printed copy.



CIGNA MEDICAL PLAN

This medical plan is a Consumer Driven Health Plan (CDHP), with a Health Savings Account (HSA) utilizing the Cigna **Open Access Plus Network**. With this plan, you can utilize the service of almost any provider. However, benefits are greater when you use in-network providers, hospitals, and facilities. If you have questions about coverage before you are enrolled, call the Cigna pre-enrollment line at 888.806.5042.

Identity Force

When you enroll in the medical plan, you have access to identity theft protection through Cigna's Identity Force at no additional cost to you and your enrolled dependents under 18 years old. Click [here](#) for details.



Online Provider Search

To find providers in the Open Access Plus (OAP) Network before you are enrolled, go to **Cigna** and select the following on each screen when prompted:

- Find a Doctor
- Employer or School
- Fill in your zip code, choose "Doctor by Type" or "Doctor by Name" and provide the information in the field that comes up.
- Continue as Guest, Continue again (if prompted)
- For Select a Plan, look under OAP and select "Open Access Plus, OA plus, Choice Fund OA Plus".

After you are enrolled as a Cigna member, you would go to **MyCigna** to search for providers. You will no longer have to select a plan, and will only be shown providers in the OAP network.

ID Cards

Once Cigna has received and processed your enrollment information (which can take 1-2 weeks after completing your enrollment in Workday), you will be able to access your digital ID card by registering at **MyCigna** or by downloading the Cigna mobile app. With your digital ID card, you can show it to your provider on your mobile device, add it to your digital wallet, share it with your provider via email or text, save or print, or upload it to your patient portal. ID cards are not automatically mailed. A Cigna ID card can be mailed to you by requesting it in your MyCigna portal or by calling Cigna at (800) 244-6224.



Medical Plan Rates - Cigna & Express Scripts			
Coverage Tier	Semi-Monthly Premiums Without Well Credit	Maximum Eligible Well Credit	Semi-Monthly Premiums With Full Well Credit
Employee Only	\$96.72	\$25	\$71.72
Employee + Spouse	\$311.64	\$50	\$261.64
Employee + Child(ren)	\$231.39	\$25	\$206.39
Employee + Family	\$379.78	\$50	\$329.78

Refer to the Wellness page in this booklet for details regarding the Wellness Credit. **The well credit and the total premium will be listed as separate line items on your paycheck.** The well credit is listed in the earnings section and the total premium shows in the pre-tax deductions section.

Medical Plan Limits – Cigna & Express Scripts		
Annual Limits	Open Access Plus Network	Out-of- Network
Calendar Year Deductible Applies to all covered expenses unless otherwise indicated	\$2,000 Employee Only Coverage \$4,000 all other coverage tiers	\$3,000 Employee Only coverage \$6,000 all other coverage tiers
Maritz HSA Contribution Per Calendar Year	\$125 per quarter up to \$500 max per year for Employee Only coverage \$250 per quarter up to \$1,000 max per year for all other coverage tiers	
Out-of-Pocket Maximum Includes calendar year deductible and coinsurance paid by employee	\$4,000 per individual \$8,000 per family	\$6,000 per individual \$12,000 per family



MEDICAL PLAN SUMMARY		
Description	Plan (Cigna) Pays In-Network	Plan (Cigna) Pays Out-of- Network
Routine Preventive Care - Well-child care, immunizations, routine physicals and adult wellness screenings	100% (Deductible waived for preventive care)	Not Covered
All other services - includes physician charges, diagnostic tests, hospital and other facility charges, durable medical equipment, etc.	80% (After annual deductible is satisfied)	60% (After annual deductible is satisfied)
Coverage limits per calendar year	<ul style="list-style-type: none"> • Physical Therapy - 60 days • Skilled Nursing Facility - 120 days • Hearing Aids - \$1,000 	<ul style="list-style-type: none"> • Chiropractic Care - 30 days • Home Health Care - 100 days

PRESCRIPTION DRUG COVERAGE						
Your medical plan includes integrated pharmacy benefits administered through Express Scripts.						
Prescription Drug Coverage	Generic		Preferred Brand		Non-Preferred Brand	
Coinsurance %	20% after deductible*		30% after deductible*		40% after deductible*	
Min & Max Copays apply after deductible is satisfied or waived	Retail (30 Days)	Mail Order (90 Days)	Retail (30 Days)	Mail Order (90 Days)	Retail (30 Days)	Mail Order (90 Days)
Minimum Co-Payment \$	\$10	\$25	\$25	\$60	\$50	\$125
Maximum Co-Payment \$	\$30	\$75	\$75	\$180	\$150	\$375

*Deductible must be satisfied before the plan pays any portion of prescriptions, except for medications on the ACA Preventive or Preventive Plus lists, or medications you receive through SaveonSP.

The Express Scripts Patient Assurance Program sets copay limits on certain preferred brand glucose-lowering drugs and products at a \$25 copay for up to a 31-day supply or \$75 for a 90-day supply.

Express Scripts ID Cards

Once Express Scripts has received and processed your enrollment information (which can take 1-2 weeks after completing your enrollment in Workday), you will be able to access your digital ID card by registering at **Express Scripts** or by downloading the Express Scripts® mobile app. You'll need your member ID to register which is 000 followed by your Maritz employee ID number (e.g.; 000123456). You can show it to your provider on your mobile device, add it to your digital wallet, share it with your provider via email or text, save or print, or upload it to your patient portal. An ID card can be mailed to you upon request by calling the Express Scripts at (800) 953-3379.



Visit MaritzBenefits.com for detailed benefits information.

PRESCRIPTION DRUG COVERAGE (CONTINUED)

- Most maintenance medications must be filled through Home Delivery after three retail fills or future fills are denied at retail.
- To see your estimated out-of-pocket cost for medications prior to being enrolled, go to **www.Express-Scripts.com/Maritz**. Keep in mind that your out of pocket costs can change depending on whether or not you have satisfied your annual deductible. The estimated costs shown on this site assume your deductible has not yet been met.
- Once you are enrolled, you would log into your member portal at **<https://www.express-scripts.com>** (without the /maritz added to the link) to obtain prescription costs using the Price a Medication tool. By logging in as a covered member, the tool will know whether you have satisfied your deductible which could impact your out-of-pocket costs.
- Please note that the value of manufacturer coupons does not count toward your deductible and out-of-pocket maximum. Only the amount you pay out of your own pocket, or from your HSA, will apply.

These preventive drugs are covered at 100% (deductible waived):

Patient age, drug dosage type and strength criteria must be met for all of these medications. A coverage review must be requested by the patient or doctor and approved by Express Scripts for breast cancer preventive drugs, before \$0 copay will be applied.

- Contraceptives
- Smoking Cessation products
- HIV Pre-Exposure Prophylaxis antiretroviral therapy for those who meet high-risk criteria
- Breast cancer preventive drugs (brand drugs Tamoxifen, Raloxifene, Soltamox, or generic anastrozole, and exemestane).
- Certain immunizations (travel vaccines not covered)
- Prenatal vitamins
- Low-to-moderate doses of generic statin (cholesterol-lowering) drugs

Deductible is waived, but you pay coinsurance listed on page 6, for drugs to treat the following conditions (referred to as Preventive Plus drugs):

- Certain anti-depressants
- Asthma
- Bone Disease & Fractures
- Cavities
- Colonoscopy Preparation
- Diabetes
- Heart Disease & Stroke
- Respiratory Syncytial Virus
- Malaria
- Obesity

Refer to the **Maritz Benefits** website for details.

Certain specialty medications received through Accredo, the Express Scripts specialty pharmacy, will be free of charge (\$0) if they are part of the SaveonSP program. To see if your specialty medication is part of the SaveonSP program, go to **Maritz Benefits**, hover over the Health tab, and select Prescriptions. Click on the link for the SaveonSP Medications.

IMPORTANT NOTES:

- Certain injectable medications ordered individually by your doctor to be injected in their office must be ordered through Express Scripts (or Accredo for specialty medications) instead of Cigna's pharmacy in order to be covered.
- Gene therapy drugs must be ordered through Cigna instead of Express Scripts in order to be covered.



MEDICAL PLAN PROGRAMS

The programs shown below are included with your Cigna medical plan election at no cost to you.

Hinge Health At-Home Therapy Program	Livongo Hypertension Program	Livongo Diabetes Program	Omada Digital Weight Loss Program
<p>Provides members who enroll in the program with access to a coach-led digital at-home exercise therapy program for back and joint pain. Members eligible for this program will be provided with a free tablet and wearables, unlimited health coaching, and personalized exercise therapy.</p> <p>Programs are available for preventive, acute pain, chronic pain, therapy following surgery, and therapy for women's pelvic health.</p> <p>To get started, go to Hinge Health or call 855.902.2777 and complete the online screening process to see if you qualify.</p>	<p>Provides members diagnosed with Hypertension enrolled in this program with a free cellular connected blood pressure monitor, a mobile app that gives personalized feedback, and one-on-one coaching. The monitor automatically sends your readings to the easy-to-use app. You will receive useful information and tips to help you stay on track to manage your blood pressure and feel your best. Livongo coaches provide answers to your questions and advice on improving your health.</p> <p>To get started, go to Livongo or call 800.945.4355. (Enter Maritz as the Client Specific Registration Code when prompted.)</p>	<p>Provides members diagnosed with Diabetes who enroll in the program with a free Livongo cloud-connected smart glucose meter; free unlimited Livongo InTouch test strips and lancets; remote monitoring with real-time outreach driven by dangerous readings via phone, text and email; coaching by Livongo Certified Diabetes Educators and Express Script Diabetes Specialty pharmacists; and a Mango Health app to help you stay engaged and earn rewards.</p> <p>To get started, go to Livongo or call 800.945.4355. (Enter Maritz as the Client Specific Registration Code when prompted.)</p>	<p>This is a digital lifestyle change program for those at risk for diabetes that can help you lose weight, feel fantastic and develop long-term healthy habits. This program includes an interactive program to guide your journey; a wireless smart scale to monitor your progress; weekly online lessons to empower you; a professional Omada health coach to keep you on track; and a small online group of participants to keep you engaged.</p> <p>To get started, go to Omada and take the 1-minute health screener to see if you're eligible.</p>



Cigna Healthy Pregnancies, Healthy Babies®

Provides expectant mothers with the information and support needed to optimize their chances of having a healthy, full-term pregnancy. This program helps to prevent high-risk pregnancy and premature births through early risk detection and on-going monitoring and coaching at no cost to the member. To inspire and motivate moms to do everything possible to care for themselves during pregnancy, members who enroll during the first trimester of pregnancy receive a \$150 incentive, and members who enroll during the 2nd trimester receive a \$75 incentive through Motivate Me upon completion of the program.

To get started, call Cigna at the number on the back of your ID card.

Cleveland Clinic Second Opinion

Cigna health plan members have online access to the MyConsult Cleveland Clinic experts to review medical records and diagnostic test results and render an online medical second opinion at no cost to all eligible participants without having to leave the comfort of home. The second opinion includes treatment options or alternatives and recommendations regarding future therapeutic considerations.

To get started, log in to **Cleveland Clinic's Second Opinion for Cigna** webpage.

- Create your log-in (name, email address and password)
- Complete your Profile
- Select Check Insurance
- Select Cigna
- Enter your subscriber ID
- Select Yes or No to answer if you are the subscriber
- Service Key enter 'Cigna'

Questions? Call 1.800.223.2273 ext. 43223 or email myconsult@ccf.org.

Cost Comparison Tools

Compare facilities and physicians on **Healthcare Bluebook's website**.

Green
Providers with the lowest rates

Yellow
Providers with slightly higher rates

Red
Providers with highest rates.

You are also eligible to earn Confetti points** by selecting green color-coded providers for certain procedures with a "GO GREEN TO GET GREEN" designation.

**Search must be performed within 12 months prior to procedure on website, app, or via phone to be eligible for Confetti points.



Telehealth Offered Through Cigna

MDLive provides immediate, on-demand 24/7/365 access to affordable, quality, non-urgent care through a national network of licensed, board-certified U.S.-based doctors, including pediatricians. With telehealth, you have access to online video and phone consultations, e-mail communication (post consultation) and prescription services (sent directly to a pharmacy). Examples of conditions treated by telehealth doctors:

General Health				Pediatric Care	
Acne	Fever	Joint aches/pain	Sinus infection	Cold & flu	Fever
Allergies	Gout	Nausea & Vomiting	Sore throat	Constipation	Nausea & vomiting
Bronchitis	Headache	Pink eye	Sunburn	Ear infection	Pink eye

To access MDLive:

- Go to mdliveforcigna.com to register online or to request a phone consultation or a video consultation with a doctor. Professional information about physicians and their availability is provided for your review online. You may select any physician from the MDLive physician network to complete your consultation.
- Call 888.726.3171 to speak with a customer service representative to obtain information about available physicians and request a phone or online consultation with a physician.

Virtual visits are also covered for any Cigna in-network provider who offers those services, in addition to the standard Telehealth offering through MDLive.

A consultation charge will be billed to your Cigna medical plan and processed the same as a regular office visit.

CIGNA Behavioral Health provides access to video-based counseling and medication management for issues like anxiety, depression, grief, stress, family and relationship issues. Providers are available during normal business hours. They are not available 24/7/365.

Consultation charges for their services are billed to your CIGNA medical plan at the same negotiated rate they would charge for regular office visits.

To Get Started:

Register with **MyCigna** and search for Doctor Type “Telehealth/Virtual Behavioral Health” or call the number on the back of your Cigna ID card.



HEALTH SAVINGS ACCOUNT

About the HSA

The **HSA** is a tax-free savings account to help you pay and/or save for eligible medical, dental, vision, and prescription drug expenses with tax-free dollars. The HSA is yours to keep - even if you retire or leave Maritz.

For 2024, together, you and Maritz can contribute a total of \$4,150 for Employee Only coverage and \$8,300 for all other coverage tiers. If you are or will be age 55 or older in 2024, you can contribute an additional \$1,000 in "catch-up" contributions.

Employee contributions to the HSA are available for use as they are paid into the account – the full annual election is NOT available on January 1. If your spouse also contributes to an HSA or if you contributed to an HSA through a prior employer this calendar year, all contributions combined (both employer and employee contributions) cannot exceed the IRS maximum limit.

You must meet certain IRS eligibility requirements to contribute to an HSA. See the following page for details.

Grow Your HSA Through:

- Personal contributions
 - You can make pre-tax contributions to the HSA, up to IRS limits.
 - You can stop, start, or change your contribution amount at any time throughout the year from the Benefits Application in Workday.
- Maritz contributions
 - Maritz will automatically contribute tax-free dollars to your HSA based on the coverage tier you elect.
 - Employee Only coverage: \$125 per quarter up to \$500 per calendar year
 - All Other Coverage Tiers: \$250 per quarter up to \$1,000 per calendar year
 - Maritz contributions are processed on the first paycheck in each calendar quarter, and deposited into your account within 2-3 days.



HSA Triple-Tax Savings

How you save when you open an HSA:

1. Money goes in on a pre-tax basis through paycheck contributions.
2. Money can grow tax-free with interest or investment earnings on the amounts in your account.
3. Money is withdrawn tax-free when used for eligible healthcare expenses.*

*HSAs are not taxed at the federal income level when used for qualified expenses. While most states recognize HSA funds as tax-free, there are some exceptions. Please consult a tax advisor regarding your state's specific rules.



Eligibility

- You are **not** eligible to participate in an HSA if any of the following apply:
 - You (the employee) are also covered under another medical plan that is not a high-deductible plan, such as a PPO, HMO, or Medicare (including Part A)
 - Your spouse participates in a Health Flexible Spending Account (FSA), unless it is a limited purpose FSA (can only be used for dental and vision expenses, not medical)
 - You can be claimed as a dependent on someone else's tax return

If any of these apply to you, contact the Benefits Department right away so we can waive your HSA for you. (Workday won't allow you to waive it yourself if you are enrolled in the medical plan.)

The US Patriot Act requires WEX to perform an identity verification process for each new HSA account, which you must pass in order for your account to remain open.

If there is a discrepancy between your information as shown in Workday and what is shown in the government database for you, WEX will send you a notice asking you to submit additional documentation to confirm which information is correct. It's important that you submit the requested documents within 60 days or your account will be closed and any funds in your account will be returned.

Using Your HSA

- You have two options for withdrawing funds from your HSA:
 - Use the debit card to pay your out-of-pocket medical, prescription, dental, or vision expenses (you'll receive this card in the mail from WEX shortly after your account is opened – accept the online terms and conditions to activate your card and get access to your online account).
 - Submit a request through the online employee portal for WEX to send payment to a provider from your account or to reimburse yourself for expenses you pay out of pocket.
- No supporting documentation is required, but keep your invoices, receipts, and Explanation of Benefit (EOB) statements in case of IRS audit.
- Remaining funds in your account at year-end roll over each year – you never lose those funds.
- There is no deadline to submit claims, as long as the account remains open and funds are available.
- You have the option to invest any funds in your account in excess of \$1,000 into mutual funds offered through WEX and use this account as a savings vehicle too, if you wish.
- Once your account is opened, you can find a list of eligible expenses on the WEX website.



COMPASS ACCIDENT, CRITICAL ILLNESS & HOSPITAL CONFINEMENT PLANS



Each plan pays a benefit, regardless of any benefits you receive from other insurance programs. The benefits will be paid directly to you, and you may use the money to pay for out-of-pocket medical expenses, transportation expenses, mortgage payments, tuition expenses, household expenses, hiring outside help, or however you like.

For a detailed listing of covered benefits and costs, go to **Voya** and click on the Learn More links.

As a supplement to the protection that the medical and disability plans provide, you have the opportunity to enroll in supplemental medical benefits for additional coverage through **Voya**. These supplemental medical benefits will pay cash benefits for covered illnesses, hospital stays, or injuries.

Depending on the additional level of protection you would like, you can enroll in one, two, or all three of these supplemental medical options. If you enroll in more than one, it is possible to receive benefits from multiple plans for the same accident or illness.

You do not have to be enrolled in the Maritz medical plan in order to be eligible for the Hospital Confinement, Accident, or Critical Illness plans. If you are enrolled, your spouse and unmarried children up to age 26 are also eligible to enroll.

There are no health questions or physical exams required to purchase coverage. Pre-existing conditions are covered; however, for the Critical Illness plan, there must be at least 12 months between diagnoses before a benefit will be paid, as long as the new diagnosis is made on or after your first day of coverage under the plan.

The plans are portable and can be taken with you if you ever leave Maritz.



ACCIDENT PLAN

The Accident Plan pays a benefit for specific injuries resulting from a covered accident that occurs while you are not at work if the accident occurs on or after your coverage effective date. The benefit amount depends on the type of injury and care received. Common injuries covered are burns; emergency dental work; eye injury; torn cartilage or tendons, ligaments, or rotator cuff, concussion; paralysis; joint dislocations; and fractures. You may be required to seek care for your injury within a set amount of time.

Examples of benefits paid under the Accident Plan:

- Hospital Admission - \$750
- Coma lasting 14 days or more - \$8,500
- Urgent Care Facility Treatment - \$150
- Initial Doctor Visit - \$60
- Torn Knee Cartilage, Surgical Repair - \$400
- Leg Fracture - \$1,200 if no surgery or \$2,400 if surgery required

Your <u>semi-monthly</u> cost for this Accident benefit:	
Employee Only	\$3.56
Employee + Spouse	\$6.13
Employee + Child(ren)	\$7.01
Employee + Family	\$9.58

CRITICAL ILLNESS PLAN

The Critical Illness Plan pays a lump-sum benefit upon diagnosis of a heart attack, stroke, cancer, or major organ transplant:

- \$10,000 for you or your covered spouse
- \$5,000 for a covered child
- 25% for Coronary Bypass or Carcinoma in situ
- 10% paid for skin cancer

Semi-monthly cost for this Critical Illness benefit:
Rates are based on the employee's age for the employee and for spouse coverage. Cost ranges from \$2.10 if you are less than 25 years old to \$31.30 if you are age 70 or older. The cost for child coverage is \$.40 per pay period.

Your cost will be calculated and displayed in Workday when selecting the coverage. For a complete list of rates for all age bands for employee or spouse coverage, go to **Voya's** website.



HOSPITAL CONFINEMENT PLAN

The Hospital Confinement Indemnity Plan pays a benefit for each day of inpatient hospitalization as follows:



- \$500 Hospital Admission Day One
- \$100 Confinement Daily Benefit
 - › Up to a maximum of 30 days
- \$300 ICU Confinement Daily Benefit
 - › Up to maximum of 15 days

Your semi-monthly cost for this Hospital benefit:

Employee Only	\$4.98
Employee + Spouse	\$10.33
Employee + Child(ren)	\$7.80
Employee + Family	\$13.15

The \$500 Hospital Admission/Initial Confinement benefit is payable once per calendar year per covered member, up to a maximum of 4 Initial Confinement benefits for all covered members.

Please Note: If you are enrolled in this plan with Employee + Children or Family coverage and then deliver a baby during the calendar year, you will be eligible to receive a benefit for each day the baby is hospitalized in addition to the benefit you will receive for your own hospitalization, but you will need to file two claims -- one for yourself and one for your baby. However, if this baby is your first child and, therefore, you are only enrolled in Employee Only or Employee + Spouse coverage at the time of delivery, you will only be eligible to receive a benefit for the mother's hospitalization if she is covered on the plan on the day of delivery.

There is a combined confinement maximum benefit of 30 days, regardless of admission type (ICU or non-ICU).

Re-confinements that occur within 14 days after being discharged for the same or a related condition are considered as a continuation of the previous confinement.



DENTAL PLANS

To find providers in the Delta Dental network, go to **Delta Dental of Missouri**. There are two preferred networks of dentists that may be used with both plans – a **PPO** network and a **Premier** network. Both plans are administered by **Delta Dental of Missouri**. When you use these networks, you will be charged less for most services and will, therefore, incur a lower out-of-pocket expense. Dentists participating in the PPO network generally agree to lower negotiated rates than dentists in the Premier network. Also, preventive benefits are greater when received from PPO dentists than Premier dentists. However, both networks would protect you from being balance billed for any amounts the dentist would normally charge over the discounted rate they have negotiated with Delta Dental.

Dental Plan Rates

Your Semi-Monthly Cost	Standard Dental	Buy-Up Dental
Employee Only	\$3.93	\$10.73
Employee + Spouse	\$11.78	\$28.77
Employee + Child(ren)	\$9.41	\$23.01
Employee + Family	\$15.10	\$36.80

Once Delta Dental has received your enrollment information, temporary ID cards and claim forms can be obtained by registering as a new user on **Delta Dental's** website. (Enter your social security number with no dashes or spaces as your ID number.)

Dental Plan Summary

Annual/Lifetime Limits	Standard	Buy-Up
Deductible (per calendar year)		
Per Individual	\$100	\$50
Maximum Per Family	\$300	\$150
Maximum Benefits Paid by the Plan (Per calendar year per family member)	\$1,000	\$1,500
Orthodontia Lifetime Limit (Per family member)	\$1,000	\$2,000
Description of Service	Plan Pays	
Preventive Care - Cleanings and x-rays PPO Network Dentists All Other Dentists	100%	100%
	80%	80%
Basic Care - Fillings, extractions, root canals	60%	80%
Major Care - Crowns, bridgework, dentures, oral surgery, implants	50%	50%
Orthodontia Children and Adults	50%	50%



Participants diagnosed with periodontal disease, pregnant women, diabetics, those with kidney failure or undergoing dialysis and those with suppressed immune symptoms are eligible for up to four periodontal and/or dental cleanings per calendar year. Go to **Delta Dental** for details.



VISION PLAN - EYEMED

Tell your provider at your appointment that you have EyeMed coverage. Although you will be sent an ID card and can print one by registering with **EyeMed**, no ID card is required, and there are no claim forms to complete when you see an EyeMed network provider. If you see a non-EyeMed provider, you will need to pay in full at time of service and then submit a claim for the out-of-network reimbursement listed below.



To find providers in the **EyeMed** network, go to **EyeMed** and search for providers in the **Insight** network. See chart below for enhanced exam and frame benefit when using an Insight provider with the **PLUS** designation.

Vision Plan Rates	Your Semi-Monthly Cost
Employee Only	\$3.56
Employee + Spouse	\$7.56
Employee + Child(ren)	\$6.98
Employee + Family	\$12.07

Vision Care Services	In-Network Member Cost Insight Network	Out-of-Network Member Reimbursement
EXAM SERVICES	Once every calendar year	
Exam at PLUS Providers	\$0 copay	Up to \$45
Exam at all other Insight Providers	\$20 copay	Up to \$45
FRAME	Once every calendar year	
Any available frame at PLUS Providers	\$0 copay; 20% off balance over \$225 allowance	Up to \$88
Frame at all other Insight Providers	\$0 copay; 20% off balance over \$175 allowance	Up to \$88
CONTACT LENSES (Contact Lens allowance includes materials only)	Once every calendar year (in lieu of glasses)	
Contacts - Conventional	\$0 copay; 15% off balance over \$175 allowance	Up to \$140
Contacts - Disposable	\$0 copay; 100% of balance over \$175 allowance	Up to \$140
Contact - Medically Necessary	\$0 copay; paid-in-full	Up to \$210
STANDARD PLASTIC LENSES	Once every calendar year (in lieu of contact lenses)	
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$65
Lenticular	\$25 copay	Up to \$100
Progressive - Standard	\$80 copay	Up to \$50
Progressive - Premium Tier 1	\$100 copay	Up to \$50
Progressive - Premium Tier 2	\$110 copay	Up to \$50
Progressive - Premium Tier 3	\$125 copay	Up to \$50
Progressive - Premium Tier 4	\$80 copay; 20% off retail price less \$120 allowance	Up to \$50
LENS OPTIONS		
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$5

Visit MaritzBenefits.com for detailed benefits information.



PAYTIENT

Paytient Health Payment Account (HPA)

All regular full-time employees are eligible to apply for an interest-and fee-free line of credit with Paytient to pay for out-of-pocket healthcare expenses over time. Enrollment in the Maritz medical plan is not required.

Paytient Card

Once you set up an account with Paytient, you will receive a virtual Paytient Visa card to pay for eligible out of pocket expenses. A physical card will also arrive at your home in 7-10 days.

You can use the Paytient card to pay for medical, dental, vision, and pharmacy expenses for you and your family members. You can also use the card to pay for veterinary expenses for your pets!

Line of Credit and Repayment Terms

Employees who qualify can have up to a \$1,500 revolving line of credit open at a time. For each separate transaction, you will set up a personalized repayment plan with Paytient that works for your budget, which will be deducted from your paychecks on an after-tax basis. You set the number of months to repay each transaction, up to a maximum of 36 months - interest free!

You can use your card to pay for eligible healthcare expenses for any family member you wish, as long as you understand you will be responsible for repaying with deductions from YOUR paychecks.

No Credit Check

There is no credit check when you apply for a Paytient account. When you apply for a Paytient account, you will be asked to enter your monthly/annual income and monthly/annual debt to determine if your current expenses don't exceed your current income and verify you have enough remaining income to repay Paytient through payroll deductions. In the rare event that you are denied, contact Paytient member services at (866) 345-9591 for further assistance in getting your account approved.

Here's How it Works

Create your account - Visit paytient.com/maritz and select Sign Up. Enter your Maritz email address to verify your eligibility, then answer the questions to complete setting up your account.

Swipe Card - Once approved, swipe, tap, or insert your Paytient card to pay for an out-of-pocket health expense (to see where you can use your card, log in or open the Paytient mobile app).

Click - Click the notification that appears on your smartphone. If you don't have a smartphone, you can also log into the portal at paytient.com/maritz instead.

Select Your Repayment Plan - The notification will prompt you to select a repayment plan. Choose the interest-free personalized payment plan that works for your budget. If none is chosen within 24 hours, the system will default to the plan selected when you first created your account.

Pay - Payments will be automatically deducted on the schedule you select, so you can set it and forget it!



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

No one really likes to think about life insurance. However, we all know it is something we need to have in place in case something unexpected occurs.



Supplemental Employee, Spouse, and Child Life Insurance

In addition to basic life and AD&D insurance, you may also elect optional life insurance for yourself, your spouse, and your children.

You pay for any optional coverage on an after-tax basis.

Evidence of insurability (EOI) will be required over certain limits. If you elect an amount that requires EOI, you will receive an email with a link to **Voya's website** to answer health questions within a few weeks after you submit your new hire elections.

Employer-Paid Basic Life

Basic Life Insurance - 1½ times your annual base salary (up to \$250,000) plus \$1,000 Basic Dependent Life coverage.

Basic AD&D Insurance - 1½ times your annual base salary (up to \$250,000), which provides coverage due to accidents.

Optional Employee and Family AD&D

AD&D benefits are paid in addition to any life insurance for death, loss of limbs, sight or hearing, or paralysis that results from a covered accident.

Supplemental Life and AD&D Coverage Options

Life

For You

1 to 5 times your basic annual earnings, to a maximum of \$500,000
EOI required for coverage over \$250,000 or 3x base annual earnings

For Your Spouse

\$25,000, \$50,000, \$75,000, or \$100,000
EOI required for coverage over \$50,000

For Your Children

\$5,000, \$10,000, or \$25,000 (up to age 26)
EOI waived if elected during first 31 days of employment

AD&D

For You

1 to 5 times your basic annual earnings, to a maximum of \$500,000

For You and Your Family

Spouse Only - 50% of employee's coverage amount;
Child(ren) Only - 15% of employee's coverage amount;
Spouse and Child(ren) - Spouse 40%, Child(ren) 10% of employee's coverage amount



Monthly Supplemental Life Coverage Costs (per \$1,000 of coverage) *Rates are based on the employee's age for spouse life.		
Employee's Age	Employee Life Cost	Spouse Life Cost*
Under 25	\$.03	\$.05
25-29	\$.04	\$.06
30-34	\$.05	\$.08
35-39	\$.06	\$.10
40-44	\$.08	\$.12
45-49	\$.13	\$.18
50-54	\$.20	\$.32
55-59	\$.35	\$.52
60-64	\$.49	\$.94
65-69	\$.89	\$ 1.61
70+	\$ 1.43	\$ 1.61

Coverage Reduced at Age 65 and 70

Your Basic and Supplemental Life and AD&D coverage will be reduced to 65% of your normal coverage amount once you reach age 65. At age 70, coverage will be reduced to the 50% of the normal coverage amount.

Child Life Insurance	\$.055 per \$1,000 of coverage
Supplemental AD&D Employee Only	\$.015 per \$1,000 of coverage
Supplemental AD&D Family	\$.028 per \$1,000 of coverage

Added benefits through Voya include:

- Beneficiary Assistance
- Travel Assistance
 - › Pre-trip information
 - › Emergency personal services
 - › Medical assistance services
 - › Emergency transportation services
- Funeral Planning and Concierge Services
 - › Pre-planning services
 - › At-need services
 - › Funeral home Price Finder reports

Please note that if you are a VP or above, your Voya Term Life coverage will be changed to MetLife GVUL during the next annual open enrollment period for this coverage which takes effect on June 1 each year. GVUL coverage builds cash value and can also be used as an investment vehicle. Additional details will be provided to you in May. Your AD&D coverage will continue to be through Voya.



DEPENDENT CARE FSA

A Dependent Care Flexible Spending Account (FSA) allows you to set aside a portion of your salary, before taxes, to pay for qualified dependent care (daycare) expenses. Because that portion of your income is not taxed, you end up with more money in your pocket. The annual IRS limit for this type of account is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the calendar year.



To be eligible for this type of account, both you and your spouse (if applicable) must work, be looking for work or be full-time students. You may receive reimbursement up to the current balance in your account at the time the request is made.

Eligible Dependents

- Children under age 13 who are claimed as a dependent for tax purposes
- Disabled spouse or disabled dependent of any age
- Aging parents who live in your home and are unable to take care of themselves

Eligible Expenses

- Childcare center
- Babysitter/nanny (birth through age 12)
- Summer day camp
- Before- or after-school care
- Disabled dependent and/or spouse care
- Elder care

Ineligible Expenses

- Costs claimed as a dependent care tax credit on your tax return
- Services provided by one of your dependents
- Expenses for nighttime babysitting or overnight camps
- Expenses paid for school (Kindergarten and above)

Tip: Use It So You Don't Lose It!

Take the time to plan your contributions carefully. Generally, you cannot make changes to your FSA election amount after the plan year starts unless you experience a qualified life event. Dependent Care FSAs have an IRS-required "use it or lose it" rule, so you'll want to plan your contributions carefully and use all the money you set aside in the plan year, otherwise you'll lose it.

Account Year	Grace Period to incur claims	Deadline to submit claims
2024	3/15/2025	4/30/2025

Please note: If your participation ends prior to December 31, your grace period and deadline to submit claims will be reduced. Refer to the **Maritz Benefits website** for details.



DEPENDENT CARE FSA (CONTINUED)

Options for Using Your FSA

Debit Card

You can use your WEX debit card to pay for dependent care expenses directly from your account. However, you still need to provide documentation to **WEX** to verify the daycare expenses being paid with your debit card.

Recurring Dependent Care Reimbursement Form

This process only requires you to submit one form per year for each daycare provider used during the year. This form must be completed by you as the participant and by your daycare provider, confirming the amount per week that you pay for daycare. A separate form must be completed for each provider if you use more than one.

Dependent Care Verification Form

Print a copy of the form from the **WEX** website. After filing your dependent care reimbursement claim online, complete this Dependent Care Verification form and have your daycare provider sign where indicated. Submit the completed form to **WEX** as your supporting documentation for the claim.

Upload Itemized Receipts Online

File a claim and submit supporting documentation on the **WEX** website. Supporting documentation for your daycare expenses can be the itemized bill from your daycare provider that includes the name of your daycare provider, name of your child, dates the care was provided, and the amount.

Be sure to keep your receipts, since the IRS requires documentation. WEX may also request further documentation for amounts paid with your card. Consider taking a picture of your documentation with your smartphone so it's available if you need it. If you have questions, contact WEX Health at 866-451-3399 or customerservice@wexhealth.com.

WEX Mobile App

The free WEX mobile app gives you the power to manage your benefits anytime, anywhere.

Download it today on your Apple or Android device.



LEGAL PLAN - ARAG



When faced with everyday legal issues, the majority of individuals don't hire an attorney because these costs are often unplanned, unbudgeted and more expensive than expected. When legal events occur, you want to make the best decisions to address your specific legal situation. You want to know what you are getting into before you commit additional time and resources. And most importantly, you want to be assured of a quality outcome for yourself and your family.

That's why Maritz offers you a **Legal Services Plan** offering through **ARAG** as part of our benefits package for a low semi-monthly cost of \$10.95 per paycheck that is conveniently payroll deducted.

Diversity, Equity & Inclusion Coverage includes: Domestic Partnership Agreement, HIPAA/Hospital Visitation Authorization, Funeral Directive, Gender Identifier Change, Social Security/Veterans/Medicare Dispute, and School Administration Hearing.

Services included:

- Contested Divorce (30 hours of legal services) and uncontested divorce
- Child Support/Custody
- Credit Records Correction
- Drivers License Suspension, Revocation, and Restoration - with DWI
- Egg/Sperm/Embryo Donation
- Executor Appointment
- Government Benefits Dispute
- ID Theft Protection
- Financial education and counseling (available to all employees, even those who do not enroll in the Legal Services Plan)
- Civil Damage Claims
- Consumer Protection Matters
- Criminal Matters
- Debt-Related Matters
- Family Law
- General Matters
- Landlord/Tenant Matters
- Pre-Birth/Post-Birth Parentage Order
- Protection of Inheritance Rights
- Real Estate Matters
- Services for Parents/Grandparents such as document preparation, document review, miscellaneous legal services up to 4 hours per year, and wills & power of attorney
- Small Claims Court
- Surrogacy Agreement
- Tax Matters
- Traffic Matters
- Wills and Estate Planning

For more information, go to **ARAG** and enter access code **18341mhi**. Any insured event which occurs prior to your effective date in this plan will be considered excluded and no benefits will apply.



EMPLOYEE ASSISTANCE PROGRAM (EAP)



The EAP is a confidential and voluntary support service that can help you take the first step toward change. Let us help you find solutions to the challenges you face at any age and stage of life to develop the life management skills needed to enjoy life more fully. You and your immediate family members can access immediate and confidential support in a way that is most suited to your preferences, comfort level and lifestyle.

You can access the following services anytime at **Guidance Resources** or with a toll-free call:

- Information, resources, and referrals on family matters, such as child and elder care; kennels and pet care; event and vacation planning; moving and relocation; car buying; college planning; and more.
- Legal information and referrals for situations requiring expertise in family law, estate planning, landlord/tenant relations, consumer and civil law, and more. Legal support services provide one free 30 minute in-person consultation per legal issue, and subsequent meetings at a reduced fee.
- Guidance with financial matters, including household budgeting, and short and long-term planning.

Our **Employee Assistance Program** is administered through our relationship with Lincoln Financial, our short-term and long-term disability provider. ComPsych is the EAP provider and Employee Connect is the program name.

There is no cost to you or your family to use your Employee Assistance Program. To receive EAP services, call 1-888-628-4824 24 hours a day, 7 days a week. To access the **EAP website**, log in with the username **LFGsupport** and the password **LFGsupport1**.

There is a nationwide network of licensed and experienced counselors, including psychologists, clinical social workers, certified alcohol and drug counselors, and marriage, family, and child counselors.

Short-term Professional Counseling provides in-person sessions for personal and emotional issues. Eligible for up to five* sessions with a counselor per person, per issue, per year. *In California, up to three sessions in six months, starting with initial contact by employee. Telephone counseling sessions are unlimited.

On-site Critical Incident Stress Management services are also available if needed, which is a group meeting organized for employees affected by a critical or traumatic event. If you need to request on-site services for a group of employees, contact **Benefits@Maritz.com**.

All calls and counseling sessions are confidential, except as required by law (e.g., when a person's emotional condition is a threat, or there is suspected abuse of a minor child, and in some states, spousal or other abuse). No one, including your employer, will ever know that you have used the program unless you choose to tell them.



COMMUTER: TRANSIT AND PARKING - WEX



A commuter plan allows you to set aside pre-tax dollars for qualified transit, vanpooling, and parking expenses. Commuter benefits let you pay for transportation to and from work with tax-free money.

Examples of eligible transportation for transit benefits include train, bus, subway, and ferry, Uber POOL and Lyft Line rides in select cities.

Examples of eligible parking expenses include parking at or near public transportation to get to work, parking meters at or near work, and parking passes. Parking at a temporary work location, or parking expenses not related to commuting to work are not eligible expenses.

Transit and Parking are two separate accounts and must be elected separately. There is a separate IRS contribution limit of \$315 per month for each account.

Mobile App

Download the free Commuter Mobile App on Apple and Android Devices.

How it Works

You will make an election in Workday to enroll in Commuter benefits. Enter the amount per month you want deducted from your paycheck pre-tax to pay for your transportation to and from work. Once you enroll, the amount elected will be deducted from your pay starting with the first pay period of the month following your election. It will continue each pay period until you take action to stop or change the amount.

Don't let large balances accumulate to prevent losing funds if your employment ends or your transit needs change. Consider changing monthly deductions as often as needed so you are using funds as you are paying them into your account each paycheck.

Commuter Benefits can be elected or changed at any time during the year – no qualified change in status required.

Accessing Funds

There are a few ways you can access your commuter benefits.

- Use your **WEX Benefits** debit card to pay providers directly at the time of service from your transit account.
- Pay out of pocket and submit a reimbursement request through the **WEX** mobile app or through your **WEX** consumer portal. Sign up for direct deposit to receive your reimbursement as quickly as possible.
- Washington DC residents have the option of the SmartCommute Program, which allows you to load commuter dollars onto a reloadable smart card and easily transfer funds from your WEX commuter account to the card.

Reimbursement Deadlines

180 days following date expense was incurred; or 60 days following date participation ends. If your employment ends, your final commuter paycheck deduction can only be used to reimburse you for expenses or services that occurred prior to your last day of participation.



ALLSTATE IDENTITY THEFT PROTECTION

Allstate delivers comprehensive fraud monitoring and powerful mobile and desktop cybersecurity to help protect you, your family, and your finances from emerging threats. Once you are enrolled, be sure to log in and complete your profile to activate the full credit and financial monitoring portion of this benefit.

Family protection (if enrolled in Family coverage)

- Identity protection for “Everyone under your roof, under your wallet, under your plan”.
- Senior family coverage (parents, grandparents and in-laws age 65+, no matter where they live)
- Elder fraud protection which includes an elder fraud center and scam support
- Family digital safety tools which includes web filtering, screen time management, parental monitoring and alerting, location tracking, and more.

Cyber protection

- Personal and family device security for mobile and desktop devices which includes anti-virus protection, missing and stolen device tools for Android and Windows, webcam protection for Windows, phishing protection for Windows, Android, and iOS, Android smart watch protection, and more.
- VPN with anti-tracking and blocking, MFA, internet kill switch, and split tunneling
- Password manager
- Network security

Privacy and data monitoring

- Allstate Digital Footprint® which includes personalized online account discovery, privacy insights, and privacy management tools.
- Data breach notifications
- Robocall blocker
- Ad blocker
- Solicitation reduction
- Sex offender alerts

Identity Theft Coverage Rates	
Coverage Tier	Semi-Monthly Rate
Employee Only	\$4.98
Family	\$8.98

Identity and financial monitoring

- High-risk transaction monitoring
- Financial account and transaction monitoring
- Lost wallet protection
- Dark web monitoring for personal data and passwords using human-sourced intelligence
- Social media account takeover monitoring
- And more

Credit monitoring

- Auto-on monitoring
- Rapid alerts
- Tri-bureau credit monitoring
- Credit score tracking
- Unlimited TransUnion credit scores
- Annual tri-bureau report and score
- Credit freeze assistance
- Credit lock
- Credit report disputes

Restoration

- Full-service remediation support
- Pre-existing condition remediation
- Fraud resolution tracker
- Unemployment Fraud Center
- Stolen tax refund advance
- Up to \$1 million reimbursement for identity theft expenses & stolen funds[†] with an individual plan and up to \$2 million with a family plan, includes coverage for: 401(k)/HSA fraud, deceased family member fraud, personal ransomware expense reimbursement, up to \$500 stolen wallet emergency cash, and more benefits.



YOUDECIDE VOLUNTARY BENEFITS

Auto and Home Insurance, Student Loan Financing, and Other Discounts through YouDecide

For more information or to enroll in these voluntary benefits, go to the Benefits and Pay application in Workday and click **YouDecide** in the External Links column.

- **Auto and Home Insurance** – Receive special group rates from Travelers, a national leading carrier, with the convenience of payroll deduction.
- **Pet Insurance** - Receive special group rates through YouDecide with the convenience of payroll deduction.
- **Student Loan Refinancing** – Receive a \$300 welcome bonus when you apply and refinance through SoFi. SoFi is the leader in student loan refinancing, and one of the few lenders that can consolidate and refinance both federal and private loans. Refinance to a shorter term and receive serious savings over the lifetime of the loan.
- **Other Discounted Benefits** – Throughout the year, access the **YouDecide** website to save money on everything from flat screen TVs and movie tickets to gym memberships, and childcare!

Once enrolled in Auto/Home Insurance, Pet Insurance, or other discounted benefits through **YouDecide**, you do not have to “re-elect” or “renew” coverage year-to-year. You may enroll or cancel any time during the year.





WELLNESS - VIRGIN PULSE INCENTIVE PROGRAM

Well Credit: Employees hired in 2024 who enroll in the Maritz medical plan will automatically receive a \$25 Well Credit added to each paycheck (plus \$25 for a spouse, if enrolled) through December 31, 2024. The biometric screening process will be waived during this period.

In order to be eligible for the \$600 Annual Well Credit (\$25 per paycheck) for each employee and spouse enrolled in 2025, the biometric screening will need to be completed in 2024 by December 15th.

Achieving specific goals related to your BMI, blood pressure, cholesterol, triglycerides, and A1C will earn you Confetti points if you are enrolled in the Maritz medical plan. Being tobacco-free will also earn Confetti points.

Employees enrolled in the medical plan are eligible to earn Confetti points through the Healthy You! Wellness incentive program by completing various wellness activities and challenges throughout the year. To see a list of healthy activities that could earn you rewards, go to MaritzBenefits.com and look at the **Healthy You! Wellness Program** page under the Wellness tab. If you're not sure if you can fully participate in this program because of a disability or medical condition, visit support. virginpulse.com and search Medical Exceptions.

Employees and Spouses NOT Enrolling in the Maritz Medical Plan:

Once you register with Virgin Pulse, we encourage you to take 15 minutes and complete the Health Check Survey listed at the top of your homepage. This will personalize your Virgin Pulse experience! Access many tools and resources to help you on your personal health journey!

Journeys: a digital coaching program to make simple changes to improve your health, one step at a time.

My Care Checklist: a handy healthcare tracker that assists you in managing your health by keeping track of health check ups, all in one place.

Daily Cards: get helpful tips that are relevant to your current interest and goals.

Challenges: company-wide challenges are hosted on Virgin Pulse!



Refer to the chart below to see what your medical cost will be after the well credit is applied:

Employee Only	\$96.72 - \$25 = \$71.72
Employee + Spouse	\$311.64 - \$50 = \$261.64
Employee + Child(ren)	\$231.39 - \$25 = \$206.39
Employee + Family	\$379.78 - \$50 = \$329.78

Please note: **The well credit will be listed as a separate line item on your paycheck.** It will be listed in the earnings portion of your paycheck, and the premium will be listed as a pre-tax deduction.



COMPANY PAID BENEFITS

Basic Life and Basic AD&D - Voya

Maritz provides coverage equal to: Basic Life: 1 ½ times annual base salary **and** Basic AD&D: 1 ½ times annual base salary

Short-Term Disability Coverage - Lincoln Financial

Maritz pays up to 26 weeks of disability benefits for absences from work greater than 5 days in length due to a serious, non-work related illness or accident that is medically substantiated (benefit is a % of base salary, determined by years of full-time service with Maritz): **Less than 6 months:** 60% up to # weeks employed **5 – 9 years:** 13 weeks at 100%, 13 weeks at 60%
6 months - 4 years: 6 weeks at 100%, 20 weeks at 60% **10+ years:** 20 weeks at 100%, 6 weeks at 60%

Long-Term Disability Coverage - Lincoln Financial

Maritz offers coverage for absences from work greater than 180 days in length due to a serious, non-work related illness or accident. Once 26 weeks of short-term disability benefits have been exhausted, Lincoln Financial pays monthly long-term disability benefits equal to 60% (greater of current year base salary or prior year total earnings)

Paid Parental and Caregiver Leave - Lincoln Financial

Payments are based on 100% of base salary: Up to 6 weeks per rolling 12-month period for Paid Parental Leave, or 2 weeks for Paid Caregiver Leave. Paid Parental provides bonding time for a new parent (maternal or paternal) due to birth, adoption or foster care placement. Paid Caregiver provides time off to care for immediate family member with a serious health condition.

Employee Assistance Program (EAP) - ComPsych (Partner of Lincoln Financial)

Licensed and experienced counselors provide confidential counseling (up to 5 visits) and referral services at no cost to employees to help with developing life management skills. Both in-person and telephonic sessions are offered, as well as Work-Life services, Legal & Financial Services. Telephone counseling sessions are unlimited.

Travel Accident Coverage - ACE USA

Coverage for loss of life or accidents while traveling on company business. Also includes evacuation assistance when traveling outside the U.S.

International Travel Medical Benefits - Cigna

Employer provided coverage for medical and prescription services if needed while traveling internationally on Maritz business.

Tuition Reimbursement

Regular full-time employees performing at an acceptable performance level are eligible to participate. Reimbursement of 75% of the cost of tuition and other eligible costs for grade "C" or better will be paid, up to \$5000 max per calendar year.

Holidays

Company provides a generous paid holiday schedule which is updated each calendar year. See posted information on MyMaritz for details. *Maritz is also generally closed between Christmas and New Year's.*

Vacation, Flex, & Sick Days

Company provides a generous paid vacation policy, based on years of service and position. Vacation is earned or accrued each month during the fiscal year. See posted information on MyMaritz for details.

Regular full-time employees: up to 3 weeks of vacation first 9 years of service; 4 weeks of vacation 10-19 years of service; 5 weeks of vacation for 20+ years of service. All full-time employees also earn 3 paid flex days per fiscal year.

VP level and above are entitled to one (1) additional vacation week during the first 20 years of service.

An employee absent from work due to his or her own illness or injury is allowed time off with pay. See the Absence Policy on MyMaritz for details.



MARITZ INVESTMENT PLAN (401K)

Eligibility

You are eligible to enroll in the Maritz Investment Plan as a new regular full-time employee. Once you enroll, it may take one to two pay period(s) for contributions to start being deducted from your paycheck based on timing of the update being provided to Maritz. You will be receiving a welcome email from T. Rowe Price in the coming weeks. Once you receive that email, go to **T. Rowe Price** to enroll and designate your beneficiary for your 401(k) account. If you need assistance, call T. Rowe Price at 1.800.922.9945. Representatives are available on business days from 7 AM - 10 PM eastern time.

Employee contribution limits

You may contribute:

- up to 90% in pretax contributions, subject to IRS limits
- up to 6% in after-tax contributions.

2024 IRS Contribution Limits

\$23,000

(or \$30,500 if age 50+)

Note: Pretax and after-tax contributions may not total more than 90% of your pay (in whole percentages only). If you are 50 or older and contribute the maximum amount allowed by the plan, you may also contribute an additional amount of “catch-up contributions” up to the IRS catch-up limit. Catch-up contributions must be made on an after-tax basis to a Roth IRA.

Employer contribution

With matching contributions, for every pre-tax dollar you contribute up to 2% of your eligible base and bonus pay, Maritz will contribute one dollar to your Plan account each pay period. For the next 5% of your eligible pay you contribute, the company will match 50 cents for every dollar. If you defer 7% for your employee contribution, Maritz will add 4.5%. There is no company match on your after-tax contributions.

Rollover contributions

You may consolidate your retirement savings by “rolling over” vested balances from other eligible plans, including 401(k), 403(b), or governmental 457 plans. These amounts will be credited to your rollover contribution source within your plan account.

Vesting

Vesting refers to the portion of your account that you may take with you when you leave the company or borrow from when you need a loan. You are always 100% vested in the part of your account balance that comes from your own contributions.

Flexible investment options

You can choose one or more of the investment options available through the plan. If you want a single, pre-assembled investment solution, please review the T. Rowe Price Retirement Funds which are designed and managed based on your age.

Convenient account transactions

At any time, you can change your contribution amount, change current balances (move all or part of an existing account balance from one investment to another), or change your investment election (how future contributions will be invested).



BENEFITS CONTACT INFORMATION

401(K)	Rps.troweprice.com	800.922.9945
Accident Plan	Presents.voya.com/EBRC/Maritzholdingsinc	877.236.7564
Commuter	Benefitslogin.wexhealth.com	866.451.3399
Critical Illness	Presents.voya.com/EBRC/Maritzholdingsinc	877.236.7564
Dental	Deltadentalmo.com	800.335.8266
Dependent Care FSA	Benefitslogin.wexhealth.com	866.451.3399
Disability/FMLA/Parental/Caregiver	Mylincolnportal.com	888.408.7300
Employee Assistance Program (EAP)	GuidanceResources.COM user=LFGsupport pass=LFGsupport1	888.628.4824
Healthcare Bluebook	Healthcarebluebook.com/cc/maritz	800.341.0504
Health Savings Account (HSA)	Benefitslogin.wexhealth.com	866.451.3399
Hinge Health	Hingehealth.com/maritz	855.902.2777
Hospital Confinement Indemnity	Presents.voya.com/EBRC/Maritzholdingsinc	877.236.7564
Identity Theft Protection	Myaip.com	800.789.2720
Legal	AragLegal.com Access Code=18341mhi	800.247.4184
Life Insurance and AD&D	Presents.voya.com/EBRC/Maritzholdingsinc	888.238.4840
Livongo - Diabetes	Join.livongo.com/MARITZ/hi	800.945.4355
Livongo - Hypertension	Ready.livongo.com/MARITZ/hi	800.945.4355
Medical	Mycigna.com	800.244.6224
Omada	Go.omadahealth.com/maritz	636.827.6120
Paytient	Paytient.com/maritz	866.345.9591
Prescription Drugs	Express-Scripts.com	800.953.3379
Vision	Eyemed.com	866.800.5457
Voluntary Benefits Discounts	Youdecide.com/portal/login/mtz936	877.271.5455
Wellness Program Partner	Virgin Pulse	888.671.9395

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