

MARMON

# U.S. Benefits Enrollment Guide

## 2025



**Innovate. Inspire. Reward.**



Marmon Holdings, Inc.  
A Berkshire Hathaway Company

Marmon U.S. Benefits  
Effective January 1 through December 31, 2025



# Welcome to 2025 Benefits Enrollment

Now is the time to focus on you and your family.

At Marmon, we value our people as key to our continued innovation and growth. We are committed to providing competitive total rewards that inspire and recognize our employees for their important role in contributing to our long-term sustainable growth. For this reason, we offer a holistic selection of market-competitive benefits, designed to help you live well every day—and succeed at work and at home. Please read this guide carefully, as it includes important information about your 2025 benefit options including a new medical plan option.

## Take Action for a Successful Benefits Enrollment

**Make informed decisions** about your 2025 benefits by carefully reviewing this guide, watching the Benefits Enrollment video on My Benefits Dashboard on MPower and reaching out to your local HR contact with any questions.

**For new employees, coverage is effective on your date of hire.**

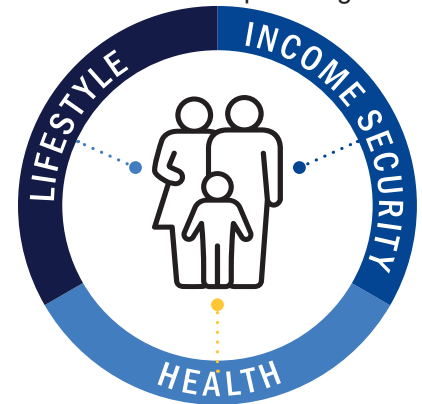
**Refer to the job aid** on MPower to assist you with enrolling on a desktop computer or mobile app.

**Review personal information** in MPower, including:

- Your personal phone number and email (or work number and email if applicable)
- Your date of birth and Social Security number, as well as those of your covered dependents

**Take your time** and read the instructions on each tile of your enrollment event in MPower to ensure you select the best plans and coverage levels for you and your eligible dependents. If you are increasing your voluntary life benefit or enrolling in voluntary life coverage for the first time, you'll need to submit evidence of insurability (EOI). Aflac will send out an email (or letter, if your email is not available in MPower) with a link to complete your online health statement.

**Choose Carefully!** Due to IRS regulations, you cannot change your elections after enrolling—unless you experience a qualifying life event (QLE) during the year. QLEs include marriage or divorce, childbirth, adoption or placement of a child, child reaching the maximum age limit, death of a dependent, loss of coverage under your spouse's/RDP's plan or when you gain access to state coverage under Medicaid or Children's Health Insurance Program (CHIP).



## What's New and What's Changing in 2025?

- ✓ **NEW Medical Insurance Option — the Core PPO Plan.** To offer you more choice, we've added another medical insurance plan to our current offering.
- ✓ **NEW Voluntary Plans.** We are pleased to add voluntary Critical Illness, Accident and Hospital Indemnity Insurance from Aflac to our benefits offerings for 2025. These 100% employee-paid benefits act to supplement our existing medical insurance benefits.
- ✓ **Health Savings Account (HSA) Changes.** The HSA contribution maximums have increased to \$4,300 for single coverage and \$8,550 for family coverage. This maximum applies for the combination of company and your own contributions.
- ✓ **Employee Contributions Changes.** Marmon will continue to offer high-quality health care coverage at a reasonable cost and you may see a change to your employee contributions in 2025.
- ✓ **Marmon Holdings, Inc. has partnered with Aon** to provide you with an enhanced benefit education experience. Through a video call, a Benefits Counselor will have the ability to co-share screens as they explain how to help you make the best decisions in choosing the new voluntary benefits.

## The Benefits We Offer

Benefit elections that are available on January 1, 2025.

### HEALTH & WELLBEING

- Medical & Prescription Options
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Health Savings Account (HSA)
- Dental & Vision Benefits
- Employee Assistance Program
- Flexible Spending Accounts (FSA)

### INCOME SECURITY & RETIREMENT

- Basic Life & AD&D Insurance
- Disability Insurance
- Retirement Savings Plan

### Eligible Family Members Include:

#### Dependents:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children
- Your children up to age 26 (children may include biological, adopted, step-children, and children for whom you have legal guardianship)
- Your disabled children over age 26 who meet certain criteria and are not able to support themselves

### Making Changes Due to a Life Event Not at Open Enrollment

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event, such as a marriage license, birth certificate or divorce decree. If changes are not submitted within 31 days of a qualified life event, you must wait until the next Open Enrollment period to make election changes.

## Enroll online

Enroll yourself online.



#### SCAN HERE:

To download the Workday Mobile App or enroll on MPower My Benefits Dashboard.

**During enrollment** Certified Benefits Counselors are available virtually to answer your questions about the new voluntary benefits plans.



**Virtual:** Schedule a one-on-one video call with a counselor at [www.benefitsgo.com/marmonholdingswebscheduler](https://www.benefitsgo.com/marmonholdingswebscheduler).

**NOTE:** Use of your camera is optional.



# Medical Insurance

**Health care needs are different for everyone. We offer multiple options so you can choose the coverage level best-suited to your needs and budget.**

The Company offers a choice of three medical plans administered by Blue Cross Blue Shield of Illinois (BCBSIL) and its broad national network of health care providers. While the plans allow you the flexibility to seek care from the provider of your choice, you can maximize your benefits and reduce out-of-pocket costs if you select a provider within the BCBSIL network. All plans provide comprehensive medical and prescription drug coverage with preventive care covered at 100%. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

## NEW PPO Core Plan

The new PPO Core Plan provides more choice in how you spend your health care dollars. The plan combines vital features from the PPO Premier and HDHP Balanced plans. Coverage includes a higher deductible to keep premiums low but copays for office visits. The plan also offers the Preventive Therapy Drug list with 100% coverage of certain drugs for chronic conditions to help alleviate medication-related costs. This plan offers affordable coverage for routine health care expenses, but major services require deductibles and coinsurance.

## PPO Premier Plan

The PPO Premier plan offers the highest level of benefits coverage, including copays for office visits and coinsurance. Coverage includes copays for office visits and coinsurance for prescription drugs, while other medical services may apply to the deductible (further details later in this guide). Participants in the PPO plan will meet their deductible before certain services are covered at the percentages the plan allows.

The PPO plan has an embedded deductible, meaning each family member must meet it. Once a member of the embedded deductible family plan meets their deductible, coinsurance kicks in only for that individual.

## HDHP Balanced Plan

The HDHP (high deductible health plan) Balanced plan meets the requirements to qualify as an Health Savings Account (HSA) eligible plan, which allows participants to save pre-tax dollars to pay for qualified health care expenses. This plan type does not offer copays for services, rather all medical and prescription drug expenses apply to the deductible and once met, coinsurance begins. In addition to coverage of in-network medical preventive care services at 100%, this plan also provides certain preventive therapy drugs at 100%.

Learn more about the HSA later in the booklet.

## Here's how the HDHP works:

Suppose you enroll one or more family members. In that case, your aggregate deductible and coinsurance must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.

- **Aggregate Deductible:** All covered medical and prescription drug expenses are applied to meet your deductible before the plan starts to pay at the coinsurance level. If you enroll one or more family members, all participants' covered expenses are combined to meet the family deductible. One or more participants can meet the deductible.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, coinsurance. For example, the plan may pay 80%, and you may 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 covered services for all plan participants for the rest of the calendar year.



## Did You Know?

Health care debt currently affects **1 in 3** individuals. Learn how supplemental medical benefits can help cover your out-of-pocket financial exposure.

*Commonwealth Fund, 2023 Health Care Affordability Survey, 2023*





## MDLIVE® Telehealth Program

BCBSIL PPO Premier and PPO Core plan participants have access to the confidential MDLIVE telehealth program at no cost. HDHP participants pay \$48 per medical visit, which goes toward the plan deductible and coinsurance. Behavioral health visit fees vary based on treatment and provider.

MDLIVE connects you to board-certified doctors 24/7 via live chat on your computer or smartphone. Use MDLIVE to get advice on non-emergency health care issues.

### Get Care For:

- Fever, Cold & Flu
- Insect bites, rashes
- Nausea, Diarrhea
- Fever, Headache
- Pink eye, allergies
- Mental health, and more

**Note:** This is a confidential service.

Visit [www.mdlive.com/marmon](http://www.mdlive.com/marmon) or call (800) 770-4622.

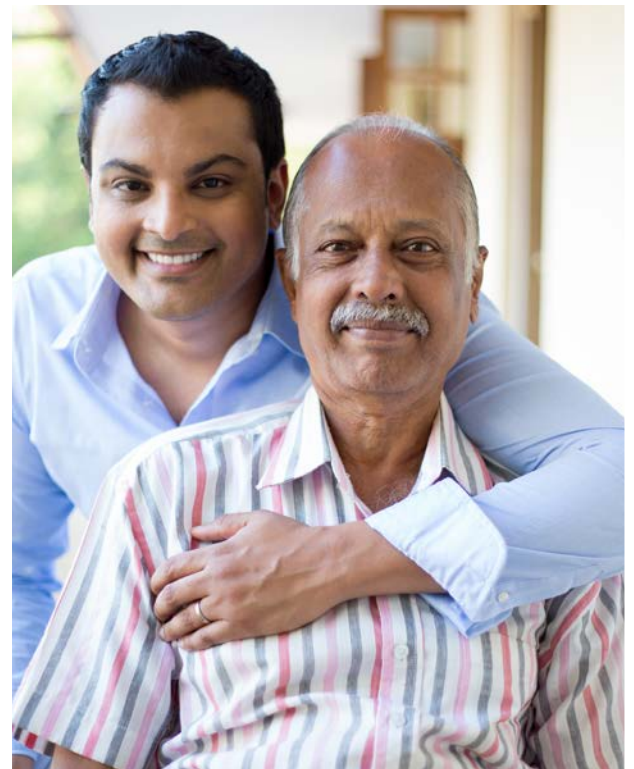
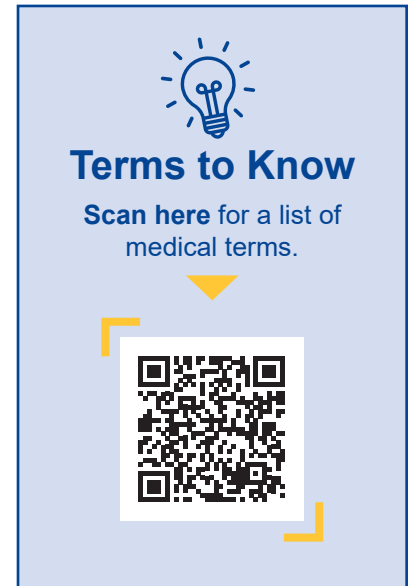
## Learn to Live Program

**The Learn to Live program is included through Blue Access for Members for employees and covered dependents (age 13 and older) at no cost.**

Your mental health is just as important as your physical health, and likewise needs preventive care and maintenance. The Learn to Live program offers you access to self-guided modules that help to improve mental health wellness, focusing on:

- Depression
- Anxiety and panic attacks
- Substance use
- Insomnia
- Social anxiety
- Stress management

In addition to the self-guided modules, Learn to Live has an option to work one-on-one with a health coach to support you through your mental health journey. To register, visit [www.learntolive.com/welcome/BCBSIL](http://www.learntolive.com/welcome/BCBSIL) and enter code BETTERME. You can also use the login credentials you create for the BCBSIL mobile app.





# 2025 Medical Plan Summary

	PPO PREMIER PLAN BCBSIL PPO NETWORK		HDHP BALANCED PLAN BCBSIL PPO NETWORK		NEW! PPO CORE PLAN BCBSIL PPO NETWORK	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Company HSA Contribution</b> (Amount shown is per calendar year and prorated for new hires/newly eligible employees. Funds are deposited each quarter.)						
(Individual/Family)	Not HSA Eligible		\$750/\$1,500		Not HSA Eligible	
<b>Annual Deductible</b> (Individual/Family)	Embedded		Aggregate		Aggregate	
	\$500/\$1,500	\$1,000/\$3,000	\$1,750/\$3,500	\$3,500/\$7,000	\$3,500/\$7,000	\$7,000/\$14,000
<b>Out-of-Pocket Maximum</b> <i>including deductible; per calendar year</i> (Individual/Family)	Embedded		Aggregate		Embedded	
	\$3,000/\$6,000	\$6,000/\$12,000	\$3,500/\$7,000	\$7,000/\$14,000	\$8,000/\$16,000	\$16,000/\$32,000
<b>Coinsurance</b>	20%	40%	20%	40%	30%	60%
<b>Office Visits</b> (Physician/Specialist)	\$30/\$40 copay	40%*	20%*	40%*	\$50/\$75 copay	60%*
<b>Routine Preventive Care</b>	No charge	Not covered	No charge	Not covered	No charge	Not covered
<b>Outpatient Diagnostic</b> (Lab/X-Ray)	20%*	40%*	20%*	40%*	30%*	60%*
<b>Chiropractic</b>	20%* (up to 20 visits per year)	Not covered	20%* (up to 20 visits per year)	Not covered	30%*	60%*
<b>Ambulance</b>	20%*		20%*		30%*	60%*
<b>Emergency Room</b>	\$200 copay (waived if admitted), then 20%*		20%*		30%*	60%*
<b>Urgent Care Facility</b>	\$50 copay	40%*	20%*	40%*	30%*	60%*
<b>Inpatient Hospital Stay</b>	20%*	40%*	20%*	40%*	30%*	60%*
<b>Outpatient Surgery</b>	20%*	40%*	20%*	40%*	30%*	60%*
<b>MDLive Telehealth</b>	No charge	N/A	\$48 copay	N/A	No charge	N/A

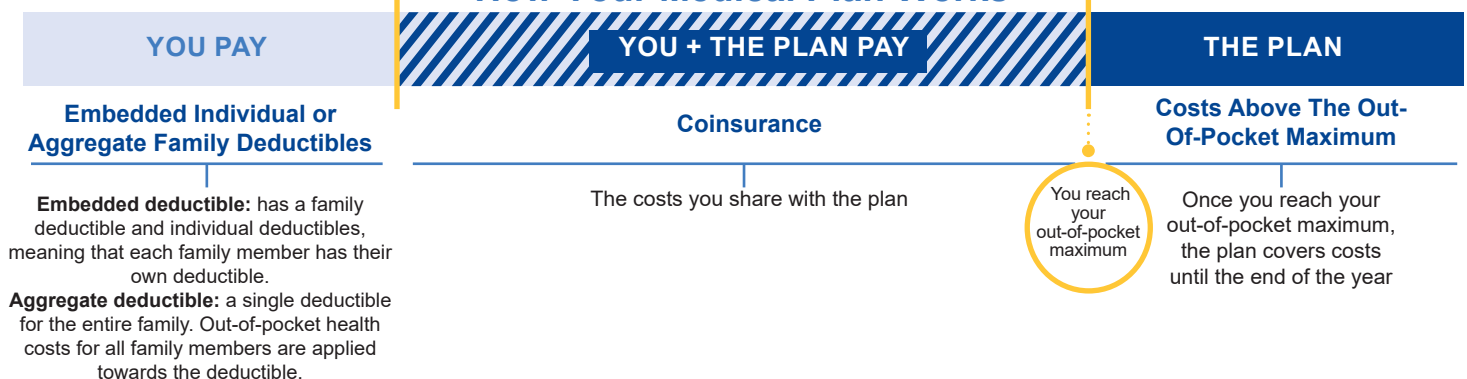
\*Benefits require the deductible be met before the plan begins to pay.

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

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing, and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. Review the Summary Plan Description (SPD) for a list of preventive care services

**Remember: Getting care from an in-network medical provider always saves you money**

## How Your Medical Plan Works





# Prescription Benefits

Prescription coverage is included in your medical plan. Your prescription plan details are as follows:

	PPO PREMIER PLAN BCBSIL PPO NETWORK		HDHP BALANCED PLAN BCBSIL PPO NETWORK		PPO CORE PLAN BCBSIL PPO NETWORK	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail 30-day supply			Balanced & Core Plan: Preventive Therapy Drug List - No Charge			
Tier 1: Generic	10%	10% (plus 25% of the remaining cost)	20%*	25%*	10%	10% (plus 25% of the remaining cost)
Tier 2: Preferred	20%	20% (plus 25% of the remaining cost)			20%	20% (plus 25% of the remaining cost)
Tier 3: Specialty/ Non-preferred	35%	35% (plus 25% of the remaining cost)			35%	35% (plus 25% of the remaining cost)
Prescription Drug Out-of-pocket maximum	\$1,000 per individual		Included in plan out-of-pocket max.		Included in plan out-of-pocket max.	

\*Benefits that require the deductible be met before the plan begins to pay.

## Prescription Programs

### Prime Therapeutics Retail Pharmacy

Prime Therapeutics offers easy access to retail pharmacies that handle a variety of prescriptions for treating common illnesses, from allergies to antibiotics. Visit in-network independent and chain pharmacies to find the medication you need at retail prices.

### Express Scripts Home Delivery

Express Scripts offers support to treat long-term conditions, and its services include free shipping, a team of pharmacists ready to answer your questions, a mobile app for quick access to refill requests and more.

Once registered, you can place your orders online, by phone or via the mobile app. To set up your Express Scripts Pharmacy digital account, go to <https://www.express-scripts.com/register> or call (833) 715-0942.

### Accredo Specialty Pharmacy Services

Accredo provides the medication and 24/7 support you need to help manage complex health conditions. Visit [www.accredo.com](http://www.accredo.com) to learn more.



# Healthy Living Benefits

## Well OnTarget Program

Well onTarget makes it easy to fit wellness into your schedule.

- You can use online trackers for sleep, blood pressure, cholesterol levels and more.
- Take online courses on topics like exercise and stress management.
- You have access to the Fitness Program
  - Four different plans with flexible gym memberships and pay-as-you-go studio classes.
  - Learn more and sign up by logging on to Blue Access for Members. In “Quick Links,” click “Fitness Program.”
- The Blue Points system will keep you motivated by earning points when you take part in healthy activities.
- Begin by completing your Health Assessment and get a customized health report and earn 2,500 Blue Points.
- You can redeem your points through the online shopping mall.

Download the AlwaysOn® Wellness app to your phone today to explore the portal or visit

## Blue Access for Members and the BCBSIL Mobile App

Blue Access for Members can help you find your next in-network health care provider, so you can make the most of your health benefits and savings. You can also check your claims, order ID cards and more. To start, go to **[www.bcbsil.com/member](http://www.bcbsil.com/member)** and sign up for the secure member website, Blue Access for Members. Find the “Log In” tab and click “Register Now.” Use the information on your ID card to complete the process.

You can visit Blue Access for Members anytime you're on the go with the BCBSIL mobile app. To download the mobile app, text BCBSILAPP to 33633.

## Family Planning: Ovia Health

Ovia gives you access to family planning tools and step-by-step coaching for your journey through fertility, pregnancy and parenting. Get started by downloading one or all of the following apps on iTunes or Google Play: Ovia Fertility, Ovia Pregnancy and Ovia Parenting.

## Diabetes and Hypertension Management: Teladoc Programs

The Diabetes and Hypertension programs offer an advanced blood glucose meter or blood pressure monitor, plus the support you need 24 hours a day. Both programs are covered by your health plan at no cost to you. Call **(800) 835-2362** to learn more or register at **[TeladocHealth.com/Go/BCBSIL-HEALTH](http://TeladocHealth.com/Go/BCBSIL-HEALTH)** (registration code:MARMON).

## New in 2025! Hinge Health

Hinge Health is an In-home exercise therapy benefit that is designed to help with relieving pain from the following areas:

- Knee
- Hip
- Low Back
- Shoulder
- Neck
- Hand/Wrist/Elbow
- Ankle/Foot

The program is delivered remotely using mobile and computer-guided technology. Members who enroll in the program will be sent a kit that includes a set of motion sensors that are worn on the body part being treated. Once the member receives their sensors, they will download the Hinge Health app and will be instructed on how to complete each workout. The sensors are worn during the workout, and they are calibrated appropriately to ensure that the member is completing the workout correctly. In addition to the library of workouts, members will also get access to an online coach and Physical Therapist to help support them through their at-home workouts. So just think, online digital Physical Therapy clinic!

Register at **[hinge.health/marmon-join](http://hinge.health/marmon-join)**.





# Guidance When You Need It Most

## You Get VIP Treatment Through BCBS of Illinois!

At Marmon, we want you to make informed decisions when using your health benefits. Through our medical plan, you have 24/7 access to a health advocate through BCBS Illinois. It's like having your own personal assistant to answer your questions and guide you through the process of using your benefits.

Your Health Advocate team members are experts in Marmon's health plan and are here to help with:

- ▶ Providing answers to your benefits questions
- ▶ Finding high quality and cost effective care
- ▶ Connecting you with clinicians to help coordinate ongoing care for a new diagnosis
- ▶ Obtaining prior-authorization for certain health tests and services
- ▶ Keeping you on track with annual preventive tests

And much more! Health Advocates are available via phone or on-line. To connect with your designated Health Advocate today, call **(800) 318-4360** or log into **<https://myevive.com>**.

## Member Rewards

Your Health Advocate can help you earn cash rewards for making savvy health care choices when you use the Member Rewards program. Member Rewards is designed to help you save money on routine medical tests and services. When you're ready to schedule an appointment or procedure, go to **<https://myevive.com>** and click on "Provider Finder with Member Rewards" to start shopping. You can also call your Health Advocate for help finding a rewards-eligible location or provider.

After you receive your procedure or service at your chosen reward-eligible location, a check will be mailed directly to your home once your claim is verified and paid. You can earn anywhere from \$25 to \$500 in cash rewards, depending on the location you choose! Eligible services include the following:

- ▶ MRIs, CTs and PET scans
- ▶ Mammograms
- ▶ Carpal tunnel
- ▶ Lab blood draws
- ▶ Ultrasound exam
- ▶ Colonoscopies
- ▶ Hip replacement
- ▶ Bariatric surgery

And many more.

The best part about having a Health Advocate is that you only have ONE phone number to call.

So stop trying to do it all on your own and connect with your Health Advocate today!

**Phone: (800) 318-4360**

To get started, visit **<https://myevive.com>** or download the MyEve mobile app.

Enter your employer's name and click "Sign up now" on the following homepage. Enter your member ID number, full legal name, the last four digits of your Social Security number and your date of birth.



# NEW Employee-Paid Voluntary Benefits

Have you ever known someone who was diagnosed with a critical illness, experienced an accident, or was hospitalized? Events like these happen unexpectedly and medical insurance does not always prevent the full financial strain of a significant illness or injury. Some families don't have enough savings to cover the deductible and coinsurance of a major medical event.

Marmon is offering NEW 100% employee paid benefits that act to supplement our existing medical insurance options. If you enroll in Critical Illness, Accident, or Hospital Indemnity Insurance\* you receive the full benefit even if you have other insurance and the benefits are paid directly to you, to use the funds however you choose. **Please note: These plans are not replacements for medical insurance.**



## Did You Know?

U.S. health care spending averaged **\$13,493** per person in 2022.

Centers for Medicare & Medicaid Services,  
National Health Expenditure Fact Sheet,  
2023

## Voluntary Critical Illness Insurance

**You can protect yourself from the unexpected costs of a serious illness.**

Even the most generous medical plan does not cover all the expenses of a serious medical condition like a heart attack or cancer. 100% employee-paid Critical Illness Insurance from Aflac pays you a total lump sum benefit if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have and acts to supplement our existing medical insurance options. You can elect \$10,000 to \$40,000 in coverage in \$10,000 increments.

### Covered Illnesses include:

- ✓ Heart Attack
- ✓ Cancer (Internal or Invasive)
- ✓ Kidney (End-Stage Renal) Failure
- ✓ Coronary Artery Bypass Surgery
- ✓ Type 1 Diabetes



**Guaranteed Acceptance:** There are no health questions or physical exams required.



**Family Coverage:** You can elect to cover your spouse/domestic partner, and children.<sup>†</sup> Children automatically get up to 100% of the face amount elected by the employee at no additional cost.



**Portable Coverage:** You can take your policy with you if you change jobs or retire.

### Plan Features *(Benefit provisions may vary by state)*

#### CRITICAL ILLNESS INSURANCE PREMIUMS

Rates are calculated based on age, tobacco use, amount of coverage elected, and other such factors, and will be provided at the time of enrollment.



#### \$50 Health Screening Benefit

The plan provides a \$50 benefit once per calendar year if you or your covered spouse complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

### How Critical Illness Insurance Works

When Sam had a stroke, they were grateful their doctors were able to stabilize their condition, but they learned there was some permanent damage to their vision requiring additional medical care. They began to see their out-of-pocket costs add up quickly. The good news is they received a lump sum payment of \$10,000 to help cover these expenses from the Voluntary Critical Illness coverage they elected during their benefits enrollment.



\*The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits.

<sup>†</sup>If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.

If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.

**This plan is not a replacement for medical insurance.**



# Voluntary Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

100% Employee-paid Accident Insurance from Aflac pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage and act to supplement our existing medical insurance options.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- ✓ Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- ✓ Hospitalization and Family Lodging
- ✓ Physical Therapy
- ✓ Emergency Room Treatment
- ✓ Ambulance Transportation

ACCIDENT INSURANCE PREMIUMS	
COVERAGE	MONTHLY
Employee	\$7.98
Employee + Spouse	\$13.18
Employee + Child(ren)	\$15.58
Family	\$20.78

## Plan Features *(Benefit provisions may vary by state)*

- ✓ **Guaranteed Acceptance:** There are no health questions or physical exams required.
- 👤 **Family Coverage:** You can elect to cover your spouse/domestic partner and children.\*
- 🕒 **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.
- ➡ **Portable Coverage:** You can take your policy with you if you change jobs or retire.
- 🏆 **Organized Activity (Sports) Rider:** An additional percentage of the benefit amount for covered accidental injuries sustained while participating in an organized athletic event.
- 🩺 **Health Screening Benefit:** The plan provides a \$50 benefit per calendar year, per covered person complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

## How Voluntary Accident Insurance Works

Pat loves working in the backyard garden on weekends. One day, while carrying some supplies, she trips dislocates her wrist and breaks her leg. The accident requires not only a trip to the emergency room via ambulance but also physician follow up visits. Pat's Voluntary Accident Insurance, which help covers the cost of the out of pocket medical costs is there to help her cover the costs. See how this plan could help with your Marmon medical plan out-of-pocket fees using this scenario in the table below.

DETAILS OF COST	PPO PREMIER PLAN	HDHP BALANCED PLAN	NEW PPO CORE PLAN
Cost of accident	Average Cost \$10,000	Average Cost \$10,000	Average Cost \$10,000
Deductible/OOO Max	\$500/\$3,000	\$1,750/\$3,500	\$3,500/\$8,000
After Deductible; Coinsurance paid	20%/ \$1,900	20%/ \$1,650	30%/ \$1,950
Emergency Room w/X-Ray Benefit	\$350	\$350	\$350
Ambulance ground Benefit	\$600	\$600	\$600
Broken leg (non-surgical) Benefit	\$2,700	\$2,700	\$2,700
Dislocated wrist (non-surgical) Benefit	\$812.50	\$812.50	\$812.50
Follow-up doctor visit (2 visits)	\$300	\$300	\$300
<b>Total Accident Insurance Benefits Paid</b>	<b>\$4,762.50</b>	<b>\$4,762.50</b>	<b>\$4,762.50</b>
<b>Cash In Hand After Paying Medical Bills</b>	<b>\$2,362.50</b>	<b>\$1,362.50</b>	<b>(\$687.50)</b>

*This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.*

*\*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child. If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

*This plan is not a replacement for medical insurance.*



# Voluntary Hospital Indemnity Insurance

## Receive payments to help cover the cost of a hospital stay.

If you are admitted to a hospital, the out-of-pocket costs don't take long to add up. 100% employee-paid Hospital Indemnity Insurance from Alfac pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage and acts to supplement our existing medical insurance options.

You receive a benefit as soon as you are admitted, and an additional benefit is based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

## Plan Features

**Guaranteed Acceptance:** There are no health questions or physical exams required.

**Family Coverage:** You can elect to cover your spouse/domestic partner and children.\*

**Payroll Deduction:** Premiums are paid through convenient payroll deductions.

**Portable Coverage:** You can take your policy with you if you change jobs or retire.

HOSPITAL INDEMNITY PREMIUMS	
COVERAGE	MONTHLY
Employee	\$14.70
Employee + Spouse	\$29.68
Employee + Child(ren)	\$23.62
Family	\$38.60

## How Voluntary Hospital Indemnity Insurance Works

Mike and Diane are excited to welcome a new addition to their family. Diane is admitted to the hospital where she gives birth to a healthy baby girl. Mom and baby stay in the hospital for 3 days. Luckily, the couple has Hospital Indemnity Insurance to help cover their medical bills. Diane receives a benefit for being admitted to the hospital and an additional benefit for each day of her and her baby's inpatient stay.

DETAILS OF COST	PPO PREMIER PLAN	HDHP BALANCED PLAN	NEW PPO CORE PLAN
Delivery of baby in hospital resulting in multiple day stay	Average Cost \$18,000	Average Cost \$18,000	Average Cost \$18,000
Deductible/OOO Max	\$500/\$3,000	\$1,750/\$3,500	\$3,500/\$8,000
After Deductible; Coinsurance paid	20%/ \$2,500	20%/ \$1,750	30%/ \$4,350
Hospital Indemnity Admission Benefit	\$1,700	\$1,700	\$1,700
Daily Hospital Confinement Benefit	\$600 (3 days)	\$600 (3 days)	\$600 (3 days)
<b>Total Hospital Indemnity Benefits Paid</b>	<b>\$2,300</b>	<b>\$2,300</b>	<b>\$2,300</b>
<b>Cash In Hand After Paying Medical Bills</b>	<b>(\$700)</b>	<b>(\$1,200)</b>	<b>(\$5,550)</b>

*This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.*

*\*If you elect coverage for your dependent children, you must provide notification to your employer when all of your dependent children exceed the dependent child age limit or no longer otherwise meet the definition of a dependent child.*

*If you elect coverage for your spouse, you must provide notification to your employer if your spouse no longer meets the definition of a spouse.*

*This plan is not a replacement for medical insurance.*



# Health Savings Account (HSA)

Save for future medical costs and reduce your federal tax bill with this special savings account available to HDHP plan participants.

Out-of-pocket medical expenses can add up quickly. Over time, health care likely will be your largest household expense. A HSA allows you to build up protection for future health care expenses.

Along with Marmon's contributions, you can contribute money to your HSA and use it any time for qualified health care expenses.

Whatever you don't use rolls over for future years and in some circumstances may be invested. Better yet, HSAs provide tax advantages.

## Keys to Growing Your HSA:

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone because they may grow for when you need them in the future.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries and ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds may, in some circumstances, be invested. Make sure your money is growing at an acceptable and safe pace.



**Federal tax-free contribution from your paycheck and Marmon contribution**



**Pay for qualified expenses out of your account**



**What you don't use rolls over each year for future health care expenses**

HOW MUCH CAN YOU CONTRIBUTE?	ANNUAL IRS CONTRIBUTION LIMIT	ANNUAL MARMON CONTRIBUTION <sup>1</sup>	YOUR MAXIMUM CONTRIBUTION AMOUNT
Individual Coverage	\$4,300*	\$750	\$3,550
Family Coverage	\$8,550*	\$1,500	\$7,050

<sup>1</sup>Amount shown is per calendar year and prorated for new hires/newly eligible employees. Funds are deposited each quarter.

\*Total IRS contribution limits for 2025 are cumulative of Marmon funding. Individuals age 55 or older can make an additional \$1,000 in "catch up" contributions.

NOTE: Amounts change yearly per IRS guidelines.



## HSAs Deliver Triple Tax Savings

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn in your account.
3. You don't pay taxes when you use the money to pay for qualified medical services.





# Dental Benefits

The Company offers dental coverage through Delta Dental, which encourages regular exams and cleanings by covering preventive care at 100%.

This plan offers 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 Delta Dental network.

The following is a high-level overview of the coverage available. Coinsurance percentages shown in the below chart represent what plan members are responsible for paying.

	DELTA DENTAL PREFERRED PROVIDER ORGANIZATION (DPPO)	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)	\$50 per person, up to a maximum of \$150 per family	
<b>Benefit Maximum</b> (per calendar year, preventive, basic and major services combined)	\$2,000, per person	
<b>Preventive Services</b> Exams, Cleanings, X-rays	0%	
<b>Basic Services</b> Fillings, Extractions, Oral Surgery	10% after deductible	
<b>Major Restorative Services</b> Crowns, Bridgework, Dentures	50% after deductible	
<b>Orthodontia</b> (Dependents under age 19)	50%, Lifetime limit: \$2,000, per person	

## What Does Preventive Dental Care Typically Cover?

Preventive care can save you money later on procedures that are more urgent, complex, and costly.



**Routine dental checkups and cleanings** should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



**Professional fluoride treatments** can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.



**Dental sealants** go a step beyond fluoride by providing a thin coating to the surface of your teeth. The dental plan covers sealants as preventive care for children under 18 on their first and second molars.



**X-ray images** of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.

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



# Vision Benefits

The Company offers vision coverage through Vision Service Plan (VSP). The VSP 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 VSP network.

The following is a high-level overview of the coverage available:

	VSP VISION PLAN	
	In-Network	Out-of-Network Reimbursement
<b>Eye Examination Copay</b> (every 12 months)	\$10 copay	Up to \$45
<b>Lenses</b> (every 12 months)		
<b>Single Vision Bifocal Trifocal</b>	\$25 copay	Up to \$30 Up to \$50 Up to \$65
<b>Frames</b> (every 24 months)	\$180 allowance	Up to \$70
<b>Contact Lenses</b> (once every 12 months -in lieu of glasses)	\$180 allowance	Up to \$105



## 5 Tips for a Lifetime of Healthy Vision

- 1. Schedule yearly eye exams.** Visiting your eye doctor regularly helps you see your best, protect your sight, and even detect serious health conditions such as diabetes.
- 2. Protect your eyes against UV rays.** No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
- 3. Give your eyes a break from digital devices.** Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
- 4. Quit smoking.** Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
- 5. Practice safe wear and care of contact lenses.** Keep them clean and follow the recommendations for use and wear.



# Flexible Spending Accounts (FSAs)

Reduce your federal tax bill while putting aside money for health and dependent care needs.

Flexible Spending Accounts allow you to put aside money for important expenses and help you reduce your income taxes at the same time. Marmon offers three types of accounts – a Health Care FSA, a Limited Purpose FSA, and a Dependent Care FSA.



## HEALTH CARE FSA

Deductibles, copays, prescription drugs, medical equipment, etc.\*



## LIMITED PURPOSE FSA

Works with HSA-eligible medical plans to cover dental and vision expenses.



## DEPENDENT CARE FSA

Babysitters, daycare, day camp, home nursing care, etc.

## How Flexible Spending Accounts Work

1. Each year during Open Enrollment, you decide how much to set aside for FSA expenses. Your full contribution amount will be available for use on your benefit effective date.
2. Your contributions are then deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year for use on qualified expenses.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.



### Use It or Lose It!

**Note: Expenses incurred in 2025 must be submitted for reimbursement by March 30, 2026. If you have health care FSA funds for which you have not incurred expenses in 2025, up to \$640 will be rolled over to be used through December 31, 2026.**

### ANNUAL MAXIMUM CONTRIBUTION

Health Care or Limited Purpose Health Care Flexible Spending Accounts	\$3,200
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)

Please note that these accounts are separate. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

*\*If you are enrolled in a medical plan that offers an HSA, you are not eligible for the Health Care FSA.*

## Items You Might Not Realize are Health Care FSA Eligible:

- ✓ Sunscreen
- ✓ Heating and cooling pads
- ✓ First aid kits
- ✓ Shoe inserts
- ✓ Travel pillows
- ✓ Motion sickness bands



**Scan here**  
for a list of FSA covered expenses.



# Life and Accidental Death & Dismemberment Insurance

## Always be there financially for your loved ones.

The Company provides eligible employees with a Basic Life and Accidental Death and Dismemberment (AD&D) insurance program administered by Aflac. The Company provides this core benefit at no cost to you. You can add or update your beneficiaries on MPower when you enroll.

## Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

The Company provides Basic Term Life and AD&D coverage at no cost to you and enrollment is automatic. \$7,500

<b>BASIC TERM LIFE</b>	The benefit is equal to 1x times your base annual earnings.
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to your Basic Term Life coverage.

## Voluntary Life and AD&D Insurance (Employee-paid)

You may also choose to purchase Voluntary Life Insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

<b>EMPLOYEE</b>	\$10,000 increments up to \$500,000. Guaranteed Issue up to \$250,000 during initial eligibility, after eligibility window, Evidence of Insurability (EOI) will be required to increase coverage.
<b>SPOUSE</b>	\$5,000 increments up to \$250,000 (not to exceed 50% of employee election amount). Guaranteed Issue up to \$50,000.
<b>CHILD(REN)</b>	\$2,000 increments up to \$10,000. Guaranteed Issue up to \$10,000.*

**Note:** Rates based on age and coverage amount are calculated in your enrollment event on MPower. If you experience a birthday midway through the year that brings you up to the next age tier, your rate will change accordingly. Coverage amount reduces starting at age 65. See the SPD for full details.





# Disability Benefits

**Your ability to bring home a paycheck is your most valuable asset. We help you protect it.**

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability Insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages. The Company provides employees with disability insurance at no cost to you and enrollment is automatic. Contact your HR Representative to learn more about leave of absence and disability benefits.

## Short-Term Disability Insurance

Short-Term Disability Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time.

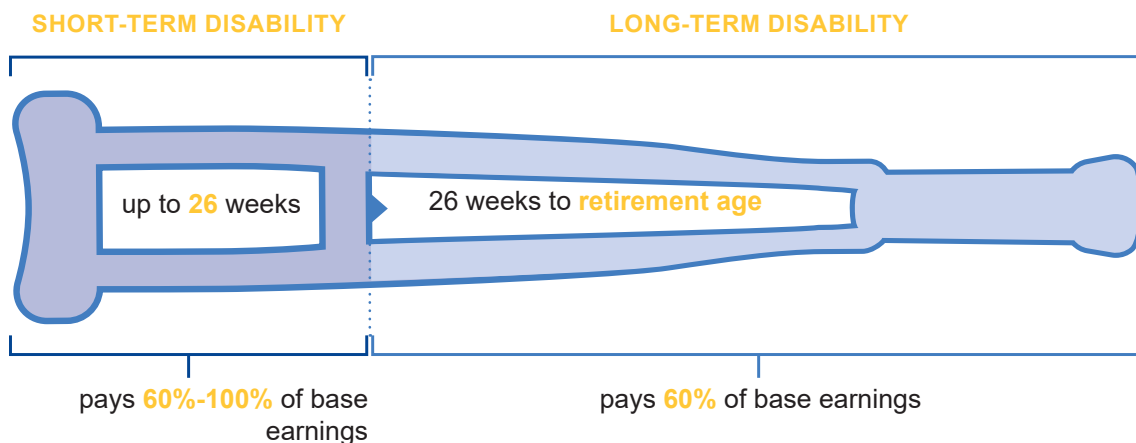
After you are out of work for 7 days and declared disabled, you will receive 100% (60% of pay on sliding scale based on your years of service, as shown in the table below) of your base earnings for up to 26 weeks (25 paid).

**Note:** Benefits are reduced by any statutory programs.

YEARS OF SERVICE	# OF WEEKS AT FULL PAY	# OF WEEKS AT 60% PAY
Less than 4 years	8	17
4 years, but less than 5 years	10	15
5 years, but less than 6 years	12	13
6 years, but less than 7 years	14	11
7 year, but less than 8 years	16	9
8 years, but less than 9 years	18	7
9 years but less than 10 years	22	3
10+ years	25	0

## Long-Term Disability Insurance

Long-Term Disability Insurance helps protect your finances when your disability continues beyond the period covered by the Short-Term Disability plan. This benefit is fully paid for on a pre-tax basis by the company and enrollment is automatic. The benefit is equal to 60% of your base monthly earnings to a maximum of \$20,000 per month. Benefits begin after 26 weeks of medically certified disability and recertification of ongoing disability.







# Additional Benefits

## Employee Assistance Program (EAP)

**Provided to employees and their dependents at no cost.** Life is full of challenges, and sometimes balancing it all can be difficult. We are pleased to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. Our EAP provides confidential counseling and resources to help you with concerns, among others:

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

## EAP Benefits

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

To access TELUS Health, call **(844) 246 - 7674** or visit **one.telushealth.com** (Username: Marmon / Password: eap).

## What's Your Best Fit?



### TYPICAL FAMILY WITH SOME RISK.....○

**Medical Status:** High blood pressure diagnosis, history of breast cancer, risky sports activities

**Financial Risk Factor:** Health conditions and risky sports activities could lead to high medical costs



Due to the parents' health conditions and the children's chance of sports-related injuries, this family is looking for a medical plan with lower out-of-pocket costs. They choose family coverage in the **PPO Premier Plan**.



They open a **Health Care Flexible Spending Account** which helps them put aside money through payroll deductions for deductibles and prescriptions and lowers their taxable income. Learn about **FSAs** on page 15.



They elect **Voluntary Benefits** to help offset the cost of potential injuries due to their active children, and because of their family history of heart disease and a previous cancer diagnosis. These 100% employee-paid plans offer a health screening benefit for completing covered wellness exams. See page 8 for more info.



Each year during Open Enrollment, they review their **Life Insurance** needs and update their beneficiary information.

# Retirement Benefits

The Marmon Retirement Plan offers flexibility, control, and the right tools to help you prepare for your future.

You decide how much of your salary you set aside for retirement (anywhere from 1% to 60% within IRS limits). Your employee contributions through payroll are 100% vested at all times. You can also choose how you want your contributions deposited into the plan, as pre-tax or Roth\*.

Roth allows you to set aside taxable income now instead of at a later date when you may be in a higher tax bracket. Also, any contributions you put in, as well as any investment earnings, will grow tax free. An on-line Roth calculator is available for you to determine if Roth or pre-tax is the right choice for you on <https://empowermyretirement.com>.

2025 IRS ANNUAL CONTRIBUTION LIMITS	
Plan members under age 50	\$23,500
Catch-Up Age 50+	\$7,500
Catch-Up Ages 60-63	\$11,250

Marmon may also provide employees with employer funded contributions to the plan. For specific plan details, read the 401k Plan document on MPower My Benefits Dashboard.

Contact Empower at **844-465-4455**, visit <https://empowermyretirement.com> or download the Empower Mobile App.

\*Not applicable to Wells Lamont Union employees.

## The cost of waiting to save for retirement





# Contact Information

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE	MOBILE APP
Medical/ Prescription Drug	BlueCross BlueShield of Illinois	Health Advocacy Program: (800) 318-4360	www.bcbsil.com	BlueCross BlueShield of Illinois
Rx Mail Order	Express Scripts Accredo		www.esrx.com/BCBSIL www.accredo.com/BCBSIL	Express Scripts
Telehealth	MDLIVE		www.mdlive.com/marmon	MDLIVE
Diabetes Management	Livongo		get.livongo.com/Marmon/register	Livongo
Hypertension				
Wellness	Well on Target		www.wellontarget.com	AlwaysOn® Wellness
Family Planning	Ovia Health		www.myevive.com	Multiple Options Ovia
Dental	Delta Dental	(800) 323-1743	www.deltadentalil.com	Delta Dental Mobile
Vision	VSP	(800) 877-7195	www.vsp.com	VSP Vision Care on the Go
Flexible Spending Accounts (FSA), Health Savings Accounts (HSAs), and Transit	HSA Bank	(877) 848-0265	www.hsabank.com	HSA Bank Mobile
401(k)	Empower	(844) 465-4455	www.empowermyretirement.com	Empower
Employee Assistance Program (EAP)	TELUS Health	(844) 246-7674	one.telushealth.com	TELUS Health One
Voluntary Benefits (Critical Illness, Accident, Hospital Indemnity)	Aflac Group # - AGC0003140133	(800) 433-3036	www.aflacgroupinsurance.com	MyAflac



## Marmon Holdings, Inc.

A Berkshire Hathaway Company

*NOTE: Actual plan provisions for Marmon Holdings ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of the plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.*