

Your Guide to Employee

Benefits

2021 - 2022



MARLETTE
HOLDINGS, INC.

best egg

Welcome to Marlette

We value the commitment, skill and dedication of all our employees, and we know how much work goes into making the company a success. We strive to provide our employees with competitive benefits, including medical, dental, vision, life and disability insurance, flexible spending accounts and more! Please review and use the various features of our health and welfare plans outlined within this guide.

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Eligibility

Benefits within this guide are available to full-time employees working 30 or more hours per week. Coverage is effective the first of the month following your date of hire. Employees may enroll their eligible dependents.

Eligible dependents include:

- Your spouse, unless you are legally separated
- Your children to age 26

In-Network Preventive Care 100% Covered

One of the best ways to maintain your health is to stop problems before they have a chance to start. Marlette will make it easy for you to take advantage of preventive benefits by making them absolutely **free** when you receive care from network providers. This includes an expanded list of women's preventive services, additional screenings for diabetes and HPV, screening and counseling for HIV, and counseling for and payment of generic FDA-approved contraception methods.

Please refer to the side-by-side comparison within this guide so you can clearly see the differences between the plans. Plan deductibles run on the plan year basis: November 1 to October 31.

All three medical plans:






- Pay 100% for in-network preventive care services
- Give you access to the Highmark Blue Cross Blue Shield provider network

HIGHMARK BLUE CROSS BLUE SHIELD

From diagnosis to care delivery and recovery, Highmark helps members get the right care at the right time with the right health care provider.

Over the past two decades, Highmark has evolved from a traditional health benefits manager to a fully integrated health advocate, actively involved in enhancing the quality of our members' care.

Toward that end, Highmark designed a care and case management program that maximizes member engagement and positive outcomes. Based on Care Management Society of America (CMSA) standards, Highmark's program is designed to:

 <p>Identify and resolve gaps in care.</p>	 <p>Help members use appropriate care providers and facilities.</p>	 <p>Increase members' understanding and ability to self-manage their health condition.</p>	 <p>Reduce avoidable and expensive emergency room visits.</p>	 <p>Reduce avoidable and expensive hospital readmissions.</p>
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DID YOU KNOW?

As a Blue Plan, Highmark Blue Cross Blue Shield Delaware offers members the assurance that they're covered — across the state and country, and around the world.

Outside the plan area, BlueCard® connects members to participating doctors and hospitals throughout the country. That's 93 percent of all doctors and 96 percent of all hospitals nationwide.



93%
of physicians
nationwide



96%
of hospitals
nationwide

And Blue Cross Blue Shield Global Core® makes getting covered care easy no matter where members travel, with better discounts on average than national carriers. This health care provider access is valued by all members who live and travel beyond their immediate service area.

Health Reimbursement Accounts

Employees who enroll in the PPO Blue Smart 1500 (Mid Plan) or PPO Blue Premium 20/40 (High Plan) will be funded with an HRA of \$250 (employee only) or \$500 (employee + dependents). The HRA is provided through WEX and can begin on the 1st of the month following your date of hire. The funded amount will be pro-rated based on your enrollment date.

A pre-funded WEX Healthcare Card will be sent to you (and your spouse, if applicable.)

The HRA is funded on a plan year basis – 11/1 through 10/31. Unused funds do not carry over.

May be used for the following medical expenses:

- Deductibles
- Co-Insurance
- In-Network Co-Pays
- Prescriptions
- Out of Network Medical Expenses

Save your receipts – you may need to substantiate charges. Full HRA may be used by any one family member or combination of members.

Health Savings Accounts

A Health Savings Account (HSA), offered through

WEX, is available to employees who enroll in the PPO Healthy Savings 2500 HSA-eligible plan. A medical plan with an HSA may be your most cost-effective option. Your premiums for all coverage levels are significantly lower than for any other medical plan option.

Why Choose a Plan with an HSA?

A WEX Health Savings Account is like a savings account for your healthcare, but better. It's a tax-free way to save for future healthcare expenses, plus it eases the burden of your rising healthcare costs right now.

Here's why it's beneficial for you.

- You can use tax-free money to pay for eligible out-of-pocket healthcare expenses
- It makes it easy to save something extra for tomorrow's healthcare needs—again, tax free
- You'll pay fewer taxes this year, and in retirement, since earnings on your HSA investments are tax free
- You can earn money while saving money, with no "use it or lose it" risk

2021 limits:

- Individual annual limit \$3,600
- Family annual limit \$7,200 (Family includes one or more dependents)

Age 55+ additional \$1,000 annual catch-up contribution allowed. The annual limits include both employee and employer contributions.

2022 limits:

- Individual annual limit \$3,650
- Family annual limit \$7,300 (Family includes one or more dependents)

How much would you like to save?

Simply decide how much you want to contribute to your account and funds will be withdrawn from your paycheck before you pay taxes on them.

- You can then use your HSA to pay for everyday eligible healthcare expenses and any leftover balance helps build your healthcare nest egg
- Once you have \$1,000 in your account, you can even invest your HSA balance without paying taxes on your gains
- The money in your account is yours to keep even if you change jobs, switch healthcare plans or retire
- Unused funds always roll over from year to year

How about thousands every year?

The more you save, the less you pay in taxes. And with a variety of payment and reimbursement options, your WEX HSA is remarkably easy to use—helping you pay for eligible healthcare products and services for you, your spouse and your family.

Checking your balances and managing your account is simple, too. Just download the WEX Benefits mobile app and access your account from anywhere.

Eligible Expenses

You can use your WEX® benefits to pay for a variety of products and services with pre-tax dollars. It's like a 30% off sale on your eligible expenses.

Below are examples of some of the IRS-qualified eligible expenses (which can change). For an up-to-date list, log in to your WEX account or visit:

<https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses>.

- Allergy medications, treatments and products
- Ambulance and emergency health services
- Chiropractic care
- Co-insurance and copays (dental, medical, prescription or vision plans)
- Contact lenses and solutions
- Deductible (for dental, medical, prescription or vision plans)
- Dermatology treatments and products
- Eye examinations and Eyeglasses (prescription)
- Flu shots, Immunizations, and Vaccinations
- Hospital services and fees
- Insulin, testing materials and supplies
- Lab and X-rays
- Physical exams
- Smoking cessation(counseling, prescription drugs and programs)
- Therapies

Plan	Base Plan PPO Healthy Savings \$2,500		Middle Plan PPO Blue Smart \$1,500		High Plan PPO Blue Premium \$20/\$40	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (Individual/Family)	\$2,500/\$6,000	\$5,000/\$15,000	\$1,500/\$3,000	\$15,000/\$30,000	\$0/\$0	\$15,000/\$30,000
Out-of-pocket limit (Individual/Family)	None	\$30,000/\$60,000	\$2,000/\$4,000	\$30,000/\$60,000	\$0/\$0	\$30,000/\$60,000
Total Maximum Out-of-Pocket (Individual/Family)	\$6,650	N/A	\$6,850/\$13,700	N/A	\$6,870/\$13,700	N/A
Primary care physician office visit	100% after deductible	60% after deductible	\$20 copay, 100%	60% after deductible	\$15 copay	70% after deductible
Specialist office visit	100% after deductible	60% after deductible	\$40 copay, 100%	60% after deductible	\$30 copay	70% after deductible
Urgent Care Center	100% after deductible	60% after deductible	\$50 copay, 100%	60% after deductible	\$50 copay	80% after deductible
Preventive care	100%	60% after deductible	100%	60% after deductible	100%	70% after deductible
Standard Imaging	100% after deductible	60% after deductible	90% after deductible	60% after deductible	\$30 copay, 100%	70% after deductible
Advanced Imaging	100% after deductible	60% after deductible	90% after deductible	60% after deductible	\$200 copay, 100%	70% after deductible
Pathology/Laboratory	100% after deductible	60% after deductible	90% after deductible	60% after deductible	\$15 copay, 100%	70% after deductible
Diagnostic Medical	100% after deductible	60% after deductible	90% after deductible	60% after deductible	\$30 copay, 100%	70% after deductible
Inpatient Surgery (Including Maternity)	100% after deductible	60% after deductible	90% after deductible	60% after deductible	\$150/day; first 5 days, 100%	70% after deductible
Outpatient Surgery	100% after deductible	60% after deductible	90% after deductible	60% after deductible	100%	70% after deductible
Emergency Room	100% after network deductible		\$200 copay, 100%	Paid as In-Network	\$150 copay	Paid as In-Network
Physical and Occupational Therapy	100% after deductible	60% after deductible	\$15 copay, 100%	75% after deductible	\$15 copay	75% after deductible
	Limit: 30 visits/benefit period aggregate with physical therapy; services related to the treatment of back pain are excluded from limits					
Speech Therapy	100% after deductible	60% after deductible	\$40 copay, 100%	60% after deductible	\$30 copay, 100%	70% after deductible
Other Therapy (Cardiac, Rehab, Infusion, Chemotherapy, Radiation and Dialysis)	100% after deductible	60% after deductible	90% after deductible	60% after deductible	100%	70% after deductible
Mental Health Services Inpatient	100% after deductible	60% after deductible	90% after deductible	60% after deductible	\$150/day; first 5 days, 100%	70% after deductible
Mental Health Services Outpatient	100% after deductible	60% after deductible	\$40 copay, 100%	60% after deductible	\$30 copay	70% after deductible
Spinal Manipulation	100% after deductible	60% after deductible	90% after deductible	60% after deductible	100%	70% after deductible
Transplant Services	100% after deductible	60% after deductible	90% after deductible	60% after deductible	100%	70% after deductible
Hospice	100% after deductible	60% after deductible	90% after deductible	60% after deductible	100%	70% after deductible
Prescription Drugs						
Prescription Drug Deductible	Integrated with Medical Deductible	Integrated with Medical Deductible	None	None	None	None
Generic (34/90 day supply)	Retail: \$20 /\$40 copay Mail Order: \$20 /\$40 copay		Retail: \$20 /\$40 copay Mail Order: \$20 /\$40 copay		Retail: \$20 /\$40 copay Mail Order: \$20 /\$40 copay	
Preferred Brand	Retail: \$40 /\$80 copay Mail Order: \$40 /\$80 copay		Retail: \$40 /\$80 copay Mail Order: \$40 /\$80 copay		Retail: \$40 /\$80 copay Mail Order: \$40 /\$80 copay	
Non-preferred Brand	Retail: \$70 /\$140 copay Mail Order: \$70 /\$140 copay		Retail: \$70 /\$140 copay Mail Order: \$70 /\$140 copay		Retail: \$70 /\$140 copay Mail Order: \$70 /\$140 copay	

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

Effective Date: 11/1/2021, Benefit Period: Contract Year

Below is a summary of your dental benefits.

Plan	Base Plan		Buy Up Plan	
	In Network	Out of Network	In Network	Out of Network
DentalGuard Preferred PPO Plan PX				
Deductible - individual/family	\$50/3 per family (waived for preventive)		\$50/3 per family (waived for preventive)	
Preventive Care <ul style="list-style-type: none"> • Cleaning (prophylaxis - Once Every 6 Months) • Fluoride Treatments (Under Age 19) • Oral Exams • Sealants (per tooth) • X-rays 	100%	100%	100%	100%
Basic Care <ul style="list-style-type: none"> • Anesthesia* • Fillings‡ • Perio Surgery • Periodontal Maintenance (Once Every 6 Months) • Repair & Maintenance of Crowns, Bridges & Dentures • Root Canal • Scaling & Root Planing (per quadrant) • Simple Extractions • Surgical Extractions 	80%	80%	90%	90%
Major Care <ul style="list-style-type: none"> • Bridges and Dentures • Dental Implants • Inlays, Onlays, Veneers** • Single Crowns 	50%	50%	50%	50%
Orthodontia Lifetime Maximum = \$1,000	50%	50%	50%	50%
	Children under age 19		Adults & Children	
Annual Maximum Benefit	\$1500	\$1500	\$1500	\$1500

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded.

***For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply.*

**General Anesthesia - restrictions apply.*

‡For PPO and or Indemnity members, Fillings - restrictions may apply to composite fillings.

Dental Maximum Rollover®
Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Plan Annual Maximum*	Plan Annual Maximum*	Plan Annual Maximum*	Plan Annual Maximum*
\$1500	\$700	\$350	\$500	\$1250
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,750 in total



Below is a summary of your vision benefits.

- Exams Copay: \$10
- Materials Copay: \$20 (Waived for elective contact lenses)

Guardian VSP Full Feature	Frequency	In-Network	Out-of-Network*
Eye Exam	12 months	\$0	Plan pays \$46 maximum after \$20 copay
Lenses			
• Single Vision	12 months	\$20 copay	Plan pays \$46 maximum after \$20 copay
• Bifocal		\$20 copay	Plan pays \$66 maximum after \$20 copay
• Trifocal		\$20 copay	Plan pays \$85 maximum after \$20 copay
• Lenticular		\$20 copay	Plan pays \$125 maximum after \$20 copay
Contact Lenses			
• Medically Necessary	12 months	\$0	Plan pays \$210 maximum after \$20 copay
• Elective		Plan pays \$120 maximum	
• Evaluation & Fitting		15% of UCR	N/A
Frames	24 months ###	80% of amount over \$120 ¹	Plan pays \$47 maximum after \$20 copay
Glasses (Additional pair of frames and lenses)	N/A	20% off retail price [^]	N/A
Cosmetic Extras	N/A	Avg. 30% off retail price	N/A
Laser Correction Surgery	N/A	Up to 15% off the usual charge or 5% off promotional price	N/A

- ##Benefit includes coverage for glasses or contact lenses, not both.
- [^] For the discount to apply your purchase must be made within 12 months of the eye exam. In addition Full-Feature plans offer 30% off additional prescription glasses and nonprescription sunglasses, including lens options, if purchased on the same day as the eye exam from the same VSP doctor who provided the exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- 1Extra \$20 on select brands
- ###.The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.





Marlette provides disability coverage to protect your income if you can't work due to an illness or non-work related injury. The company also offers a variety of life insurance options to protect your family's financial future.

Plan Features	
Short-Term Disability	Company Paid - salary continuation; 100% of salary up to 13 weeks
Long-Term Disability	Company Paid - 60% of base salary, maximum benefit \$7,500 per month
Buy-Up LTD	Employee Paid - 60% of base salary, maximum benefit \$15,000 per month

Plan Features		
	Basic	Voluntary Term
Life Insurance	Company Paid - \$300,000 of coverage	\$10,000 increments to a maximum of \$400,000
Accidental Death & Dismemberment (AD&D) Insurance	Company Paid - \$300,000 of coverage	\$10,000 increments to a maximum of \$400,000.
Spouse Benefit	N/A	\$5,000 increments to a maximum of \$250,000. See Cost Illustration page for details.
Child Benefit	N/A	Your dependent children age 14 days to 26 years. \$1,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.

Depending on the coverage level selected, Evidence of Insurability may be required for the Voluntary Term Life, Spousal Life and Buy Up LTD.

How to File a Short-Term Disability and FMLA Claim

Reporting a claim You may initiate your claim by doing one of the following:

- Call Guardian at 1-888-889-2953. An intake specialist will walk you through the process
- Or you may file online via our GuardianAnytime website at www.guardiananytime.com

When to report a claim

- We encourage you to file your claim as soon as you know you will be out of work
- You may contact your employer on or before your first day out of work and let them know how long you will be absent
- If you'll be out continuously, call Guardian at 1-888-889-2953. Make sure you call us before your seventh day out of work so we can begin reviewing your claim

Information you'll need Before you call or go onto Guardian Anytime, please have this information handy:

- Your name, address, phone number, birth date, Social Security number and email address
- Employment information, including your job title and work location
- Reason for your claim -illness, injury or pregnancy
- Description of your illness, symptoms, and/or diagnosis. Include the date the symptoms started and if you've had previous symptoms
- Workers' compensation claims you have already filed or will file
- Details about doctor, hospital or clinic visits, with dates and contact information

Next steps

During the call, we'll ask if you've signed your authorization card and provided to your doctor.

- If you don't have an authorization card or form, we'll fax or email to you following your intake call.
- Please sign the card and provide it to your physician(s) office as quickly as you can. Your signed authorization helps us to secure your medical information over the phone so it's very important to let your treating physician(s) know that Guardian will be contacting them.

- Once we have your medical information we can promptly review and make a decision on your claim

If we are unable to obtain your medical over the phone, one of our nurses will notify you. We may need to fax a form to your doctor's office. In this instance we recommend you contact your physician to ensure that the form is completed and returned to Guardian promptly in order to avoid delays.

If your claim is approved

- Guardian will send you an approval letter that gives you an explanation of your benefits. You may also get a recorded call from Guardian with this information
- Guardian will coordinate payment of your benefits as soon as possible
- Guardian will tell your employer that we approved your claim, and the date you plan to return to work

If your claim is denied

- Guardian will send you an explanation letter, which will also include how you can appeal the decision
- Guardian will inform your employer if the claim is denied
- Call your employer to discuss your return-to-work date

What happens while you are out

Your Guardian claim manager will remain in touch to help you return to work quickly and safely. We may work with you, your doctor and your employer to talk about different work options, which may include adjusting your job or work schedule. Your employer may also call you to check on your progress and offer support.

If you are unable to return to work when your leave benefits end

- Call your Guardian claim manager to talk about the situation and discuss your options
- Inform your employer

Return to work Call your employer and Guardian claim manager to let them know the date you'll return to work.

Questions? Call Guardian at **1-888-889-2953**. A Guardian representative is available to help you Monday through Friday, 7:00a.m. to 7:00p.m. CT.



Flexible Spending Accounts (FSAs) are a great way to **save money** by paying for certain health care and dependent care expenses tax-free. You may contribute to a Health Care FSA, a Dependent Care FSA, or both. The money you contribute is taken from your pay before taxes are deducted — this lowers your taxable income, which means lower taxes for you!

Health Care FSA

You can contribute up to \$2,750 to your Health Care FSA each year, and you can use the money in the account to cover many expenses that aren't covered by your medical, dental, or vision plans. Up to \$550 may be rolled over at the end of each plan year. Plan year runs January 1 through December 31st.

Eligible expenses include:

- Copays, deductibles, and coinsurance
- Smoking-cessation programs
- Vision care or services not covered by your plan, including contact lens solution and LASIK surgery
- Hearing exams and hearing aids
- Certain over-the-counter medications as prescribed by a physician

Dependent Care FSA

For the Dependent Care FSA, you generally can contribute up to \$5,000 per married couple each year or up to \$2,500 per year if you and your spouse file separate tax returns. This FSA can be used to cover expenses for the care of an eligible dependent (a child up to age 13 or a dependent adult) so you and your spouse (if you're married) can work. Eligible expenses include:

- Babysitters (provided they're not your child under age 19 or someone you claim as a dependent on your tax return)
- Care at licensed nursery schools, day camps and day care centers
- Household services for the care of an elderly or disabled adult who lives with you

To find a complete list of eligible FSA expenses, please visit the IRS web site at **www.irs.gov**. Publication 502 lists all eligible Health Care FSA expenses, and Publication 503 lists all eligible Dependent Care FSA expenses.

Participants may contact WEX customer support toll-free phone number at 866-451-3399, from 6:00 a.m. to 9:00 p.m. CT, Monday through Friday.

- customerservice@wexhealth.com
- www.wexinc.com

Use It or Lose It!

Remember: Be careful in your planning — if you don't use all of your Medical FSA account funds by year-end, you will lose any amounts over \$550 in your account. Eligible expenses must be incurred during the plan year and submitted by March 31st.

In regards to recent world events due to COVID-19, should there be any legislative changes to the rules regarding eligibility, carryover, etc. we will be sure to communicate to all employees.



You have complete access to comprehensive Health Advocacy service at no cost. The program is designed to help you and your family navigate healthcare and insurance-related issues, resolving problems that you may encounter.

During your first call, you will be assigned a Personal Health Advocate who will begin helping you right away. Personal Health Advocates are typically registered nurses, supported by medical directors and benefits and claims specialists.

Assistance with:

- Find the right doctors, dentists, specialists and other providers
- Schedule appointments; arrange for special treatments and tests
- Locate the right treatment facilities or clinical trials
- Answer questions about test results, treatments and medications
- Research and locate newest treatments; arrange for second opinions
- Facilitate the transfer of medical records, X-rays and lab results

Health Insurance

- Explain coverage policies
- Get appropriate approvals for covered services
- Identify alternatives for non-covered services

Medical Bills

- Uncover errors
- Get estimates; help negotiate fees for non-covered services
- Supply providers with required information to pay a claim
- Get to the bottom of coverage denials
- Advise about appeal rights

Eldercare

- Find in-home care, adult day care, assisted living or long-term care
- Clarify Medicare, Medicare Supplement plans and Medicaid
- Coordinate care among multiple providers
- Research transportation to appointments

Health Advocate is independent and not affiliated with any insurance or third party provider. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment. Their staff follows careful protocols and complies with all government privacy standards. Your medical and personal information is strictly confidential. Health Advocate can be accessed 24/7. Normal business hours are Monday-Friday, between 8 am and 9 pm, ET. After hours and during weekends, staff is available for assistance.

WorkLifeMatters

www.ibhworklife.com

800-386-7055

WorkLifeMatters, an Employee Assistance Program provides employees and their family members with support services for a variety of issues associated with daily living.

The following confidential services are available to employees:

- Unlimited telephonic consultation with an EAP Counselor
- Referrals to local counselors - up to 3 sessions free of charge
- State of the art web site featuring over 3,400 helpful articles on topics

Help with issues such as:

Education

- Finding a preschool, College planning, Financial aid resources

Employee Assistance Program

Legal & Financial

- Budgeting, Credit and collections, Saving and investing, Home buying, Retirement planning, Basic tax planning, Immigration, Personal/family legal service, Will-making, Legal forms

Dependent Care

- Adoption assistance, Before/after school programs, Day care, Special needs care, In-home services, Senior housing options, Parenting classes/support groups, Respite care, Elder care

Lifestyle and Fitness Management

- Nutrition and fitness, Stress and overload, Relationship issues, Divorce and separation, Health and wellbeing, Grief and loss, Relocation, Career planning, Balancing work and home life

Pet Care

- Choosing a veterinarian, Training and discipline, Boarding and in-home care

Additional Benefits

Holidays

Regular full-time and part-time employees are immediately eligible for holiday pay on the following holidays:

New Year's Day	Labor Day
Martin Luther King's Day	Thanksgiving Day
Presidents' Day	Friday After Thanksgiving Day
Memorial Day	Independence Day
Christmas Day	2 Floating Holidays

If a recognized holiday falls on a weekend, it will be celebrated either on the Friday before or the Monday after, at the discretion of Marlette. A specific holiday schedule will be published for each calendar year indicating the dates that the company will generally observe the holidays listed above.

Quiet Days

Chinese New Year	Holi
Eid al-Fitr	Good Friday
Easter Monday	Juneteenth
LGBTQ Pride Day	Rosh Hashanah
Yom Kippur	Indigenous People's Day
Diwali	Veteran's Day
Hanukkah	Christmas Eve
New Years	

Vacation Benefits

Vacation time off with pay is available to eligible employees to provide opportunities for rest, relaxation, and personal pursuits. Employees in the following employment classifications are eligible to earn and use vacation time as described in this policy:

Regular Full-Time Employees

Vacation days are tiered based on level and seniority:

Level	@ Start Date	> 5 Years
Hourly Associate	80 hours	120 hours
Associate	10 days	15 days
Manager	15 days	20 days
Director	20 days	25 days
Senior Director	20 days	25 days
Managing Director	20 days	25 days

Vacation Purchase Program

Eligible employees who have 15 days (120 hours) or less of company granted vacation may also purchase additional vacation time, up to 5 days (40 hours). The cost of the additional time your purchase is spread over the calendar year on a before-tax basis. Please note that company granted vacation must be completely exhausted before you can use the additionally purchased time, and additional restrictions may apply.

Marlette allows employees to carry over up to 5 vacation days into the next calendar year (if you are not participating in the Vacation Purchase Program), and must be used prior to March 31st; any carry-over vacation not utilized by March 31st will be forfeited. You cannot rollover any purchased vacation time into the following calendar year, and any unused hours/days will be forfeited, so please plan carefully.

**Does not apply to California resident employees

401(k)

Employees are also eligible to participate in our company 401(k) plan, which includes a match of 100% on the first 3% of your salary, and 50% on the next 2% of salary. Eligibility to participate commences on the first day of the month after your start date.

Educational Assistance

The company will reimburse up to an annual maximum of \$5,250 incurred by an employee for continuing education through an accredited program that either offers growth in an area related to his or her current position, or might lead to promotional opportunities. All full and part time employees who have completed 90 calendar days of service prior to the first day of the course are eligible to apply. Courses include college credit courses, continuing education unit courses, seminars and certification tests. Employees must earn a passing grade of "C" or its equivalent (or better) or obtain a certification to receive any reimbursement. Expenses must be validated by receipts, and a copy of the final grade card or certification must be presented to show hours or certification received, and employees must still be actively employed by Marlette at the time of reimbursement.

If an employee separates from employment for any reason within six (6) months after the date of reimbursement, the associate may be responsible to return 100% of the tuition payment. The repayment obligation is waived in the event of death, long-term disability, or a reduction of workforce/job elimination.

Sick Leave Benefits

Marlette provides paid sick leave benefits to all eligible employees for periods of temporary absence due to illness or injury. Eligible employees are entitled to seven (7) Personal/Sick days per year. In addition, Marlette does offer leaves of absence under FMLA guidelines.

New parents can also enjoy time off: Marlette provides 8 weeks paid medical leave for new mothers (medical disability leave), plus all new parents receive 4 weeks of company paid leave. In addition, Marlette also offers an additional 4 weeks of Parent Bonding Leave of Absence (which can be combined with vacation, personal/sick, or taken unpaid).

Marlette also offers leave for Jury Duty, Witness and Crime Victim Leave, Voting Leave, Blood Donation Leave, Bereavement Leave and Military Leave.

LifeLock Identity Theft Protection

LifeLock provides ongoing protection if your data is ever breached. If you have LifeLock in place, they can help you proactively, not reactively.

LifeLock is an industry leader with ID theft protection protecting your 401(k) and other hard-earned assets from theft.

LifeLock Proprietary Network

LifeLock receives data through the ID Network, powered by ID Analytics, as well as other sources. The ID Network is proprietary to LifeLock. The ID Network is the same one used by the top banks, credit card companies and wireless providers to help protect their networks from fraud. This cross-industry identity repository is one of the world's largest data networks, with scientific visibility and up-to-the-minute consumer information into more than 450 leading U.S.3 enterprises. This data is never sold.

Theft Resolution

LifeLock's U.S.-based resolution teams are all experts in resolving identity issues. From credit accounts fraudulently opened in a member's name, to tax refund fraud, to bank account takeovers—they help resolve it, and many more types of identity theft as well.

Protection Level	LifeLock Benefit Elite	LifeLock Ultimate Plus™
Employee Monthly Contribution Ind / Family	\$0.00 / \$8.49	\$17.00 / \$42.49
LifeLock Identity Alert® System	•	•
Lost Wallet Protection	•	•
Address Change Verification	•	•
Black Market Website Surveillance	•	•
Live Member Service Support	•	•
LifeLock Privacy Monitor™	•	•
Reduced Pre-Approved Credit Card Offers	•	•
Identity Restoration Support	•	•
Stolen Funds Reimbursement	Up to \$1 Million	Up to \$1 Million
Personal Expense Compensation	Up to \$1 Million	Up to \$1 Million
Service Guarantee	Up to \$1 Million	Up to \$1 Million
Fictitious Identity Monitoring	•	•
Arrest and Court Records Alerts	•	•
Data Breach Notifications	•	•
Credit Card Activity Alerts	•	•
Checking and Savings Account Activity Alerts	•	•
Investment Account Activity Alerts	•	•
Checking and Savings Account Application Alerts		•
Bank Account Takeover Alerts		•
Three-Bureau Credit Monitoring		•
Three-Bureau Annual Credit Reports and Credit Scores *		•
One-Bureau Monthly Credit Score Tracking		•
File Sharing Network Searches		•
Sex Offender Registry Reports		•
Priority Live Member Service Support		•
Credit File Detection		

*The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.

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	My Pet Protection with Wellness	My Pet Protection
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Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

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