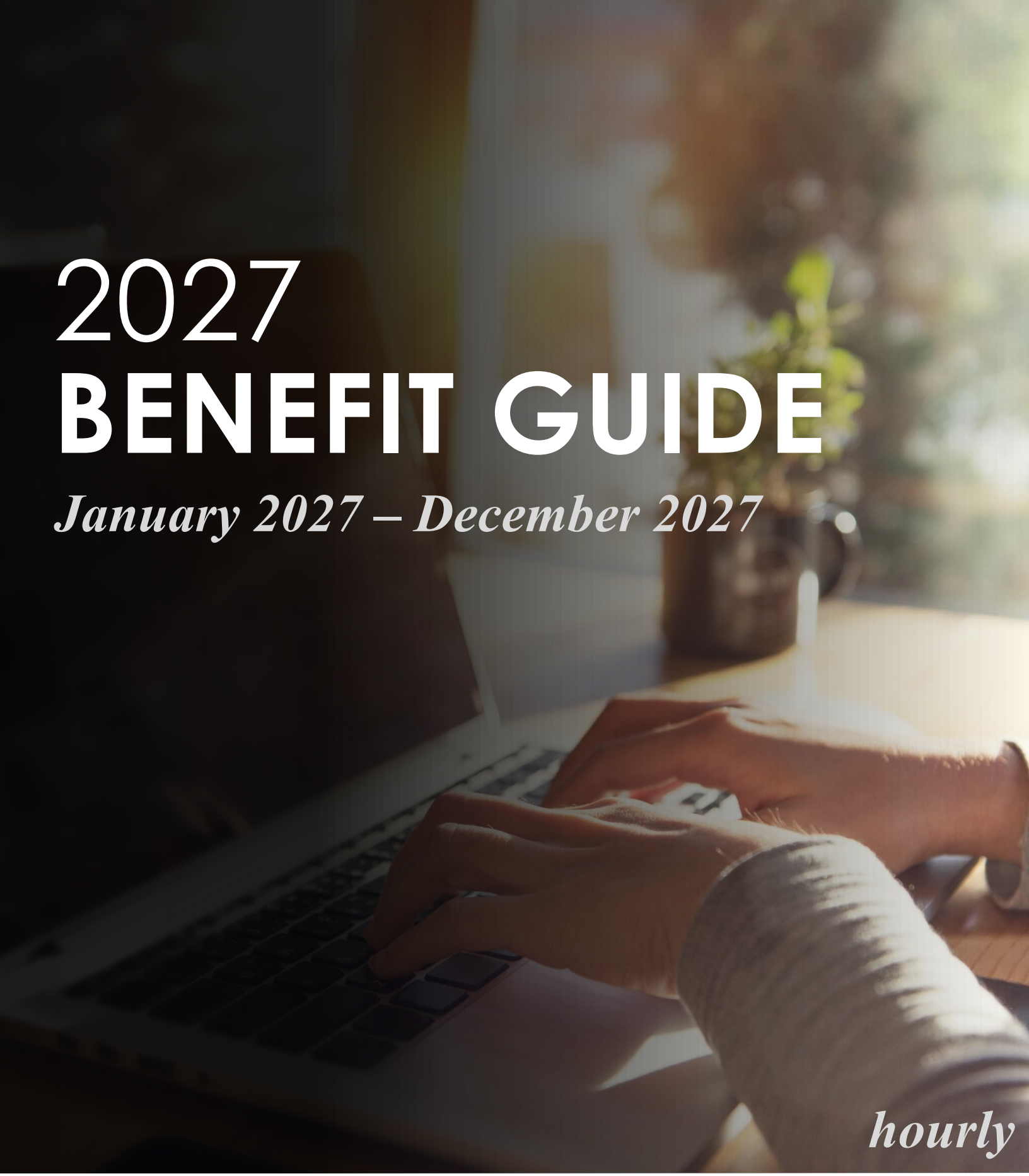


# 2027
# BENEFIT GUIDE

*January 2027 – December 2027*

*hourly*

***Your* benefits, *your* story**

Benefits to fit your unique situation.

MARSHALLTOWN® U.S.A.



# BENEFITS ELIGIBILITY

## Who is eligible to participate?

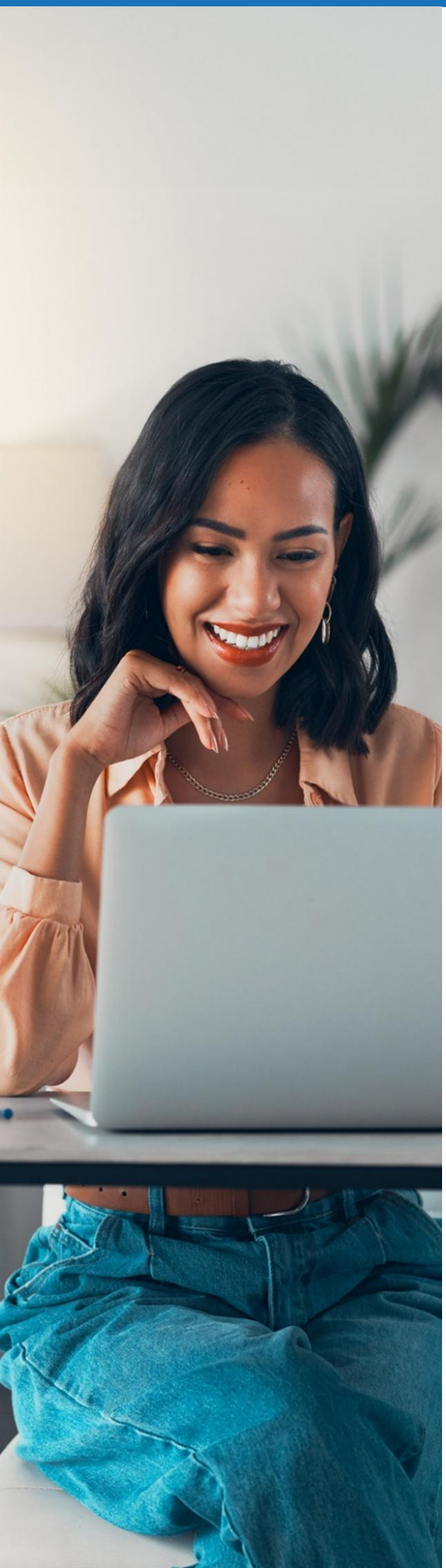
- Full-time employees working an average of 30 hours per week
- Your legal spouse
- Your dependent child (natural, adopted or step) up to age 26

## When does coverage start and end?

- New Hire coverage starts the first day of the month following 30 days of employment.

## When can I enroll in or make changes to benefits?

- **New Hires:** Must submit your elections within the last day of the month before your effective date (unless noted).
- **Open Enrollment**: Occurs annually with an effective date of January 1.
- **Qualified Life Events:** Must notify Human Resources within 30 days of the event. Coverage goes into effect on the date of event. Some examples of qualified events include:
    - Gain or loss of eligibility for another employer's coverage
    - Marriage
    - Divorce or legal separation
    - Birth of your child, adoption or placement for adoption
    - Death
    - Change in employment status that impacts your eligibility for benefits
    - Child support order
    - New entitlement or loss of Medicare or Medicaid (60 days to notify HR)



# YOUR ENROLLMENT BLUEPRINT

Here are some last-minute reminders:

STEP 01

## VISIT YOUR BENEFITS PORTAL

**Website:** marshalltownbenefits.com

STEP 02

## EVALUATE YOUR OPTIONS

- Review available benefit options for the year.
- Use carrier resources and tools to make decisions.

STEP 03

## ENROLL IN YOUR BENEFITS

- Paycom Online
- Be mindful of your enrollment deadline!

STEP 04

## NEED HELP DECIDING?

Contact TrueNorth's TrueAdvocate Team

**Phone:** 888-655-9980

**Email:** trueadvocate@truenorthcompanies.com

# MEDICAL & RX

## Administered by Wellmark

The medical insurance benefit that uses a network of providers, hospitals, and pharmacies to provide employees and their families access to quality healthcare and protection against the cost of illness or injury.

**Use In-Network Providers for the best value! Visit www.wellmark.com to search for providers.**

| IN-NETWORK BENEFITS | TRADITIONAL PLAN | SAVERS PLAN |
|---|---|---|
| Preventive Care | 100% Covered<br>Includes vision exam | 100% Covered<br>Includes vision exam |
| | *Preventive Care is defined by the Affordable Care Act (ACA) Visit **HealthCare.gov** to access a list of covered preventive services by gender and age | |
| Office Visit Copay | $0 Doctor on Demand<br>$25 Primary Care (PCP)<br>$50 Specialist | $0 Doctor on Demand<br>Deductible for Primary Care (PCP) or Specialist |
| Rx Copay | 35% with a $10 minimum Tier 1-4<br>35% with a $15 minimum Specialty | Deductible |
| Emergency Room | $150 followed by deductible and coinsurance | Deductible |
| Deductible | $1,000 Single<br>$2,000 Family | $3,500 Single<br>$7,000 Family |
| Coinsurance | You pay 20%,<br>plan pays 80% | You pay 0%,<br>plan pays 100% |
| Out of Pocket Maximum | $3,500 Single<br>$7,000 Family | $3,500 Single<br>$7,000 Family |
| Pharmacy Out of Pocket Maximum | $2,000 Single<br>$4,000 Family | Included in Medical |

| Weekly Rates | TRADITIONAL PLAN | SAVERS PLAN |
|---|---|---|
| Employee | $31.60 | $27.27 |
| Employee + Spouse | $79.81 | $70.63 |
| Employee + Child(ren) | $77.79 | $66.58 |
| Employee + Family | $113.32 | $96.57 |
| Tobacco User Premium | If you use tobacco products – unless used for medical purposes certified by a physician.<br><br>Employee tobacco user: $25 per month<br>Spouse tobacco user: $25 per month | |

# HEALTH SAVINGS ACCOUNT

**Administered by Optum Bank**

## AN HSA CAN HELP YOU

Lower your taxes, cover some expenses your plan doesn't, and even help save for retirement.

## HEALTH SAVINGS ACCOUNT (HSA)

| | | | |
|---|---|---|---|
| **To be eligible you must:**<br>***Note:** If your eligible dependent is covered under Medicare, you can continue contributing to the HSA | • Be covered under a High Deductible Health Plan (HDHP)<br>• Not be claimed as a dependent on someone else's tax return<br>• Not maintain a Healthcare FSA<br>• Not be enrolled in Medicare*<br>• Not have received VA benefits within the past three months<br>• Not have a spouse with an FSA plan through their employer | | |
| **Maximum contributions** | Single: $4,500<br>Family: $9,000<br>Catch-up: $1,000 (those 55+) | | |
| **Pre-tax contributions?** | Yes | | |
| **Marshalltown Contributions** | Yes, the amount will be deposited on the last day of each month. | Single: Up to $50 per month. | Family: Up to $100 per month. |
| **Eligible Expenses**<br>Beyond your plan coverage | More common examples:<br>• Medical<br>• Dental<br>• Vision<br>• Prescription | Less common examples:<br>• Special education<br>• Seeing eye dog<br>• Braille literature<br>• Hair loss pieces | Download a full list from the IRS - Publication 502. |
| **Availability of funds** | Funds must accumulate before using | | |
| **Can funds be invested?** | Yes | | |
| **Use it or lose it?** | No, unused funds roll over from year to year | | |
| **Can take it with you**<br>if you leave the company? | Yes | | |

# FLEXIBLE SPENDING ACCOUNTS

**Administered by Wex**

## AN FSA CAN HELP YOU

use pretax money to pay for certain out-of-pocket health expenses or dependent care expenses.

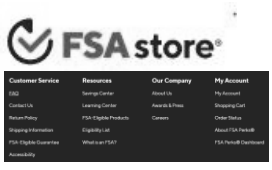
## HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

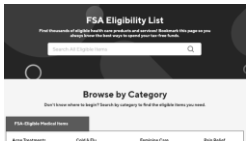
| | | | |
|---|---|---|---|
| **Eligibility rules** | You cannot enroll in the Medical Reimbursement Account if you also enroll in the Savers (medical) Plan | | |
| **Maximum contributions** | Healthcare: $3,500<br>Dependent Day Care: $7,500 | | |
| **Pre-tax contributions?** | Yes | | |
| **Eligible Expenses**<br>Beyond your plan coverage | • Medical<br>• Dental<br>• Vision<br>• Prescription<br>• Dependent care | For **Health Care and Limited FSAs** download a full list from the IRS - Publication 502. | For information on **Child and Dependent Day Care Expenses** download the IRS Publication 503 |
| **Availability of funds** | Healthcare and Limited: Available on day 1<br>Dependent Day Care: Funds must accumulate before using | | |
| **Use it or lose it?** | Yes, any unused funds will be forfeited by the end of the plan year | | |
| **Can take it with you**<br>if you leave the company? | No | | |

## START WITH THE RIGHT TOOLS:

FSAstore.com provides lists of eligible purchases using your account, as well as help to understand, manage and use this great benefit!

## GETTING STARTED




FSAstore.com/FSA-Eligibility-List.aspx

# WELLNESS PROGRAM

Marshalltown is committed to the health and well-being of our employees. We encourage employees to achieve and maintain a healthy lifestyle through healthy habits such as physical fitness. The Hourly Wellness Program is intended to support a happier, healthier workforce.

## Eligibility

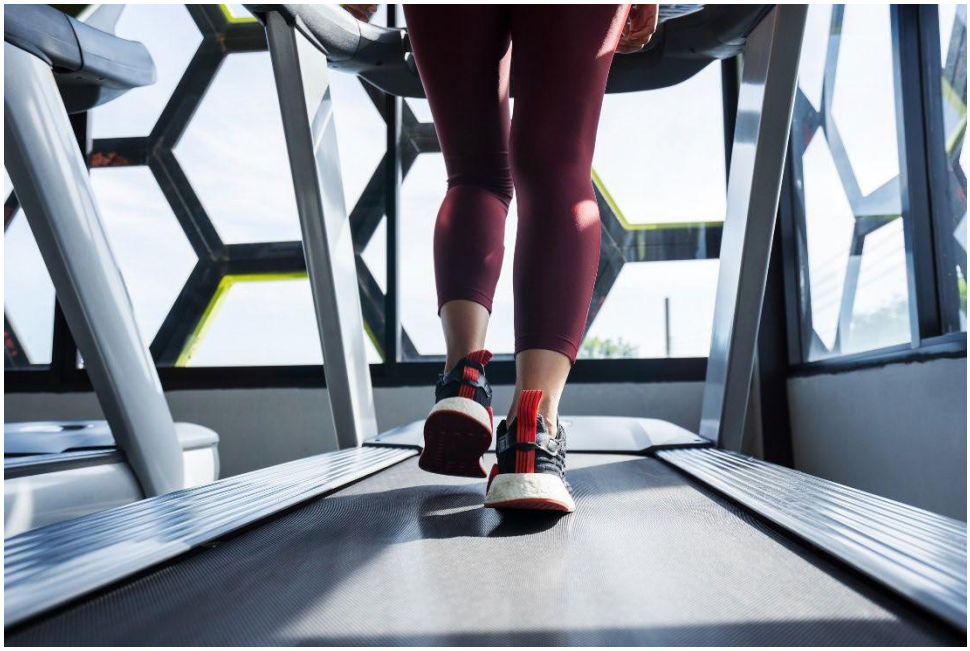
Fitness membership, to include gyms, recreational activities, weight-loss programs, smoking cessation programs, etc., reimbursement is available to hourly full-time employees who have been employed by MARSHALLTOWN for a minimum of 6 months.

## Policy

Employees will be reimbursed up to $150 per year for eligible fitness membership fees. Eligible fees include the enrollment (if applicable) and annual or monthly fees for membership at a fitness center. For example, if an employee is reimbursed in September of 2026, they will not be eligible for reimbursement again until September of 2027. The amount reimbursed will be done through payroll so will be reported as taxable income to the Internal Revenue Service and is subject to FICA, Medicare, federal, state, and local taxes.

## Procedure

Employees should submit documentation (generally in the form of a fitness membership contract with a breakdown of fees) directly to Human Resources for reimbursement. Human Resources to process via payroll on employee next available paycheck.



# DENTAL

## Administered by Delta Dental

Dental care is an important part of your overall health. This plan provides you with no-cost, in-network preventive care, as well as coverage for basic care and major procedures.

**Dental Network: Delta Dental PPO Plus Premier**
**Use In-Network Providers for the best value! Visit deltadentalia.com to search for providers.**

| SERVICES | PPO DENTIST | PREMIER/NON-PAR |
|---|---|---|
| Preventive Services | 100% covered | |
| Deductible | $25 Single / $75 Family | $50 Single / $150 Family |
| Annual Maximum | $1,500 per person per year | |
| Benefit Roll-over | You can rollover unused benefit amounts to a maximum annual balance of $1,500. | |
| Basic Services | You pay 10% coinsurance (after deductible), plan pays 90% | You pay 20% coinsurance (after deductible), plan pays 80% |
| Major Services | You pay 50% coinsurance (after deductible), plan pays 50% | |

| WEEKLY RATES | |
|---|---|
| Employee | $3.47 |
| Employee + Spouse | $7.32 |
| Employee + Child(ren) | $8.31 |
| Employee + Family | $12.16 |

# VISION

## Administered by Eyemed

Enroll in vision coverage to save money on eligible vision care expenses, such as eye exams, glasses and contact lenses.

**Vision Network: Insight Network**
**Use In-Network Providers for the best value!**
**Visit www.eyemed.com to search for providers.**

| SERVICES | IN-NETWORK MEMBER COST AT PLUS PROVIDERS | IN-NETWORK MEMBER COST |
|---|---|---|
| **Exam** Each plan year | $0 copay | $10 copay |
| **Frames** Every other plan year | $0 copay, then 20% off balance over allowance: Standard $200 / Smart $250 Hearing $400 | $0 copay, then 20% off balance over allowance: Standard $150 / Smart $200 Hearing $350 |
| **Standard Plastic Lenses** Each plan year | Single vision / Bifocal / Trifocal / Lenticular: $25 copay<br>Progressive standard: $90 copay<br>Progressive premium I / II / III: $110 / $120 / $135 copay<br>Progressive premium IV: $210 copay<br>Progressive premium V: $250 copay | |
| **Lens Options** | Standard polycarbonate (under age 19): $0 copay<br>Standard plastic scratch coating: $0 copay | |
| **Contacts: in lieu of frame and lenses** | | |
| **Elective Contacts** Each plan year | Conventional: $0 copay<br>15% off balance over $200<br>Disposable: $0 copay<br>100% of balance over $200 | Conventional: $0 copay<br>15% off balance over $150<br>Disposable: $0 copay<br>100% of balance over $150 |
| **Medically Necessary** Each plan year | $0 copay, paid in full | $0 copay, paid in full |
| **Additional Glasses** Every other plan year | 40% off retail, then 100% of balance over $100 | 40% off retail, then 100% of balance over $50 |

| WEEKLY RATES | |
|---|---|
| **Employee** | $1.62 |
| **Employee + Spouse** | $3.09 |
| **Employee + Child(ren)** | $3.25 |
| **Employee + Family** | $4.78 |

# LIFE / AD&D

**Administered by Transamerica**

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes death or dismemberment (i.e., the loss of a hand, foot or eye).



**Designate Your Beneficiary(ies)**

Designate your beneficiary(ies) and review them annually to ensure they are up to date.

## BASIC LIFE / AD&D (COMPANY-PAID)

This benefit is provided at NO COST to you.

| | Benefit |
|---|---|
| **Employee** | One times annual salary (up to $75,000) |
| **Spouse** | $5,000 |
| **Child** | 15 days – 19 years (26 if a full-time student): $5,000 |

## SUPPLEMENTAL BASIC LIFE / AD&D (EMPLOYEE-PAID)

You may enhance your life benefit by purchasing supplemental insurance. Cost is based on your age and coverage amount elected.

| | |
|---|---|
| **Employee** | Increments of $10,000 up to the lesser of $500,000 or 5 times earnings<br>**Guaranteed Issue:** $150,000 |
| **Spouse** | Increments of $5,000 up to the lesser of $250,000. Not to exceed 100% of the employee's amount.<br>**Guaranteed Issue:** up to $50,000 |
| **Children** | Flat $10,000<br>**Guaranteed Issue:** $10,000 |

**Age reductions may apply. Refer to the benefit plan document.*

**Evidence of Insurability (EOI):** If you are a late enrollee or requested coverage over the Guaranteed Issue amount, your coverage will require an additional approval from the insurance company. Please note you are considered a late enrollee if you did not elect coverage when initially offered.



# ADDITIONAL PROTECTION

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have access to easy, **convenient and confidential** experienced clinicians and professional staff **24 hours a day**.

The Employee Assistance Program (EAP) is **available to all employees and members of your household**, whether you are enrolled in a medical plan or not.

**The EAP can help with challenges like:**

- mental wellness
- financial planning
- retirement planning
- stress & anxiety
- substance abuse
- and more

## 100% CONFIDENTIAL SUPPORT:

- Addictive Behaviors
- Alcohol Abuse
- Anger Management
- Anxiety
- Caregiver Support
- Dependent Care Issues
- Depression
- Drug Use and Abuse
- Family/Marital Problems
- Financial Issues
- Grief and Loss
- Legal Problems
- Organization Change
- Relationship Concerns
- Stress-Related Concerns
- Work-Life Balance

## CONTACT THE EMPLOYEE ASSISTANCE PROGRAM:

**Phone: 800-964-3577**
**Website: www.guidanceresources.com**



# ADDITIONAL PROTECTION – EMPLOYER PAID

## Identity Theft Services

Identity theft protection can offer ongoing analysis of your personal credit score and alert you immediately of potentially fraudulent credit card charges. And, some services monitor your online footprint as well and can help keep your information and reputation protected.

- Secure credit card and document storage in case of loss or theft
- Internet fraud monitoring and owner notification if a card shows dark web activity
- 24/7 access to a certified fair credit reporting act caseworker to help restore identity
- Lost or stolen credit and debit card assistance
- Fraud support service kit with agency contact information to help speed restoration

## Emergency Travel Assistance

Immediate support in cases of emergency, travel-related issues, either for leisure of business when traveling 100 miles or more awa from home, such as:

- Medical, interpreter, and legal referrals
- Immediate help with emergency travel arrangements for member, companion and family
- Care for minor children and pets left unattended
- Medical consultation, evaluation and monitoring
- Prescription replacement assistance if lost or forgotten while traveling
- Emergency medical evacuation to the hospital or nearest facility suitable for care

# SAVING FOR THE FUTURE

## RETIREMENT PLAN

**Marshalltown** is proud to offer you the **401(k) plan** to assist you in planning for your retirement.
Please review the Summary Plan Description (SPD) for full details.

### Eligibility & Entry Requirements

First day of any month after 2 months of service

### Employer Contributions

**Marshalltown** will match 100% of first 1% + 50% of next 5% of your deferrals (You own after 2 years of service)

### Deferral Options:

Pre-tax or Roth

**Roth:**
- Contribute after-tax dollars.
- Withdrawals (deferrals and investment growth): Generally tax-free at retirement with provisions

**Pre-Tax**
- Contribute with pre-tax dollars lowering taxable income this year
- Withdrawals (deferrals and investment growth): Generally taxable at ordinary income tax rates with provisions

### Getting Registered

Go to [EmpowerMyRetirement.com](EmpowerMyRetirement.com)

To reach Empower by phone:
Call **1-800-338-4015**
Monday -Friday 7 am - 9 pm CT

### TrueNorth Retirement Team

**Stephanie Reece**, Account Manager II
Ben Verhille, Plan Advisor
**sreece@truenorthcompanies.com**
**(319) 209-7009**

### Automatic Enrollment

Auto-Enrollment at 3% of Salary, auto-increase by 1% each year up to 6%

You can opt out or change this. Ask your employer when these changes go into effect.

Investment advisory services offered through Integrity Alliance, LLC, Member SIPC. Integrity Wealth is a marketing name for Integrity Alliance, LLC. Integrity Alliance is not affiliated with TrueNorth Companies, L.C. or Empower.



# REQUIRED ANNUAL NOTICES

### IMPORTANT NOTICES FROM MARSHALLTOWN REGARDING THE GROUP HEALTH PLAN

In compliance with insurance regulations, we provide information regarding the health benefits we offer and what options you have as an employee.

**DOWNLOAD YOUR COPY AT**
**Marshalltownbenefits.com**

# RESOURCES

| Coverage | Carrier/Plan Sponsor | Phone & Website |
|---|---|---|
| **Medical & Prescription Rx** | Wellmark | 800-524-9242<br>www.wellmark.com |
| **Flexible Spending Accounts** | Wex | 866-451-3399<br>www.wex.com |
| **Health Savings Accounts** | Optum Bank | 866-234-8913<br>www.optumbank.com |
| **Dental** | Delta Dental of IA | 888-472-2793<br>www.deltadentalia.com |
| **Vision** | Eyemed | 866-723-0513<br>www.eyemed.com |
| **Life, AD&D, and LTD** | Transamerica | 800-797-2643 |
| **Employee Assistance Program** | Guidance Resources | 800-964-3577<br>www.guidanceresources.com |

**Visit the Employee Benefit Center for additional resources**
marshalltownbenefits.com

# BENEFITS VOCABULARY

## WELCOME TO YOUR BENEFITS!

To better understand your coverage, it's helpful to be familiar with **benefits vocabulary**. Take a moment to review these terms, which may be referenced throughout this guide.

**Balance Bill –** When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

**Copay –** A fixed dollar amount you pay the provider at the time of service; for example, a $25 copay for an office visit or a $10 copay for a generic prescription.

**Coinsurance –** The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

**Deductible –** The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

**Emergency Room Care –** Care received at a hospital emergency room for life- threatening conditions.

**In-Network Care –** Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

**Out-of-Network Care –** Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

**Out-of-Pocket Maximum –** The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

**Premium –** The complete cost of your plans. You share this cost with your employer and pay your portion through regular paycheck deductions.

**Preventive Care –** Routine health care including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

**Urgent Care –** Urgent care is not the same as emergency care. Visit urgent care for sudden illnesses or injuries that are not life-threatening.

Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

**Preferred generic drugs –** Generic drugs have the same active ingredients and work the same way as the brand-name drugs they copy. They usually cost less than the brand-name versions.

**Preferred brand drugs –** These drugs are included in a plan's list of covered drugs and may not have a generic version. They cost more than generic drugs but less than non-preferred brand drugs.

**Specialty drugs –** These drugs are used to treat ongoing health conditions and can be costly. They often require special handling and may have to be ordered through a specialty pharmacy.

**MEC Plan – Minimum Essential Coverage.** A MEC plan is health insurance that meets the federal government's standard for coverage.

# BENEFITS 101

### Deductible

Amount you pay for healthcare **BEFORE** your insurance starts to pay.

### Coinsurance (aka Cost Share)

A **percentage** of the cost of care you are responsible to pay for **AFTER** you have met the deductible.

### Co-Payment (aka Copay)

Fixed amount of money you pay each time you or your dependents receive care.

### Out of Pocket Maximum (OPM)

**Greatest amount of money you can spend on healthcare for the year.**

- Does not include premiums or costs that your insurance plan does not cover.



DEDUCTIBLE

COINSURANCE

COPAYMENT

Out of Pocket Maximum

# NOTES

# NOTES