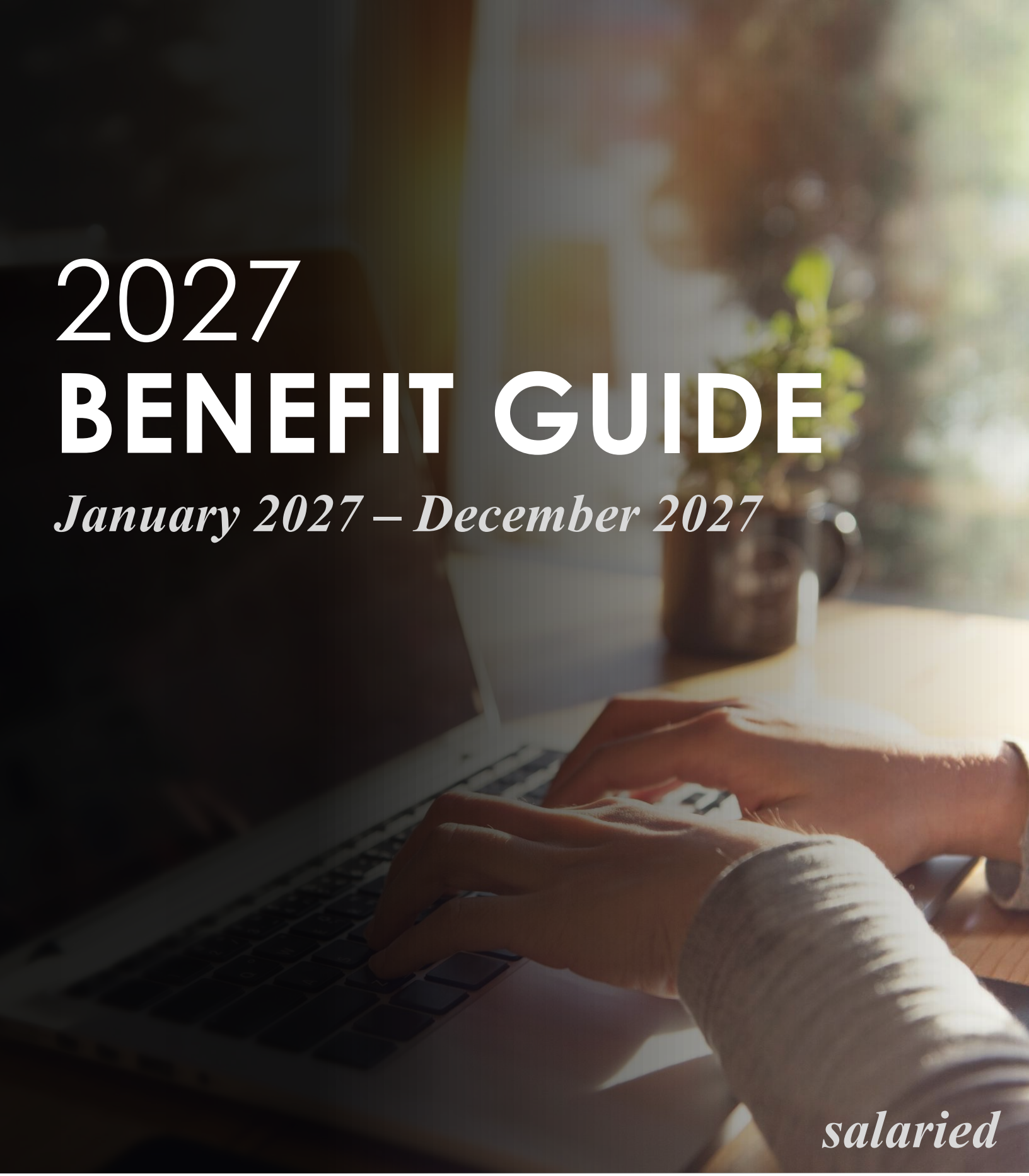


2027
BENEFIT GUIDE

January 2027 – December 2027

salaried

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

Benefits to fit your unique situation.

MARSHALLTOWN® U.S.A.



BENEFITS ELIGIBILITY

Who is eligible to participate?

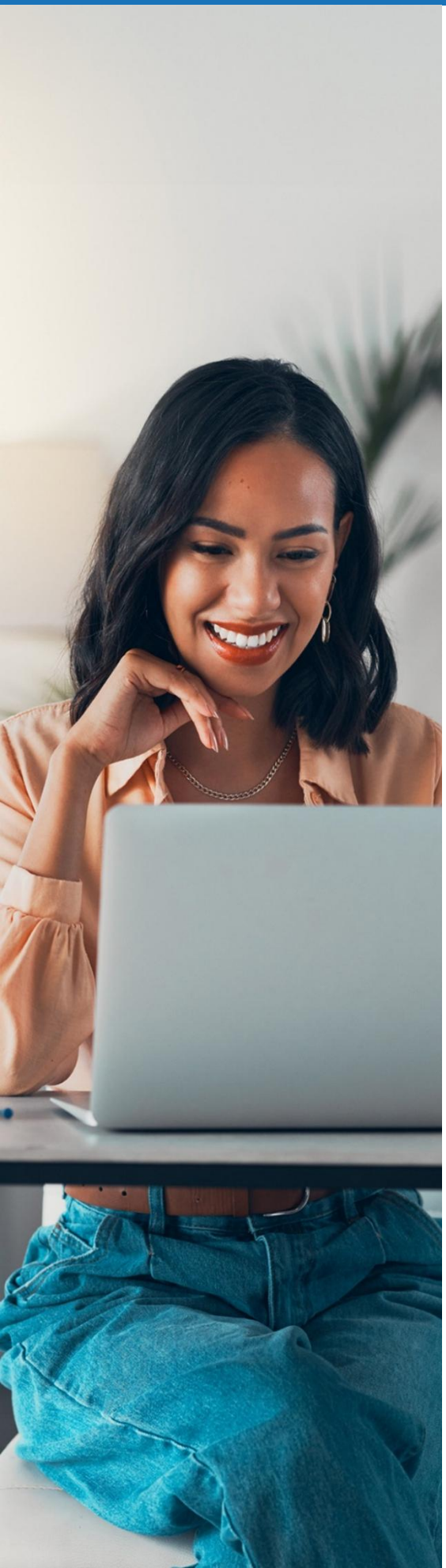
- Full-time employees working an average of 30 hours per week
- Your legal spouse
- Your dependent child (natural, adopted or step) up to age 26

When does coverage start and end?

- New Hire coverage starts the first day of the month following the date of hire.

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: marshalltownsalarybenefits.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 Includes vision exam	100% Covered 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 $25 Primary Care (PCP) $50 Specialist	$0 Doctor on Demand Deductible for Primary Care (PCP) or Specialist
Rx Copay	35% with a $10 minimum Tier 1-4 35% with a $15 minimum Specialty	Deductible
Emergency Room	$150 followed by deductible and coinsurance	Deductible
Deductible	$1,000 Single $2,000 Family	$3,500 Single $7,000 Family
Coinsurance	You pay 20%, plan pays 80%	You pay 0%, plan pays 100%
Out of Pocket Maximum	$3,500 Single $7,000 Family	$3,500 Single $7,000 Family
Pharmacy Out of Pocket Maximum	$2,000 Single $4,000 Family	Included in Medical

MONTHLY RATES	TRADITIONAL PLAN	SAVERS PLAN
Employee	$136.95	$118.16
Employee + Spouse	$345.84	$306.07
Employee + Child(ren)	$337.09	$288.53
Employee + Family	$491.04	$418.47
Tobacco User Premium	If you use tobacco products – unless used for medical purposes certified by a physician. Employee tobacco user: $25 per month 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: ***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) • Not be claimed as a dependent on someone else's tax return • Not maintain a Healthcare FSA • Not be enrolled in Medicare* • Not have received VA benefits within the past three months • Not have a spouse with an FSA plan through their employer		
Maximum contributions	Single: $4,500 Family: $9,000 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 Beyond your plan coverage	More common examples: • Medical • Dental • Vision • Prescription	Less common examples: • Special education • Seeing eye dog • Braille literature • 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 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.

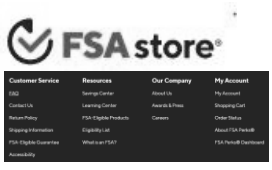
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

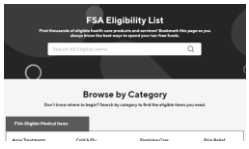
Eligibility rules	You cannot enroll in the Medical Reimbursement Account if you also enroll in the Savers (medical) Plan		
Maximum contributions	Healthcare: $3,500 Dependent Day Care: $7,500		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage	• Medical • Dental • Vision • Prescription • 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 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 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

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: PPO or Premier Dentist
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%	

MONTHLY RATES	
Employee	$15.02
Employee + Spouse	$31.70
Employee + Child(ren)	$36.00
Employee + Family	$52.69

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 Progressive standard: $90 copay Progressive premium I / II / III: $110 / $120 / $135 copay Progressive premium IV: $210 copay Progressive premium V: $250 copay	
Lens Options	Standard polycarbonate (under age 19): $0 copay Standard plastic scratch coating: $0 copay	
Contacts: in lieu of frame and lenses		
Elective Contacts Each plan year	Conventional: $0 copay 15% off balance over $200 Disposable: $0 copay 100% of balance over $200	Conventional: $0 copay 15% off balance over $150 Disposable: $0 copay 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

MONTHLY RATES	
Employee	$7.04
Employee + Spouse	$13.38
Employee + Child(ren)	$14.08
Employee + Family	$20.70

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	1 times Base Annual Salary up to $500,000
Spouse	$5,000
Child	15 days – 19 years (26 if a full-time student): $5,000

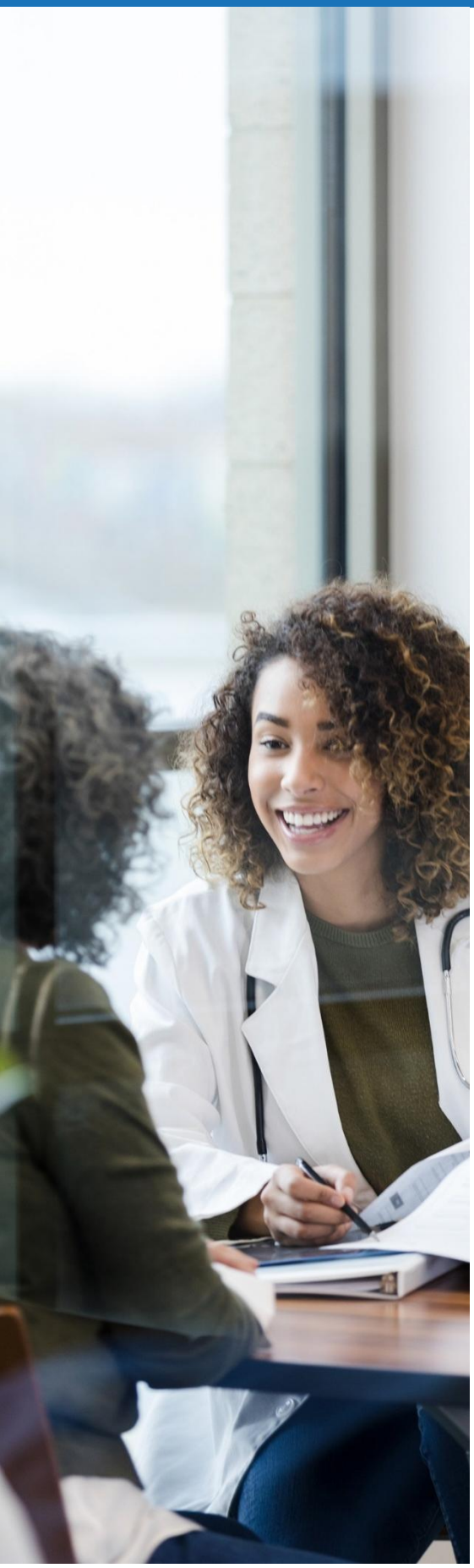
SUPPLEMENTAL BASIC LIFE / AD&D (EMPLOYEE-PAID)

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 **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. **Guaranteed Issue:** up to $50,000
Children	Flat $10,000 **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.



DISABILITY

Administered by Transamerica

Short-term and long-term disability insurance provides you benefits to replace part of your lost income when you become unable to work due to a covered injury or illness.

BENEFITS*	LONG-TERM DISABILITY
Coverage amount	60% of monthly income
Accident benefits begin	180-day elimination period
Maximum Benefit	Monthly Maximum of $10,000
Maximum payment period	Social Security Normal Retirement Age (SSNRA)

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

Designate Your Beneficiary(ies)

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

Evidence of Insurability (EOI): If you are a late enrollee or requested coverage over the Guaranteed Issue amount, your coverage may 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

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.

RESOURCES

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

Visit the Employee Benefit Center for additional resources
marshalltownsalarybenefits.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



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
marshalltownsalarybenefits.com

NOTES

NOTES