



2026 BENEFIT ENROLLMENT

It's Time To Talk
About Your Benefits

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This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



ENROLL FOR 2026 BENEFITS

BENEFITS OVERVIEW

Marlite understands that your benefits are important to you and your family. Helping you understand the benefits available to you is essential. This Benefits Guide provides a description of our company's benefit program. This guide is not intended to cover all provisions of all plans, but rather a quick reference to help answer most of your questions. Please see the carrier benefit summaries and certificates for more details.

Included in this guide are summary explanations of the benefits, as well as contact information for providers. It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you.

We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable copayments, deductibles, how to file claims, preauthorization requirements, participating networks, and services that may be limited or not covered (exclusions). We hope this guide will give you an overview of your benefits and help you be better prepared for the enrollment process.

EMPLOYEE ELIGIBILITY

Benefit eligible employees are provided an opportunity to participate in the sponsored benefits program after satisfying the new hire waiting period and annually during Open Enrollment. You are eligible for benefits:

- Marlite Executive Employees - Date of hire
- Marlite Hourly Employees - 1st of the month following 30 days
- Marlite Salaried Employees - 1st of the month following Date of hire

DEPENDENT ELIGIBILITY

A dependent is defined as a covered employee's legal spouse, domestic partner or a dependent child. A dependent child is defined as:

- A natural child
- A stepchild
- A legally adopted child
- A child placed for adoption
- A child placed for foster care
- A child for whom legal guardianship has been awarded to the covered teammate or the teammate's spouse
- Unmarried child of any age who becomes mentally or physically disabled before reaching the age limit.



IMPORTANT NOTE: Tax Considerations: The IRS requires that the value of coverage for domestic partners (including child(ren) of domestic partners), be considered taxable income. (Exception: mentally or physically handicapped child.)

BENEFITS OVERVIEW

QUALIFYING EVENT

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 31 days of the event (60 days for certain events).

Examples of Qualifying Events include, but are not limited to:

- Marriage
- Divorce or legal separation
- Birth, adoption, or legal custody of a dependent child
- Involuntary loss of other group insurance coverage
- Death
- Gain or loss of eligibility for Medicaid or CHIP coverage (60-day notification period).
- Gain or loss of eligibility for premium assistance for Medicaid or CHIP coverage (60-day notification period).
- Spouse's Open Enrollment




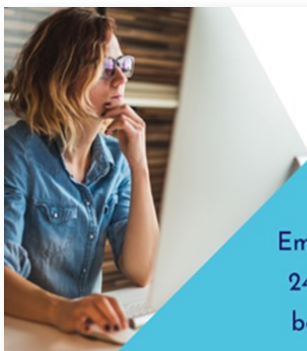
YOUR RESPONSIBILITY

Before you enroll, make sure you understand the plans and ask questions if you do not. After you enroll, you should always check your first paycheck stub to make sure that the correct amount is being deducted and that all the benefits you elected are included.

Any corrections must be made within the first 30 days of enrollment. You should also verify that all beneficiary information is up to date.

EASY ONLINE ENROLLMENT

Login to <https://preparebenefits.employeenavigator.com>. The Company Identifier will be **stabilit**. From the home page go to "Start Benefits" to begin your Enrollment Benefits Election. For questions, please contact your HR team.



Welcome to the Prepare Benefits Enrollment Site!
Employees enjoy convenient online access to their benefits coverage 24 hours a day, seven days a week. Login now to learn about your benefit options and confirm your elections for the upcoming year!



MEDICAL BENEFITS



	HRA PPO 4500	HDHPQ OAP High
In-Network Benefits	Open Access Plus	Open Access Plus
Deductible Type	Embedded	Aggregate
Calendar Year Deductible (CYD) ¹ (Individual / Family)	\$4,500 / \$9,000	\$1,700 / \$3,400 (Individual within a Family: \$3,400)
Out-of-Pocket Max Type	Embedded	Aggregate
Calendar Year Out-of-Pocket Max ² (Individual / Family)	\$6,000 / \$12,000	\$3,000 / \$6,000 (Individual within a Family: \$6,000)
Coinsurance (member pays after deductible)	10%	20%
Preventive Care		
Preventive Care	No Charge	No Charge
Primary Care Visit	\$30 Copay	20% after CYD
Specialist Visit	\$50 Copay	20% after CYD
Telehealth	No Charge	20% after CYD
Urgent Care	\$50 Copay	20% after CYD
Emergency Room	\$250 Copay (copay is waived if admitted)	20% after CYD
Inpatient Hospital	10% after CYD	20% after CYD
Prescription Drug Benefit		
Retail	30 days	30 days
Tier I / Tier II / Tier III	\$10 / \$35 / \$50	20% after CYD
Specialty	\$100 Copay	N/A
Mail Order	90 Days	90 Days
Tier I / Tier II / Tier III	\$30 / \$105 / \$150	20% after CYD
Out-of-Network Benefits		
CY Deductible (Individual / Family)	\$9,000 / \$18,000	\$10,000 / \$20,000 (Individual within a Family: \$10,000)
CY Out-of-Pocket Max (Individual / Family)	\$20,000 / \$40,000	\$20,000 / \$40,000 (Individual within a Family: \$20,000)
Coinsurance (member pays after deductible)	30%	40%

¹Calendar Year Deductible

The Calendar Year Deductible is a specified dollar amount that you must pay for certain covered services per calendar year. There are individual and family deductibles. Once an individual or a family deductible has been satisfied, then coinsurance applies, if applicable. Coinsurance is your share of the costs of a healthcare service. It is the amount a member pays after the deductible has been met.

²Calendar Year Out-of-Pocket Maximum

The Calendar Year Out-of-Pocket Maximum is the amount of covered expenses, (including deductible, coinsurance, and copayments) that must be paid by you, either individually or combined as a covered family. After the individual/family out-of-pocket maximum has been satisfied in a calendar year, payment for in-network covered services requiring copayment and coinsurance for that covered individual/family will be payable by Cigna at the rate of 100% for the remainder of the calendar year, subject to any other terms, limitations, and exclusions.

CIGNA PROVIDER SEARCH

You can locate a physician at www.cigna.com or by logging onto your personal Cigna member account at www.myCigna.com.



Step 1: Click on "Find a Doctor, Dentist or Facility."



Individuals and Families Employers and Brokers Health Care Providers



How are you Covered?



Step 2: Select "the box that reads "Employer or School."

Find a Doctor, Dentist, or Facility in

Charlotte, NC 28217

Step 3: Select the geographic location you want to search, as well as you desired search criteria.



OAP

Open Access Plus, OA Plus, Choice Fund OA Plus

Step 4: Select "Open Access Plus" to generate a list of participating providers..

HEALTH BENEFITS

CIGNA VIRTUAL VISITS

As a part of the medical plans, Cigna provides access to a telehealth services: **MDLIVE**.

Cigna Telehealth Connection allows members to access the care they need - including most prescriptions - for a wide range of minor conditions. You can connect with a board-certified doctor via secure video chat without leaving your home or office. Telehealth services are available whenever, wherever, and however works best for you.

Starting January 1st, MDLIVE Primary Care and Urgent Virtual Care Services are \$0 copay for the HRA Plan!

- Choose When: Day or night, weekdays, weekends, and holidays
- Choose Where: Home, work, or on-the-go
- Choose How: Phone or video chat
- Choose Who: MDLIVE doctors

When you register with MDLIVE, you can speak with a doctor for help with:

- Acne
- Allergies
- Cold and Flu
- Fever
- Headache
- Rash
- Sore Throat
- Stomachache
- UTIs and more

Virtual Visits with MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and costs less than going to the emergency room.

Telehealth services should be utilized only for minor, non-life threatening conditions.

CIGNA MOBILE APP

Life can be busy and complicated. So, Cigna created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The myCigna Mobile App helps you personalize, organize and access your important plan information on your phone or tablet. The app is available in English and Spanish.

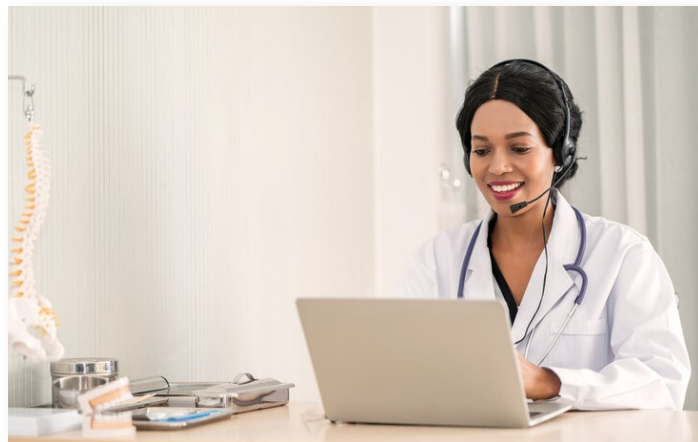
Use the myCigna Mobile App to log in anytime, anywhere to:

- **Manage** and track claims
- **View**, fax or email ID card information
- **Find** doctors and compare cost and quality ratings
- **Review** your coverage
- **Track** your account balances and deductibles
- **Refill** your Cigna Home Delivery Pharmacy prescriptions online and view order history
- **Compare** prescription drug prices at thousands of pharmacies in our network

CIGNA BEHAVIORAL HEALTH

MDLIVE is only available for medical visits. For covered services related to mental health and substance abuse, you have access to the Cigna Behavioral Health network of providers.

Simply go to www.mycigna.com to search for a video telehealth specialist, then call to make an appointment with your selected provider. Telehealth visits with Cigna Behavioral Health network providers cost the same as an office visit.



MDLIVE Website: www.MDLIVEforCigna.com
MDLIVE Phone Number: 888-726-3171

CIGNA DIGITAL ID CARDS

Have your ID card handy?

With myCigna, the answer is always “yes.”



Big news: You never have to worry about misplacing your ID card. It's always right there on myCigna®, whenever and wherever you need it.*

Accessing your digital ID cards is easy.



Log in to **myCigna.com** or the **myCigna® App**



Click or tap “ID Cards”



View your card(s), as well as any dependents' card(s)**



Email cards directly to doctors



Save your digital ID cards in your Apple Wallet



Not registered on myCigna yet?

It's quick and easy.

Visit **myCigna.com®** or scan the QR code to download the **myCigna® App** and register now.

KNOW BEFORE YOU GO

Choosing the right kind of care for a medical situation can be challenging and confusing; understanding the different levels of care and when to use each one can help save time, money, and create peace of mind

	Cost and time			
	Lower			Greater
	Virtual care	Convenience care clinic	Health care provider's office	Urgent care center
	For minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit myCigna.com , or call MDLIVE at 888.726.3171 to talk with a doctor 24/7.*	For minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.	The best place to go for routine or preventive care or to keep track of medications. Many PCPs offer virtual care. Contact your PCP to schedule an in-person or virtual care visit. Find a PCP on myCigna.com .	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.
				Emergency room
				For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER. *Freestanding" ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.
Conditions treated**	<ul style="list-style-type: none"> › Colds and flu › Rashes › Sore throats › Headaches › Stomachaches › Fever › Allergies › Acne › Urinary tract infections (UTIs) and more 	<ul style="list-style-type: none"> › Colds and flu › Rashes or skin conditions › Sore throats, earaches, sinus pain › Minor cuts or burns › Pregnancy testing › Vaccines 	<ul style="list-style-type: none"> › General health issues › Preventive care › Routine check-ups › Vaccines and screenings 	<ul style="list-style-type: none"> › Fever and flu symptoms › Minor cuts, sprains, burns, rashes › Headaches › Lower back pain › Joint pain › Minor respiratory symptoms › UTIs
Your cost and time	<ul style="list-style-type: none"> › Costs the same or less than a visit with your primary care provider (PCP) › Appointments typically in an hour or less › No need to leave home or work 	<ul style="list-style-type: none"> › Same or lower than provider's office › No appointment needed 	<ul style="list-style-type: none"> › May charge copay/coinsurance and/or deductible › Usually need appointment › Short wait times 	<ul style="list-style-type: none"> › Costs lower than emergency room (ER) › No appointment needed › Wait times vary
				<ul style="list-style-type: none"> › Highest cost › No appointment needed › Wait times may be long



PHARMACY BENEFITS

CIGNA 90 NOW

Your plan includes a maintenance medication program called Cigna 90 Now. Maintenance medications are taken regularly, over time, to treat an ongoing health condition. Cigna 90 Now offers you more choice in how, and where, you can fill your prescription.

Choose what works best for you

- If you choose to fill your prescription in a 90-day supply, you must use a 90-day retail pharmacy in your plan's new network, or Cigna Home Delivery PharmacySM (Express Scripts)
- If you choose to fill your prescription in a 30-day supply, you can use any retail pharmacy in your plan's new network.

There are many retail pharmacies in the Cigna 90 Now network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. If you prefer the convenience of having your medications delivered to your home, you can also use Cigna Home Delivery Pharmacy to fill your prescriptions.

Why fill a 90-day supply?

Filling your prescriptions in a 90-day supply may help you stay healthy because having a 90-day supply of your medication on-hand typically means you're less likely to miss a dose. It also means you can make fewer visits to the pharmacy to refill your medication, and depending on your plan, you may be able to save money by filling your prescriptions 90-days at a time.

Here are some of the 90-day retail pharmacies in your network:

- CVS Pharmacy (including Target)
- Acme Pharmacy
- Osco Drug
- Walmart Pharmacy
- Big Y Pharmacy

For more information about your pharmacy network, you can go to www.Cigna.com/Rx90network.

CIGNA HOME DELIVERY PHARMACY - EXPRESS SCRIPTS

Express Scripts Pharmacy, which is a Cigna company, is one of the country's largest home delivery pharmacies.

How do I know what prescription medications can be filled through Express Scripts Pharmacy?

In general, prescription maintenance medications are those taken on a regular basis to treat an ongoing health condition, such as asthma, diabetes and heart conditions. If your doctor has prescribed a medication for you to take every day, or several times a week, then you may be taking a maintenance medication. Certain specialty medications are also available through home delivery.

How do I place an order?

For fastest service, call your doctor's office to request a 90-day supply of your medication and your doctor can submit the prescription request electronically to Cigna Home Delivery Pharmacy. Or you can call us at 800-835-3784 and we will contact your doctor for you.

Three easy ways to switch to home delivery

1. **Log in to the myCigna® App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s).   
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)³ electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Got a new prescription?

Ask your doctor to send it to Express Scripts® Pharmacy using one of these methods:

1. **Electronically:** For fastest service, they can send your prescription electronically to Express Scripts Home Delivery, NCPDP 2623735.
2. **By fax:** They can call 888.327.9791 to get a Fax Order Form.

CIGNA VALUE ADDS

ACTIVE & FIT DIRECT

Become more active without breaking the bank. Active & Fit Direct is a gym membership with over 12,700+ standard gyms to choose from. Your Active & Fit Direct standard membership at \$28/month includes access to one standard gym. You then have the option to purchase additional standard or premium gym memberships with a \$5 discount off each monthly fee.

- * Additional option to join any of the 8,700+ premium exercise studios and get 20-70% discounts on most memberships
- * No long-term contracts
- * Lifestyle Coaching and online resources



Get Started: <https://discoverhealthyrewards.sites.cigna.com>.

OMADA - DIABETES PREVENTION PROGRAM

Omada is a personalized program that helps you reach your health goals through sustainable lifestyle change. Get the support and technology you need to lose weight, gain energy, and reduce the risks of type 2 diabetes and heart disease.

The program surrounds you with the tools and support you need to make lasting, meaningful changes to the way you eat, move, sleep, and manage stress - one small step at a time.

You'll receive the program at no additional cost if you or your covered adult dependents are enrolled in Marlite's medical plan offered through Cigna, are at risk for type 2 diabetes or heart disease, and are accepted into the program.

Visit www.omadahealth.com/omadaforcigna to see if you're eligible.

IDENTITYFORCE - IDENTITY THEFT PROTECTION

Now is the time to protect what is most important. As our digital activity expands, fraud and scams increase exponentially, along with vulnerabilities that result from having sensitive personal information exposed. It's why IdentityForce offered through Cigna will be included in your Cigna medical coverage at no additional cost for you and any child(ren) living in your household up to age 18. IdentityForce proactively monitors, alerts, and helps fix any identity theft compromises.

IdentityForce not only proactively monitors the Dark Web, credit reports, and real-time fraud issues, but will help fix compromises to personal information and make sure your identity is restored without the burden of phone calls and paperwork.

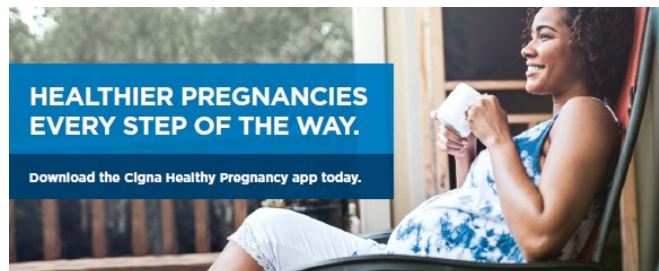
Visit <https://cigna.identityforce.com/starthere> or call 833.580.2523.



CIGNA HEALTHY PREGNANCY APP

The Cigna Healthy Pregnancy app is designed to help you and your baby stay healthy during pregnancy. This valuable resource offers you an easy way to track and learn about your pregnancy. It also provides support for baby's first two years.

Download the Cigna Healthy Pregnancy app now. Just enter your due date and myCigna user ID and password.



CIGNA VALUE ADDS



Explore the online store today!

The store has something for everyone

Shop today to discover what's waiting for you!

The Wellness Store offers over 400 items across 50 brands. That means there's something for every interest and every wellness goal—and all at exclusive pricing just for our members. Shop a wide variety of health and wellness items like:

- Fitness trackers
- Bluetooth speakers
- Digital scales
- Deep-tissue massagers
- Water bottles
- Beauty products and more!

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.



Scan the QR code and go to **myCigna > Wellness > More > Store.**





HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Administered by Lively



Marlite employees who select the PPO 4500 Medical Plan are automatically enrolled in the Health Reimbursement Arrangement (HRA).

- Once you have met the initial Health Plan Deductible (\$1,500/individual or \$3,000/family), the HRA will reimburse 100% of eligible medical expenses per claim up to a maximum of \$3,000 for an individual, or \$6,000 if you are covering one or more dependents. The HRA helps offset the cost of your deductible and coinsurance expenses on the plan.

Can I put money into the HRA account?

No, employees are not permitted to add additional funds to the account.

How does it work?

Once you have met the applicable Health Plan Deductible (as detailed in the below chart), the HRA will begin to reimburse for eligible medical expenses that apply to the medical plan deductible. As you obtain covered services which are subject to the deductible, you will pay your provider your full share, and the HRA will reimburse you for this amount.

When you visit an in-network provider, the claim will automatically be submitted for HRA reimbursement.

What happens to the money that is in the account if I leave Marlite or do not participate in the medical plan next year?

Unused funds do not accumulate year to year. Any funds remaining at time of termination or at the end of the plan year will be retained by Marlite.

Reimbursement Order for HRA Allocation January 1, 2026 to December 31, 2026	Individual	Individual and Spouse	Individual and Child(ren)	Family
Member Pays First:	\$1,500	\$3,000	\$3,000	\$3,000
Embedded (per person) Member Pays First Amount:	\$1,500	\$1,500	\$1,500	\$1,500
HRA covers	Individual	Individual and Spouse	Individual and Child(ren)	Family
Plan Pays Next:	\$3,000	\$6,000	\$6,000	\$6,000
Embedded (per person) Amount:	\$3,000	\$3,000	\$3,000	\$3,000





HEALTH SAVINGS ACCOUNT (HSA)

Administered by DoverPhila Credit Union

IMPORTANT NOTES

- Only available if you enroll in the High Deductible Health Plan (HDHPQ OAP High Plan).
- You are not eligible if you're enrolled in Tricare or Medicare.

2026 Enrollment

If you are enrolled in the Marlite HDHPQ OAP High medical plan, Marlite will contribute \$850 for single coverage and \$1,500 for employee with dependent coverage towards your HSA for the calendar year. Funds will be distributed in 50% increments in January and July.

Health Savings Account (HSA)

An HSA allows you to contribute pretax dollars from your paycheck to use for eligible healthcare expenses throughout the year. It has several advantages:

- You choose how much to save each year up to annual IRS limits (Individual \$4,400/ Family \$8,750 coverage in 2026)
- Money goes in tax-free, grows tax-free, and can be used tax-free for eligible expenses
- If you are age 55 or older, you can contribute an additional \$1,000 per year
- Money left in your account rolls over to pay for health care today or in the future, even if you leave Marlite

Unlike most other benefits, you can change your HSA contribution during the year without a qualifying life event. You must be enrolled in the HDHPQ OAP High medical plan in order to contribute to the HSA.

Who Is Eligible for an HSA?

An HSA is a personal healthcare bank account that you can use to pay out-of-pocket medical expenses with pretax dollars when you are enrolled in a high deductible health plan. You are eligible to open and fund an HSA if:

- You are covered by a qualified high deductible health plan;
- You are not covered by your spouse's non-HDHP health plan, health care flexible spending account (FSA) or health reimbursement account (HRA);
- You are not eligible to be claimed as a dependent on someone else's federal tax return; and
- You have not received Veterans Administration Benefits



DoverPhila FCU
Phone: 330.364.8875

Website: www.dpfcu.org

Examples of Eligible Expenses

Use Your HSA Card to Pay For:

- Routine health care: office visits, x-rays, lab work
- Medications: prescription and over-the-counter (OTC) drugs when prescribed by a physician
- Dental and vision care
- Copays and coinsurance (the portions of healthcare bills paid by you)
- Eligible OTC items such as bandages, rubbing alcohol, contact lens solutions/supplies, thermometers, blood pressure monitors, insulin and diabetic testing supplies



DENTAL BENEFITS

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Marlite dental plan. Dental ID cards can be retrieved from www.mycigna.com or you may reach out to the HR team.



Cigna Dental				
PLAN NAME AND TYPE	DENTAL PPO LOW		DENTAL PPO HIGH	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network Access				
Benefit Maximum	\$1,000		\$1,500	
Individual Deductible	\$50		\$50	
Family Deductible	\$150		\$150	
DENTAL DESCRIPTION				
Preventive Services	No charge	No charge	No charge	No charge
Basic Services	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Major Services	50% after CYD	50% after CYD	20% after CYD	20% after CYD
PROCEDURES				
Routine Office Visits – 9430	No charge	No charge	No charge	No charge
Teeth Cleaning – 1110	No charge	No charge	No charge	No charge
Full Mouth / Panoramic x-rays – 0330	No charge	No charge	No charge	No charge
Amalgam Fillings – 2140	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Extraction, simple, per tooth – 7140	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Endodontics – 3330	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Periodontal scaling – 4341	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Full or partial dentures – 5110	50% after CYD	50% after CYD	20% after CYD	20% after CYD
Crowns – 2752	50% after CYD	50% after CYD	20% after CYD	20% after CYD
ORTHODONTIA (UP TO AGE 19)				
Benefit	50%		20%	
Lifetime Maximum	\$1,000		\$1,000	

For questions on benefits or to check if your provider participates in the Cigna Dental Plan, please call Cigna Customer Service at 800-244-6224 or visit their website at <https://www.mycigna.com>



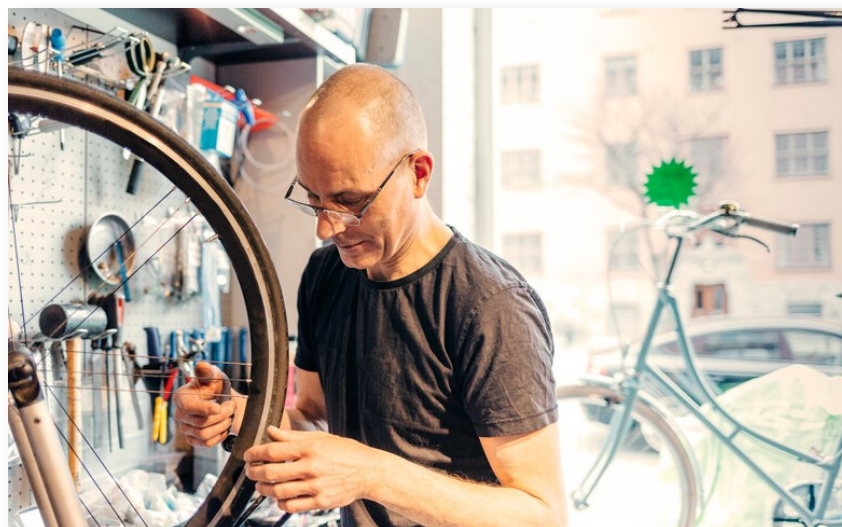


VISION BENEFITS

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. Cigna vision providers participate in the EyeMed network. A vision ID card is not needed for services.



Cigna Vision—EyeMed Network				
PLAN NAME AND TYPE	BASE PLAN		BUY UP PLAN	
Network Access	In-Network	Out-of-Network	In-Network	Out-of-Network
EYE CARE WELLNESS COPAY				
Eye Exam	\$20 copay	Reimbursed up to \$45	\$10 copay	Reimbursed up to \$45
Frequency	12 months	12 months	12 months	12 months
LENSES				
Materials Copay				
Single Vision	\$30 copay	Reimbursed up to \$32	\$10 copay	Reimbursed up to \$32
Bifocals	\$30 copay	Reimbursed up to \$55	\$10 copay	Reimbursed up to \$55
Trifocals	\$30 copay	Reimbursed up to \$65	\$10 copay	Reimbursed up to \$65
Frequency	24 months	24 months	12 months	12 months
FRAMES				
Selected Frames	\$80 allowance + 20% off balance	Reimbursed up to \$44	\$140 allowance + 20% off balance	Reimbursed up to \$77
Frequency	24 months	24 months	24 months	24 months
CONTACTS COPAY — IN LIEU OF ANY OTHER EYEWEAR BENEFITS				
Elective	\$80 allowance	Reimbursed up to \$68	\$140 allowance	Reimbursed up to \$115
Medically Necessary Contacts	Covered in full	Reimbursed up to \$210	Covered in full	Reimbursed up to \$210
Frequency	24 months	24 months	12 months	12 months





LIFE INSURANCE

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Administered by SunLife

Employer-Paid Benefits Provided to Full-Time Employees of Marlite

As an employee of Marlite we provide Basic Term Life and Accidental Death & Disability (AD&D) Insurance coverage for our full-time employees in the amount of 1x Annual Earnings to max \$250,000.

Please note that employees are eligible to purchase additional coverage for themselves and their families through SunLife under the supplemental insurance options.



VOLUNTARY LIFE AND AD&D INSURANCE

Administered by SunLife

You can purchase, with convenient payroll deduction, Voluntary Life insurance and AD&D for yourself and your dependents through SunLife. In order to elect coverage for your dependent spouse and/or child(ren), you must first elect coverage for yourself. Rates vary depending on age and benefit amount. Please refer to the Voluntary Life and AD&D rate chart to determine your per pay period cost for this coverage. Forms and additional information are available in Employee Navigator and from Human Resources.

- Employee Coverage — As an employee, you can apply for Life Insurance in increments of \$10,000 and up to a maximum of 7x salary, not to exceed \$500,000 with a Guaranteed Issue* amount of \$150,000.
- Spouse Coverage — You can apply for Life Insurance for your spouse in increments of \$5,000. The maximum amount you can purchase is \$150,000, not to exceed 50% of eligible employee amount. The Guaranteed Issue* amount of \$50,000 is available for spouses.
- Child(ren) Coverage — You can apply for Life Insurance for your eligible child(ren) from age 15 days or older in the following amounts: 15 days to 6 months = \$100; 6 Months to age 19 (23 if a full time student) = choice of \$1,000 increments to a max of \$10,000 .

**Guarantee Issue (GI)*: The amount of coverage available upon initial eligibility for you and your eligible dependents without having to provide proof of good health.

Amounts over the GI require Evidence of Insurability (EOI) and are not in place until written notification is provided by SunLife.

Special offer for the 2026 Open Enrollment - late entrants can enroll up to the Guarantee Issue without EOI.

Be sure your beneficiary assignments are up to date in Employee Navigator.

Sun Life Voluntary Life			
	Employees	Spouse	Child(ren)
Supplemental Life Benefit	7 X Base Annual Earnings to a max of \$500,000	\$150,000, not to exceed 50% of EE amount of \$150,000	15 days to 6 months \$100; 6 months to age 19, 23 \$10,000
Guarantee Issue	\$150,000	\$50,000	\$10,000
Increments of Coverage	\$10,000	\$5,000	\$1,000, to a max \$10,000

LIFE INSURANCE

VOLUNTARY LIFE AND AD&D INSURANCE (CONTINUED)



In order to build your benefit with Sun Life Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children - all at affordable group rates.

To request coverage:

1. Log into your Employee Navigator platform.
2. Choose the amount of employee coverage that you want to buy.
3. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
4. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below.
Note: Spouse's rates are based on employee's age.
5. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.

SUNLIFE VOLUNTARY LIFE AND AD&D (RATE BASIS: PER \$1,000 OF VOLUME)			
Age Band	Employee Monthly Rate	Spouse Monthly Rate	Children
Under age 20	\$0.060	\$0.060	\$0.218
20-24	\$0.060	\$0.060	
25-29	\$0.060	\$0.060	
30-34	\$0.068	\$0.068	
35-39	\$0.085	\$0.085	
40-44	\$0.128	\$0.128	
45-49	\$0.221	\$0.221	
50-54	\$0.366	\$0.366	
55-59	\$0.579	\$0.579	
60-64	\$1.431	\$1.431	
65-69	\$1.609	\$1.609	
70+	\$2.878	N/A	

DISABILITY INSURANCE



VOLUNTARY SHORT TERM DISABILITY

Administered by SunLife

Marlite provides all full-time eligible employees an opportunity to purchase Short Term Disability (STD) coverage through Sun Life.

Short Term Disability protects your income in the event you become disabled due to either illness or an off-the-job injury. If you are unable to perform the duties of your job, STD coverage will supplement your lost wages. The STD benefit replaces a portion of your pre-disability earnings, less the income that was actually paid to you for the same Disability from other sources' (e.g., state disability benefits, no-fault auto laws, sick pay, etc.). The Benefit amount is a percentage of your pre-disability weekly earnings subject to the plan's maximum weekly benefit of \$5,000 as noted in the table below.

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait, while disabled, before you are eligible to receive a benefit. The elimination period is as follows:

- » For Injury: 7 days.
- » For Sickness (includes pregnancy): 7 days.

Benefits will only be paid if the disability claim is approved by Sun Life and will continue for as long as you are disabled up to a maximum duration of 12 weeks of Disability . Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description. Once the benefit period has expired, you may be eligible for Long Term Disability insurance.

SunLife Short-Term Disability Benefits	
Class Description	All Eligible Employees
Benefits Percentage	60%
Weekly Maximum	\$1,250
Elimination Period	7 days (Accident) / 7 days (Illness)
Duration of Benefits	12 weeks



DISABILITY INSURANCE



VOLUNTARY LONG TERM DISABILITY

Administered by SunLife

Marlite offers all full-time eligible employees an opportunity to purchase Long Term Disability (LTD) insurance through Sun Life.

The Long Term Disability plan provides a percentage of your monthly earnings if you are unable to perform your job due to illness or injury that extends beyond the Short Term Disability coverage period.

LTD benefits replace a portion of your pre-disability monthly earnings, less other income you may receive from other sources during the same Disability (e.g., Social Security, Workers Compensation, vacation pay, etc.). The Benefit amount is 60% of your pre-disability monthly earnings. The amount of Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$5,000.

Benefits will only be paid if the disability claim is approved by Sun Life and will begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 90 days. These benefits will be provided to you as long as you are considered disabled, up to Social Security Normal Retirement Age (SSNRA). Any specific limitations are described in the Certificate of Insurance.

SunLife Long-Term Disability Benefits	
Class Description	Eligible Employees
Benefits Percentage	60% of covered earnings
Monthly Maximum	\$5,000
Elimination Period - Accident/Illness	90 days
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)



CRITICAL ILLNESS INSURANCE

Administered by Sun Life



What Is Critical Illness Insurance?

Critical Illness insurance offers a way to supplement your regular medical coverage and ensures you are covered for the unexpected. This insurance is designed to cover out-of-pocket expenses not covered by your health insurance, such as your deductible and copays, as well as many out-of-network charges. Critical Illnesses can often lead to extended time away from work and unplanned expenses providing additional stress. Critical Illness insurance works to offset some of those lost wages and helps you pay routine living expenses such as child care, transportation, rent or mortgage payments so you can focus on recovering.

Benefit Options:

As an employee you may choose to elect up to a \$40,000 benefit. You can elect coverage on your eligible spouse/ domestic partner up to 100% of your benefit amount and eligible dependent Children are covered at 50% of your benefit amount. All coverage amounts are guaranteed issue during your initial eligibility period, meaning no medical questions are required.

What Does Critical Illness Insurance Cover?

The Sun Life Critical Illness Insurance pays you a lump-sum benefit upon diagnosis of any one of the covered critical illnesses. All payments are made directly to you, in addition to any coverage you may or may not have and you decide how the money is spent. Covered Critical Conditions:

Covered Critical Conditions: (100% Benefit)	Child Specific Conditions: (100% Benefit)	Covered Critical Conditions: (25% Benefit)
<ul style="list-style-type: none">Invasive Cancer (Except Skin Cancer which pays 5%)Heart Attack (STEMI)Benign Brain TumorEnd Stage Kidney FailureMajor Organ FailureStrokeParalysis or DismembermentLoss of Sight, Speech, or Hearing	<ul style="list-style-type: none">Congenital Structural AnomalyCongenital Metabolic DisorderCerebral PalsyCongenital Heart DefectsType 1 Diabetes	<ul style="list-style-type: none">Non-Invasive CancerCoronary Artery DiseaseCoronary Artery Obstruction

How Does Critical Illness Insurance Work?

Upon diagnosis of any one of the covered conditions you are able to submit a claim. After submitting a claim, Sun Life will review your claim, as well as all submitted documentation and issue a lump-sum payment.

Additional Plan Details:

- Pre-existing Condition Limitation Waived: This means that as long as you are diagnosed with a covered condition after the effective date you will be covered without exclusion or look back provisions.
- Preventive Health Benefit: The Health Screening Benefit pays \$50 per person per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. See Master Policy for the list of covered health screening tests.

ACCIDENT INSURANCE

Administered by Sun Life

What Is Accident Insurance?

Accident Insurance provides coverage for Off-Job accidental injuries that occur, helping to fill financial gaps caused by out-of-pocket expenses. Accidental injuries range from minor to major incidents.

What Does Accident Insurance Cover?

The Sun Life Accident policy will deliver a payment to you for various qualifying incidents. These may include the following:

- Injuries such as fractures, dislocations, burns, concussions, cuts and lacerations, eye injuries, coma, torn knee cartilage, broken tooth, ruptured disc and paralysis
- Medical services and treatments such as ambulance (ground and air), emergency care, non-emergency care, hospital (admission, confinement and inpatient rehab), intensive care unit confinement, physician follow-up, therapy services, medical testing (X-rays, MRIs and CT scans), medical appliances, inpatient and outpatient surgery, and blood and blood plasma
- Accidental death and dismemberment

How Does Accident Insurance Work?

As a voluntary benefit through your employer, you will receive a reduced premium rate that can be automatically paid through payroll deductions. Insurance benefits are paid regardless of other insurance coverage, such as a health insurance plan that might already pay a portion of your medical expenses.

After you submit a claim and any required verification for an accident, the insurance payment will be sent directly to you based on the pre-determined benefit schedule for the services you have rendered as a result of the accidental injury.

Accident insurance is used in addition to your regular health insurance, and when you receive your insurance payment, you can use the benefit money for any of your expenses—medical deductible and copays, rent or mortgage payment, groceries, transportation, child care or any other needs. The use of the money paid out following a claim is entirely up to you as you recover from your accident.

Additional Plan Details:

- Coverage options for you and your eligible dependents
- Guaranteed Issue (No Medical Questions Required)
- Health Screening Benefit: Pays \$50 when you have a covered test performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.
- Portability: Plans offer portability, meaning if your employment status changes, you can take your policy with you



HOSPITAL INDEMNITY INSURANCE

Administered by Sun Life

What Is Hospital Indemnity Insurance?

Hospital indemnity insurance works to complement your medical coverage — and pays in addition to what your medical plan may or may not cover. It's coverage that can help safeguard your finances for life's unexpected events by providing you with a lump-sum payment (one convenient payment all at once) when your family needs it most. The payment you receive is yours to spend however you like. It pays a flat amount upon your hospital admission and a daily amount paid from each day of your stay that you are confined to the hospital.

How Does Hospital Indemnity Insurance Work?

Once you have a covered accident or sickness and are in the hospital for at least 24 hours, you are eligible to receive the hospital admission benefit. You then can receive a daily confinement benefit for up to 10 days confined to a hospital.

Additional Plan Details:

- Guaranteed Issue (No Medical Questions)
- Coverage is available for you and your eligible dependents
- Choose between two plan options (Low/High)
- Plan Pays a benefit for Hospital admission due to an accident or sickness, the benefit amount depends on what option you choose: Low Option: pays \$1,000 once per CY & the High Option pays \$2,000 once per CY. In addition to a hospital confinement benefit both options pay a per day confinement benefit of either \$150 on the Low Option or \$200 on the High Option beginning on day 2 of your hospital stay.



TERM LIFE INSURANCE WITH LONG TERM CARE

Administered by Allstate

What Is Term Life Insurance with Long-Term Care?

The Allstate LifeTime Benefit Term (LBT) provides family life insurance protection plus benefits for Long-Term Care, helping your loved ones when they can't rely on your salary or income any longer while also providing protection for your LTC needs while you're living.

Additional Plan Details:

- Dependent Coverage Available
- **Guaranteed Issue Amounts Available:**
 - Employee Coverage: Ages 18 – 70 are eligible for up to \$100,000 on a Guaranteed Issue
 - Spouse Coverage: Ages 18 – 70 are eligible for up to \$50,000 (working spouse), \$10,000 (Non-working spouse), or \$20,000 (unknown work status)
 - Children ages 0 to age 18 are eligible to elect a \$20,000 term policy.
- **Accelerated Death Benefit:** Accelerates up to 75% of Death Benefit (not to exceed \$100,000) after a 90-day elimination period if Insured is certified terminally ill by a physician. Choose between a monthly advance of the death benefit or a lump-sum payment.
- **Restoration of Benefits:** Restores the death benefit to the pre-acceleration amounts and the extension benefit extends the death benefit for a period equal to the original benefit term.
- No medical exams required. Issuance of coverage depends upon answers to a few health questions.
- **Pre-Existing Condition Limitation:** Benefits are not paid for a period of care resulting from a pre-existing condition that begins within the first 6 months after the effective date if the preexisting condition causes the insured to be chronically ill. A preexisting condition is a condition for which treatment was recommended or received within 6 months before the effective date.
- **Portability:** Plans offer portability, meaning if your employment status ever changes, you can take your policy with you.

What Does the Long-Term Care Benefit Cover?

Long-term care refers to a host of services that aren't covered by regular health insurance. This includes assistance with routine daily activities, like bathing, dressing or getting in and out of bed when you become certified as chronically ill (unable to perform 2 out of 6 activities of daily living or are cognitively impaired) and are confined to a nursing home, assisted living facility, require in home health care, or adult day care. This benefit is built into the life policy and is available to employees and spouses ages 18–70 (Children are not eligible for this benefit) and will pay up to 6% of the current death benefit amount payable each month for up to 17 months and 34 months with the extension of benefits. If death occurs prior to the end of the period, the remaining amount is paid as a death benefit.



IDENTITY THEFT INSURANCE

What Is Identity Theft Insurance?

Identity Theft Insurance is designed to cover some of the costs related to identity theft and fraud. It reimburses victims for money spent on reclaiming their financial identities and repairing their credit reports. Those costs can range from phone bills to legal help. Identity theft occurs when someone uses your personal information to commit fraud or other crimes. Reclaiming your identity can be slow and costly. That's where identity theft insurance can help.

How Does Identity Theft Insurance Work?

Allstate's Identity Protection proprietary monitoring platform detects high-risk activity to alert you at the first sign of fraud. They scour the dark web for compromised credentials and monitor financial transactions, all while keeping tabs on your credit reports. In the event of identity theft, Allstate Identity Protection fully manages the process of recovering your identity, credit, and sense of security so the impact to your life is minimal.

Additional Plan Details:

- Identity and credit monitoring
- Tri-bureau credit alerts
- Unlimited credit reports
- Dark web monitoring
- Financial transaction monitoring
- Social media reputation monitoring
- Accounts secured with two-factor authentication
- 24/7 Privacy Advocate remediation
- \$1 million identity theft insurance policy
- 401(k) and HSA stolen fund reimbursement
- Tax fraud refund advances



Portability: Plans offer portability, meaning if your employment status ever changes, you can take your policy with you.



MASA MEDICAL TRANSPORT



A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation service within the United States and Canada, regardless of whether the provider is in or out of the healthcare benefits network.

After the group health plan pays its portion, MASA MTS works with providers to deliver our members \$0 in out-of-pocket costs for emergency transport.

	Emergent Plus	Platinum
Emergency Ground Ambulance Coverage	● ²	● ²
Emergency Air Ambulance Coverage	● ²	● ²
Hospital to Hospital Ambulance Coverage	● ²	● ²
Repatriation Near Home Coverage	● ²	● ⁴
Minor Return Transportation Coverage		● ³
Pet Return Transportation Coverage		● ³
Patient Return Transportation Coverage		● ⁴
Companion Emergency Transportation Coverage		● ³
Hospital Visitor Transportation Coverage		● ³
Mortal Remains Transportation Coverage		● ⁴
Vehicle & RV Return Coverage		● ³
Organ Retrieval Transportation Coverage		● ¹
Organ Recipient Transportation Coverage		● ¹

Coverage territories

1: United States only | 2: United States and Canada | 3: United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas, and Bermuda | 4: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories

PRICING	
Emergent Plus	\$14 / month
Platinum	\$39 / month

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When to access:
During or immediately following your emergency care treatment.

How to access:
Call 800-643-9023.
The MASA Transport Team is available 24/7/365 to assist you and will begin making the necessary arrangements, including working with your medical team.
Note: If you are traveling out of the U.S., please submit your dates of travel through the member portal or to travel@masaglobal.com.

View your benefits online at: masaaccess.com/member or through the MASA app.

EMPLOYEE ASSISTANCE PROGRAM

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- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
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- Budgeting, debt, bankruptcy and more



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GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

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CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	Cigna	800.806.5042	mycigna.com
Dental	Cigna	800.806.5042	mycigna.com
Vision	Cigna	888.353.2653	mycigna.com
Health Savings Account (HSA)	DoverPhila Credit Union	330.364.8875	www.dpfcu.org
Health Reimbursement Arrangement (HRA)	Lively	888.576.4837	https://livelyme.com
Life Insurance	SunLife	800.247.6875	www.sunlife.com/account
Disability Insurance (STD/LTD)	SunLife	800.247.6875	www.sunlife.com/account
Voluntary Benefits (Accident, Critical Illness, Hospital Indemnity, Permanent Life)	SunLife	800.247.6875	www.sunlife.com/account
Term Life with Long Term Care	Allstate	800.521.3535	www.mybenefits.allstate.com
Identity Theft	Allstate Identity Protection	800.789.2720	allstateidentityprotection.com
Medical Transportation	MASA	800.643.9023	www.masaaccess.com/member
Employee Assistance Program	ComPsych	800.460.4374	www.guidanceresources.com Web ID: EAPEssential
Human Resources	John Loibl	330.602.2255	jloibl@Marlite.com





2026 PAYROLL DEDUCTIONS

MEDICAL PLAN	MONTHLY	WEEKLY
Medical HDHPQ OAP High Plan		
Employee	\$174.99	\$40.38
Employee + Spouse*	\$343.14	\$79.19
Employee + Child(ren)	\$297.47	\$68.65
Family	\$497.13	\$114.72
Medical OAP \$4500 - HRA Plan		
Employee	\$176.49	\$40.73
Employee + Spouse*	\$381.91	\$88.13
Employee + Child(ren)	\$328.62	\$75.84
Family	\$545.86	\$125.97

DENTAL PLANS	MONTHLY	WEEKLY
Dental LOW PLAN		
Employee	\$24.54	\$5.66
Employee + Spouse*	\$49.30	\$11.38
Employee + Child(ren)	\$49.30	\$11.38
Family	\$74.06	\$17.09
Dental HIGH PLAN		
Employee	\$36.58	\$8.44
Employee + Spouse	\$73.67	\$17.00
Employee + Child(ren)	\$73.67	\$17.00
Family	\$110.55	\$25.51

VISION PLAN	MONTHLY		WEEKLY	
	LOW PLAN	HIGH PLAN	LOW PLAN	HIGH PLAN
Employee	\$4.67	\$7.56	\$1.08	\$1.74
Employee + Spouse	\$9.34	\$15.16	\$2.16	\$3.50
Employee + Child(ren)	\$7.92	\$12.83	\$1.83	\$2.96
Family	\$13.06	\$21.17	\$3.01	\$4.89

NOTES

NOTES



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