

2022 Benefits Guide

January 1 - December 31, 2022

What's Inside

- Decision Support
- Making the Most of Your Benefits
- Medical and Prescription Drugs
- Wellbeing Programs
- Income Protection Plans
- Dental
- Vision
- Flexible Spending Accounts (FSAs)
- Life and AD&D
- Disability
- LiveWell Services
- Profit Sharing and 401(k) Plan
- Valuable Extras
- Cost of Benefits
- Contact Information





Welcome

We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. If you are a part-time employee working at least 20 hours per week, you may be eligible for certain benefits. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your domestic partner¹ and/or their children
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective as of your hire date.
- If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2022.

1. Domestic partner coverage is available for medical, dental, vision, dependent life insurance and voluntary plans for both same-gender and opposite-gender couples.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. You will also be asked to provide proof of eligibility for your dependents at initial enrollment. If you do not provide supporting documents of your dependent's eligibility, your dependent will not be enrolled.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, domestic partner or child
- You lose coverage under your spouse's/domestic partner's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must make the changes in Benefitfocus or contact Human Resources within 30 days of the qualified life event. Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Enrollment

Go to MAPFRE.gobenefits.net. There, you will find detailed information about the plans available to you. When you are ready to make your benefit elections, please sign up via **Benefitfocus**.





Decision Support

The benefits that best match your situation depend on several factors, such as how you use health care services and how you prefer to pay for them. It may seem contradictory, but sometimes the most expensive plan isn't automatically the best one for you and your family. Using the resources below will help you understand your needs and preferences and make informed benefit decisions.

Ask ALEX®

Picking the right benefit plans for you and your family can be challenging. Getting answers to all your questions – Which medical plan is best for me? How much should I save in my health savings account? Would enrolling in the critical illness plan be good for me? – is key in making the right choice. To make the process easier, we've got ALEX!

Go to www.myalex.com/MAPFRE/2022 for help with your benefit questions. ALEX will ask you a few questions about your needs, crunch some numbers and point out what makes the most sense for you. And, rest assured, that anything you tell ALEX remains confidential.

It only takes about 15 minutes!

MyHealthMath (MHM)

This independent, third-party service helps you make strategic decisions about your medical plan options. Quick, confidential one-on-one phone calls with MHM benefit analysts result in a report that shows the most cost-effective health coverage for you.

Go to www.myhealthmath.com/MAPFRE to schedule an appointment. Once the appointment is scheduled, MHM will call you at your specified time to learn how you plan to use medical services during the coming year. Then, MHM will email you a report detailing which medical plan is optimal for your specific circumstances.

Their goal is to help you choose the medical plan that is right for you and your family. All conversations and the resulting reports are free and confidential.





Make the Most of Your Benefits

These nine simple steps can help you get the most out of your coverage:

1. Choose Your Plans and Coverage Carefully

Use Ask ALEX and MyHealthMath to help compare costs and choose the plans and coverage that provide the best value to you and your family.

2. Biometric Screening & COVID-19 Vaccination

Employees who are enrolled in the medical plan and meet the requirements below will pay less in medical plan contributions in 2022.

- Biometric screening, completed before December 3, 2021
- Proof of COVID-19 vaccination, submitted before December 3, 2021

3. Use Network Providers

You'll pay less when you use a provider who is part of the medical, dental or vision plan network.

4. Take Advantage of Tax Savings Opportunities

A health savings account (HSA) is designed to help you save for medical expenses that you incur today, or later in life. The health care, limited-purpose and dependent care flexible spending accounts (FSAs) offer a tax-effective way to help pay your qualified health care and dependent care expenses on a pre-tax basis.

5. Practice Prevention

Prevention is key and our medical and dental plans cover many preventive care services at 100% when received from an in-network provider, including annual checkups, routine immunizations, health screenings, dental exams and cleanings.

6. Use the Home Delivery Prescription Drug Program

This program offers you convenient delivery of maintenance medications (such as blood pressure or diabetes medications). Receive up to a 90-day supply of medication for a reduced cost (and free shipping).

7. Participate in Wellness Programs

Learn about the wellness resources and incentive programs available to you through the Ready, Set, Go wellness program, all designed to help you on the path to better health.

8. Take Advantage of the Dental Rollover

If you submit at least one claim and don't use your entire annual dental maximum, some of the unused money can be put into a rollover account for you to use for covered dental services in the following year.

9. Check Out Discounts

There are many additional benefits and discounts available through MAPFRE to help you take charge of your health and to save money.





Medical

We are proud to offer a medical plan that provides comprehensive medical and prescription drug coverage, with a choice among three different options, depending on how you prefer to pay for your health care (i.e., more contributions up front or more out-of-pocket when you need care). The plan also offers many resources and tools to help you maintain a healthy lifestyle.

Harvard Pilgrim Access America EPO

Exclusive provider organizations (EPOs) are similar to HMOs, in that you may only visit physicians and hospitals within the EPO network. Services received outside the network are not covered, except in the case of emergency medical care. With the EPO, you are not required to select a primary care physician (PCP) and you don't need a referral to see a specialist.

Harvard Pilgrim Access America Value HSA Plan and Super Value HSA

These options come with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf. Here's how they work:

- **Preventive Care:** Preventive care, such as annual exams, screenings and vaccinations, are covered at 100% with no deductible.
- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
 - In the Value HSA, if you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
 - In the Super Value HSA, each family member needs to only meet the individual deductible and the plan will pay for that member.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan pays 90% and you pay 10%.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year.
 - In the Value HSA, if you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100% for any one individual.
 - In the Super Value HSA, each family member needs to only meet the individual out-of-pocket maximum and the plan will start paying 100% for that member.

- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, MAPFRE will contribute to your account as follows, based on the plan you select:
 - Value HSA: \$500 individual / \$1,000 family
 - Super Value HSA: \$1,000 individual / \$2,000 family

To be eligible for the HSA, you cannot be covered through Medicare Part A or B or TRICARE.

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2022
Employee Only	\$3,650
Family (employee + 1 or more)	\$7,300
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

1. Tax free under federal tax law; state taxation rules may apply
2. You must be enrolled in a qualified health plan to contribute to an HSA.

Waiving Medical Coverage

You also have the option to waive medical coverage if you have coverage under another plan. If you had coverage in 2021 and waive coverage in 2022, you will receive a waiver credit each pay period. This does not apply if you waived coverage in 2021. The credit is \$500 annually if you had individual coverage in 2021 or \$1,000 if you had dual or family coverage in 2021. If you lose your alternative coverage during the year, notify MAPFRE within 30 days. It may be considered a qualifying life event and you may be eligible to enroll in MAPFRE's coverage. Access the Benefitfocus system or contact the Benefits Hotline at 800-922-8276, extension 14998, within 30 days of the event.





Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Harvard Pilgrim Health Care Access America EPO	Harvard Pilgrim Health Care Access America Value HSA	Harvard Pilgrim Health Care Access America Super Value HSA
	In-Network Only	In-Network Only	In-Network Only
Deductible (per calendar year)			
Individual / Family	\$750 / \$1,500	\$1,500 / \$3,000 ¹	\$3,000 / \$6,000 ³
Out-of-Pocket Maximum (per calendar year)			
Individual / Family	\$4,000 / \$8,000	\$4,000 / \$8,000 ²	\$5,000 / \$10,000 ⁴
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)			
Individual / Family	N/A	\$500 / \$1,000	\$1,000 / \$2,000
Covered Services			
Office Visits (physician/specialist)	\$30 / \$50 copay	10%*	10%*
Routine Preventive Care	No charge	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	10%*	10%*	10%*
Complex Imaging	10%*	10%*	10%*
Chiropractic	\$30 copay	10%*	10%*
Ambulance	10%*	10%*	10%*
Emergency Room	\$200 copay	10%*	10%*
Urgent Care Facility	\$30 copay	10%*	10%*
Inpatient Hospital Stay	10%*	10%*	10%*
Outpatient Surgery	10%*	10%*	10%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5)			
Retail Pharmacy (30-day supply)	\$5 / \$25 / \$50 / \$75 / \$150	\$5 / \$25 / \$50 / \$75 / \$150*	\$5 / \$25 / \$50 / \$75 / \$150*
Mail Order (90-day supply)	\$10 / \$50 / \$100 / \$225 / \$450	\$10 / \$50 / \$100 / \$225 / \$450*	\$10 / \$50 / \$100 / \$225 / \$450*

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. *Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs.

1. If you have family coverage, the family deductible may be met by any combination of covered family members (the individual deductible does not apply).
2. If you have family coverage, the family out-of-pocket maximum may be met by any combination of covered family members (the individual out-of-pocket maximum does not apply).
3. If you have family coverage, each covered member needs to meet the individual deductible before the plan pays for that member, unless the family deductible has already been met.
4. If you have family coverage, once one covered member meets the out-of-pocket maximum, the plan pays 100% for that member, unless the family out-of-pocket maximum has already been met.



Benefits in Practice

All plan options have similar coverage and out-of-pocket maximums, but offer different ways to manage your health care spending.



Harmony 27 / Single

Harmony is relatively healthy and usually sees her doctor only for regular checkups. She has student loan debt, which is a source of stress for her. She also dreams of owning her own house with a yard for her dog.

Example of Benefit Selections

- Because she doesn't need health care often, Harmony may want to consider the **Value HSA** or **Super Value HSA** option for her medical plan. These plans offer the lowest employee contributions, and she can also take advantage of the health savings account (HSA) to help save for future health care expenses.
- To keep on top of her health and save even more on her medical plan contributions, she can take advantage of the **biometric screening** and other **wellness programs** available.
- When feeling stressed about her student loans (or any other reason), she can reach out to **LiveWell Services** to get both support for her mental wellbeing and financial advice.
- For financial protection against unexpected vet bills for her pooch, she could also consider enrolling in **MyPet Protection** pet insurance.
- It's never too early to start saving for retirement, so she should consider contributing at least 6% of her pay to the **401(k)** plan to take full advantage of MAPFRE's match.



Malik 48 / Family of four

Malik and his wife have two school-age children. Living with diabetes, he monitors his blood sugar regularly. He and his wife are focused on saving for college, while keeping an eye on their retirement.

Example of Benefit Selections

- Since he has a health condition to manage, Malik might be comfortable paying higher premiums for the **EPO** medical plan option, to have a lower deductible. If he wants to have more control over his health care spending, he could also consider the **Super Value HSA**, which offers an embedded deductible (each family member only needs to meet the individual deductible before the plan pays for that member). He can put the money saved on premiums into the HSA, where he'll also get a contribution from MAPFRE.
- His kids are currently playing sports in school, so he may want to enroll the family in **accident insurance** to protect against unexpected medical bills to treat injuries.
- To get support for managing his diabetes, he can participate in the **Good Health Gateway Diabetes Care Rewards Program**. If he meets program requirements, he can get his diabetes supplies for free.
- With eyes on retirement, he should be contributing at least 6% of his pay to the **401(k)** plan to take full advantage of MAPFRE's match. He can contribute higher amounts, up to IRS limits, to save even more.



Sofia 59 / Married, no kids

Sofia and her wife have had to juggle their own health concerns with caring for her mom, who has Alzheimer's. Both are worried about having enough money to see them through retirement.

Example of Benefit Selections

- Sofia may want to consider the **Value HSA** or **Super Value HSA**. She can put the money she'd save in medical plan premiums into her HSA, where they can be saved and used in retirement for more than just health care expenses. Since she's over age 55, she can contribute an extra \$1,000 into her account, as well as take advantage of MAPFRE's contributions.
- Since she and her wife are concerned about retirement, she should be contributing as much as possible to her **401(k)**, and her first 6% in contributions earn a match from MAPFRE. IRS limits are higher for those over age 50.
- For additional financial protection against unplanned health care costs, she could consider enrolling in the **critical illness** and/or **hospital indemnity** plans.
- If she's getting help to take care of her mom, she could set aside tax-free funds in a **dependent care FSA**, which can help her save money on eligible eldercare expenses.
- For financial and legal consultation, plus counseling for mental wellness, she can get lots of help and support whenever she needs by reaching out to **LiveWell Services**.

Which Plans Are Best for Your Situation?

Our decision support tools, ALEX and MyHealthMath, can help you decide. Visit [MAPFRE.gobenefits.net](https://www.mapfre.com/gobenefits.net) for more information.





Prescription Drugs

Each of the medical plan options includes prescription drug coverage. The cost you pay per prescription is determined according to a five-tier drug classification designed to make your prescriptions more affordable—including certain generic medications for only \$5. The tiers include:

- **Tier 1:** Low-Cost Generics
- **Tier 2:** Higher-Cost Generics
- **Tier 3:** Preferred Brands
- **Tier 4:** Non-Preferred Brands and Preferred Specialty
- **Tier 5:** Non-Preferred Specialty

To check your medication's tier, visit www.harvardpilgrim.org/value5.

NOTE: Under the Value HSA and Super Value HSA, you must satisfy your medical plan annual deductible before prescription drug coverage begins. However, you can use HSA funds to help pay for expenses, including prescription drugs, applied toward your deductible.

Retail90 Network

The Retail90 Network is a 90-day maintenance medication purchase-at-retail program. Interested members can obtain a 90-day supply of maintenance medications from a participating Retail90 Network pharmacy. This option does not enjoy the same copay savings as the mail order program, but provides an alternative method of obtaining 90-day prescriptions for maintenance medications when there is a barrier to receipt by mail. The copays for the Retail90 Network are three times the 30-day retail copay.

Home Delivery Program

Save money on maintenance medications. OptumRx home delivery makes it easy, mailing right to your home. Once you're set up in OptumRx home delivery's system, an online refill service is available and there's no charge for standard shipping. Opt to receive email and text alerts for refill reminders and order status updates and even set up reminders for when it's time to take your medications.

When you use the home delivery program for tiers 1-3 drugs, you get a three-month supply of medication for the cost of a two-month supply. That's four months of medication FREE per year!

Find more information
about these programs at
MAPFRE.gobenefits.net.





Wellbeing Programs

Ready, Set, Go! Your Path to Better Health

The key to a healthy lifestyle is having a good understanding of your health and risk factors—and making smart choices about nutrition and exercise.

For this reason, MAPFRE offers wellness programs and resources designed to help you set and reach your individual health and wellness goals. We encourage you to take advantage of these resources to improve your overall health and wellbeing.

Harvard Pilgrim Wellness Programs and Resources

- Fitness Reimbursement Program – you can receive up to \$150 reimbursement per year if you or a family member join a qualified fitness club.
- Complementary and Alternative Medicine Discounts – receive up to a 30% discount on alternative and complementary treatments.
- Harvard Pilgrim Healthwise Website – just visit www.healthwise.net/harvardpilgrim for free content on health and wellness topics including a symptom checker, tools, articles and calculators.

Good Health Gateway® Diabetes Care Rewards Program

If you or a covered dependent have been diagnosed with any form of diabetes, we encourage you to participate in this voluntary and confidential program. Participants will receive assistance in managing their diabetes and will qualify to receive covered diabetes medications and supplies at a \$0 copay, once all of the program's requirements have been met.

Tobacco Cessation

Tobacco use is the leading cause of avoidable disease and premature death in the United States. If you or a family member has decided it's time to stop tobacco use—cigarettes, e-cigarettes, vape pens, Juul, smokeless tobacco—MAPFRE offers several resources to support you in reaching your goal.

- Craving to Quit – Visit www.cravingtoquit.com
- QuitSmart – Visit www.quitsmart.com
- LiveWell Services – Call (800) 648-9557 or email info@kgreer.com
- Harvard Pilgrim Coaching – Call (877) 594-7177 to speak with a Health Coach

Biometric Screening & COVID-19 Vaccination

Biometric screening helps to keep you healthy by checking your blood pressure, glucose and cholesterol levels. Keeping these measures within normal ranges helps you maintain and improve your health, which will reduce your healthcare costs now and in the future.

You can also earn a medical premium discount of \$520 by both receiving your screening and vaccination for COVID-19:

- Complete a wellness screening in one of these three ways:
 - Have a biometric screening with your doctor and submit the biometric screening form
 - Schedule an appointment for an onsite screening event
 - Have a biometric screening at a LabCorp facility
- Attest to the completion of COVID-19 vaccination by updating your vaccination status in Appian, or if fully remote, by sending an email to Benefits_and_ReadySetGo@mapfreusa.com.
- Both of these wellness requirements must be met before December 3, 2021, in order to receive the premium discount.





Income Protection Plans

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can stretch your coverage even further? Our voluntary benefits through The Hartford are designed to complement your health care coverage. Benefits from these plans are paid directly to you! Coverage is also available for your spouse and eligible dependents.

You must enroll in these plans during Open Enrollment—they are available at affordable group rates.

Accident Insurance

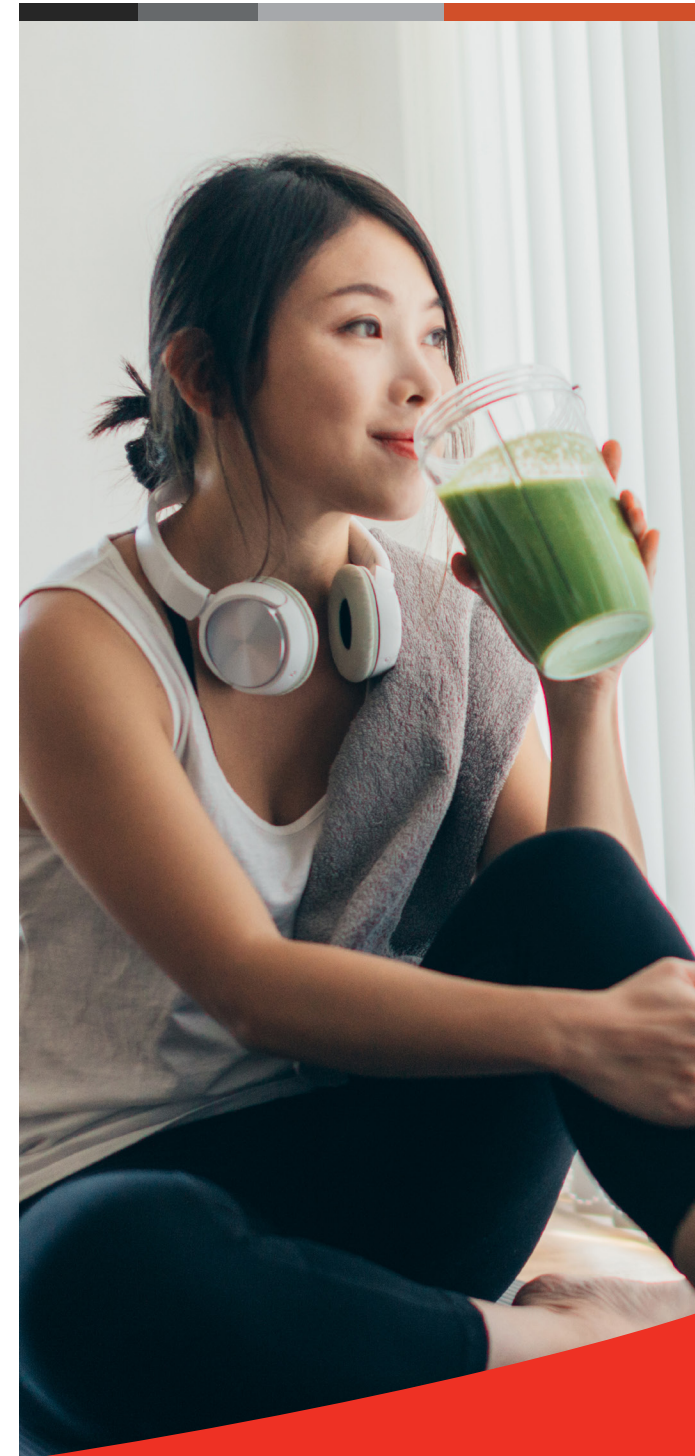
Even with the most comprehensive medical plan, your out-of-pocket expenses can add up when an accident occurs. Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover unexpected out-of-pocket costs, like your medical deductible, living expenses or child care.

Critical Illness

With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use the funds however you would like, including to help pay for: treatment (e.g., experimental), prescriptions, travel, living expenses and more.

Hospital Indemnity Insurance

The hospital indemnity plan will pay a lump-sum benefit to assist in covering daily living expenses while experiencing an inpatient hospital stay or for certain medical expenses or treatments. Your rent, mortgage, groceries, utilities and more can be paid for with the cash benefit from this plan.





Dental

Guardian Dental

These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Guardian network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Low Plan		High Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual	\$50	\$50	\$50	\$50
Dual	\$100	\$100	\$100	\$100
Family	\$150	\$150	\$150	\$150
Benefit Maximum (per calendar year; preventive, basic and major services combined)				
Per Individual	\$750		\$1,500	
Covered Services				
Preventive Services	No charge	No charge	No charge	No charge
Basic Services	20%*	20%*	20%*	20%*
Major Services	50%*	50%*	50%*	50%*
Orthodontia (children to age 19)	N/A		50%; \$1,500 max. benefit	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying. *Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Vision

EyeMed Vision

The EyeMed Select vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the EyeMed Select network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$50
Lenses (once every 12 months)	No charge after \$15 copay	Up to \$42
Single Vision		Up to \$78
Bifocal		Up to \$130
Trifocal		
UV Lens Coating	No charge after \$15 copay	N/A
Frames (once every 24 months)	Covered up to \$130 plus 20% off balance over \$130	Up to \$74
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130 plus 15% off balance over \$130	Up to \$104





Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in the below flexible spending accounts (FSAs), administered through Fidelity Investments. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2022, you may contribute up to \$2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Deductibles
- Dental treatment
- Eye exams/eyeglasses
- Copayments
- Prescriptions
- Orthodontia
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants) If you enroll in the Value HSA or Super Value HSA medical plan, you may participate in a limited-purpose health care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2022, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 14 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA: Unused funds of up to \$550 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$550 will **NOT** be returned to you or carried over to the following year.

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through December 31, 2022, and must file claims by March 31, 2023.

The maximum contribution amount is established by the IRS each year.





Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through The Hartford.

Benefit Amount	2 times your annual base salary, up to a \$400,000 maximum
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through The Hartford for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue¹
Employee	1, 2, 3, 4 or 5 times your annual base salary; up to a \$800,000 maximum	\$100,000
Spouse	\$10,000 increments; up to \$100,000	\$20,000
Child(ren)	\$5,000 or \$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.



Disability

Available to full-time employees, disability insurance provides benefits that replace part of your income when you become unable to work due to a covered injury or illness. Coverage for these plans begins after 90 days of service.

Short-Term Disability (STD)

Provided at **NO COST** to you through The Hartford.

Benefit Percentage	75%
Weekly Benefit Maximum	N/A
When Benefits Begin	After 7 th day of disability
Maximum Benefit Duration	12 weeks

Long-Term Disability (LTD)

Provided at **NO COST** to you through The Hartford.¹

Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	After 90 th day of disability ²

1. If you wish, you can elect to pay the cost of the LTD Plan on an after-tax basis. With this option, benefits from the LTD Plan are not taxed. It is recommended you consult with your personal tax advisor before making an election.
2. During the first 12 months of eligibility, pre-existing conditions may be excluded. Refer to the plan documents for further details.





LiveWell Services

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and wellbeing of our employees and their families. These LiveWell Services are provided at **NO COST** to you through KGA, Inc.

LiveWell Services can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

LiveWell Services Benefits

- Assistance for you and your household members
- Up to three (3) in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

You may contact KGA, Inc. 24/7/365 by calling (800) 648-9557.

MAPFRE.gobenefits.net



Valuable Extras

We also offer the following additional benefits:

- Charitable Giving Program
- MetLaw Legal Services
- MyPet Protection
- AAA Membership
- Auto Insurance Discount
- Funeral Planning
- Tuition Reimbursement
- Adoption Assistance

Find more information about these plans at [MAPFRE.gobenefits.net](https://www.MAPFRE.gobenefits.net).



Profit Sharing and 401(k) Plan

You are eligible to participate in the plan immediately upon employment, provided you are at least age 18 and meet all other eligibility requirements. You can enroll and change your contributions at any time. The plan lets you:

- Save from 1% to 80% of your earnings on a pre-tax or after-tax basis
- Receive an automatic boost to your savings from MAPFRE's matching contribution (50¢ for each \$1 you save on the first 6% of your pay) and any profit sharing contribution MAPFRE may allocate
- Invest the money in your account for possible future growth

Your contributions are subject to an annual limit determined by the IRS. For 2022, that amount is \$20,500. If you are age 50 or older and you have contributed the IRS annual maximum dollar limit, you may make an additional "catch-up" contribution of \$6,500 in 2022. This provision allows qualified participants the ability to maximize their 401(k) savings.

For more information about the plan and the investment options, contact the Retirement Benefits Department.





Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

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Coverage Tier	Medical Biweekly Employee Contribution					
	Harvard Pilgrim Health Care Access America EPO Plan		Harvard Pilgrim Health Care Access America Value HSA Plan		Harvard Pilgrim Health Care Access America Super Value HSA Plan	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$129.23	\$197.86	\$53.08	\$167.03	\$36.92	\$147.34
Employee + 1	\$295.73	\$395.71	\$121.32	\$334.06	\$83.69	\$294.69
Employee + Family	\$336.60	\$553.99	\$133.45	\$467.68	\$97.64	\$412.56

Coverage Tier	Dental Biweekly Employee Contribution			
	Guardian Low Plan		Guardian High Plan	
	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$5.40	\$9.00	\$9.60	\$11.13
Employee + 1	\$10.65	\$17.74	\$17.90	\$21.43
Employee + Family	\$16.32	\$27.19	\$26.86	\$32.55

Coverage Tier	Vision Biweekly Employee Contribution	
	EyeMed Select Vision Plan	
Employee Only	\$2.51	
Employee + 1	\$5.01	
Employee + Family	\$6.66	

Domestic Partner Contributions: Your contributions to cover a domestic partner are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your domestic partner's or their children's (if they are not federal tax dependents) health care coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for domestic partner coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover a domestic partner must be taken on an after-tax basis.

Cost information for additional benefits can be found at [MAPFRE.gobenefits.net](https://www.mapfre.usa.com/gobenefits.net).



Contact Information

MAPFRE.gobenefits.net

Coverage	Carrier	Phone #	Website/Email
Medical	Harvard Pilgrim Health Care	(888) 333-4742	harvardpilgrim.org
Prescription Home Delivery Program	OptumRx	(855) 258-1561	harvardpilgrim.org
Voluntary Benefits	The Hartford	(866) 547-4205	thehartford.com/benefits/myclaim
Dental	Guardian	(800) 627-4200	guardiananytime.com
Vision	EyeMed	(866) 723-0514	eyemed.com
Flexible Spending Accounts	Fidelity Investments	(800) 544-3716	netbenefits.com
Health Savings Account	Fidelity Investments	(800) 544-3716	netbenefits.com
LiveWell Services	KGA, Inc.	(800) 648-9557	kgreer.com

Benefits Website

Our benefits website, MAPFRE.gobenefits.net, can be accessed anytime you want additional information on our benefits programs. This is also where you'll find important plan documents.

Questions?

If you have additional questions, you may also contact:

Benefits Hotline at (800) 922-8276, ext. 14998
benefits_and_readyssetgo@mapfreusa.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits 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 laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.