



Employee Benefits Guide

2026

Manatt's Family of Businesses

The Manatt's Family of Businesses is a unified family of companies, vertically integrated to deliver innovative solutions and exceptional results. Rooted in expertise and shared values, we combine resources, opportunities, and collaboration across all businesses, to empower our people, strengthen our communities, and create lasting value.

The MFB is committed to providing a comprehensive and affordable benefits package to you and your family. Comprehensive and preventive healthcare coverage is important to protecting you and your family from the financial risks of unexpected illness and injury. A little prevention goes a long way— especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Review this guide to learn about your options so you can make the most of your benefits. If you have any questions, feel free to reach out to Human Resources.



Beneficial Technologies, LLC

About Your Benefits



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Eligibility and Enrollment

Full-Time and Full-Time Seasonal employees are eligible to participate in benefits and may also cover your:

- Legal spouse (not including common law)
- Children up to age 26, including stepchildren
- Unmarried children of any age who are mentally or physically disabled

Coverage for new hires begins on the first of the month following 30 days of employment. Although, you do have a 60-day window in which to enroll. The date of the enrollment form determines the effective date.

After this initial enrollment, you will only be eligible to change your benefits during annual open enrollment, or when you or your family member experience a qualifying life event.

Annual open enrollment for Full-Time Year-Round Employees opens in November, for 30 days, and closes in December, on or before December 15. The specific date range for the Full-Time Year-Round open enrollment window is timely communicated to employees before it opens each year. Full-Time Seasonal Employees have a 30-day window starting with their first day back to work full-time from temporary seasonal layoff.

Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 31 days from the date of the qualifying life event to notify Human Resources of the change. Supporting documentation is required when adding a new dependent to the medical and dental plans.

Benefits Overview

We are proud to offer a comprehensive benefits package to eligible full-time employees. Eligibility for most health and insurance benefits begins on the first of the month following 30 days of employment; however, eligibility periods may vary by plan or employment status. The complete benefit package is briefly summarized in this booklet. Once enrolled, you will receive plan certificates or summary plan descriptions that provide detailed information about each program. Some benefits are provided at no cost to you, others are shared between you and the Company, and several voluntary benefits are available at group rates through convenient payroll deductions.

Benefit Plans Offered

We are pleased to provide a wide range of benefits designed to support the health, financial security, and overall wellbeing of our employees and their families. Available benefits include:

- 401K Retirement Plan
- Health Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Account (FSA)
- Group Basic Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life Insurance
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Accident Insurance
- Critical Illness Insurance
- Spouse's Health Insurance Incentive
- Wellbeing Program
- Safety Boot Reimbursement
- Employee Assistance Program (EAP)

Insurance Premiums

Full-Time Seasonal Employees pay for their insurance benefits at an accelerated rate to ensure coverage continues through the layoff period. This typically is a 26 week period. However, for newly hired employees, the payment schedule may be adjusted depending on their hire date. The total amount due is calculated by multiplying the monthly premium by the number of months needed to maintain coverage through March of the following year.

Pre-Tax Premium Plan

Your medical, dental, vision, accident and critical illness premiums are automatically deducted on a pre-tax basis, which lowers your taxable income. You may opt out of pre-tax deductions upon initial enrollment, during the annual enrollment period, or following a qualified life event. Please contact Human Resources for details.

Medical Coverage

Administered by Wellmark

	In Network	Out of Network
Annual Deductible	\$1,500 Single \$3,000 Family	\$4,000 Single \$8,000 Family
Coinsurance	20%	40%
Annual Out-of-pocket Maximum	\$3,500 Single \$7,000 Family	\$16,000 Single \$32,000 Family
PCP Office Visits (general practice, internal medicine, pediatricians, family practice, OB/GYN)	\$20 copay	40% after deductible
Specialty Office Visits	\$40 copay	40% after deductible
Preventive Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	100%	40% after deductible

Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

Health Insurance

Employee	\$177.00
Family	\$462.00

Finding In-network Providers

You save the most money when you choose in-network doctors and facilities. Log on to www.bcbs.com or call 1-800-810-2583 to find providers in the Wellmark/BlueCard network.



Medical Coverage

Administered by Wellmark

	In Network	Out of Network
Emergency Room	20% (after in-network deductible)	
Emergency Post-stabilization Services	20% after deductible	40% after deductible
Inpatient Surgery	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Ambulance Service	20% (after in-network deductible)	
Inpatient Services	20% after deductible	40% after deductible
Outpatient Services	20% after deductible	40% after deductible
Mental Health Inpatient Services	20% after deductible	Iowa providers: 20% after deductible Outside of Iowa: 40% after deductible
Mental Health Outpatient Services	Office Visits: \$20 copay Other: 40% after deductible	Office Visits: \$20 copay Other: 40% after deductible
Routine Prenatal Services	100%	40% after deductible
Other Maternity Services	20% after deductible	40% after deductible
All other maternity/hospital/physician services	20% after deductible	40% after deductible
Chiropractic	\$20 copay	\$20 copay
Physical, Occupational and Speech Therapy Services	\$20 copay	40% after deductible
TMJ and related services	20% after deductible	40% after deductible
Durable Medical Equipment (Artificial limbs and other prosthetic devices; blood and blood components; leg, arm and neck braces; surgical dressings; casts and splints)	20% after deductible	40% after deductible

The prescription portion of your health insurance coverage is handled by MedImpact.

Spousal Insurance Incentive

The Company will compensate employees \$200 per month if they are insured by their spouse's group health insurance plan. This is not automatic, and a verification form **must** be completed each year. Full-time Year-Round Employees must enroll by December 15th for the upcoming calendar year. Full-time Seasonal Employees must enroll by December 15th for upcoming year or within 30 days of return to work.

Telemedicine

Administered by Doctor on Demand via Wellmark

As an added benefit of the medical plan, you have access to Doctor On Demand at no cost to you. Doctor On Demand is a national network of U.S. board-certified doctors available 24 hours a day, 7 days a week, 365 days a year. Providers can diagnose, treat and prescribe medication (when appropriate) for many common medical conditions — all from the comfort of your home.

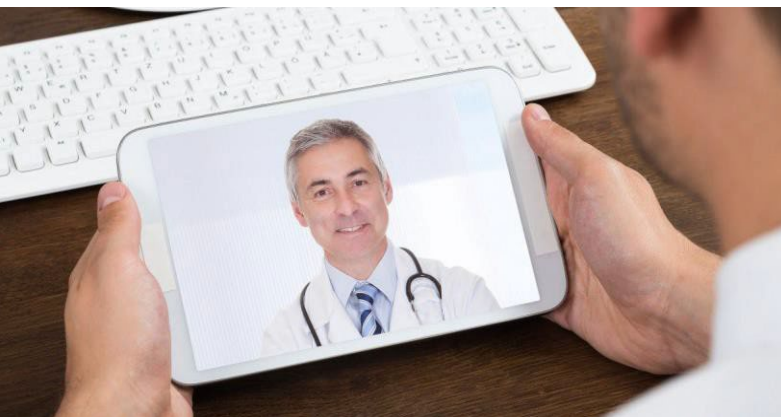
You can connect with a Doctor On Demand provider by phone, computer with webcam, or through the Doctor On Demand app on your smartphone for a secure, face-to-face visit.

Visits with a Doctor On Demand provider are covered at 100%, meaning there are no copays or consultation fees. If a prescription is written during your visit, it will be processed through your MedImpact pharmacy coverage. You will use your MedImpact ID card at the pharmacy and not your Wellmark ID card. Standard prescription coinsurance will apply.

Services can be provided for common medical conditions:

- Cold
- Flu
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection
- Sinus problems

Scan the QR code below to download the app:



To Reach a Doctor On Demand Provider

Getting to the doctor when you are sick is never easy. That's why we offer telemedicine through Doctor On Demand. You can connect with a U.S. board-certified doctor 24 hours a day, 7 days a week by phone or video chat.

Go to: [**DoctorOnDemand.com/Wellmark-VC**](https://DoctorOnDemand.com/Wellmark-VC) to activate your account.

Prescription Drug Coverage

Administered by MedImpact

Prescription drug coverage through MedImpact is included with the medical plan. You will receive a separate MedImpact ID card, which must be used for all pharmacy prescription claims. Your Wellmark medical ID card cannot be used at the pharmacy.

Review the chart below for the amount you will pay for the prescription drug tier or service:

	In Network	Out of Network
Retail (34-day Supply) Generic Brand Name Non-Preferred Brand Name	10% 20% 30%	Reimbursement of up to the contracted rate of a participating pharmacy
Mail-order (90-day Supply) Generic Brand Name Non-Preferred Brand Name	10% 20% 30%	Reimbursement of up to the contracted rate of a participating pharmacy
Specialty Drug (30-day supply)	50% after medical deductible	Not covered

Generic Drugs

Generic drugs are FDA-approved and shown to be just as safe and effective as their more expensive brand-name counterparts.

Brand Drugs

MedImpact regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring.



Dental Coverage

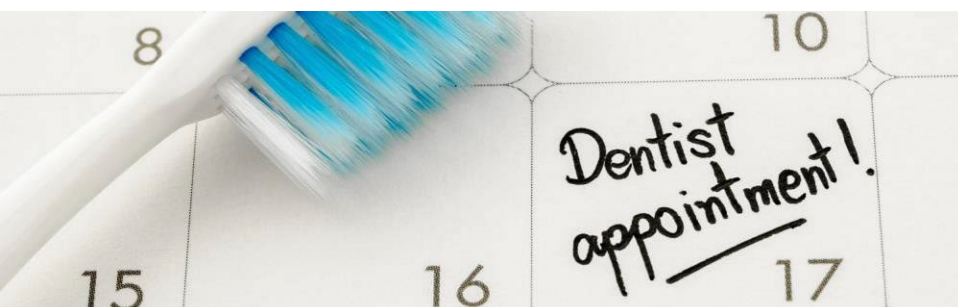
Administered by Delta Dental of Iowa

We offer a voluntary dental plan through Delta Dental of Iowa.

Review the chart below for the amount you will pay for the dental service listed:

Dental Plan		
	In Network	Out of Network
Annual Deductible	\$50 single \$150 family	\$100 single \$300 family
Annual Benefit Maximum (Preventive and Diagnostic Services do not apply to the Annual Maximum)	\$1,000	
Annual Maximum Carryover (To Go)	If you are covered under the Plan for a full year, any unused annual maximum balance will carryover to the following year, subject to the following: <ul style="list-style-type: none"> You must have submitted at least one claim during the benefit period. The carried over amount may not exceed \$1,000 per year. The annual maximum will not exceed \$2,000 in any year. 	
Preventive Care (Routine Cleaning, X-rays, sealants, space maintainers)	0% (No deductible or employee cost share)	
Basic Services (Cavity repair, extractions, routine oral surgery)	40% after deductible	50% after deductible
Major Services (Periodontics, crowns, bridges, implants, dentures, repairs)	50% after deductible	50% after deductible
Orthodontia (Children up to age 19 only)	50% (No deductible applies)	50% (No deductible applies)
Orthodontia Lifetime Maximum (Per Person)	\$1,500	

Dental Insurance	
Employee	\$29.00
Employee / Spouse	\$57.00
Employee / Children	\$69.00
Family	\$108.00



Finding In-network Dentists

You pay less for services when you use a dentist in the Delta Dental network. You can find an in-network dentist by visiting www.deltadentalia.com or calling 800.544.0718

Vision Coverage

Administered by Vision Service Plan (VSP)

We offer a voluntary vision plan through VSP which covers routine eye exams and helps you pay for glasses or contact lenses.

Review the chart below for the amount you will pay for the vision service listed:

	Vision Plan	
	In Network VSP Provider	Out of Network
Eye Exam (Once every 12 months)	\$10 copay	Up to \$45
Lenses Please note: Specific lenses covered under this copay (Once every 12 months)	\$15 copay	See below
Single Vision	Covered in full	Up to \$30
Bifocal*	Covered in full	Up to \$50
Trifocal*	Covered in full	Up to \$65
Standard Progressive*	Covered in full	No benefit
Polycarbonate lenses for children	Covered in full	Up to \$45
Frames (Once every 24 months)	Up to \$200 allowance (20% off remaining balance)	Up to \$70 allowance
Contact Lenses (Once every 12 months) Instead of lenses/frames	Up to \$150 allowance	Up to \$105 allowance

Vision Insurance

Employee	\$7.07
Employee / Spouse	\$14.15
Employee / Children	\$15.14
Family	\$24.20

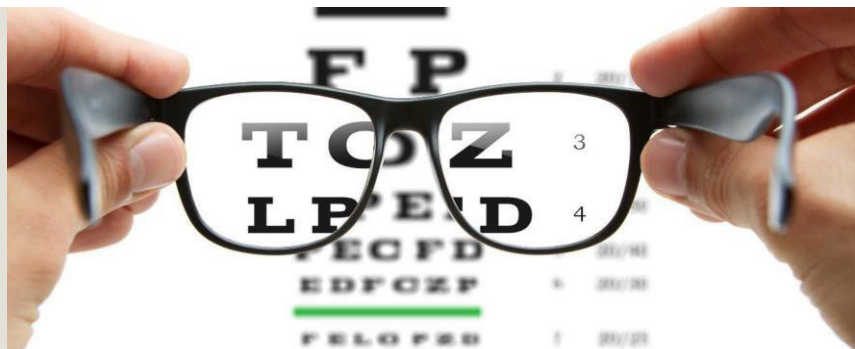
*Progressive & Custom Progressive lenses have additional copays.

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you.

See SPD for additional details.

Finding In-network Eye Doctors

You can find an in-network eye doctor in the VSP network by visiting www.vsp.com or calling 800-877-7195.



Flexible Spending Accounts (FSA)

Health and Dependent Care

Administered by P & A Group

You can save money on your healthcare and/or dependent day care expenses with a Flexible Spending Account (FSA). You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income, state income, or Social Security/Medicare taxes on your contributions to an FSA. (That's where the savings come in.) Your FSA contributions are deducted from your paycheck before taxes are withheld so you can save on taxes and have more disposable income.

You can enroll in one or both FSAs. You use each account separately, but they work similarly.


Here's How an FSA Works

- Each year you decide the annual amount you want to contribute to either or both FSAs based on our expected healthcare and/or dependent childcare/elder care expenses.
- Your contributions are deducted from your paycheck before income and Social Security taxes and deposited into your FSA.
- You can pay for eligible healthcare expenses with a debit card, submit a claim form or file a claim for reimbursement online. For dependent care, you pay for the eligible expenses when incurred and then submit a reimbursement claim form or file the claim online.

NOTE: you may only use your debit card to pay for CURRENT plan year claims. If you have claims from prior plan year, you must file the claim online at www.padmin.com

You are reimbursed from your FSA, so you actually pay your expenses with tax-free dollars.

Health Care Reimbursement Flexible Spending Account (FSA)

What expenses are eligible?	<p>Medical, prescription drug, dental and vision care Examples: over-the counter drugs; hearing aids/batteries; eyeglasses/contact lenses and eye exams; menstrual products; chiropractic services; deductibles, copays and coinsurance from any health, dental or vision plan.</p> <p>To find eligible items, please go to the FSA Store website : www.fsastore.com OR scan the QR code:</p> <div data-bbox="1190 1224 1414 1444"> <p>Tell me More</p>  </div>
When can I use the funds?	<p>All funds you elect for the year are available on January 1st. If you are a new hire, funds will be available the first of the month you are eligible for benefits.</p>
Can I roll over funds each year?	<p>Yes, \$680 of unused money may be carried over into the next plan year</p>
How do I pay for eligible expenses?	<p>Use your debit card, submit a claim form, or file a claim for reimbursement online at: www.padmin.com</p>
How much can I contribute each year?	<p>\$0— \$3,400 in 2026 The annual maximum will be automatically adjusted each year to the IRS limit.</p>
Can I change my contributions throughout the year?	<p>No, unless you have a qualifying life event. You choose an annual election amount and that amount is taken out of each paycheck in equal increments throughout the year.</p>

Flexible Spending Accounts (FSA)

Health and Dependent Care

Administered by P & A Group

Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

Dependent Care FSA	
What is it?	It is an account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time.
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses.
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents). Also includes nursery schools and preschools (excluding kindergarten) and the cost for an individual to provide care either in or out of your house.
When can I use the funds?	Funds are available as you contribute to the account with each paycheck.
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year.
How do I pay for eligible expenses?	Submit a reimbursement claim form or file online at www.padmin.com
How much can I contribute each year?	Up to \$7,500 in 2026



Important Note

The dependent care FSA has a use-it-or-lose-it rule. You will lose any unused funds at the end of the year.

Claim Processing

Claims are processed daily. Reimbursements can be automatically deposited into your checking or savings account, or you can have a check mailed to you. A debit card is also available to pay for qualified healthcare expenses.

A direct deposit form is required upon initial enrollment in the Flexible Spending Account.

Life and Accidental Death & Dismemberment Insurance

Administered by Lincoln Financial Group

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment in the event of your death. The Company provides basic life insurance at no cost to you.

Accidental Death and Dismemberment (AD&D) insurance provides a payment to you or your beneficiaries if you lose a limb or pass away from injuries due to an accident. The Company provides AD&D coverage at no cost to you in addition to the basic life insurance.

How it Works		Basic Life/AD&D (Company-paid Benefit)
Basic Life	Your beneficiaries receive this benefit if you pass away	Employee – \$50,000 Spouse – \$10,000 Child(ren) – Birth to age 26; \$10,000 *AD&D per schedule
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured due to an accident. This coverage is in addition to your basic life insurance.	Benefit Reduces to 65% at age 65 45% at age 70 30% at age 75 20% at age 80



Keep Your Beneficiaries Up to Date
Make sure to keep this person's information updated so your benefit is paid according to your wishes by completing the beneficiary form.

Contract Human Resources for more information.

Voluntary Life Insurance

Administered by Lincoln Financial Group

You may purchase life insurance in addition to the Company-provided coverage. Coverage for your spouse and/or dependents is also available, as long as, you purchase at least the same amount on yourself. When doing this as a new hire, there are guarantee issue amounts. This means if you purchase insurance up to this limit, there will be no medical questions to answer. As an employee, you are eligible to purchase up to \$300,000 on yourself, \$30,000 on your spouse and \$10,000 on each eligible child. Children may be covered up to 26 years of age.

How it Works		Voluntary Life (Employee-paid benefit)
Initial Enrollment: Voluntary Life	Your beneficiaries receive this benefit if you pass away.	You: Increments of \$10,000 up to \$500,000 Your Spouse: Increments of \$5,000 up to \$150,000, not to exceed 100% of EE's amount. Your child(ren) from live birth to age 26: Increments of \$2,000 to max \$10,000 not to exceed 100% of EE's amount.

Going forward, during your open enrollment, you will be allowed to purchase additional coverage with no questions asked. Your coverage may be increased \$40,000 up to the \$300,000 guarantee issue amount. Your spouse will be allowed to purchase an additional \$20,000 of life insurance up to \$30,000 and children will be allowed a maximum benefit of \$10,000.



Keep Your Beneficiaries Up to Date

Make sure to keep this person's information updated so your benefit is paid according to your wishes by completing the beneficiary form.

Contract Human Resources for more information.

Voluntary Life Insurance

Employee Premium Table (Monthly)

Amount	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$1.00	\$1.00	\$1.30	\$1.70	\$2.00	\$3.00	\$5.20	\$9.70	\$12.30	\$20.50	\$33.10	\$33.10
\$20,000	\$2.00	\$2.00	\$2.60	\$3.40	\$4.00	\$6.00	\$10.40	\$19.40	\$24.60	\$41.00	\$66.20	\$66.20
\$30,000	\$3.00	\$3.00	\$3.90	\$5.10	\$6.00	\$9.00	\$15.60	\$29.10	\$36.90	\$61.50	\$99.30	\$99.30
\$40,000	\$4.00	\$4.00	\$5.20	\$6.80	\$8.00	\$12.00	\$20.80	\$38.80	\$49.20	\$82.00	\$132.40	\$132.40
\$50,000	\$5.00	\$5.00	\$6.50	\$8.50	\$10.00	\$15.00	\$26.00	\$48.50	\$61.50	\$102.50	\$165.50	\$165.50
\$60,000	\$6.00	\$6.00	\$7.80	\$10.20	\$12.00	\$18.00	\$31.20	\$58.20	\$73.80	\$123.00	\$198.60	\$198.60
\$70,000	\$7.00	\$7.00	\$9.10	\$11.90	\$14.00	\$21.00	\$36.40	\$67.90	\$86.10	\$143.50	\$231.70	\$231.70
\$80,000	\$8.00	\$8.00	\$10.40	\$13.60	\$16.00	\$24.00	\$41.60	\$77.60	\$98.40	\$164.00	\$264.80	\$264.80
\$90,000	\$9.00	\$9.00	\$11.70	\$15.30	\$18.00	\$27.00	\$46.80	\$87.30	\$110.70	\$184.50	\$297.90	\$297.90
\$100,000	\$10.00	\$10.00	\$13.00	\$17.00	\$20.00	\$30.00	\$52.00	\$97.00	\$123.00	\$205.00	\$331.00	\$331.00
\$110,000	\$11.00	\$11.00	\$14.30	\$18.70	\$22.00	\$33.00	\$57.20	\$106.70	\$135.30	\$225.50	\$364.10	\$364.10
\$120,000	\$12.00	\$12.00	\$15.60	\$20.40	\$24.00	\$36.00	\$62.40	\$116.40	\$147.60	\$246.00	\$397.20	\$397.20
\$130,000	\$13.00	\$13.00	\$16.90	\$22.10	\$26.00	\$39.00	\$67.60	\$126.10	\$159.90	\$266.50	\$430.30	\$430.30
\$140,000	\$14.00	\$14.00	\$18.20	\$23.80	\$28.00	\$42.00	\$72.80	\$135.80	\$172.20	\$287.00	\$463.40	\$463.40
\$150,000	\$15.00	\$15.00	\$19.50	\$25.50	\$30.00	\$45.00	\$78.00	\$145.50	\$184.50	\$307.50	\$496.50	\$496.50
\$160,000	\$16.00	\$16.00	\$20.80	\$27.20	\$32.00	\$48.00	\$83.20	\$155.20	\$196.80	\$328.00	\$529.60	\$529.60
\$170,000	\$17.00	\$17.00	\$22.10	\$28.90	\$34.00	\$51.00	\$88.40	\$164.90	\$209.10	\$348.50	\$562.70	\$562.70
\$180,000	\$18.00	\$18.00	\$23.40	\$30.60	\$36.00	\$54.00	\$93.60	\$174.60	\$221.40	\$369.00	\$595.80	\$595.80
\$190,000	\$19.00	\$19.00	\$24.70	\$32.30	\$38.00	\$57.00	\$98.80	\$184.30	\$233.70	\$389.50	\$628.90	\$628.90
\$200,000	\$20.00	\$20.00	\$26.00	\$34.00	\$40.00	\$60.00	\$104.00	\$194.00	\$246.00	\$410.00	\$662.00	\$662.00
\$250,000	\$25.00	\$25.00	\$32.50	\$42.50	\$50.00	\$75.00	\$130.00	\$242.50	\$307.50	\$512.50	\$827.50	\$827.50
\$300,000	\$30.00	\$30.00	\$39.00	\$51.00	\$60.00	\$90.00	\$156.00	\$291.00	\$369.00	\$615.00	\$993.00	\$993.00
\$350,000	\$35.00	\$35.00	\$45.50	\$59.50	\$70.00	\$105.00	\$182.00	\$339.50	\$430.50	\$717.50	\$1,158.50	\$1,158.50
\$400,000	\$40.00	\$40.00	\$52.00	\$68.00	\$80.00	\$120.00	\$208.00	\$388.00	\$492.00	\$820.00	\$1,324.00	\$1,324.00
\$450,000	\$45.00	\$45.00	\$58.50	\$76.50	\$90.00	\$135.00	\$234.00	\$436.50	\$553.50	\$922.50	\$1,489.50	\$1,489.50
\$500,000	\$50.00	\$50.00	\$65.00	\$85.00	\$100.00	\$150.00	\$260.00	\$485.00	\$615.00	\$1,025.00	\$1,655.00	\$1,655.00

Voluntary Life Insurance

Spouse* Premium Table (Monthly)

Amount	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.25	\$0.25	\$0.35	\$0.50	\$0.75	\$1.00	\$1.75	\$3.25	\$4.25	\$6.25	\$8.50	\$8.50
\$10,000	\$0.50	\$0.50	\$0.70	\$1.00	\$1.50	\$2.00	\$3.50	\$6.50	\$8.50	\$12.50	\$16.80	\$16.80
\$15,000	\$0.75	\$0.75	\$1.05	\$1.50	\$2.25	\$3.00	\$5.25	\$9.75	\$12.75	\$18.75	\$25.20	\$25.20
\$20,000	\$1.00	\$1.00	\$1.40	\$2.00	\$3.00	\$4.00	\$7.00	\$13.00	\$17.00	\$25.00	\$33.60	\$33.60
\$25,000	\$1.25	\$1.25	\$1.75	\$2.50	\$3.75	\$5.00	\$8.75	\$16.25	\$21.25	\$31.25	\$42.00	\$42.00
\$30,000	\$1.50	\$1.50	\$2.10	\$3.00	\$4.50	\$6.00	\$10.50	\$19.50	\$25.50	\$37.50	\$50.40	\$50.40
\$35,000	\$1.75	\$1.75	\$2.45	\$3.50	\$5.25	\$7.00	\$12.25	\$22.75	\$29.75	\$43.75	\$58.80	\$58.80
\$40,000	\$2.00	\$2.00	\$2.80	\$4.00	\$6.00	\$8.00	\$14.00	\$26.00	\$34.00	\$50.00	\$67.20	\$67.20
\$45,000	\$2.25	\$2.25	\$3.15	\$4.50	\$6.75	\$9.00	\$15.75	\$29.25	\$38.25	\$56.25	\$75.60	\$75.60
\$50,000	\$2.50	\$2.50	\$3.50	\$5.00	\$7.50	\$10.00	\$17.50	\$32.50	\$42.50	\$62.50	\$84.00	\$84.00
\$55,000	\$2.75	\$2.75	\$3.85	\$5.50	\$8.25	\$11.00	\$19.25	\$35.75	\$46.75	\$68.75	\$92.40	\$92.40
\$60,000	\$3.00	\$3.00	\$4.20	\$6.00	\$9.00	\$12.00	\$21.00	\$39.00	\$51.00	\$75.00	\$100.80	\$100.80
\$65,000	\$3.25	\$3.25	\$4.55	\$6.50	\$9.75	\$13.00	\$22.75	\$42.25	\$55.25	\$81.25	\$109.20	\$109.20
\$70,000	\$3.50	\$3.50	\$4.90	\$7.00	\$10.50	\$14.00	\$24.50	\$45.50	\$59.50	\$87.50	\$117.60	\$117.60
\$75,000	\$3.75	\$3.75	\$5.25	\$7.50	\$11.25	\$15.00	\$26.25	\$48.75	\$63.75	\$93.75	\$126.00	\$126.00
\$80,000	\$4.00	\$4.00	\$5.60	\$8.00	\$12.00	\$16.00	\$28.00	\$52.00	\$68.00	\$100.00	\$134.40	\$134.40
\$85,000	\$4.25	\$4.25	\$5.95	\$8.50	\$12.75	\$17.00	\$29.75	\$55.25	\$72.25	\$106.25	\$142.80	\$142.80
\$90,000	\$4.50	\$4.50	\$6.30	\$9.00	\$13.50	\$18.00	\$31.50	\$58.50	\$76.50	\$112.50	\$151.20	\$151.20
\$95,000	\$4.75	\$4.75	\$6.65	\$9.50	\$14.25	\$19.00	\$33.25	\$61.75	\$80.75	\$118.75	\$159.60	\$159.60
\$100,000	\$5.00	\$5.00	\$7.00	\$10.00	\$15.00	\$20.00	\$35.00	\$65.00	\$85.00	\$125.00	\$168.00	\$168.00
\$110,000	\$5.50	\$5.50	\$7.70	\$11.00	\$16.50	\$22.00	\$38.50	\$71.50	\$93.50	\$137.50	\$184.80	\$184.80
\$120,000	\$6.00	\$6.00	\$8.40	\$12.00	\$18.00	\$24.00	\$42.00	\$78.00	\$102.00	\$150.00	\$201.60	\$201.60
\$130,000	\$6.50	\$6.50	\$9.10	\$13.00	\$19.50	\$26.00	\$45.50	\$84.50	\$110.50	\$162.50	\$218.40	\$218.40
\$140,000	\$7.00	\$7.00	\$9.80	\$14.00	\$21.00	\$28.00	\$49.00	\$91.00	\$119.00	\$175.00	\$235.20	\$235.20
\$150,000	\$7.50	\$7.50	\$10.50	\$15.00	\$22.50	\$30.00	\$52.50	\$97.50	\$127.50	\$187.50	\$252.00	\$252.00

* Spouse rates based on Spouse's age.

Child Premium Table (Monthly)

Amount	Per Family Unit
\$2,000	\$0.08
\$4,000	\$0.16
\$6,000	\$0.24
\$8,000	\$0.32
\$10,000	\$0.40

Disability Insurance

Short Term Disability (STD) Insurance

Administered by the Company

Short-term disability insurance provides income if you become disabled due to a non-work-related injury or illness and can continue for up to 26 weeks. Benefits begin on the 8th day if due to an illness and on the first day if due to an injury or confinement to a hospital on an inpatient basis or on the 8th day if due to illness and not hospitalized as inpatient. You will be automatically enrolled in this plan the first of the month following 30 days of full-time employment.

You will receive this weekly benefit tax free, as long as, you elect to pay \$12 for annual premium. This will be done automatically. If you would like to opt out of this premium, you may do so prior to your eligibility date into the plan or prior to your annual open enrollment. Keep in mind, if you don't pay the premium, your weekly benefit will be taxable upon receipt.

Full-Time Seasonal employees are also covered during the layoff period provided they are not eligible for unemployment benefits due to accident or sickness.

Long Term Disability (LTD) Insurance

Administered by Lincoln Financial Group

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possible Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income.

You become eligible for LTD coverage the first of the month following 30 days of full-time employment.

LTD coverage provides income replacement when you have been disabled for 180 days (360-day accumulation period). Your benefit is 60% of your total monthly earnings, up to a maximum of \$8,000 per month. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue to your normal social security retirement age if you become disabled before age 65. If you become disabled after age of 65, the maximum benefit duration is based on your age at the time your disability begins.

How it Works

Short-term Disability	\$600 per week. Benefits begin on the first day if absence is due to injury. Benefits begin on the 8th day if due to illness. Benefits payable up to 26 weeks.
Long-term Disability	You receive 60% of your income up to \$8,000 per month.

How to Calculate Your Voluntary LTD Cost

$\$0.57 \times \frac{\text{Rate}}{100} = \$ \text{Long-Term Disability Cost/Month}$
(Rate) (Your monthly gross earnings)

Accident & Critical Illness Insurance

Administered by Lincoln Financial Group

Accident Insurance

Having an accident doesn't just hurt you - it can also damage your finances. Your medical insurance will cover some of the expenses, but you'll be left to foot the bills for your copays and deductible. Those can add up fast, especially if you are unable to work while you recover. That's where Group Accident insurance comes in: It helps protect your bank account from the out-of-pocket expenses that can come with an injury - whether you are coping with a broken arm or recovering from a serious car accident.

- Offers you a financial cushion from unexpected accidents which occur outside of work.
- Plan pays specific benefit amounts for expenses resulting from an off-the-job injury or accident. Hospitalization, physical therapy, intensive care, fractures and dislocations are some of the out-of-pocket expenses that accident insurance may cover.
- Coverage is available for you and your family.
- Benefits are paid directly to you, regardless of any medical coverage you may have.
- Includes a \$50 Health Assessment Benefit (1 test per 12-month period)

Want to learn more? Scan the QR code to view a quick educational video about Accident Insurance!



Critical Illness Insurance

Critical illness insurance can help supplement major medical coverage by helping you fill the gap caused by the out-of-pocket costs associated with a serious illness or event. Things like copays, deductibles, loss of income, childcare and travel expenses. This creates a financial safety net for you and your family. The policy pays you a lump sum in the event you suffer from a critical illness, such as cancer, end-stage renal failure, heart attack, stroke or paralysis.

- Employees can elect \$10,000 or \$20,000, Spouse/Children can elect \$5,000 or \$10,000 (not to exceed 50% of employee amount)
- This includes a Health Assessment Benefit (1 test per 12-month period) \$50 first year, \$75 second year and \$100 in year 3 and thereafter.
- Benefits are paid directly to you.

Want to learn more? Scan the QR code to view a quick educational video about Critical Illness Insurance!



401(k) Retirement Plan

Administered by Fidelity Investments

The 401(k) plan is a valuable benefit that helps employees build resources toward retirement. A wide variety of investment options are available through Fidelity, allowing you to tailor your account to your financial goals and comfort with risk. Investing in a personal retirement account now can help provide a more secure financial future.

Eligibility

As a new hire, you will be automatically enrolled at a 5% contribution rate.

New hires will receive a notice in the mail directly from Fidelity explaining the automatic enrollment process. Approximately 30 days after you are hired, 5% of your pay will automatically be deducted on a pretax basis and invested in a target-date fund based on your age and projected year of retirement, **unless** you: 1) set up your own contribution amount and investment allocations; or 2) Opt out. If you do not receive information from Fidelity, please contact Human Resources. **You may contact Fidelity to enroll prior to receiving this packet by going to their website at www.401k.com or calling 1.800.835.5097.**

All active employees who are at least 18 years of age are eligible to participate. All contributions must be through payroll deduction, up to 60% of your disposable salary or the federal annual maximum, whichever is less. A beneficiary designation must be completed for your account. All traditional (pretax) contributions are deducted before state and federal withholdings are calculated. Roth 401(k) contributions are also available, which allow you to make after-tax contributions now and enjoy tax-free withdrawals in retirement, provided certain IRS requirements are met.

Company Contributions

The Company contributes 2.5% of total wages annually to all active employees' traditional (pretax) 401(k) accounts, whether or not you personally contribute. This Discretionary Non-elective Company Contribution is made after year end, and you must be an active employee as of December 31st to be eligible. Employees on temporary layoff status are considered as active.

In addition, the Company will contribute a Discretionary Match of 50% of your contribution up to 5%. This means if you contribute 5%, you will receive an additional 2.5%. These matching contributions are made each pay period. A 5-year vesting schedule applies to both the Discretionary Non-Elective and Discretionary Matching contributions as described below.

Years of Service	Vesting Percentage
1	20%
2	40%
3	60%
4	80%
5	100%



Distributions and Changing Your Elections

You may change your contribution amount or your investment elections any time. Because this plan is intended for long-term retirement savings, distribution options are limited. Immediate distribution is available only in cases of retirement, disability, involuntary termination, or death. If you terminate employment for any other reasons, you may take distribution of your account after the following July 1st. Distribution options include direct payment to you (subject to IRS early withdrawal penalties and taxes), rollover into another qualified retirement plan (IRA or employer sponsored retirement plan), or in service withdrawals (available after age 59 ½ while actively employed, without penalties).

Paid Holidays & Paid Time Off

Paid Holidays

The MFB observes the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

When a holiday falls on a Saturday or Sunday, the MFB will determine when it will be observed and communicate it prior to the holiday.

All full-time employees are eligible for paid holidays immediately upon hire. Employees are paid 8 hours of straight time pay for each holiday.

Employees must work the scheduled workday before and the scheduled workday after the holiday to receive holiday pay unless additional days off have been pre-approved.

Employees are not eligible for holiday pay for any holiday that occurs while they are on temporary seasonal layoff or on a leave of absence.

Paid Time Off (PTO)

Employees may be eligible to receive paid time off (PTO). PTO may be used for vacation, sick time, personal needs, and any other purpose requiring employees to be away from work. These reasons include any need for time off protected under applicable federal or state leave laws, including state and local sick time laws.

Full-Time Year-Round and Full-Time Seasonal Employees are eligible for PTO after a 90-day probationary period. PTO may be requested for approval in half day or full day increments (4hr/8hr).

Full-Time Year-Round Employee PTO Schedule

- 0 – 2.99 years of service at the MFB: 10 days
- 3 – 7.99 years of service at the MFB: 15 days
- 8 – 14.99 years of service at the MFB: 18 days
- 15+ years of service at the MFB: 20 days

Full-Time Year-Round Employees may carry over 5 days of PTO into the next year on their anniversary date. Unused PTO over 5 days will be forfeited. There will no cash out of unused time allowed for Full-Time Year-Round Employees. Anniversary/hire date will be used to calculate the years of service award dates.

Full-Time Seasonal Employee PTO Schedule

- 5 days

Full-Time Seasonal Employees will not be allowed to carry over any unused PTO balance into the next year. Any unused PTO will be paid out by November 30th each calendar year.

Please refer to your individual Benefits Summary or contact Payroll for additional details about accrual rates, carryover, or any other questions regarding PTO.

Additional Benefits

Employee Assistance Program Administered by BHS

As an employee, you are a valuable asset, and we understand that sometimes life's circumstances may become overwhelming. To help you with these personal issues and concerns, the Company provides you and your family with an employee assistance program (EAP) at no cost to you for up to 3 sessions through BHS.

Call 24/7 for confidential assistance with personal matters like:

- Marital issues
- Divorce adjustment
- Depression
- Substance abuse
- Family Issues
- Financial concerns
- Anxiety / stress
- Grief / loss
- 24-hour crisis intervention



Experienced consultants are available to listen and help you find solutions. Your calls are confidential, and the company does not receive any information as to who uses this benefit or for what reason.

Find more information at:
Portal.BHSONline.com
(username: MyBHS)
800.327.2251



Safety Boot Reimbursement

The Company may reimburse you for some of the cost of safety-toed boots. Itemized receipts must clearly show they are a qualified expense and if not, additional documentation should be submitted to verify. Without proper documentation, the receipt will not be processed. Receipts should be submitted to Payroll. For any questions, reach out to Payroll.

Coverage Costs

2026 Monthly Premium Rates

Health Insurance	
Employee	\$177.00
Family	\$462.00

Short-Term Disability Insurance	
Employee	\$1.00 or free if Employee opts out of Premium

Dental Insurance	
Employee	\$29.00
Employee / Spouse	\$57.00
Employee / Child(ren)	\$69.00
Family	\$108.00

Long-Term Disability Insurance	
Employee	Based on Gross Earnings

Vision Insurance	
Employee	\$7.07
Employee / Spouse	\$14.15
Employee / Child(ren)	\$15.14
Family	\$24.20

Accident Insurance	
Employee	\$8.06
Employee / Spouse	\$18.53
Employee / Child(ren)	\$23.28
Family	\$30.03

Critical Illness Insurance	
Employee	Age/Tobacco Rated
Employee / Spouse	Age/Tobacco Rated
Employee / Child(ren)	Age/Tobacco Rated
Family	Age/Tobacco Rated

Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below or the Human Resources Department.

Benefit	Administrator	Phone	Website or E-mail
401(k)	Fidelity Investments	800.835.5097	www.401k.com
Health Insurance	Wellmark	800.941.4410	www.wellmark.com
Prescription Drugs	MedImpact	833.682.1190	www.elixirsolutions.com
Dental Insurance	Delta Dental of Iowa	800.544.0718	www.deltadentalia.com
Vision Insurance	VSP	800.877.7195	www.vsp.com
Life and AD&D Insurance	Lincoln Financial Group	800.423.2765	www.LincolnFinancial.com
Voluntary Life Insurance	Lincoln Financial Group	800.423.2765	www.LincolnFinancial.com
Short-Term Disability Insurance	Human Resources		
Long-Term Disability Insurance	Lincoln Financial Group	800.423.2765	www.LincolnFinancial.com
Flexible Spending Account	P & A Group	800.688.2611	www.padmin.com
Accident Insurance	Lincoln Financial Group	800.423.2765	www.LincolnFinancial.com
Critical Illness Insurance	Lincoln Financial Group	800.423.2765	www.LincolnFinancial.com
Employee Assistance Program (EAP)	BHS	800.327.2251	portal.BHSONline.com (username: MyBHS)
General Questions/Enrollment			
LL Pelling	Carrie Diaz	319.626.4600	carried@llpelling.com
LL Pelling	Stephanie Pena <i>Se habla español</i>	319.626.4600	stephaniep@llpelling.com

The Fine Print

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This benefits enrollment guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent summary plan description.