MKB
Stormwater Innovation



MKB Company

Benefits Summary

2027

Full-Time Employees

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2027 Compliance Notices



Insurance Benefits

Eligibility

Requirements

If you are a full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this summary. Qualified dependents eligible for select benefit coverage include:

- Your legally married husband/wife
- Your child(ren) up to age 26
- Your incapacitated child(ren) of any age who are either incapable of self-support, incapacitated before the age limits of 19 or 25 and claimed as a dependent on your income tax return
- Domestic partners

Waiting Period

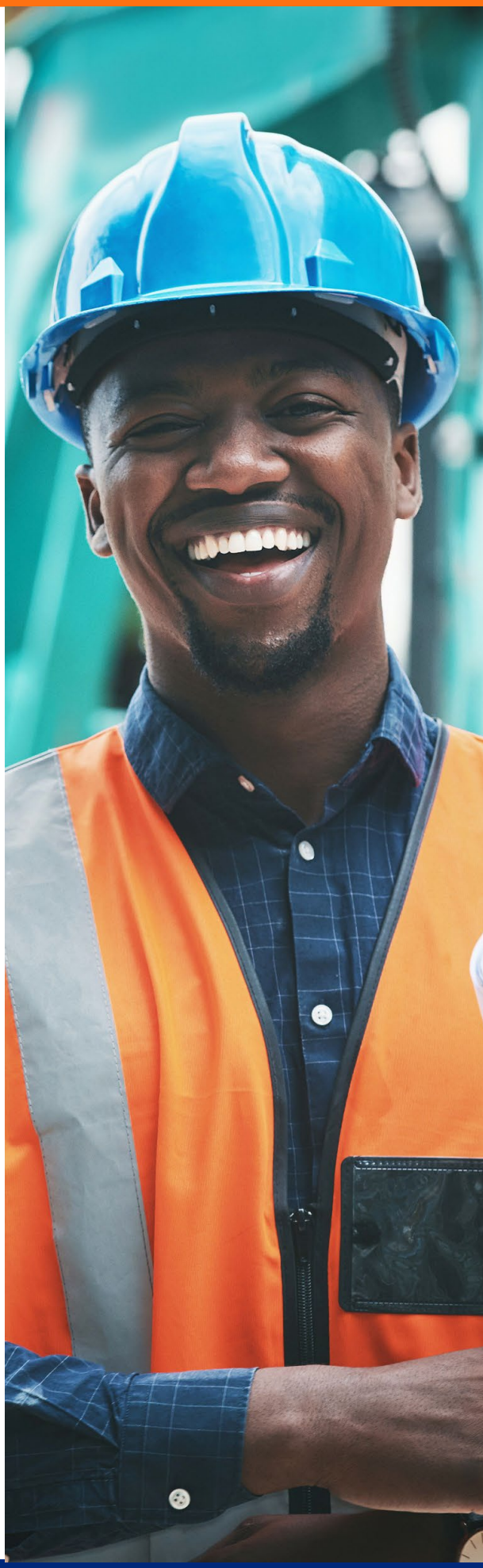
All benefit eligible employees electing coverage will be effective on the first of the month following 60 days of employment.

Qualifying Events

Outside of open enrollment you would need to have a qualifying event to add, drop, or make changes to your benefits. Employees are responsible for notifying Human Resources within 30 days of the qualifying life event to make a change to benefit elections. Qualifying event changes are effective on the date in which the event occurred.

Some examples of qualifying events are:

- **Losing existing health coverage**
- **Losing eligibility for Medicare, Medicaid, or Children's Health Insurance Program (CHIP)**
- **Turning 26 and losing coverage through a parent's plan**
- **Getting married or divorced**
- **Having a baby or adopting a child**
- **Death in the family**



Medical Insurance

Medical Carrier: UMR
Website: www.UMR.com
Phone: 800-826-9781

PPO Plan

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in.

The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible, but they do accumulate towards your overall out-of-pocket maximum.

HDHP with HSA Plan

The plan is comprised of two components:
1. High-Deductible Health Plan
2. Health Savings Account (HSA)

The HDHP is a high-deductible health plan that provides health care benefits after the deductible has been met. All medical services, with the exception of preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account, and it is yours to keep—even when you change plans or retire. The funds roll over from year to year to be used when you really need them.

HSA

HSA Bank: Optum Bank
Website: https://www.optumbank.com
Phone: 866-234-8913 (Option 0 for agent)

2027 HSA Contributions

Tier	Company Contribution	Maximum Employee Contribution	Total Contribution Limit
Employee	$500	$4,000	$4,500
Employee + Dependent(s)	$1,000	$8,000	$9,000

You will receive a standard Explanation of Benefits (EOB) from the medical carrier UMR that will reflect billed and allowed charges for the base plan. You will want to pay attention to the EOB letter because it will reflect your potential responsibility. You can also log into to www.umr.com. EOB's are not bills and the amount you owe will come from your provider after UMR has processed your claim. The complete adjudication of claims can take up to 3 weeks after the provider has sent in the claim to UMR.



If you enroll in the HSA plan, we will contribute **$500 for Employee only coverage** and **$1,000 for Employee + Dependent coverage** to help pay for qualified medical expenses now and in the future. Employer contributions will be deposited on a bi-weekly basis.

HSA: Tax Saving Vehicle

HSA Eligibility Requirements

To have an HSA and make contributions to the account, you must meet several basic qualifications.

- To be eligible to open and contribute to an HSA, you must have coverage under a qualified High-Deductible Health Plan (HDHP).
- Participants cannot be covered by any other health insurance plan (this exclusion does not apply to certain other-types of insurance, such as dental, vision, disability or long-term care coverage);
- Participants cannot participate in a Healthcare FSA or spouse/ domestic partner's Healthcare FSA or Health Reimbursement account (HRA)
- Participants cannot be enrolled in Medicare or Medicaid
- You cannot be eligible to be claimed as a dependent on someone else's tax return
- You have not received Department of Veterans Affairs Medical benefits in the past 90 days, unless the Veteran has a disability rating/ (There may be additional special circumstances, check with your tax preparer)

Maintaining Records

To protect yourself in the event that you are audited by the IRS, keep records of all HSA documentation and itemized receipts for at least as long as your income tax return is considered open (subject to an audit), or as long as you maintain the account, whichever is longer.

The IRS requires HSA funds to be used for qualified expenses only. If you use HSA funds for non-eligible expenses, you will be subject to regular income taxes and an additional 20% excise tax penalty.

Eligible HSA Expenses*

- **Acupuncture**
- **Alcoholism treatment**
- **Ambulance**
- Artificial Limb
- Automobile modifications for a **physically handicapped person**
- **Birth control pills**
- **Blood pressure monitoring device**
- **Braille books and magazines**
- **Chiropractic care**
- **Christian science practitioner**
- **COBRA premiums**
- **Contact lenses & related materials**
- **Crutches**
- **Dental treatment**
- **Dentures**
- **Diagnostic services**
- **Drug addiction treatment**
- **Eye examination**
- **Eyeglasses and related materials**
- **Fertility treatment**
- **Flu shot**
- **Guide dog or other animal aide**
- **Hearing aides**
- **Hospital services**
- **Immunization**
- **Insulin**
- **Laboratory fees**
- **Laser eye surgery**
- **Long-term care premiums or expenses**
- **Medical testing device**
- **Nursing services**
- **Obstetrical expenses**
- **Organ transplant**
- **Orthodontia (non cosmetic)**
- **Oxygen**
- **Physical exam**
- **Physical therapy**
- **Prescription drugs**
- **Psychiatric care**
- **Retiree medical insurance premiums**
- **Smoking cessation program**
- **Surgery**
- **Transportation for medical care**
- **Weight loss program**
- **Wheelchairs and more***

* a full list of qualified expenses **can be found in IRS Publication 502 at www.irs.gov**

Plan Comparison & Employee Contributions

	$1500 Plan	$2500 Plan	$3400 HSA Plan	$5000 Basic Plan
Benefits	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Deductible (Single / Family)	$1,500 / $3,000	$2,500 / $5,000	$3,500 / $6,800	$5,000 / $10,000
Co-Insurance	20% After Deductible (Insurance pays 80%)	30% After Deductible (Insurance pays 70%)	0% After $3,500* (Insurance pays 100%)	20% After Deductible (Insurance pays 80%)
Out of Pocket Maximum (Single / Family)	$3,000 / $6,000	$5,000 / $10,000	$4,000 / $8,000	$7,500 / $12,500
Primary Doctors Visit – Adults/Children	$15 Copay / $0 Copay	$15 Copay / $0 Copay	Deductible & Coinsurance	$15 Copay / $0 Copay
Specialist Visit	$50 / $100 Copay	$50 / $100 Copay	Deductible & Coinsurance	$50 / $100 Copay
Urgent Care Visit	$15 Copay	$25 Copay	Deductible & Coinsurance	$25 Copay
Emergency Room Visit	$300 Copay	$300 Copay	Deductible & Coinsurance	$300 Copay
Preventative Care Visit	100% Covered	100% Covered	100% Covered	100% Covered
Retail Prescriptions (30-Day) Tier 1 / Tier 2 / Tier 3	$10 / $35 / $70	$10 / $35 / $70	$10 / $35 / $70 After Deductible	$10 / $35 / $70
Mail Order Prescriptions (90-Day) Tier 1 / Tier 2 / Tier 3	$25 / $87.50 / $175	$25 / $87.50 / $175	$25 / $87.50 / $175 After Deductible	$25 / $87.50 / $175

*Family coverage Individual embedded deductible $3,500

Your Cost

Your payroll deductions are shown below

	Bi-Weekly Employee Deductions			
	$1500 Plan	$2500 Plan	$3400 HSA Plan	$5000 Basic Plan
Employee	$115.38	$78.46	$60.00	$34.62
Employee + Spouse	$253.85	$181.38	$135.23	$76.15
Employee + Child(ren)	$205.38	$148.62	$110.77	$62.31
Family	$344.31	$246.92	$182.31	$103.85

Smoking surcharge $25/month. Smoker can complete a tobacco cessation program and confirm that they no longer use tobacco to remove the surcharge



Making the Most of your Medical Benefits

Employees enrolled in the UMR medical plan have access to the following services:

myuhc.com & App

Access health and wellness resources that can help you manage your health.

Employee Assistance Program Through UHC 877-660-3806

Access to a wide range of health and well-being information–24 hours a day, 7 days a week

Find Care & Cost

Using your benefit information, Find Care & Cost shows you the estimated cost for a treatment or procedure, and how that cost is impacted by your deductible, co-insurance and out-of-pocket maximum. This means You will get an estimate of what you'll be responsible for paying out of your pocket, providing you with useful information for planning and budgeting.

NurseLine

A call to UMR's NurseLine service will connect you to a team of registered nurses who can answer your questions and provide advice. Nurses are available seven days a week by phone at 877-950-5083 or you can chat live online at umr.com.

Teladoc

Gives you round-the-clock access to U.S. board-certified doctors for help with conditions including cold & flu symptoms, allergies, pink-eye, sinus or skin issues, and more. Connect online using the Teladoc Health mobile app, going to teladochealth.com, or by calling 800-Teladoc.

Teladoc can be utilized at no cost to you. even before meeting your deductible.

CARE

Complex condition care management provided at no cost to you for assistance with things like emergency hospitalization or catastrophic conditions such as organ transplant, cancer, or neonatal / NICU stays. Download the CARE app to get in touch with a nurse manager who will help you with concerns, education, and keeping care on track from beginning to end.

Healthjoy

Healthjoy is the virtual access point for all your healthcare navigation and employee benefit needs. Healthjoy is provided at no cost to you to help you understand and make the most of your benefits. You have 24/7 access to a dedicated healthcare concierge team and care navigation tools to help you locate in-network doctors, find extra savings on your prescriptions, and get 24/7 access to our virtual AI-assistant, JOY. To contact the member support team, log in to the HealthJoy app or call 877-500-3212.

CARE

UMR Complex Condition CARE has a staff of experienced nurses who focus on acute, high-cost, or complicated cases to ensure clinically appropriate practices are followed throughout an episode of care. CARE nurse managers can guide you before, during, and after your medical care. They will listen to your concerns, answer questions, and explain your options. Whether you are having an emergency hospitalization or a complex or catastrophic condition such as an organ transplant, cancer, or neotatal/NICU stay, your nurse manager is there to review your progress with your provider so that you can concentrate on getting well. If you have questions about the CARE program, call the phone number on the back of your ID card. Members who qualify for the program will be contacted by UMR CARE.

RX ‘N Go

RX ‘N Go is an optional mail-order pharmacy program for generic & insulin medications. The medications are $0 copay and $0 delivery cost. There are approximately 1,300 generic maintenance & insulin medications available through Rx ‘N Go. Medications are 100% paid for by your employer and mailed to you at no cost. By using Rx ‘N Go, you can receive up to a 90-day supply of certain medications that threat conditions such as cholesterol, diabetes, hypertension, emotional health, asthma, and more, as written by your doctor.

To check if you medication is available through Rx ‘N Go, follow the steps below:

1. Go to www.rxngo.com and select the medications tab
2. Select your employer & plan, or
3. Search by medication name—if you medication is listed, it will be free

Please note, RX ‘N Go is separate from your medical insurance. If you would like to take advantage of the program, you **must** sign up directly with RX ‘N GO.

Questions?
Contact Customer Support at rxngo@transitionrx.com or 888-697-6946

Virtual Physical Therapy – Sword.com

When you’re living with sore joints and muscles or recovering from an injury, it can be hard to enjoy life and fulfill all your responsibilities. Sword is virtual exercise therapy program included with your benefit plan to help you enjoy a pain-free life and get back to doing things you need to do and love to do. This program is available at no cost if you are enrolled in a UMR medical plan.

Where Can I Find a Drug List

Typically, a full listing of covered drugs is found on your carrier’s website. A drug list, also called a formulary, is a list of generic and brand-name drugs covered by a health plan. Although a drug may be on the drug list, it might not be covered under every plan. Review the plan materials for details on specific benefits.



New for 2027!

TRUE Rx

Welcome to a pharmacy benefits experience that puts you first!

If you enroll in medical coverage, you may save money on your medications when you use the True Rx pharmacy.

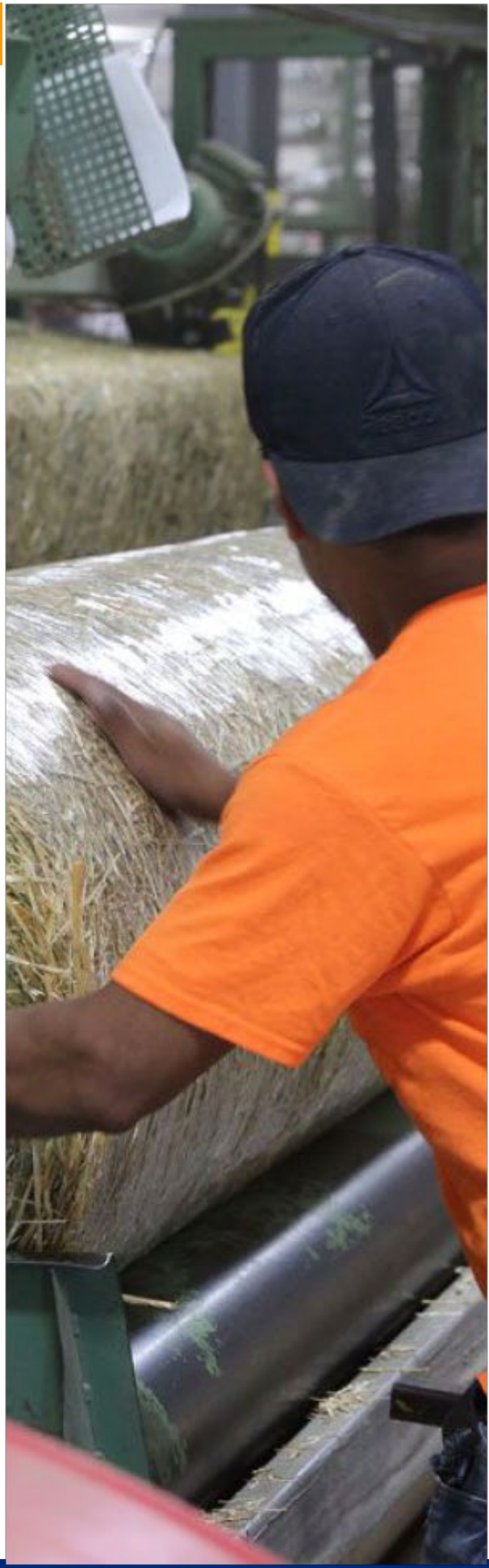
To learn how your medication will be covered, visit the TrueRx website and click on Formularies under the member heading.

- A prescription drug formulary is a list that shows what tier level a medication will be covered under by the medical plan.
- Once you know the tier level of your medication, refer to the Benefits Guide for cost information.

Getting started is easy!

1. **Sign into the member portal.**
   Whether you are new to TrueRx, or a long-time member, please visit www.truerx.myrxplan.com.
2. Register for your online account with your member ID, plan's website (**use truerx**) group number, first and last name, and date of birth.
3. Download the latest version of the mobile app. Search "MyRxPlan" in the App Store or Google Play.
4. For mail order delivery, contact WB Rx Express at www: wbrxexpress.com/mail-order or call 833-391-0126.
5. Bring your insurance card to the pharmacy. Your pharmacist will need important information on your card to process prescriptions.

Please be aware that the medical plans do not cover Tier 4 specialty drugs. However, MKB Company provides the **SHARx advocacy program**, which can help you save money on your high-cost specialty medications.



New for 2027!

SHARx SPECIALTY PRESCRIPTION PROGRAM

Attack prescription costs!

SHARx is a pharmacy advocacy program that works to save you money on your specialty prescription medications that are not covered by medical insurance. MKB Company provides this program to all medical plan members at no additional cost.

Members often get their medications for FREE! For medications that are not available at no cost, SHARx helps members access these medications through the SHARx interactive portal at a very small fraction of the cost.

Getting started is easy!

1. Create an account.
2. Verify personal and prescription information.
3. Sign HIPAA form.



Try out the SHARx app at
app.sharxplan.com
314-451-3555

Dental Insurance

Carrier: Guardian
Website: www.guardianlife.com
Phone: 888-600-1600

Dental Preferred Provider Organization (DPPO)

This dental plan allows the flexibility to select any dentist in-network or out-of-network, but if you stay in network, you'll pay less.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount the carrier will cover for each visit. Each type of service fits into a class of services according to complexity and cost.

Plan Comparison & Employee Contributions

	In-Network	Out-of-Network
Individual Deductible	$50	$50
Family Deductible	$150	$150
Preventive Coinsurance	100%	100%
Basic Coinsurance	100%	80%
Major Coinsurance	60%	50%
Annual Maximum	$1,500	$1,000
Orthodontia Coinsurance (Child only)	50%	50%
Orthodontia Lifetime Maximum (Child only)	$1,500	$1,000

	DPPO	
Bi-Weekly Cost	**Company Pays**	**You Pay**
Employee	$12.00	$6.00
Employee + Family	$35.00	$17.50

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect early signs of serious diseases. That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*
Depending on a plan's annual maximum, if claims made for a certain year don't meet a specific threshold, then the set maximum rollover amount can be rolled over. See plan documents for additional details.

Tobacco Cessation

Personalized resources that can help you or your family members quit. According to the American Dental Association (ADA), tobacco use is one of the leading causes of preventable illness in the US. Not only does tobacco use damage oral health, but it also can impact physical and mental well-being. The decision to quit can have positive effects on oral, physical, and mental health.

The Guardian + Pelago tobacco cessation program connects dental members who are facing challenges while trying to stop using tobacco or vaping use with personalized, digital resources to reduce usage or quit for good.

How to access

- This benefit is included in your dental benefits for you and your dependents, beginning at age 15.
- You and your dependents have access to a digital, easy-to-use virtual clinic with proven results.
- To access, visit my.pelagohealth.com/guardian.

Dedicated care team

- Access to qualified coaches to help guide you at every step of your journey.
- A clinical assessment to determine the best plan for you.

Digital tools

- **Personalized tracking:** Tools to help you track personal triggers, cigarettes smoked, dollars saved, and health progress.
- **Helpful behavioral Cognitive Behavioral Therapy (CBT) content:** Audio sessions and interactive exercises to help you learn new techniques for dealing with craving triggers.

Nicotine replacement therapy

- Support with managing cravings and reaching your goals.
- Access to gum and patch aids to manage and lessen cravings.

Vision Insurance

Carrier: Guardian
Website: www.guardianlife.com
Phone: 888-600-1600

Vision insurance helps offset the cost of routine eye exams and helps pay for vision correction eyewear like eyeglasses and contacts by an eye-care provider.

You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will only offer you an allowance towards your vision services.

There are two options for vision coverage:

VSP Network: Significant out-of-pocket savings available with your Full Feature plan by visiting one of VSP's network locations. This coverage typically covers more stand-alone optometrists, etc.

Davis Vision Network: Significant out-of-pocket savings available with your full feature plan by visiting one of Davis Vision's network locations including retail centers such as Costco, Walmart, JC Penney, Target, Sam's club, Pearle Visionworks, and Warby Parker. You can also use your network benefits online at Visionworks.com, glasses.com, WarbyParker.com, or 1800contacts.com.

Plan Comparison & Employee Contributions

	VSP Network		Davis Vision Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam	$10 copay	$39 reimbursement	$10 copay	$50 reimbursement
Frames	$200 retail allowance + 20% off balance	$46 reimbursement	$200 retail allowance + 20% off balance	$48 reimbursement
Frames Costco, Walmart, Sam's Club	$110 allowance	NA	$200 allowance	NA
Lenses - Single vision - Bifocal - Trifocal - Lenticular	$25 copay	$23 reimbursement $37 reimbursement $49 reimbursement $64 reimbursement	$25 copay	$48 reimbursement $67 reimbursement $86 reimbursement $126 reimbursement
Exams / Lenses or Contacts / Frames	12 months / 12 months / 24 months	12 months / 12 months / 24 months	12 months / 12 months / 24 months	12 months / 12 months / 24 months
Elective Contacts	$200 allowance (copay waived)	$100 reimbursement (copay waived)	$200 max + 15% off balance (copay waived)	$105 reimbursement (copay waived)
Medically Necessary Contacts	$25 copay	$210 reimbursement	100% covered	$210 reimbursement
Contact Fitting and Evaluation	Member pays up to $60 + 15% discount	Included in reimbursement	Included when contacts are purchased	Not included

	VSP Network	Davis Vision Network
Bi-Weekly Cost	You Pay	You Pay
Employee	$3.82	$2.00
Employee + Family	$9.28	$4.85

Life and AD&D Insurance

Carrier: United Healthcare
Website: myuhcfp.com
Phone: 888-299-2070

Basic

Life insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, the Accidental Death and Dismemberment (AD&D) benefits paired with life insurance provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident.

The cost of the benefit is 100% paid for by us.

- Your designated beneficiary will receive a benefit of $25,000.
- In addition, accidental death and dismemberment (AD&D) provides a benefit of $25,000 if you pass on or become dismembered due to a specifically covered accident.

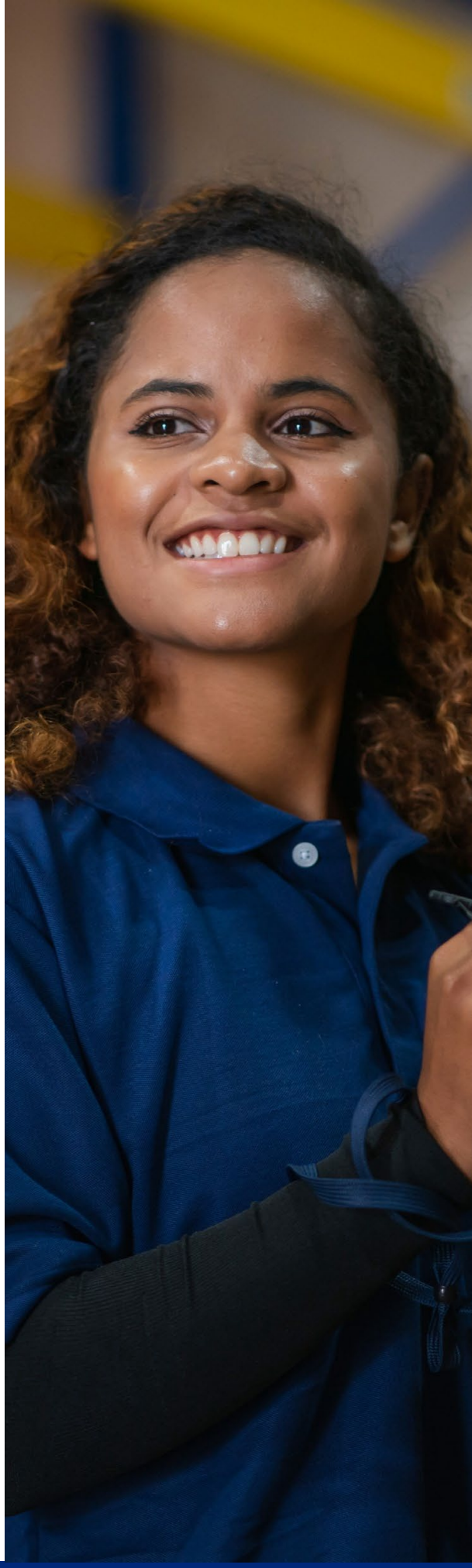
Voluntary

Voluntary term life/AD&D allows you to purchase additional life and AD&D coverage for yourself and your dependents. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will increase as you age, and benefits may be reduced.
In the event you wish to purchase additional life and AD&D insurance coverage over and above what the company provides you, you can do so at group discounted rates. If you purchase coverage for yourself, you may also purchase coverage for your family members.

Voluntary Life and AD&D coverage is available to new hires up to the guarantee issue amount with out the requirement to complete Evidence of Insurability paperwork. If you do not elect coverage when you are first eligible, you will be considered a late entrant. If you elect coverage as a late entrant, additional paperwork will be required and coverage will be subject to carrier approval.

See your plan documents for more detail and to determine if Evidence of Insurability applies.

	Employee	Spouse	Child(ren)
Coverage Increments	$25,000	$5,000	$10,000
Maximum Benefit Amount	The lesser of $150,000 or 5x annual earnings	up to $100,000 not to exceed 100% of employee amount	up to $10,000 not to exceed 50% of employee amount
Guaranteed Issue Amount (New hires)	$150,000	$50,000	$10,000



Disability Insurance

Carrier: United Healthcare
Website: www.myuhcfp.com
Phone: 888-299-2070

Short-Term Disability

If you become ill or suffer a non-work-related injury that prevents you from working, short-term disability insurance provides income replacement.

Long-Term Disability

Long-term disability insurance is a type of income protection that is designed to cover serious injuries and illnesses that keep you out of work for an extended amount of time.

	Short-Term	Long-Term
Waiting Period	Begins on the 1st day of an accident or 8th day of an illness	Begins on the 91st day of continuous injury or illness
Benefit Amount	66.67% of weekly earnings	60% of monthly earnings
Maximum Benefit	$350 per week	$7,500 per month
Length of Payment Period	13 weeks	Reducing benefit duration with SSNRA
Pre-Existing Condition Exclusion	NA	3/12
Premium Contribution	Company paid	Voluntary



Voluntary Benefits

Accident Coverage

Carrier: United Healthcare
Website: www.myuhcfp.com
Phone: 888-291-3774

Since accidents can happen at any time, it's important to prepare for the unexpected. This policy can help pay for out-of-pocket expenses associated with an accident by paying you a benefit for each of the covered injuries you suffer and the treatment you received. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides.

Critical Illness

Carrier: United Healthcare
Website: www.myuhcfp.com
Phone: 888-291-3774

Critical illness insurance protects your family when you are diagnosed with an unexpected covered condition. This policy provides you with a lump sum cash benefit in the event you or an insured loved one is diagnosed with a covered condition such as heart attack, stroke, cancer and much more. It can help provide some financial protection so, you can focus on what's really important—getting better. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides.

Hospital Indemnity

Carrier: United Healthcare
Website: www.myuhcfp.com
Phone: 888-291-3774

Hospital Indemnity insurance protects your family when you have a hospital or ICU stay. This policy provides financial protection by paying you a benefit for hospital admission, hospital confinement and ICU care. Benefits are paid based on admission and length of stay for a defined number of days. This policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides.



Financial Benefits

Flexible Spending Accounts (FSA)

Carrier: Ameriflex
Website: myameriflex.com
Phone: 888-868-3539
Email: service@myameriflex.com

Flexible Spending Accounts (FSA) allow you to save money on a pre-tax basis to pay for qualified medical expenses throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and also not paying taxes when the money is used for qualified expenses.

Health Care FSA

You may contribute up to $3,500 per plan year to pay for qualified medical, dental and vision expenses for yourself and eligible family members. Funds in this account can cover all eligible expenses on your tax dependents even if they are not enrolled under your health care plan. Eligible reimbursable expenses include medical and dental plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eyeglasses and contact lenses, Lasik eye surgery and much more.

Under the Ameriflex FSA and the Limited Purpose FSA, you are eligible to roll over up to $500 to the next year.

Limited Purpose FSA

If you enroll in the HSA plan and open a health savings account, you cannot enroll in the Health Care FSA, since you're already putting tax-free dollars aside to pay for qualified expenses. You may, however, enroll in the Limited Purpose FSA, which allows you to pay for eligible out-of-pocket dental and vision expenses. You can put up to $3,500 into your Limited Purpose FSA for 2027.

Dependent Care FSA

You may contribute up to $7,500 per plan year to pay for qualified eligible dependent care expenses. Funds in this account are saved on a tax-free basis.

FSAs have a use-it-or-lose-it provision, so be conservative when electing how much to contribute.



401(k) Retirement Plan

Planning for your future is an important part of your total rewards at MKB. The Company offers a 401(k) retirement plan to help you save for retirement while taking advantage of company matching contributions and tax-saving opportunities.

Eligibility

All employees age 20 and older are eligible to participate on the first of the month following 60 days of employment.

Plan Details

- **Plan Record Keeper**: The Standard
  https://login.standard.com
- **Financial Advisor:** Oswald Financial
- **Contribution Options:** Choose between traditional pre-tax or Roth after-tax contributions—or a combination of both.
- **Company Match:** MKB matches 50% of your contributions, up to 8% of your pay.
  Example: If you contribute 8%, MKB contributes 4%.
- **Annual IRS Limits:** Your total annual contribution is subject to IRS limits, which may change each year.

Automatic Enrollment and Auto-Escalation

If you do not make your own election or opt out, you will be automatically enrolled at a 3% deferral rate in a Vanguard Target Retirement Fund based on your age. To help you take full advantage of the company match, MKB has introduced an auto-escalator feature.

- Your contribution rate will automatically increase by 1% each year until you reach 8%, unless you choose to stop or change your contribution level.

You may change your investment choices or contribution percentage at any time.

Rollovers

You may roll over money from another qualified retirement plan once you meet the plan's eligibility requirements.

Vesting Schedule

Your contributions are always 100% vested immediately.

Employer matching contributions vest according to the following 5-year graded schedule:

Years of Service	Vested Percentage
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

"Vested" means the portion of the company match that is yours to keep if you leave the company.

Who Does What: Recordkeeper vs. Advisor

The Standard (Recordkeeper)
Your recordkeeper is your main platform for managing your 401(k) account. They:

- Maintain your account and process contributions
- Provide online and paper statements
- Track balances, fund selections, and loans
- Offer a participant website and customer service line

Visit www.standard.com/retirement or call 800-858-5420 for assistance.

Oswald Financial (Advisor)
Oswald Financial serves as MKB's 401(k) plan advisor—helping you make informed financial decisions and plan for your retirement.

You have access to complimentary 1:1 Money Coach sessions with Oswald to discuss your retirement goals, review your investments, and create a personalized savings strategy.

Oswald also provides:

- Individual and group education sessions
- Online retirement resources and videos
- Investment strategy guidance



To connect with a Money Coach or schedule a session, contact:
Retirement Support: 833-224-5660
Email: info@oswaldfinancial.com

Other Employee Benefits & Perks

Paid Company Holidays & Paid Time Off

Full-time employees are offered company paid holidays and paid time off. Please see the employee handbook for full details.

Employee Referral Program

The Company offers a referral bonus to those employees who refer an employee-program details can be found in ADP.

Boot Reimbursement

Full-time employees, after 90 days, who are required to wear boots as part of their job will be eligible for a Company reimbursement up to $100 per year towards a new pair of boots or repairs to an existing pair of boots. Receipts should be turned into Finance. If you are unsure if your job requires boots, please see your manager.

Family Planning Assistance

Full-time employees, after 90 days, are eligible for $500 reimbursement for their families when adopting a child or beginning a family. The Company offers a one-time reimbursement towards the costs (such as legal fees, medications, lab tests, etc.) associated with adoption or fertility therapy. Anyone who is interested in assistance should see the Human Resource Manager for details. Receipts should be turned into Human Resources.

Professional Certification & Educational Assistance Program

Full-time employees, after one year of service, will be eligible to be reimbursed for obtaining certifications or continuing their education under the following conditions:

- Course(s) must relate to employee's current area of assigned work or provide for future position of advancement within the Company.
- Course(s) must be offered by an accredited technical school or university.
- Course(s) must be pre-approved by management. Approval forms can be obtained from the Human Resources Department. It is recommended the employee receives the course approval before registering for the course.
- Course(s) otherwise paid by scholarships, G.I. benefits, government grants, etc., are not reimbursed.

Note: Certifications, courses and or seminars specifically recommended by management are typically paid for by the company and requires management pre-approval.

Gibson Insurance Agency

This is your dedicated team of employee advocates. They are your primary contact for benefits and enrollment assistance with nearly 100 years of combined experience. This in-house team is here to clarify benefits, answer eligibility questions, manage claim issues, and much more! It's easy to connect with them, call your service team at 260-739-1970.

Employee Assistance Program

Carrier: United Healthcare
Website: www.liveandworkwell.com
Phone: 877-660-3806
Access code: FP3EAP

The Employee Assistance Program (EAP) provides confidential, free assistance for marital/family problems, financial/legal difficulties, balancing work/life situations, emotional or stress related problems, drug or alcohol abuse and problems relating to work.

The program is 100% company paid.

You have access to three sessions with a professional per year.

Here are some challenges our EAP can help with:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and childcare
- Addiction and recovery
- Legal assistance
- Elder care
- Domestic violence
- Workplace conflict



Common Insurance Terms

A **Premium** is the amount you pay for insurance, using pre-tax or post-tax dollars.

A **Copayment (Copay)** is a fixed amount you pay to receive services. Your co-payment(s) will count towards your out-of-pocket maximum but not your deductible. (e.g., $30 for every visit to the doctor), while your insurance company pays the rest.

A **Deductible** is the amount of money you are responsible for paying each year before the plan begins to pay for covered services, with the exception of preventive care services, which are covered at 100% In-Network.

Coinsurance This is your share of the expense of covered services after your deductible has been paid when the company plan is paying a percentage. The coinsurance rate is usually a percentage.

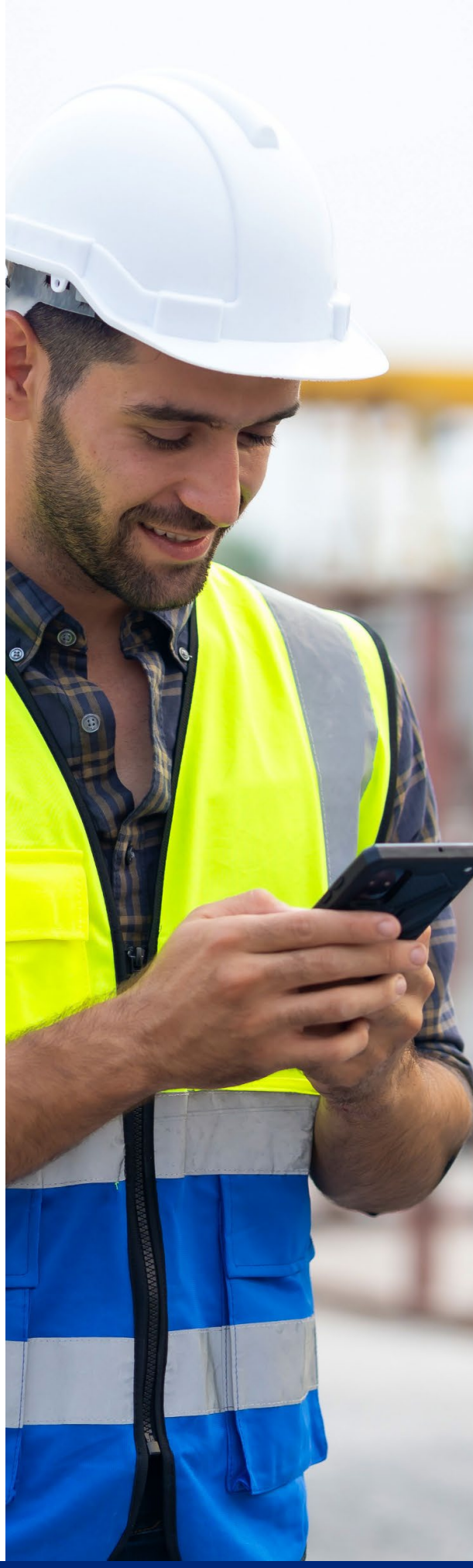
Out-of-Pocket (OOP) Maximum is the most you pay per Plan Year for health care expenses and applies to deductibles, flat-dollar copays and coinsurance for all covered services - including cost sharing amounts for prescription drugs.

Once this limit is met, the plan will cover all in-network services at 100% until the end of the plan year.



Get Connected: Mobile Apps

UMR Medical - UMR.com
Find a provider, contact member services, access common forms and documents, estimate cost of care, receive wellness tips, and view EOBs.
UHC - www.healthsafe-id.com
Find claim forms, contact member services, review FAQs and coverage
Teladoc - Member.teladoc.com
Connect with care at your convenience and X cost
Guardian - Guardianlife.com
View your in-network providers, access your ID cards, find discounts from top brands, estimate cost of care and services, and review current and past claims
Optum - Optumbank.com/health-savings-accounts
Check your HSA balance, pay a bill or submit a claim, manage your contributions, invest your HSA funds, review eligible expenses, get account support
Ameriflex - Myameriflex.com/benefit-programs/flexible-spending-account-fsa/
Check your FSA balance, review eligible expenses, reimburse yourself, check the status of a claim, set up direct deposit
Healthjoy - Go.healthjoy.com/activate
View all of your benefits in one place, review benefit topics, access digital ID cards, access a healthcare concierge to assist with scheduling, find savings
The Standard - Login.standard.com
View your 401k balance, use the savings estimator, learn about retirement planning, review investment options
Motivosity
View employee recognition and rewards, engage with colleagues, participate in surveys,



Carrier Contact Info

Carrier	Phone Number	Website/Email
Medical-UMR	888-842-4571	www.umr.com
Nurseline	877-950-5083	www.umr.com
Teledoc	800-835-2362	www.member.teladoc.com
Prescriptions - TrueRx	866-921-4047	www.truerx.com
Prescriptions - Rx N Go	888-697-9646	www.rxngo.com
Health Advocacy - HealthJoy	877-500-3212	groups@healthjoy.com
Flexible Spending Accounts - Ameriflex	888-868-3539	www.myameriflex.com
Dental - Guardian	800-541-7846	www.guardianlife.com
Vision - Guardian VSP	800-877-7195	www.vsp.com
Vision - Guardian Davis	877-923-2847	www.davisvision.com
Employee Assistance Program - Optum	877-660-3806	www.liveandworkwell.com
Life Insurance - United Healthcare	866-322-1210	myuhcfp.com
Disability Insurance - United Healthcare	866-322-1210	myuhcfp.com
Supplemental Insurance Plans - United Healthcare	866-322-1210	myuhcfp.com
401(k) Retirement Plan- TheStandard	800-858-5420	www.standard.com/retirement
401(k) Financial Advisors - Oswald Financial	833-224-5660	info@oswaldfinancial.com
Gibson Insurance Agency	260-739-1970	www.thegibsonedge.com

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