

MERCHANTS 2027
BENEFITS GUIDE





BENEFITS GUIDE

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Merchants FLEET

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.
- All employees (full, part & limited) are eligible for the Merchants 401k Plan
- All full-time and part-time employees are eligible for paid time off (PTO)

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.

Section 125 Plan Requirements & Qualifying Events

Think of Open Enrollment and your initial eligibility period as your opportunity to select your benefits for the plan year. After that, changes are only allowed if something major in your life changes. This rule isn't set by Merchants —it's required by the IRS to keep the tax benefits of the plan. 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**
- **You lose coverage under your spouse's/RDP's plan**
- **Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment period**

When Benefits End

Your medical, dental and vision benefits terminate at the end of the month in whichyour 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. 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 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 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 plans, select the UHC ChoicePlus network. For the Participating hospitals in the ElevateHealth network Bronze EPO HSA plan, select the ElevateHealth network.



	BRONZE EPO HSA PLAN	SILVER PPO HSA PLAN		GOLD PPO 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	$1,500/$3,000	$3,500/$7,000
Merchants HSA Contribution	$500/$1,000	$500/$1,000	$500/$1,000	Not Applicable	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	Deductible & Coinsurance	$200 copay	$200 copay
Outpatient Surgery - Independent Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	$250 copay	Deductible & Coinsurance
Outpatient Surgery - Hospital	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Diagnostic Labs - Independent Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Covered In Full	Deductible & Coinsurance
Diagnostic Labs - Hospital	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
X-RAY Independent Facility	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	$125 copay	Deductible & Coinsurance
X-RAY Hospital	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Impatient 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

Employee	$29.92	$60.07	$93.65
Employee + 1	$57.22	$114.89	$179.81
Family	$85.57	$171.79	$267.84

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 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 TO ASSIST WITH A PORTION OF DEDUCTIBLE-ELIGIBLE EXPENSES. FIND MORE INFORMATION ABOUT AN IN THIS GUIDE.

Mail Order Drug

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 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

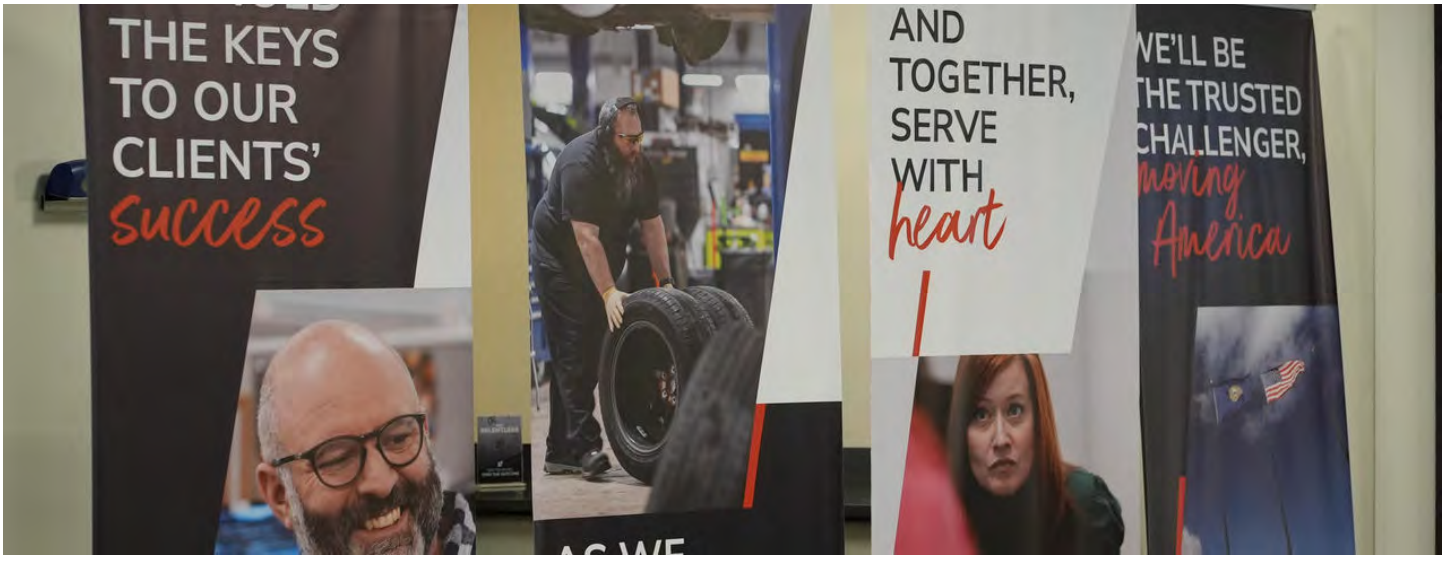
Merchants provides financial aid for eligible employees enrolled in the medical plan:

- 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

BRONZE SILVER GOLD

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

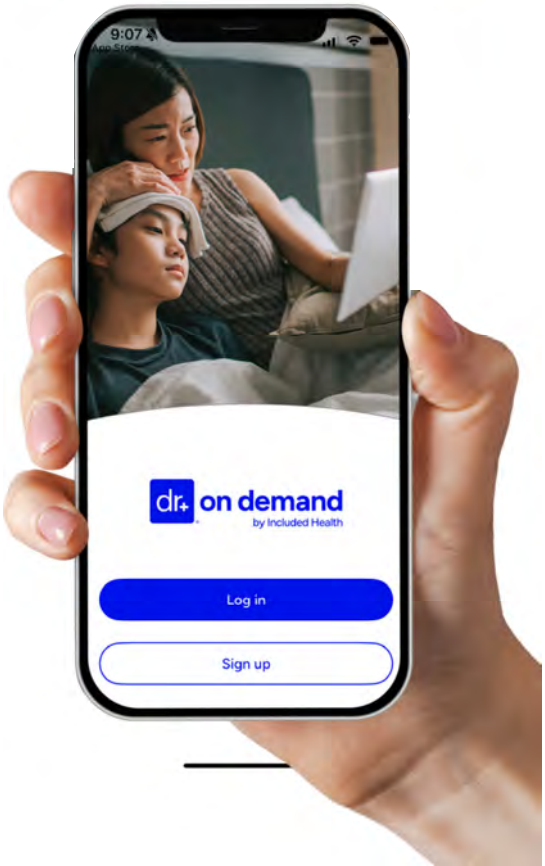
Contact Member Support at 800.997.6196 or support@doctorondemand.com with any further questions.

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.

How it works:

1. Download the app on your mobile device or access
2. doctorondemand.com/health-plans-inc.
3. Create your account and enter insurance (choose Health Plans, Inc.) and pre-consult information.
4. Complete a questionnaire of current symptoms and medical history.
5. Pay cost-share via app or website.
6. Consult with a Doctor On Demand board certified provider.
7. 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.



DOCTORONDEMAND.COM

DOWNLOAD THE APP TODAY



SAME CARE. **LOWER COST.** **LESS STRESS.**

How It Works:

When your doctor recommends a test or outpatient procedure that could be expensive, one of our experienced nurses may reach out to you. They'll help you find the same quality care—at a lower cost. Our nurses are here to walk you through your options, answer your questions, and help you make confident healthcare decisions—without any added stress.

Services We Help With:

- Imaging tests like CT scans, MRIs, PET scans
- Physical, Occupational, and Speech Therapy
- Infusion Therapy and Specialty Medications
- Colonoscopies and other endoscopic procedures
- Outpatient surgeries (orthopedic, bariatric, laparoscopic, and more)

Easy Scheduling & Support:

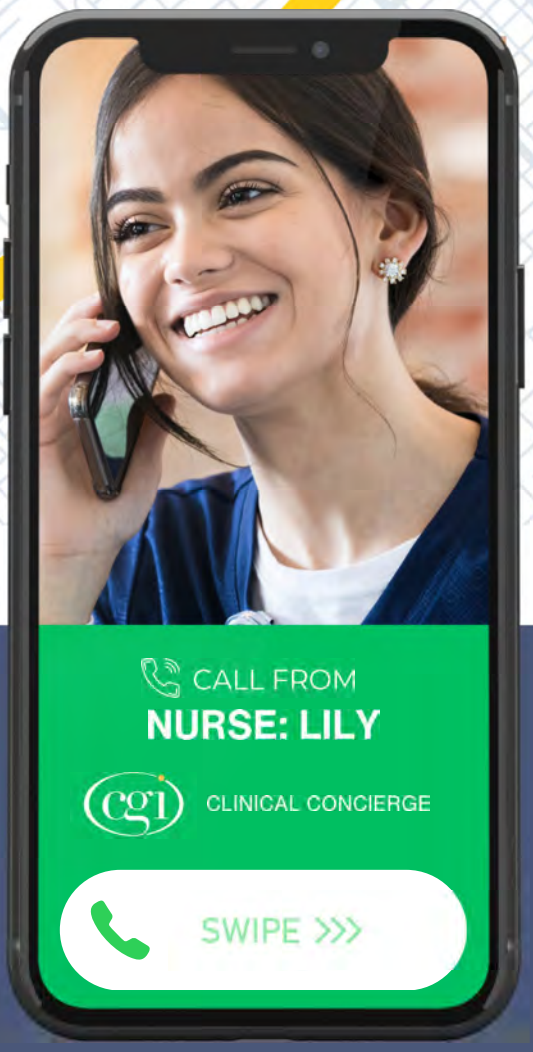
We make it simple. Our nurses can help schedule your appointment or guide you on the next steps—saving you time, money, and hassle.

powered by harlowe

SERVICE

SAVINGS

YOU



powered by harlowe

LOWER COSTS, SAME CARE.

We help you find high-quality providers—often outside the hospital—where you can get the same care for a lot less money. That means saving hundreds or even thousands of dollars on the services you need.

SAFE, TRUSTED OPTIONS.

Our nurses only recommend providers that are carefully vetted and meet high-quality standards. You'll get the same procedure or imaging, just from a trusted place that can save you money—without ever compromising your care.

855-244-7944

WWW.CGICLINICAL.COM

Clinical Concierge | cgi

PREVENTIVE CARE

BRONZE SILVER GOLD

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 healthcare.gov.



HEALTH SAVING ACCOUNT

BRONZE SILVER

For Bronze EPO HSA and Silver PPO HSA plan Participants Only

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.

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 2027 is:
  - $4,500 for single coverage
  - $9,000 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 401(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.



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.

	 HEALTH FSA (HCFSA)	 LIMITED PURPOSE FSA	 DEPENDENT CARE FSA (DCFSA)
Merchants Health Plan Election	**Gold PPO 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	$3,500 (or IRS maximum if different)	$3,500 (or IRS maximum if different)	$7,500
Front-Loaded Balance	Yes, immediate access to funds	Yes, immediate access to funds	No, you can only access funds you've contributed to the account
Carryover or Grace Period	Unused funds up to $700 automatically rollover into the following plan year	Unused funds up to $700 automatically rollover into the following plan year	Grace Period (Use it or Lose it applies)
Spend Down Date	12/31 of Plan Year	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.

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.

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.

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
PLANS

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.

FREQUENCY OF SERVICES*	CORE PLAN	OUT-OF-NETWORK REIMBURSEMENT
EXAMINATION	EVERY 12 MONTHS	EVERY 12 MONTHS
LENSES	EVERY 12 MONTHS	EVERY 12 MONTHS
FRAMES	EVERY 24 MONTHS	EVERY 24 MONTHS
EXAMINATION	$10 COPAY	UP TO $35
FRAMES	$120 ALLOWANCE; 20% OFF BALANCE OVER $120	UP TO $48
PRESCRIPTION GLASSES	$25 COPAY	SEE BELOW
LENSES		
SINGLE VISION	INCLUDED IN PRESCRIPTION GLASSES	UP TO $25
BIFOCAL VISION	INCLUDED IN PRESCRIPTION GLASSES	UP TO $40
TRIFOCAL	INCLUDED IN PRESCRIPTION GLASSES	UP TO $60
CONTACTS LENSES	CONVENTIONAL - $135 ALLOWANCE; 15% OFF BALANCE OVER $135	ELECTIVE - $95
	DISPOSABLE $135 ALLOWANCE; PLUS BALANCE OVER $135	DISPOSABLE - $95
	MEDICALLY NECESSARY $0 COPAY	MEDICALLY NECESSARY - UP TO $200

FINDING A PROVIDER:

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

	BI-WEEKLY PREMIUM
EMPLOYEE	$3.08
EMPLOYEE + 1	$5.85
EMPLOYEE + 2 OR MORE	$8.57

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 Insurance (Employee)

- Purchase coverage in $10,000 increments, up to a maximum of $500,000
- Guaranteed issue amount: $100,000
- Evidence of Insurability (EOI) is required for any coverage changes during Open Enrollment

Spouse Life Insurance

- Purchase coverage in $5,000 increments, up to a maximum of $100,000
- Guaranteed issue amount: $30,000
- Coverage changes can be made only during Open Enrollment; EOI is required for any increases

Child Life Insurance

- Coverage available for $10,000 per child
- Coverage changes can be made only during Open Enrollment

Important Notes

- Changes to employee or spouse coverage cannot be made during the year unless a qualifying life event occurs
- EOI is required during Open Enrollment for any new elections or coverage increases

Long-Term Disability (LTD)

- Employees may elect LTD coverage during Open Enrollment (EOI required)
- Provides 60% of monthly pay, up to $7,500 per month
- Benefits begin after 90 days of disability
- Benefit is reduced by Social Security disability payments
- Employer pays 50% of the premium cost

BENEFICIARIES:

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

EVIDENCE OF INSURABILITY:

The guaranteed issue amounts (the coverage you can get without health questions) only apply when you are first eligible for benefits.

If you decide to increase coverage later—such as during Open Enrollment—you'll need to complete an Evidence of Insurability (EOI) form. This means you'll be asked health questions, and your increase may need to be approved by the insurance company before it takes effect.

PLEASE SEE THE LINK BELOW TO COMPLETE THE EVIDENCE OF INSURABILITY (EOI) PROCESS.

MEDICAL HISTORY STATEMENTS - THE STANDARD

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, martial 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

401K
PLAN DETAILS

2027 PLAN DETAILS

Plan Administrator & Eligibility

- Provider: Fidelity Investments (401k.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: $25,500 (or up to the IRS limit, if different)
  - >50 years old: $34,000 (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
- Establish your contributions & investments
- Assign your Beneficiary(ies)
- Process a loan request
- Explore live & pre-recorded webinar series



WELLNESS ACTIVITY

EARN POINTS

By participating in health and wellness initiatives, programs, and events, along with healthy activities and preventative screenings.

MERCHANTS PRIME PORTAL

Submit a receipt to receive points for wellness incentives:
Go to the Merchants Prime Portal and click the Wellness Incentives tab.



HEALTHY ACTIVITY

- Examples of healthy activity include, but are not limited to: gym memberships, yoga studio fees, massage therapy, chiropractic or acupuncture fees, and exercise equipment/sneakers.
- Submit proof of purchase for any amount at any time, up to 200 points per calendar year.

PREVENTATIVE SCREENING

- Go to the doctor for an annual checkup, see the dentist for a cleaning, or get an eye exam.
- 50 points once per calendar year.

HOLIDAY SCHEDULE

CORPORATE FUNCTIONS & FLEET MANAGEMENT 2027 HOLIDAY SCHEDULE

The following paid holidays will be granted to all eligible employees

- Eligible employees who are entitled to holiday pay are those who worked the day before and after the scheduled holiday, unless time off 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 for full-time and four (4) hours for part-time 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.
- *This document is not intended to override anything documented in our company policies or handbook.*

DATE	HOLIDAY	NOTES
FRIDAY, JANUARY 1ST	NEW YEAR'S DAY	EARLY OFFICE CLOSE AT 3PM ON THURSDAY DECEMBER 31ST
MONDAY, MAY 31ST	MEMORIAL DAY	
FRIDAY, JUNE 18TH	JUNETEENTH	
MONDAY, JULY 5TH	INDEPENDENCE DAY	
MONDAY, SEPTEMBER 6TH	LABOR DAY	
THURSDAY, NOVEMBER 25TH	THANKSGIVING DAY	EARLY OFFICE CLOSE AT 3PM ON WEDNESDAY, NOVEMBER 24TH
FRIDAY, NOVEMBER 26TH	POST-THANKSGIVING DAY	
FRIDAY, DECEMBER 24TH	CHRISTMAS	
FRIDAY, DECEMBER 31ST	NEW YEAR'S 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 1ST OF THE CURRENT CALENDAR YEAR TO RECEIVE A FLOATING HOLIDAY.	

HOLIDAY SCHEDULE

AUTO SALES & SERVICE 2027 HOLIDAY SCHEDULE

The following paid holidays will be granted to all eligible employees

- Eligible employees who are entitled to holiday pay are those who worked the day before and after the scheduled Holiday, unless time off 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 for full-time and (4) hours for part-time 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.
- *This document is not intended to override anything documented in our company policies or handbook.*

DATE	HOLIDAY	NOTES
FRIDAY JANUARY 1ST	NEW YEAR'S DAY	CLOSED-EARLY CLOSURE 12/31
SUNDAY, MARCH 28TH	EASTER SUNDAY	CLOSED - **NOT A PAID HOLIDAY**
MONDAY, MAY 31ST	MEMORIAL DAY	OPEN
FRIDAY, JUNE 18TH	JUNETEENTH	OPEN
MONDAY, JULY 5TH	INDEPENDENCE DAY	OPEN-AUTO CLOSED 7/4
MONDAY, SEPTEMBER 6TH	LABOR DAY	OPEN
THURSDAY, NOVEMBER 25TH	THANKSGIVING DAY	CLOSED-EARLY CLOSURE 11/24
FRIDAY, NOVEMBER 26TH	POST-THANKSGIVING DAY	OPEN
FRIDAY, DECEMBER 24TH	CHRISTMAS EVE	CLOSED
SATURDAY, DECEMBER 25TH	CHRISTMAS DAY	CLOSED-NOT A PAID HOLIDAY
FRIDAY, DECEMBER 31ST	NEW YEAR'S DAY	CLOSED
FLOATING HOLIDAY (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 1ST OF THE CURRENT CALENDAR YEAR TO RECEIVE A FLOATING HOLIDAY.	

CONTACTS + VENDORS

CONTACT / VENDOR	PHONE	WEBSITE / EMAIL
MERCHANTS FLEET BENEFIT SPECIALIST	P: 603.836.6526 F: 603.695.9339	HR@MERCHANTSFLEET.COM
HPI MEDICAL & RX	MEMBER SERVICES: 877.906.5730 PHARMACY: 800.334.8134	HEALTHPLANSINC.COM/MEMBERS/MEMBERS-SECURED/
VOYA FINANCIAL FSA/HSA	800.401.3539 833.232.4673	VOYA
DELTA DENTAL DENTAL	800.832.5700	DELTA DENTAL.COM/MEMBERS/NE DELTA DENTAL
EYEMED VISION	844.225.3407	EYEMED
THE STANDARD LIFE/DISABILITY	888.937.4783	THE STANDARD/
FIDELITY 401(K)	800.835.5095	401K.COM/
MERCHANTS AUTOMOTIVE GROUP BENEFIT ADVOCATE CENTER	JILLSPIER 603-232-9355	JSPIER@CGIBENEFITSGROUP.COM

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. 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.

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.



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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