



**The Power of
MARMON**

Working Well Together

2022 Health & Well-being Guide

Open Enrollment Nov. 1-15

FOR U.S. NON-UNION EMPLOYEES ELIGIBLE FOR THE
MARMON EMPLOYEES' RETIREMENT PLAN (MERP) EFFECTIVE
JANUARY 1, 2022 THROUGH DECEMBER 31, 2022



Welcome

At Marmon, our success as a collection of more than 125 businesses hinges on the success of our people. For this reason, we offer a broad array 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 on your 2022 benefit options.

2022 OPEN ENROLLMENT

Nov. 1 – Nov. 15, 2021

Tips for a Successful Open Enrollment

Make informed decisions about your 2022 benefits by carefully reviewing this guide, watching the Open Enrollment video on MPower and reaching out to your local HR contact with any questions.

A job aid is available on MPower to assist you with enrolling on a desktop computer or mobile app.

It is important that you verify your personal information in MPower, including:

- ▶ Your phone number and email
- ▶ Your home and work contact information
- ▶ You and your dependents' dates of birth and Social Security numbers

Take your time: Read the instructions on each tile of your enrollment event in MPower to ensure you select the right plans and coverage levels.

Don't forget: Open Enrollment in MPower ends on Monday, Nov. 15. Verification of newly added dependents to medical, dental and vision plans and Evidence of Insurability for life plans must be completed online with The Standard by the end of your enrollment period.

When Coverage Begins

- ▶ Changes made during Open Enrollment are effective January 1 – December 31, 2022.

Eligibility

Employees who work 30 or more hours per week are eligible to enroll. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

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

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period—unless you experience a qualified life event during the year. Qualified life events include marriage or divorce, birth or adoption 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).

Making Changes

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.

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Open Enrollment
is Nov. 1-15!

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the Company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Note: The Medicare Part D Notice has been provided under separate cover and the following Annual Notices are provided at the end of this Guide: Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP), Women's Health and Cancer Rights Act of 1998, Notice of Privacy Practices

Medical Plans

The Company offers a choice of two medical plans administered by Blue Cross Blue Shield of Illinois (BCBSIL), and its broad national network of health care providers. Both 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.

PPO Premier Plan

The Preferred Provider Organization (PPO) 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 BCBSIL national network. Coverage includes copays for office visits and coinsurance for prescription drugs, while other medical services may apply to the deductible (see page 5 for details). Participants in the PPO plan will meet their individual deductible, before certain services are covered, at the percentages allowed by the plan.

The PPO plan has an embedded deductible, which means each member of the family must meet their own individual deductible. Once a member in the embedded deductible family plan meets their deductible, coinsurance will kick in for that individual only.

HDHP Balanced Plan

The High-Deductible Health Plan (HDHP) also gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the BCBSIL national network. In addition, the HDHP offers eligible participants a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including **most out-of-pocket medical, prescription drug, dental and vision expenses**. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

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

Here's how the HDHP works:

- ▶ If you enroll one or more family members, 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. The deductible can be met by one or more participants.
- ▶ Coinsurance: Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan 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 participants for the rest of the calendar year.

Spousal Surcharge

You will pay a surcharge if your spouse is enrolled under your Marmon plan when they are eligible for other medical coverage, including Medicare or other employer-sponsored plans. This does not apply if your spouse works for a Marmon company. The surcharge cost is \$200/month for PPO plan participants and \$150/month for HDHP participants.

Note: Your spouse and dependents can only be covered under one Marmon plan.

Contact Blue Cross Blue Shield

Visit www.bcbsil.com or call (800) 458-6024 for medical benefits or (800) 423-1973 for prescription benefits.

Express Scripts Home Delivery

On October 1, 2021, our mail order pharmacy service transitioned to Express Scripts. Express Scripts offers support to treat long-term conditions, and its services include free shipping, a team of pharmacists ready to answer your questions and 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 www.esrx.com/BCBSIL and click on "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. Its services include:

- ▶ A specialty-trained staff to answer your questions
- ▶ Digital tools, including refill reminders
- ▶ Free shipping with safe, on-time delivery

Visit www.accredo.com/BCBSIL to get started.

Medical Plans at a Glance

See the chart below for an overview of how services are covered under both plan options and what you pay for services after you meet the deductible. For complete coverage details, refer to the plan documents on MPower.

Key Medical Benefits	PPO Premier Plan		HDHP Balanced Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$500 per individual; up to \$1,500 family maximum	\$1,000 per individual; up to \$3,000 family maximum	\$1,500 employee only / \$3,000 aggregate if you have Spouse, Child(ren) or Family coverage	\$1,500 employee only / \$3,000 aggregate if you have Spouse, Child(ren) or Family coverage
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Company Contribution to Your Health Savings Account (HSA) (Amount shown is per calendar year and prorated for new hires/newly eligible employees. Funds are deposited quarterly)				
Individual / Family	N/A		\$750 / \$1,500	
Covered Services				
Office Visits (physician/specialist)	\$30 / \$40 copay	40%*	20%*	40%*
Routine Preventive Care	No charge	Not covered	No charge	Not covered
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	20%*	40%*
Chiropractic	20%* (up to 20 visits per year)	Not covered	20%* (up to 20 visits per year)	Not covered
Ambulance	20%*		20%*	
Emergency Room	\$200 copay (waived if admitted), then 20%*		20%*	
Urgent Care Facility	\$50 copay	40%*	20%*	40%*
Inpatient Hospital Stay	20%*	40%*	20%*	40%*
Outpatient Surgery	20%*	40%*	20%*	40%*
Prescription Drugs				
Tier 1: Generic	10%	25% less 10%	20%*	25% less 20%
Tier 2: Preferred	20%	25% less 20%		
Tier 3 / Specialty: Non-Preferred	35%	25% less 35%		
Prescription Drug Out-of-Pocket Maximum	\$1,000 per individual		Included in plan out-of-pocket max.	

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the plan begins to pay.

To be eligible for the HSA, you must not have other healthcare coverage, or be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details. Employer contributions are based on your coverage in the plan as an active employee.

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

To learn more about your medical plan options, watch the Understanding My Medical Plan Options video available on the My Benefits Dashboard in MPower.

Healthy Living

Marmon and Blue Cross and Blue Shield of Illinois (BCBSIL) offer the following resources and programs to help you stay well and inspire healthy living.

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 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.

MDLIVE® Telehealth Program: BCBSIL

PPO plan participants have access to the confidential MDLIVE telehealth program at no cost. HDHP participants pay \$44 per visit, which goes toward the plan deductible.

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, including:

- ▶ Allergies
- ▶ Earaches
- ▶ Insect bites
- ▶ Cold and flu
- ▶ Fever
- ▶ Nausea
- ▶ Diarrhea
- ▶ Headache
- ▶ Pink eye
- ▶ Mental health

Note: This is a confidential service.

Visit www.mdlive.com/marmon or call (800) 770-4622.

Mental Health: Learn to Live Program

Your mental health is just as important as your physical health, and likewise needs preventive care and maintenance. The Learn to Live program offers virtual visits with licensed behavioral health therapists to help you with:

- ▶ Depression
- ▶ Anxiety and panic attacks
- ▶ Eating disorders
- ▶ Attention-deficit/hyperactivity disorder (ADHD)
- ▶ Autism
- ▶ Mood disorders
- ▶ Stress management
- ▶ Substance use

Virtual visit doctors can even send an e-prescription to your pharmacy. The Learn to Live program is included through Blue Access for Members—to learn more, log in to your Blue Access for Members account at www.bcbsil.com/member. Then, click “Wellness” and select “Digital Mental Health.”

Wellness: Well onTarget

Well onTarget makes it easy to fit wellness into your schedule. You can use online trackers for sleep, blood pressure, cholesterol levels and more. Or take online courses on topics like exercise and stress management. Through Well onTarget, you’ll also have access to:

- ▶ The **Fitness Program** offers 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 help keep you motivated—you’ll earn points when you take part in healthy activities. Begin by completing your Health Assessment and you’ll 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 members.hcsc.net/wps/portal/wellontarget.

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: Livongo Programs

The Livongo® for Diabetes and Livongo® for Hypertension programs offer an advanced blood glucose meter and 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) 945-4355 to learn more or register at welcome.livongo.com/Marmon (registration code: MARMON).

Expert Medical Opinion: ConsumerMedical

ConsumerMedical is your health care decision tool. From minor health concerns to more complex issues, you and your family can get a second opinion on a medical diagnosis and treatment to decide which option is best for you, get help finding a doctor or hospital, find support to cope with a medical condition and more. Get more information by visiting www.myconsumermedical.com (use registration code: MARMON) or by calling (888) 361-3944.

Health Savings Account (HSA)

Enrollees in the HDHP may be eligible for an HSA. You and your employer may contribute to an HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses.

To be eligible for the HSA, you must be enrolled in the HDHP on the first of the month and must not have other health care coverage that is not a qualified HDHP, including Medicare Part A or Part B or TRICARE programs. See the plan documents for full details. Employer contributions are based on your coverage in the plan as an active employee.

Triple-Tax Advantage

1. You contribute funds through pre-tax payroll deductions, which reduces the amount of taxable income—so less tax is withheld from your paycheck.
2. Funds grow tax-free, and unused funds roll over year to year.
3. You can withdraw funds tax-free to pay for qualified health care expenses—even for Medicare expenses in retirement!

Important: The HSA annual maximum contribution limits are shown below. The maximum limit includes both employee and employer contributions to the HSA.

HSA Contribution Limit	2022
Employee Only	\$3,650
Family (employee + 1 or more)	\$7,300
Catch-up (age 55+)	\$1,000

For 2022, the Company will contribute to your HSA:

- ▶ \$750 annually for employee-only coverage*
- ▶ \$1,500 annually for family coverage (employee +1 or more)*

*Contribution for the 2022 calendar year; this amount is prorated for new enrollees. Funds are deposited into your account on a quarterly basis.

HSA Advantages

The HSA is an actual bank account and works differently than the FSA. The money in the account is yours to spend or save, even if you change plans, leave the company or retire. Keep in mind that only the funds in the account are available for use.

You can use your HSA funds to pay for qualified medical, dental or vision expenses. You can also choose to let your account grow and use the funds for future health care expenses.

Funds used for health care expenses after retirement are always tax-free, unlike 401(k) retirement funds, which are always taxable upon distribution. For this reason, it's wise to grow an HSA alongside your 401(k). When you reach and maintain a minimum threshold of \$1,000, you can make investments to help your money grow tax-free.

Qualified Expenses

Your HSA enables you to pay for the following qualified health care expenses on a tax-free basis:

- ▶ Copays, coinsurance and deductibles
- ▶ Dental and orthodontic expenses
- ▶ Smoking cessation programs
- ▶ Qualified long-term care insurance and expenses
- ▶ Health insurance premiums when receiving unemployment compensation
- ▶ Wheelchairs, crutches and other hardware
- ▶ Medicare/retiree health insurance premiums (excluding Medicare Supplement/Medigap insurance premiums) and COBRA premiums

For a full list of qualified expenses as defined by the IRS, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Tips and Reminders

Here are some ways to make the most of your HSA:

- ▶ You can use the money in the account to pay for medical expenses for yourself and your tax-dependent family members—even if those dependents are not covered by your HSA medical plan.
- ▶ You can only use the funds available in your account—but you can always reimburse yourself later once you have accumulated funds in your account.
- ▶ A person making \$45,000 a year can save more than \$320 in taxes by putting \$1,000 into an HSA for the year—that's less than \$100 a month!

Contact HSA Bank

Visit www.hsabank.com or call (877) 848-0265.

Dental Plan

The Company offers a dental plan through Delta Dental, which encourages regular exams and cleanings by covering preventive care at 100% when using an in-network provider.

Dental Preferred Provider Organization (DPPO)

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.**

Key Dental Benefits	Delta Dental DPPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Per Individual	\$50 up to a maximum of \$150	
Benefit Maximum (per calendar year; preventive, basic and major services combined)		
Per Individual	\$2,000	
Covered Services		
Preventive Services (Cleanings, exams, X-rays, etc.)	0%	
Basic Services (Fillings, oral surgery, periodontics, etc.)	10%*	
Major Services (Crowns, dentures, bridges, implants, etc.)	50%*	
Orthodontia (Child only)	50%, Lifetime Limit: \$2,000	

*Benefits with an asterisk (*) require that the deductible be met before the plan begins to pay.

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

Contact Delta Dental

Visit www.deltadentalil.com or call (800) 323-1743.

Vision Plan

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. **Coinsurance percentages shown in the below chart represent what plan members are responsible for paying.**

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	N/A
Lenses (once every 12 months)	No charge after materials copay	
Single Vision		Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
Frames (once every 24 months)	\$175 allowance	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	\$175 allowance	Up to \$105

Contact VSP

Visit www.vsp.com or call (800) 877-7195.

Flexible Spending Accounts

The Company provides the opportunity to participate in up to three different flexible spending accounts (FSAs) administered through HSA Bank. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes. **Note: You must enroll each year to participate in the FSAs and/or carry over funds from the previous year.**

Health Care FSA

The FSA contribution limit is \$2,750. FSA funds may be used to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

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

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf. Participants will receive an FSA debit card, which you can use to pay your medical, dental or vision provider directly. You can also pay for expenses out-of-pocket, then submit a claim to HSA Bank for reimbursement. When submitting a claim, scan and upload your bills, Explanation of Benefits, prescriptions and/or receipts through your computer or HSA Bank's mobile app.

Note: Unused health care FSA funds remaining on December 31, 2021, may continue to be used for expenses incurred through December 31, 2022. For the 2022 plan elections, only \$550 may be carried over into 2023 and claims must be submitted by March 31, 2023

Limited-Purpose Health Care FSA (for HSA participants)

If you are eligible for the HSA, you also have the option to enroll in a limited-purpose health care FSA. This type of FSA allows you to set aside additional pre-tax funds for eligible dental, orthodontia and vision expenses.

Participants will receive an FSA debit card, which you can use to pay your dental or vision provider directly. You can also pay for expenses out-of-pocket, then submit a claim to HSA Bank for reimbursement. When submitting a claim, scan and upload your bills, Explanation of Benefits, prescriptions and/or receipts through your computer or HSA Bank's mobile app.

Note: Unused limited-purpose FSA funds remaining on December 31, 2021, may continue to be used for expenses incurred through December 31, 2022. For the 2022 plan elections, only \$550 may be carried over into 2023 and claims must be submitted by March 31, 2023

Dependent Care FSA

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

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

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

Note: Unused dependent care FSA funds remaining on December 31, 2021, may continue to be used for expenses incurred through December 31, 2022. Elections will not carry over to the 2023 plan year and may only be used for expenses incurred in 2022.

Contact HSA Bank

Visit www.hsabank.com or call (877) 848-0265.

Remember: Use it or Lose it

The FSA is a use it or lose it plan, meaning any funds remaining in your account at the end of the plan year will be forfeited.* Choose your contribution amount thoughtfully and estimate your expenses for the year—you cannot change your contribution election after Open Enrollment ends (unless you experience a qualified life event during the plan year).

*Health care and limited-purpose health care FSA funds up to \$550 can only carry over to the following year if you enroll in the FSA plan the following year.

Marmon Employees' Retirement Plan

You are eligible to participate in the Marmon Employees' Retirement Plan (MERP), our 401(k) program for reaching your retirement goals. MERP offers flexibility, control and the right tools to help you prepare for your future. You save money on taxes by contributing pretax funds from your paycheck, and you get to decide how much of your salary you set aside—anywhere from 1% to 60% (within IRS limits). To help you start saving today, **Marmon matches 100% of your contributions up to 3%; Marmon will also match an additional 50% of the next 2% you contribute.** You are always fully vested in Marmon's company match, meaning you own those contributions. The Company may also choose to make an additional discretionary contribution to eligible employees. For full details, see the plan document located on MPower.

2021 IRS Annual Contribution Limits*	
Plan members under age 50	\$19,500
Plan members who reach age 50+ during plan year	\$6,500 (\$26,000 total)

*The IRS has not yet announced 2022 limits.

Roth 401(k) Option

You can enroll in a Roth 401(k) account through MERP. With a Roth 401(k), you contribute after-tax dollars to your retirement account. Those contributions, and any investment earnings, will then grow tax free.

You can determine if Roth account contributions are right for you with the Roth calculator on www.massmutual.com/retirementaccess.

Comparing Traditional and Roth Accounts

Roth accounts allow you to set aside taxable funds now, instead of at a later date when you may be in a higher tax bracket. Use the table below to help determine whether a traditional or Roth account is right for you and your family.

	Traditional Account	Roth Account
You invest	Pre-tax dollars	After-tax dollars
Investment Grows	Tax-deferred	
Income Limitation	No income limitation	No income limitation, unlike a Roth IRA
Withdrawals and Earnings	Certain requirements regarding distribution apply. For more information, refer to the MERP Summary Plan Description or contact Empower (formerly MassMutual).	Withdrawals of contributions and investment earnings are tax free if you are 59 ½ or older and have held the account for five years or more.
Annual Contribution Limits	Annual contribution limits are announced before each new year. In 2021, total combined pre-tax and Roth contributions to all qualified retirement plans are limited to \$19,500 (\$26,000 for employees age 50 and over).	
Employer Match, If Available	Made by your employer with pre-tax dollars to accumulate in the same account and be taxed as income at withdrawal.	Made by your employer with pre-tax dollars to accumulate in a separate account and be taxed as income at withdrawal.
When Changing Jobs	You can roll it into your new traditional retirement plan or an IRA.	You can roll it into a new Roth retirement plan or a Roth IRA.

Vesting

- ▶ Your contributions through payroll contributions are 100% vested at all times.
- ▶ The company's match on those contributions is also 100% vested.
- ▶ Eligible employees can contribute to Marmon's 401(k) plan up to the IRS limits using tax-deferred dollars. Marmon makes matching contributions of 100% on the first 3%, then 50% on the next 2% for a total, potential match of 4% of the employee's eligible earnings. Additionally, each year the Company can elect to make a Retirement Contribution to the plan; this means all eligible employees receive this contribution regardless of their individual contribution levels.
- ▶ Retirement contributions made by Marmon are done annually. Employees are 100% vested at all times in salary deferrals and employer-matching contributions. Retirement contributions are subject to a five-year graded vesting schedule.

Contact Empower (formerly MassMutual)

Visit www.massmutual.com or call (800) 854-0647.

Life and AD&D Insurance

The Company provides eligible employees with a basic life and accidental death and dismemberment (AD&D) insurance program administered by The Standard. The Company provides this core benefit at no cost to you. You can add or update your beneficiaries on MPower when you enroll.

Basic Life/AD&D (Company-paid)

Benefit Amount	1 x your annual base salary
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Supplemental Life/AD&D (Employee-paid)

Benefit Amount	
Employee	\$10,000 increments to \$500,000
Spouse	\$5,000 increments up to \$250,000 (not to exceed 50% of employee election amount)
Child	\$2,000 increments up to \$10,000
Guaranteed Issue Amount	
Employee	\$250,000
Spouse	\$50,000
Child	\$10,000

If you have previously waived coverage or would like to increase your supplemental life/AD&D benefit, you must complete an Evidence of Insurability (EOI) form by the end of your enrollment period.

To apply, you must complete an online health statement with The Standard. The link to apply for coverage is in the Helpful Links section on My Benefits Dashboard in MPower.

Supplemental Life/AD&D Rates (Monthly)

Age	Per \$1,000 in Coverage	
	Employee/Spouse	Child
Up to 24	\$0.095	\$0.234
25-29	\$0.095	
30-34	\$0.115	
35-39	\$0.125	
40-44	\$0.150	
45-49	\$0.217	
50-54	\$0.320	
55-59	\$0.489	
60-64	\$0.695	
65-69	\$1.305	
70-74	\$2.095	
75+	\$4.345	

Disability Insurance

The Company provides disability insurance at no cost to you. Disability coverage replaces part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability (Company-paid)	
Benefit Percentage	100% of pay (or 60% of pay on sliding scale based on your years of service shown in the table below)
When Benefits Begin	After 7 th day of disability
Maximum Benefit Duration	25 weeks

Years of Service	# of weeks at full pay	# of weeks at 60% pay
Less than 1 year	8	17
1 year, but less than 2 years	8	17
2 years, but less than 3 years	8	17
3 years, but 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 years, 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 and over	25	0

Long-Term Disability (Company-paid)	
Benefit Percentage	60% of your annual base salary
Monthly Benefit Maximum	\$20,000
When Benefits Begin	After 26 weeks of medically-certified disability and recertification of ongoing disability
Maximum Benefit Duration	Social Security Normal Retirement Age

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.

The EAP can help with the following issues, among others: **EAP Benefits**

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

Contact Health Advocate

Visit www.healthadvocate.com/standard3 or call (888) 293-6948.

Contact Information

Coverage	Carrier	Phone #	Website/Email	Mobile App
Medical/ Prescription Drug	Blue Cross Blue Shield of Illinois	Medical: (800) 458-6024, Prescription Drugs: (800) 423-1973	www.bcbsil.com	Blue Cross and Blue Shield of Illinois
Rx Mail Order	Express Scripts Accredo	(833) 715-0942 (833) 721-1619	www.esrx.com/BCBSIL www.accredo.com/BCBSIL	Express Scripts
Telehealth	MDLIVE	(800) 770-4622	www.mdlive.com/marmon	MDLIVE
Diabetes Management	Livongo	(800) 945-4355 (registration code: MARMON)	get.livongo.com/Marmon/register	Livongo
Expert Medical Guidance/Second Opinion	ConsumerMedical	(888) 361-3944 (company code: MARMON)	www.myconsumermedical.com (company code: MARMON)	MyMedicalAlly
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 (FSAs), Health Savings Accounts (HSAs) and Transit	HSA Bank	(877) 848-0265	www.hsabank.com	HSA Bank Mobile
Employee Assistance Program (EAP)	The Standard - Health Advocate	(888) 293-6948	www.healthadvocate.com/standard3	N/A
401(k)	Empower	(800) 854-0647	www.massmutual.com	Empower Retirement

Important Notices

CHIPRA/CHIP Notice

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your state for more information on eligibility.

ALABAMA - Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA - Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS - Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA - Medicaid Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CA_U_cont.aspx Phone: 1-800-541-5555
COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442

FLORIDA - Medicaid Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA - Medicaid Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
INDIANA - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA - Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563
KANSAS - Medicaid Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884
KENTUCKY - Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
LOUISIANA - Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE - Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711
MASSACHUSETTS - Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
MINNESOTA - Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA - Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA - Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

Important Notices

NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT- Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002

WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269
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To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Annual Notice of Women’s Health and Cancer Rights Act

Do you know that your plan, as required by the Women’s Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 312-845-5374 for more information.

Notice of Availability of HIPAA Notice of Privacy Practices

Marmon Holdings, Inc.
181 W. Madison, 26th Floor, Chicago, IL 60602
10/1/2021

To: Participants in the Medical, Dental, Vision, Life and Disability plans

From: Melody Canak, Senior Benefits Manager

Re: Availability of Notice of Privacy Practices

The If Yes, list all plan names here (each a “Plan”) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan’s Notice of Privacy Practices, please contact Melody Canak, Senior Benefits Manager at 181 W. Madison, 26th Floor, Chicago, IL 60602, 312-845-5374, melody.canak@marmon.com.

Notice of Marketplace Coverage Options. New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2021 for coverage starting January 1, 2022.

Important Notices

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% (as adjusted annually) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Melody Canak, Senior Benefits Manager at 181 W. Madison, 26th Floor, Chicago, IL 60602, 312-845-5374, melody.canak@marmon.com.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Marmon Holdings, Inc.	4. Employer Identification Number (EIN) 36-3104690
5. Employer address, 7. City, 8. State, 9. Zip Code 181 W. Madison, 26th Floor, Chicago, IL 60602	6. Employer phone number 312-845-5374
10. Who can we contact about employee health coverage at this job? Melody Canak, Senior Benefits Manager	
11. Phone number (if different from above) 312-845-5374	12. Email address melody.canak@marmon.com

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

- All Full Time Employees
- Some Employees

With respect to dependents:

- We do offer coverage to eligible dependents.
- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage nor medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between the plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.

