

Benefits Guide

2025




Merchants
FLEET

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Eligibility & Enrollment

At Merchants, we take pride in offering you and your family a comprehensive array of benefits to protect your health, your family and your way of life.

Here are some important things to know.....

Eligibility

- All full-time, permanent employees are eligible for medical, dental, vision, life & disability & paid time off
- All employees (full, part & limited) are eligible for the Merchants 401k Plan

Dependent Coverage

For dependent eligible benefits, eligible family members are:

- Your legal spouse
- Your registered domestic partner (RDP) and their children, where applicable by state and federal law
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody to age 26. Disabled children age 26 or older who meet certain criteria may continue health coverage.

When Benefits Begin

New hires who meet the eligibility requirements are eligible for health and welfare benefits on the first of the month following date of hire. Visit MyMerchants to enroll.

Eligibility for the 401k plan begins on date of hire. Enrollment is managed on Fidelity's website.

You cannot change your health and welfare elections until the next open enrollment period, for a January 1, 2026 effective date, unless you experience a qualifying life event. Examples of a qualifying life event include, but are not limited to, the following:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, registered domestic partner (RDP), or child
- Change in child custody
- Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment period
- You lose coverage under your spouse's/RDP's plan

When Benefits End

Your medical, dental and vision benefits terminate at the end of the month in which your employment ends. FSA, supplemental life and AD&D plans and dependent life and AD&D plans terminate on your date of termination.

Medical Plans

Merchants partners with HPI to offer three medical plans; the Bronze EPO HSA, Silver PPO HSA, and Gold PPO HRA. The EPO plan utilizes the Elevate network, providing care exclusively in New Hampshire. Both PPO plans provide access to a nationwide network of providers through the UHC ChoicePlus network.

Claim forms are not required when utilizing network participating providers. Providers who participate in the network accept negotiated rates which reduce your claim costs and out of pocket expenses.

- There is no cost for preventive care visits with network participating physicians in all medical plan options.
- You are not required to select a Primary Care Physician (PCP) and referrals are not needed to seek services from a specialist.

How the 🏆 Bronze EPO HSA and 🏆 Silver PPO HSA Deductible Works

All family members contribute towards the family deductible. An individual cannot have claims covered under the plan's coinsurance until the total family deductible has been satisfied.

How the Individual Deductible Works

🏆 (Gold PPO HRA Plan)

All in-network facility charges, including inpatient and outpatient surgery, are subject to the plan's in-network deductible. Once the deductible is satisfied, the plan will pay a percentage of the negotiated rate, referred to as coinsurance. Office visits, emergency room, urgent care visits and prescription drugs are not subject to the plan's deductible.

How the Family Deductible Works

🏆 (Gold PPO HRA Plan)

After each family member meets his or her individual deductible, the plan will pay his or her claims (up to the allowable charge, if out-of-network) less any copayment or coinsurance amounts. After the total family deductible has been met, each individual's claim will be paid by the plan (up to the allowable charge, if out of network) less any copayment and coinsurance amounts. No one family member will ever be charged more than their individual deductible. Every dollar that is applied to any one family member's individual deductible is also applied to the overall family deductible.

Prescription Drugs

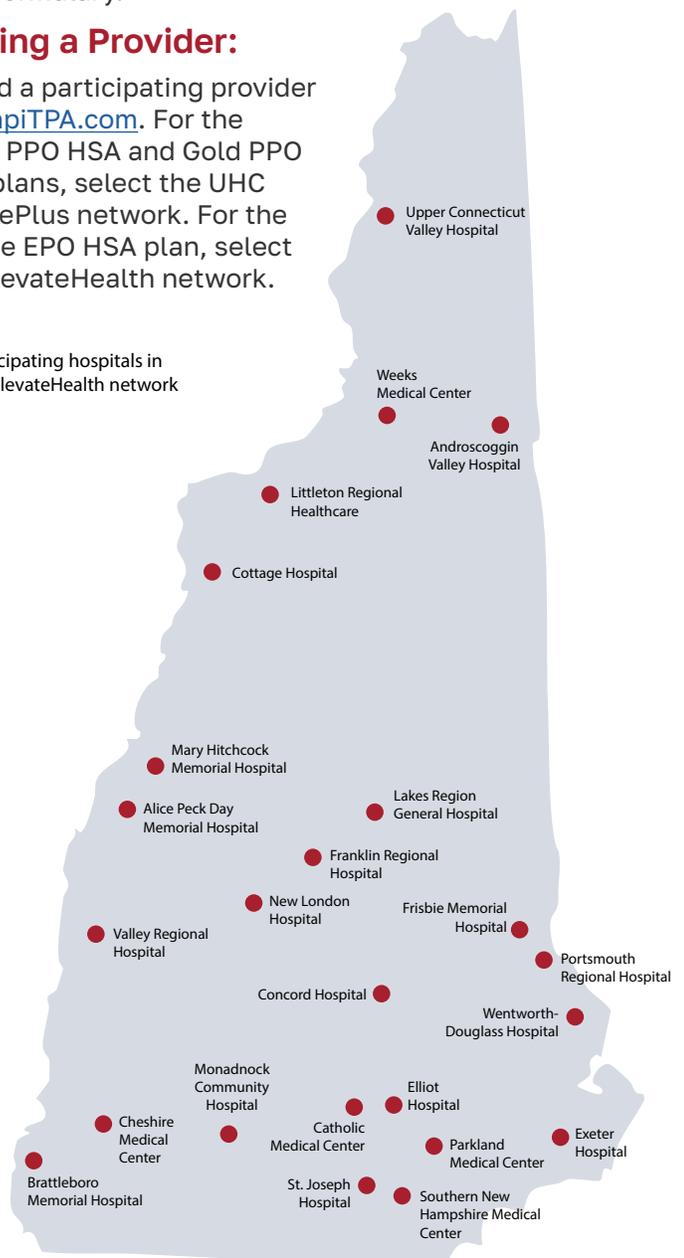
The prescription drug plan for all medical plans is administered by HPI. For information on quantity limits, step therapy and/or pre-certification requirements prescription drugs, please contact HPI.

In the 🏆 Bronze EPO HSA and 🏆 Silver PPO HSA plans, prescription drugs are subject to the plan's deductible. After your deductible is satisfied, you are responsible for paying between 10 and 30% of the full discounted cost of your prescription drug medication, depending on how the medication is covered on the prescription drug formulary.

Finding a Provider:

To find a participating provider visit hpiTPA.com. For the Silver PPO HSA and Gold PPO HRA plans, select the UHC ChoicePlus network. For the Bronze EPO HSA plan, select the ElevateHealth network.

● Participating hospitals in the ElevateHealth network





	Bronze EPO HSA Plan	Silver PPO HSA Plan		Gold PPO HRA Plan	
	In Network Only	In Network	Out of Network	In Network	Out of Network
Provider Network	Elevate	ChoicePlus	Not applicable	ChoicePlus	Not applicable
Deductible (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$3,500/\$7,000	\$2,000/\$4,000	\$3,500/\$7,000
Merchants HRA Contribution	Not applicable	Not applicable		\$500/\$1,000	
Merchants HSA Contribution	\$500/\$1,000	\$500/\$1,000		Not applicable	
Coinsurance (Plan Pays)	80%	80%	70%	80%	50%
Out of Pocket Maximum (Single/Family)	\$4,500/\$9,000	\$4,500/\$9,000	\$6,500/\$13,000	\$3,500/\$7,000	\$6,500/\$13,000
Preventive Care	Covered 100%	Covered 100%	Deductible & Coinsurance	Covered 100%	Deductible & Coinsurance
Office Visits (Primary Care/Specialist)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$30 copay/\$50 copay	Deductible & Coinsurance
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$50 copay	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance		\$200 copay	
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospitalization	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs (Generic/Preferred Brand/Non-Preferred Brand-Specialty)	Coinsurance: 10%/20%/30%	Coinsurance: 10%/20%/30%	Not covered	Copays: \$10/\$30/\$40	Not covered
Mail Order Prescription Drugs	Coinsurance: 10%/10%/10%	Coinsurance: 10%/10%/10%	Not covered	Copays: \$20/\$60/\$80	Not covered

Bi-Weekly Contributions

Employee	\$26.40	\$48.14	\$76.05
Employee + 1	\$50.61	\$92.25	\$148.91
Family	\$74.44	\$135.85	\$215.69

Bronze EPO HSA & Silver PPO HSA Plans

Expenses on these plans apply to your deductible first before the plan begins covering eligible expenses. There are no copays on these plans. You will have a Health Savings Account (HSA) paired with either of these plans. Find more information about an HSA in this guide.

Gold PPO HRA Plan

This is a traditional copay plan. Most services have a flat payment for services, including prescription drugs. There is a deductible for certain services and a Health Reimbursement Account (HRA) to assist with a portion of deductible-eligible expenses. Find more information about an HRA in this guide.

Mail Order Drug Program

This program benefits members who are on maintenance medications for chronic conditions or any medication you take on a regular basis. By ordering prescriptions by mail, you can receive a 3-month supply delivered directly to your home for two times the retail pharmacy copay (Gold PPO HRA plan only). Call the number on the back of your ID card to transition your medication to mail order.

Medical Plans – Additional Information

Medical Opt-Out Incentive

Already have medical coverage? Opt-out of participating in Merchants' medical plan and receive \$80/pay period (\$2,080 annually). Proof of current coverage is required to be emailed to hr@merchantsfleet.com.

Tobacco Use Surcharge

There is a \$19 surcharge bi-weekly for employee and spouse/DP tobacco use. This includes, but is not limited to cigarettes, cigars, vape & chewing tobacco. Merchants provides different options and assistance for smoking cessation. Please see the Wellness area of Merchants Central for more information.

Financial Aid Toward Medical Contributions

Merchants provides financial aid for eligible employees enrolled in the medical plan:

- For Employee Only coverage, employees earning less than \$40,000 are eligible for \$30/pay period towards premium
- For Employee +1 or Family coverage, employees earning less than \$50,000 & are the primary wage earner are eligible for \$60/pay period towards premium

Domestic Partnership

You may add a Domestic Partner to all dependent eligible benefits. Complete and return the Affidavit found on Merchants Central. See HR for Details.

Note: Taxation does apply.



Dr. On Demand

See a doctor now, wherever you are.

It's fast and easy

- Connect virtually with a physician in minutes
- Video visits held online or through the mobile app
- Pay only your office visit/PCP-level cost share
- Referrals are not required
- Paperless prescriptions are sent directly to your pharmacy

Medical Urgent Care Visits

Doctors can diagnose, treat and write prescriptions for many conditions, including:

- Coughs/colds/flu
- Sore/strep throat
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health
- Sports injuries

Behavioral Health Visits

Psychologists support you using talk therapy, while psychiatrists will also look for biological imbalances and can prescribe medicine as part of a treatment plan.

Further Questions

Contact Member Support at 800.997.6196 or support@doctorondemand.com with any further questions.

For questions about your plan benefits or eligibility, contact HPI Customer Service at the phone number or website on the back of your member ID card.

Visit doctorondemand.com

to download the app.

How it works

1. Download the app on your mobile device or access doctorondemand.com/health-plans-inc.
2. Create your account and enter insurance (choose Health Plans, Inc.) and pre-consult information.
3. Complete a questionnaire of current symptoms and medical history.
4. Pay cost-share via app or website.
5. Consult with a Doctor On Demand board certified provider.
6. Receive email follow up after the visit to share with your PCP, or request that it be sent directly to your PCP.

The details of your consultation will not be forwarded to your PCP without your consent.





HealthJoy Healthcare Navigation

HPI has partnered with HealthJoy to provide you access to the HealthJoy healthcare navigation app at no cost to you. HealthJoy serves as your virtual access point for all healthcare and employee benefit needs. Get connected to help you save time, money and frustration.



Member Health Goals

Gives you the opportunity to share personal health goals during onboarding. HealthJoy uses this information to provide a personalized health plan aligned with your goals.



Healthcare Concierge

Access our team of benefit experiences via chat or phone 24/7 for benefits questions, navigation support, and more.



Provider & Facility Recommendations

Locate in-network providers and facilities that are high-quality, fairly priced, and most convenient through the mobile app or concierge team.



Appointment Booking

HealthJoy will schedule the earliest appointment with hard-to-reach specialists, arrange for tests, and help ensure providers and facilities are in-network.



Rx Savings Review

Expert review of your prescriptions to identify potential savings based on your medical plan coverage and available Rx programs.



Virtual Exercise Therapy

On-demand exercise program for individuals struggling with back and joint pain. With guidance and support from a personal coach, you can reduce pain and improve function in just 15 minutes a day.

HealthJoy's virtual exercise therapy program helps employees get relief from chronic pain. Program details include:

- Coach-led programming
- Programs for chronic back, knee, shoulder, hip, neck, hand, wrist, foot, ankle and elbow
- Significant pain reduction in 12 weeks or less
- Half the cost of in-person physical therapy

Connect with HealthJoy

Download the mobile app by visiting healthjoy.com/download/ to chat with our concierge and access other self-service features and information.

Or connect with a concierge via phone by calling 877.500.3212



Preventive Care

We believe that taking proactive steps towards maintaining your health is crucial. Preventive care is an essential component of our comprehensive health strategy, designed to keep you and your family healthy and thriving.

Why Preventive Care Matters

Preventive care involves routine health check-ups, screenings, and immunizations that help detect potential health issues early, before they become serious. By identifying and addressing health concerns early, you can avoid more complex and costly treatments down the line. Preventive care not only enhances your quality of life but also contributes to long-term health and wellbeing.

Key Benefits of Preventive Care:

- **Early Detection:** Identifies health issues before they become severe.
- **Cost Savings:** Reduces the need for expensive treatments by catching problems early.
- **Improved Health Outcomes:** Leads to better management of chronic conditions and overall health.
- **Peace of Mind:** Provides reassurance that you are taking proactive steps towards your health.

Coverage Under our Medical Plans

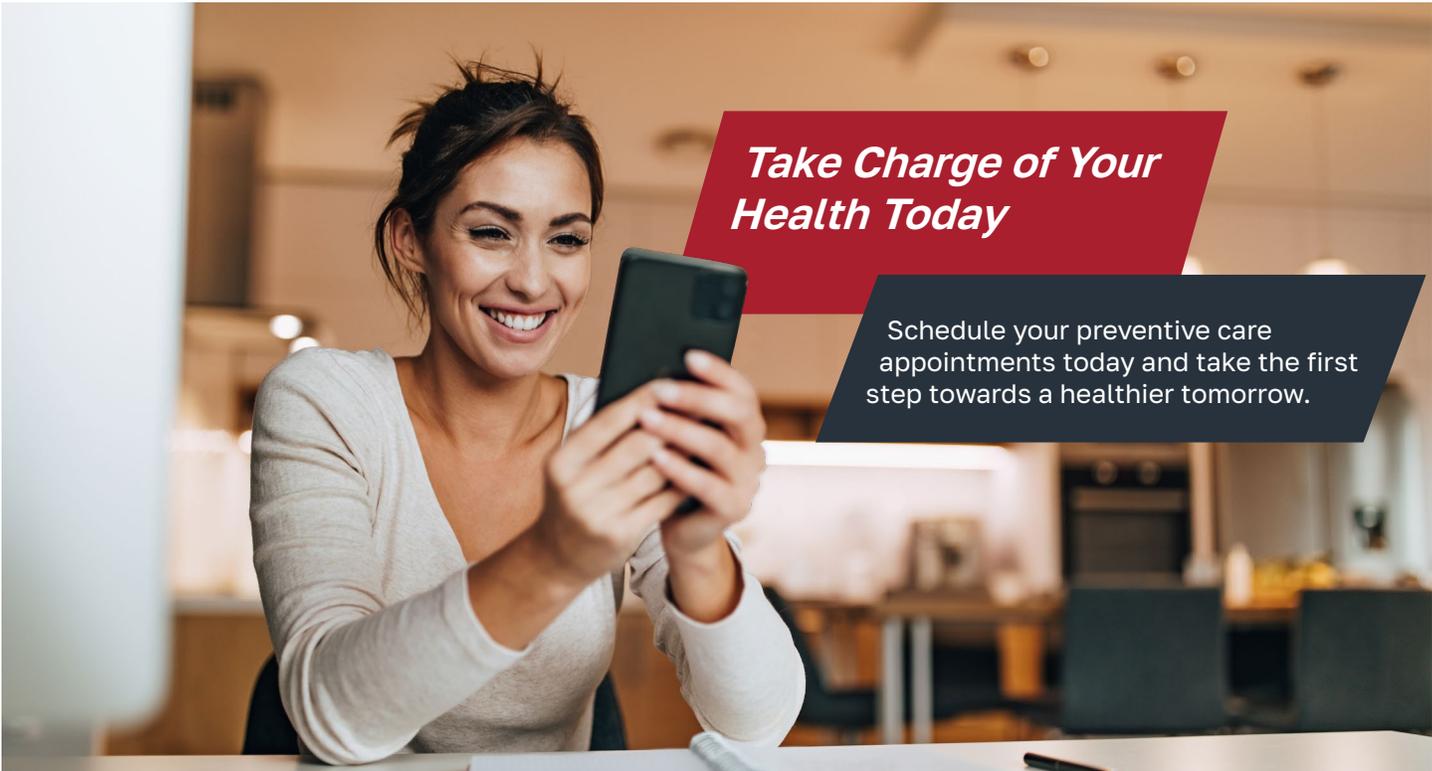
We are committed to supporting your health journey. That's why preventive care services are covered at 100% under all three of our medical plans. This means you can access essential preventive services without any out-of-pocket costs, ensuring that financial barriers do not stand in the way of your health.

Covered Preventive Services Include:

- Annual physical exams
- Immunizations
- Screenings for blood pressure, cholesterol, and diabetes
- Cancer screenings (such as mammograms and colonoscopies)
- Well-woman visits and prenatal care
- Pediatric screenings and immunizations

Preventive Care and Screenings Guidelines

To learn more about the preventive care and screenings guidelines visit www.healthcare.gov.



Take Charge of Your Health Today

Schedule your preventive care appointments today and take the first step towards a healthier tomorrow.



Health Savings Account

For Bronze EPO HSA and Silver PPO HSA plan Participants Only

HSA Specifics

- Administered by Voya
- Contributions to the HSA are made with pre-tax dollars and deposited into an interest bearing account. The employee and/or employer can make contributions to the bank account.
- The maximum annual contribution (employee & employer combined) for 2025 is:
 - \$4,300 for single coverage
 - \$8,550 for family coverage
 - Employees over the age of 55 may contribute an additional \$1,000
- Merchants' annual contribution is \$500 for employee only coverage and \$1,000 for employee and one or more dependent. The Merchants contribution is deposited into your HSA biweekly.
- Funds in the account may be invested similar to a 401k(k).
- An HSA is portable. All money in the account belongs to you.
- Funds may be withdrawn from the account for qualifying healthcare expenses, tax free, including dental and vision, on behalf of employees, spouse's and tax dependents.
- There is no use-it-or-lose it. Funds may be rolled over year to year.
- You cannot be enrolled in a non-HSA qualified medical plan (including a Healthcare FSA, Medicare or a spouse's or parent's non-HSA qualified medical plan) and make contributions to an HSA or receive employer HSA contributions.
- Non-qualified withdrawals are subject to ordinary income tax and a 20% penalty.

Using the HSA and High Deductible Health Plan

- Present your medical ID card. You should not pay your provider at time of service (except pharmacy).
- You and your provider will receive an explanation of benefits (EOB) detailing your payment obligation.
- The provider will send you an invoice based on the payment obligation detailed in the EOB.
- Once the deductible has been met, the plan will cover in-network services at 80%, where applicable.
- Prescription drug coverage is subject to the plan's deductible before coinsurance applies.
- The money in your HSA can be used for qualified medical expenses listed in IRC section 213(d) on the IRS website.





Health Reimbursement Arrangement

PPO with Health Reimbursement Arrangement (HRA)

What is an HRA?

Employer Funded

Merchants funds the account through HPI on your behalf

Pays for Deductible Expenses

Once you've met your deductible responsibility, the HRA will pay the remaining balance

Automatic Administration

Claims are paid on your behalf. There's no administration on your end

What services apply to your deductible?



Surgery



Lab Work



Scans & X-Ray



Inpatient Stays



Ambulance Services

Coverage Level for Medical	Employee Deductible	HRA Deductible Responsibility	Total Deductible
Employee	\$1,500	\$500	\$2,000
Employee + Dependent(s)	\$3,000	\$1,000	\$4,000

* Employee responsibility occurs first, HRA pay second. Unused funds do not rollover and the HRA is not portable.



Flexible Spending Accounts

Merchants offers you the opportunity to contribute to a flexible spending account (FSA), administered by Voya. FSAs enable you to set aside money, on a pre-tax basis via payroll deduction, for many kinds of common unreimbursed healthcare and dependent care expenses. If you elect to contribute funds to an FSA, you will reduce your taxable income while paying for services you would pay for anyway.

If you choose to make an election, you will receive a debit card. If you are enrolling mid-year, divide your annual election by the number of remaining pay periods.

	 GOLD	 BRONZE	 SILVER
	Health FSA (HCFSA)	Limited Purpose FSA	Dependent Care FSA (DCFSA)
Merchants Health Plan Election	Gold PPO HRA plan or Waived Medical	Bronze EPO HSA or Silver PPO HSA plan only	All Plans
Eligible Expenses	Deductibles, coinsurance, copays, orthodontia, eyewear, saline solution, and amounts exceeding the allowable charge for a service that was performed by an out-of-network provider	Dental & Vision Only	Child daycare, summer day camp, preschool and elder care expenses. Eligible dependents include children under age 13, a disabled spouse, a parent, or disabled child over the age of 13.
Maximum Annual Contribution	\$3,300 (or IRS maximum if different)		\$5,000 (\$2,500 if married and filing separately)
Front-Loaded Balance	Yes, funds are immediately accessible		No, you can only access funds you've contributed to the account
Carryover or Grace Period	Unused funds up to \$660 automatically rollover into the following plan year		Grace Period (Use it or Lose it applies)
Spend Down Date	12/31 of Plan Year		3/15 of following Plan Year

Grace Period (DCFSA Only)

The grace period is an extension of time beyond the end of the plan year during which you can incur eligible dependent care expenses and use any remaining funds from your DCFSA. This 2.5 month grace period is designed to provide additional flexibility and ensure that you have ample opportunity to utilize your DCFSA contributions.

Use It or Lose It Rule (DCFSA only)

The DCFSA operates under the "Use It or Lose It" rule, which means that any funds you contribute to your DCFSA must be used by the end of the plan year (including the 2.5 month grace period). If you do not use the funds within the specified timeframe, you will forfeit any remaining balance. This rule encourages employees to carefully estimate their dependent care expenses for the year to avoid losing any unused funds.

When Coverage Ends

You have 90 days to submit HCFSA claims incurred up to and including your termination date.

You have the remainder of the DCFSA plan year, including the 2 1/2 month grace period, to incur claims. All DCFSA claims must be submitted within 90 days of the plan year end date.

Voya Resources Participant Portal:

The first time you login, complete the following steps:

- Visit myhealthaccountsolutions.voya.com and click the Register Now button.
- Follow the instructions provided to verify your identity.
- A unique verification pin will be mailed when your enrollment is processed. A new pin may be requested Online if needed.
- HSA account holders will need to read and agree to the Terms and Conditions for an HSA. Select Health Account(s), under this tab Click "Go To My Account(s)". For HSAs, you will be prompted to read and accept Voya's Terms and Conditions before funds may be accessed. **Note:** the HSA is not fully active until you complete this step.

Or you can call 833.232.4673 or email HASinfo@voya.com to learn more.

Dental Plans

Merchants offers a choice of two dental plans administered by Northeast Delta Dental. Our dental plans covers a wide variety of dental procedures.

Choice

You have the option of seeing any dental provider. Claim forms are not required when utilizing providers who participate in the Delta Dental PPO or Premier Networks. Providers who participate in the network accept negotiated rates which reduce your claim costs and out-of-pocket expenses. If you choose an out-of-network dentist, the plan will reimburse you a percentage of the allowable charge.

Under both dental plan options, all services, except preventive services, are subject to the plan's annual deductible. All benefits paid by Delta Dental accrue towards the calendar year maximum per family member. Once benefits paid by Delta Dental reach the calendar year maximum, benefits are no longer payable for the remainder of the year. The calendar year maximum resets every calendar year. The dental plan summary below highlights in and out-of-network coverage levels and calendar year maximums.

Service	Core Plan	Ortho Plan
Annual Deductible/Per Individual	\$25	\$25
Waived for Preventive	Yes	Yes
Annual Plan Maximum	\$1,500	\$1,500
Coinsurance		
Diagnostic and Preventive	100%	100%
Basic Services	50%	60%
Major Services	50%	60%
Orthodontia (Adult & Child)		
Orthodontia Coinsurance	Not Covered	50%
Orthodontia Lifetime Maximum	Not Covered	\$2,000
OON Reimbursement Level	90% of Maximum Allowable Charge	90% of Maximum Allowable Charge
Bi-Weekly Contributions		
Employee	\$6.02	\$8.77
Employee + 1	\$11.20	\$16.48
Family	\$19.06	\$31.77

Vision Plan

Merchants offers a vision plan administered by EyeMed. EyeMed’s network consists of private practice doctors as well as certain retail chain locations. You have the option of seeing any provider within EyeMed’s network or you can use a non-network provider.

Claim forms are not required when utilizing in-network providers. Network participating providers accept negotiated rates which reduce your claim costs and out of pocket expenses. If you choose a non-network provider, the plan will reimburse you based on the below summary.

	In-Network Benefits	Out-of-Network Reimbursement
Frequency of Services* <i>Examination</i> <i>Lenses</i> <i>Frames</i>	Every 12 months Every 12 months Every 24 months	Every 12 months Every 12 months Every 24 months
Examination	\$10 copay	Up to \$35
Prescription Glasses	\$25 copay	See below
Lenses <i>Single vision</i> <i>Bifocal vision</i> <i>Trifocal</i>	Included in Prescription Glasses	Up to \$25 Up to \$40 Up to \$60
Frames	\$120 allowance; 20% off balance over \$120	Up to \$48
Contacts Lenses	* Conventional - \$135 allowance; 15% off balance over \$135 * Disposable \$135 allowance; plus balance over \$135 * Medically Necessary \$0 Copay	* Elective - \$95 * Disposable - \$95 * Medically Necessary - Up to \$200

*You cannot get a full set of glasses and contact lenses in the same 12 month period



	Bi-Weekly Premium
Employee	\$3.08
Employee + 1	\$5.83
Employee + 2 or more	\$8.57

Finding a Provider:

To find a participating EyeMed vision provider near you, visit eyemed.com.

Life Insurance & Disability

Company Paid Benefits

Basic Life & AD&D Insurance

- Life insurance equal to 1x your earnings to a maximum of \$150,000
- AD&D insurance equal to your basic life benefit
- Coverage is updated annually to reflect W2 Gross earnings

Short Term Disability

- Provides 66.67% of your bi-weekly pay to a maximum of \$4,000/week
- Payable up to a 12 weeks following the completion of a 7-day waiting period

Voluntary Benefits

Supplemental Life & AD&D Insurance

- You can purchase coverage in \$10,000 increments, up to a maximum of \$500,000
 - Guaranteed issued amount is \$100,000
- You can purchase spouse life coverage in increments of \$5,000, to a maximum of \$100,000
 - Guaranteed issue amount is \$30,000
- You can purchase child life coverage of \$10,000

Long Term Disability

- Provides 60% of your monthly pay to a maximum of \$7,500/month
- Payments begin after 90 days of disability
- Benefit reduction occurs when eligible for social security
- Merchants pays for 50% of benefit premium

Evidence of Insurability

You are guaranteed to be issued up to \$100,000 of supplemental life coverage if you enroll when you are first eligible, without having to complete a medical questionnaire (Evidence of Insurability form). A physical exam may be required, prior to being approved by The Standard.

Beneficiaries

Beneficiaries are recorded in MyMerchants and can be updated at anytime.

Employee Assistance Program

A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program, which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential – information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26) and all household members can contract the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone or through video.

EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation and other legal documents

With EAP,

personal assistance is immediate, confidential and available when you need it

Contact

888.293.6948 (TTY Services: 711)
24 hours a day, seven days a week
healthadvocate.com/standard

401(k)

2025 Plan Details

Plan Administrator & Eligibility

- Provider: Fidelity Investments ([401k.com](https://www.fidelity.com))
- Available to Full-Time, Part-Time & Limited Employees
- Eligible to begin participating on Date of Hire
- Traditional Pre-Tax & Roth Post-Tax option available

Maximum Contributions

- IRS Maximum
 - <50 years old: \$23,000 (or up to the IRS limit, if different)
 - >50 years old: \$31,000 (or up to the IRS limit, if different)
- New hires who have contributed to a different employer's 401k during plan year must consider amount already contributed YTD to not exceed the annual IRS maximum

Company Match & Vesting

- Merchants will make a 4.5% Employer Match when you contribute 6% or more
- Match Formula
 - 100% of first 3% of your eligible contribution
 - 50% of the next 3% of your eligible contribution
- 100% Vested

Naming a Beneficiary

- Log in to Fidelity NetBenefits
- Go to Accounts & Benefits and select Beneficiaries
- Choose Update your Beneficiaries
- Enter beneficiary details (name, relationship, etc.)
- Assign percentages (must total 100%)
- Submit and review the confirmation

Auto-Enrollment

- Employees are auto-enrolled after 30 days of employment at 6%
- Contributions apply to a Target Date Fund based on your age
- Changes to your contributions and investment options can be completed anytime using the NetBenefits App or Online Portal.

My NetBenefits App & Online Portal

- Set up your online access at [401k.com](https://www.401k.com)
- Establish your contributions & investments
- Assign your Beneficiary(ies)
- Process a loan request
- Explore live & pre-recorded webinar series



Holiday Schedule

Corporate Functions & Fleet Management

The following paid holidays will be granted to all eligible employees

- Eligible full-time employees who are entitled to holiday pay are those who:
 - Worked the day before and after the scheduled Holiday, unless PTO was approved prior to the holiday by your manager
- Employees who are scheduled for work on a holiday and fail to report for and perform the day's work, shall not receive holiday pay.
- Holiday pay of eight (8) hours will be calculated at the employee's current hourly rate
- Holiday pay is paid at straight time and is not counted towards overtime pay
- Due to the nature of the automotive business, management reserves the right to alter this holiday schedule as it deems necessary to accommodate the public

Date	Holiday	Key Notables
Wednesday, January 1 st	New Year's Day	Early Office Close at 3pm on Tuesday, December 31 st
Monday, May 26 th	Memorial Day	
Thursday, June 19 th	Juneteenth	
Friday, July 4 th	Independence Day	Early Office Close at 3pm on Thursday, July 3 rd
Monday, September 1 st	Labor Day	
Thursday, November 27 th	Thanksgiving Day	Early Office Close at 3pm on Wednesday, November 26 th
Friday, November 28 th	Post-Thanksgiving Day	
Wednesday, December 24 th	Christmas Eve	
Thursday, December 25 th	Christmas Day	
Floating Holidays (2)	To be taken as an additional holiday. Floating holiday may be used by an employee as requested subject to approval by their manager. Employees must be employed prior to October 1 st of the current calendar year to receive a floating holiday.	

Please Note: You must receive manager approval to use your Floating Holiday and any additional PTO days in advance

Holiday Schedule

Remarketing Sales & Service

The following paid holidays will be granted to all eligible employees

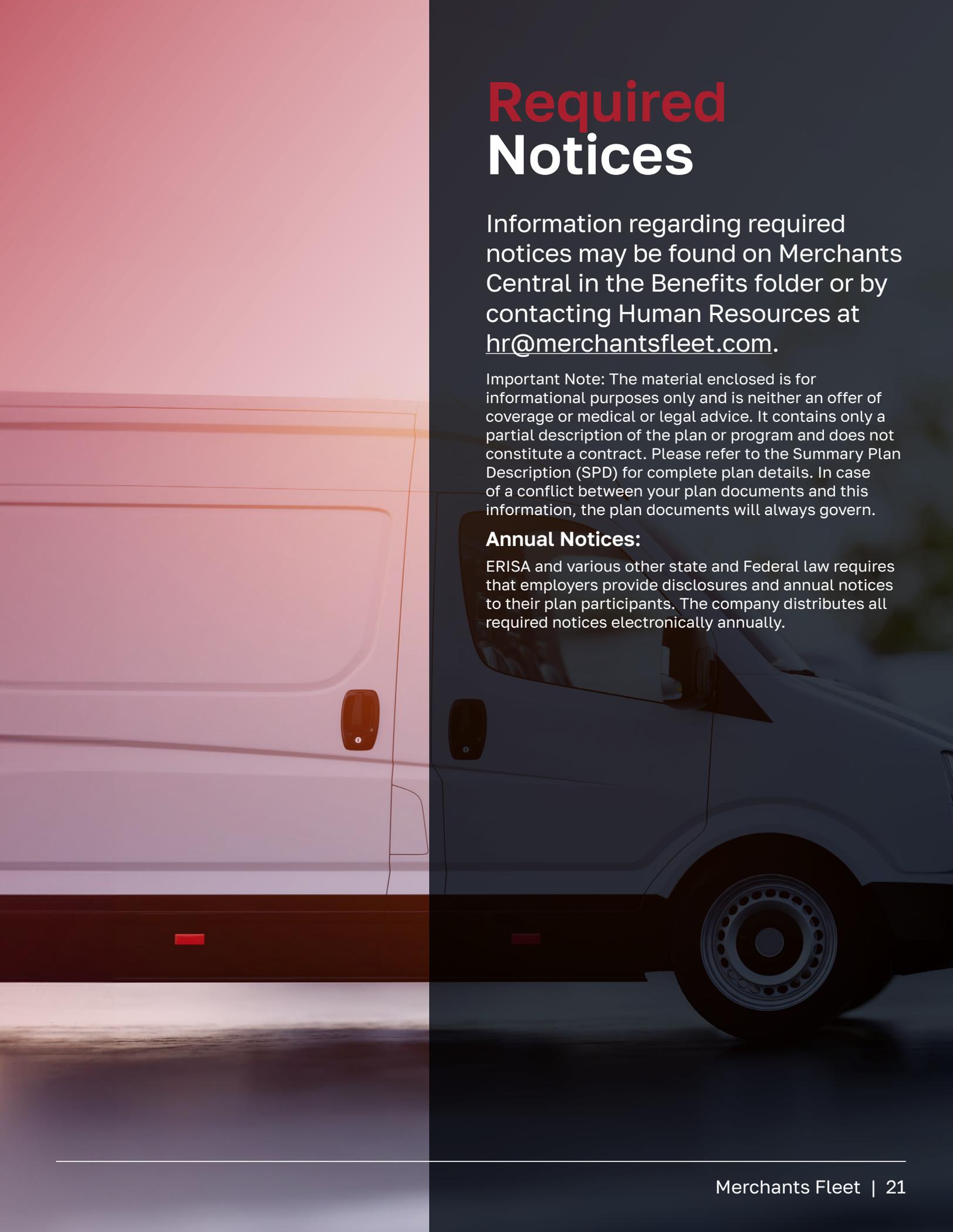
- Eligible full-time employees who are entitled to holiday pay are those who:
 - Worked the day before and after the scheduled Holiday, unless PTO was approved prior to the holiday by your manager
- Employees who are scheduled for work on a holiday and fail to report for and perform the day's work, shall not receive holiday pay.
- Holiday pay of eight (8) hours will be calculated at the employee's current hourly rate.
- Hourly employees who work on the holiday will be paid for hours worked and holiday pay
- Holiday pay is paid at straight time and is not counted towards overtime pay
- Due to the nature of the automotive business, management reserves the right to alter this holiday schedule as it deems necessary to accommodate the public

Date	Holiday	Key Notables
Wednesday, January 1 st	New Year's Day	Retail division open 10-5 on 12/31
Sunday, April 20 th	Easter Sunday	Closed – Not a Paid Holiday
Monday, May 26 th	Memorial Day	Retail division open 10-4
Thursday, June 19 th	Juneteenth	Retail division open regular hours
Friday, July 4 th	Independence Day	Closed
Monday, September 1 st	Labor Day	Retail division open 10-4
Thursday, November 27 th	Thanksgiving Day	Closed
Friday, November 28 th	Post-Thanksgiving Day	Retail division open regular hours
Wednesday, December 24 th	Christmas Eve	Closed
Thursday, December 25 th	Christmas Day	Closed
Floating Holidays (2)	To be taken as an additional holiday. Floating holiday may be used by an employee as requested subject to approval by their manager. Employees must be employed prior to October 1 st of the current calendar year to receive a floating holiday.	

Please Note: You must receive manager approval to use your Floating Holiday and any additional PTO days in advance.

Contacts

Contact or Vendor	Phone	Website or Email
 <p>Merchants Fleet Benefit Specialist</p>	<p>P: 603.836.6526 F: 603.218.6835</p>	<p>hr@merchantsfleet.com</p>
 <p>HPI Medical & Rx</p>	<p>Member Services: 877.906.5730 Pharmacy: 800.334.8134</p>	<p>healthplansinc.com/members/members-secured/</p>
 <p>Voya Financial FSA/HSA</p>	<p>800.401.3539 833.232.4673</p>	<p>myhealthaccountsolutions.voya.com/HASinfo@voyacom</p>
 <p>Delta Dental Dental</p>	<p>800.832.5700</p>	<p>portal3.nedelta.com/BenefitLookup17/Account/SubrLogin</p>
 <p>EyeMed Vision</p>	<p>844.225.3407</p>	<p>member.eyemedvisioncare.com</p>
 <p>The Standard Life/Disability</p>	<p>888.937.4783</p>	<p>login.standard.com/register</p>
 <p>Fidelity 401(k)</p>	<p>800.835.5095</p>	<p>401k.com</p>
 <p>Merchants Automotive Group Benefit Advocate Center</p>	<p>833.424.5051</p>	<p>bac.merchantsfleet@ajg.com</p>



Required Notices

Information regarding required notices may be found on Merchants Central in the Benefits folder or by contacting Human Resources at hr@merchantsfleet.com.

Important Note: The material enclosed is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of the plan or program and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

Annual Notices:

ERISA and various other state and Federal law requires that employers provide disclosures and annual notices to their plan participants. The company distributes all required notices electronically annually.



Gallagher

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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.

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