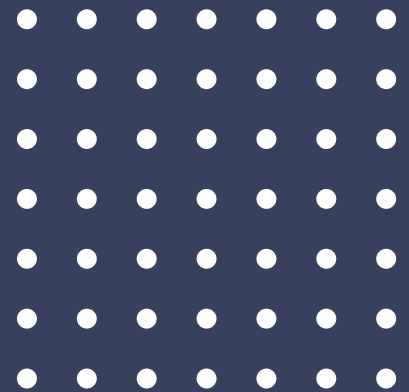


MAINLINE
INVESTMENT PARTNERS

MERION
REALTY PARTNERS



Coverage
Peace Of Mind
Security
Health
Wellness



2025-2026

BENEFITS AT-A-GLANCE

HELPING YOU LIVE YOUR BEST LIFE

MainLine Investment Partners and Merion Realty Advisors strives to provide you and your family with a comprehensive and valuable benefits package. We believe this will help provide you the health coverage and many of the tools and resources you need as part of a focus on some of the key areas of wellness.

BENEFITS AT-A-GLANCE

ELIGIBILITY AND ENROLLMENT

WHEN TO ENROLL IN BENEFITS

OPEN ENROLLMENT

Current employees are eligible to make changes or enroll in benefits during the Annual Open Enrollment Period.

NEW HIRE

Newly hired employees are eligible to enroll in benefits on the first of the month following the new hire date.

SPECIAL ENROLLMENT PERIOD

You may change your benefit elections during the year if you experience a

[Qualifying Life Event](#)

To learn more, review Section 125 in the Disclosures pages in the back of this guide and/or go to:

[Healthcare.gov](https://www.healthcare.gov)

You must notify the Human Resources Department within 30 days of a Qualifying Life Event.*



Make sure your ID card is easily accessible and available before you visit a provider.

After your plan goes into effect, be sure you provide your new ID card to your provider during your office visit.

*You must submit the proper documentation supporting the life event when reporting the event itself. If you do not notify the Human Resources Department within the required timeframe, you will have to wait until the next open enrollment period to make changes (unless you experience another qualifying life event).

BENEFITS AT-A-GLANCE

MEDICAL

Find out if your providers are in-network:

- [PPOBlue Network Providers](#)

For more information:

After your benefits effective date, you can register on [MyHighmark.com](#) or download the My Highmark mobile app.

Unless otherwise noted, benefits are per plan year after deductible.

PLAN NAME	Option 1 PPO Blue Healthy Savings \$3000Q 80/50 with HSA	Option 2 PPO Blue Sharing \$1500	Option 3 PPO Blue Sharing \$3000
Provider/Carrier	Highmark	Highmark	Highmark
Plan Type	HDHP	PPO	PPO
Network	PPOBlue	PPOBlue	PPOBlue
Referral required	No	No	No
IN-NETWORK BENEFITS			
Preventive Care	100%	100%	100%
Deductible: Single/Individual	\$3,000 (\$1,000 HSA)	\$1,500	\$3,000
Deductible: Family	\$6,000 (\$2,000 HSA)	\$3,000	\$6,000
Co-Insurance – Plan Pays	80% after deductible	100% after deductible	100% after deductible
Out-of-Pocket Max/Limit: Single/Individual	\$4,000	\$4,000	\$4,000
Out-of-Pocket Max/Limit: Family	\$8,000	\$8,000	\$8,000
Inpatient Facility	20% after deductible	\$0 after deductible	\$500 (5-day max) after ded
Outpatient Surgery	\$500 after deductible	\$250 copay	\$500 after deductible
COPAYS			
PCP (office or virtual)	\$30 after deductible	\$20 copay	\$30 copay
Specialist (office or virtual)	\$60 after deductible	\$40 copay	\$60 copay
Telemedicine via Well360	\$0 after deductible	\$0 copay	\$0 copay
Urgent Care	\$100 after deductible	\$85 copay	\$100 copay
ER	\$300 after ded (waived if admitted)	\$250 after ded (waived if admitted)	\$300 after ded (waived if admitted)
OTHER SERVICES			
Diagnostic X-Ray & Lab	\$60 after deductible	\$40 copay	\$60 copay
MRI & CT Scan	\$200 after deductible	\$80 copay	\$200 copay
RETAIL PRESCRIPTION			
Preferred Generic Rx (31/60/90-day supply)	\$20 / \$40 / \$60 after deductible	\$15 / \$30 / \$45 copay	\$20 / \$40 / \$60 copay
Preferred Brand Rx (31/60/90-day supply)	\$40 / \$80 / \$120 after deductible	\$35 / \$70 / \$105 copay	\$40 / \$80 / \$120 copay
Non-Preferred Brand Rx (31/60/90-day supply)	\$70 / \$140 / \$210 after deductible	\$55 / \$110 / \$165 copay	\$70 / \$140 / \$210 copay
Preferred Specialty Rx (31-day supply)	50% to \$500 max after ded per Rx	50% to \$500 max per Rx	50% to \$500 max per Rx
MAIL ORDER PRESCRIPTIONS (90-day supply)*	After ded: \$40 generic / \$80 brand / \$140 non-preferred	\$30 generic / \$70 brand / \$110 copay non-preferred	\$40 generic / \$80 brand / \$140 non-preferred
OUT-OF-NETWORK BENEFITS			
Deductible: Single	\$5,000	\$5,000	\$5,000
Deductible: Family	\$10,000	\$10,000	\$10,000
Co-Insurance	50% after deductible	50% after deductible	50% after deductible
Out-of-Pocket Limit: Single/Individual	\$10,000	\$10,000	\$10,000
Out-of-Pocket Limit: Family	\$20,000	\$20,000	\$20,000
Inpatient Facility	50% after deductible	50% after deductible	50% after deductible
Outpatient Surgery	50% after deductible	50% after deductible	50% after deductible

* For maintenance prescriptions, you will get a discount using mail order vs. going to a retail pharmacy. Refer to the plan documents for details.

This guide is subject to periodic review and modification. Each plan is governed by an official Summary Plan Description (SPD) document. If there is any conflict between this benefits guide and the SPD official document, the plan SPD document is the final authority. As an enrollee, your actual SPD will be provided under separate cover, by your health carrier or your employer. Please review the SPD for additional details.

HEALTH ADVOCATE

Navigating the healthcare system can be a challenge. We have partnered with Health Advocate to bring you a unique level of personalized support. They will answer your questions and take on virtually any healthcare issue, so you and your family get the right care at the right time — all at no cost to you.

Health Advocate is staffed by benefit professionals 24 hours a day, 7 days a week, to help whenever you encounter a problem. For personal service that is confidential and responsive, contact Health Advocate:

- By phone: 866.799.2731
- By email: answers@HealthAdvocate.com
- On the Internet: www.HealthAdvocate.com/members
- For more information, visit your [employee benefits site](#)



Download the Health Advocate Mobile App.



HSA & FLEXIBLE SPENDING ACCOUNTS

Health Savings Account

If you enroll in Option 1 PPO Blue Healthy Savings \$3000Q 80/50 with HSA, you will be eligible to enroll in a Health Savings Account (HSA) with HealthEquity. You may elect to contribute to your account along with your employer's monthly contribution (\$83.34/month for individual; \$166.67/month for employees covering dependents) as long as you adhere to the IRS maximums.

2026 Annual Contribution Limits*

For individual coverage: \$4,400

For all other coverage tiers: \$8,750

*For more information, visit [IRS.GOV](https://www.irs.gov)

Note: If you are enrolled in an HSA, you may NOT enroll in a medical FSA (Flexible Spending Account). You may only enroll in a LIMITED PURPOSE medical FSA.

Flexible Savings Account

Flexible Spending Accounts (FSA) are a powerful tool that allows you to set aside pre-tax dollars for eligible healthcare expenses. Use your FSA for medical, dental, and vision care expenses (such as copayments, coinsurance, deductibles, eyeglasses, and doctor-prescribed over-the-counter medications) for you and your dependents.

2026 Contribution Limits

Healthcare FSA: \$3,400

Limited Purpose FSA: \$3,400

Dependent Care FSA: \$7,500

Commuter Benefits: \$340

For more information on Flexible Spending Accounts, visit your [employee benefits site](#).

Please note: The Health Savings Account and Flexible Spending plans (medical FSA / DCA / Commuter) are calendar year based. The next Open enrollment for these plans will occur during Q4 in 2026 for the effective date of Jan. 1, 2027. For more info [click here](#).

BENEFITS AT-A-GLANCE

DENTAL

Find an in-network Guardian dental provider [here](#).

Benefit	Plan #1 Value Plan	Plan #1 NAP Plan
	Guardian	Guardian
	DentalGuard Preferred	DentalGuard Preferred
Benefit	In- / Out-of-Network	In- / Out-of-Network
Annual Maximum Per Individual / Per Benefit Year	\$2,000	\$2,000
Calendar Year Deductible Per Individual / Per Family	\$50 / \$150	\$50 / \$150
Preventive / Basic* / Major Services**	Covered at: 100% / 100% / 60%	Covered at: 100% / 80% / 50%
Orthodontia (children to age 19)	50% \$1,500	50% \$1,500
Orthodontia Lifetime max. (per individual)	\$1,500	\$1,500

This Summary is for informational purposes only. For specific benefit information, please refer to the applicable Insurance Contract.

* Basic Services cover fillings, simple / surgical extractions, periodontics, and endodontics

** Major Services cover crowns, bridgework, and dentures

Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider, but you may pay a higher cost.

Find an in-network Vision provider for the VSP network [here](#)

VISION

Guardian VSP Vision Plan

Benefit	In Network (copay)	Out-of-Network (before copay)	Your Coverage
Eye Exams*	\$10	\$39 max	Focuses on your eyes and overall wellness
Lenses*	\$25	\$23 max / \$37 max / \$49 max / \$64 max	Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children
Frames Allowance**	\$130 retail max + 20% off balance	\$46 max	Costco, Walmart®/Sam's Club® frame: \$70 retail max (not covered out of network)
Contact Lenses* (In lieu of eye glasses and/or frames)	Medically Necessary – Covered after copay Elective - \$130 max (copay waived)	Medically Necessary – \$210 max Elective - \$100 max (copay waived)	In Network Elective Fitting and Evaluation: Included in the Contact Lens Allowance. 15% discount on the fee. Out-of-Network: Included in the Contact Lens Allowance.

This Summary is for informational purposes only. For specific benefit information, please refer to the plan information.

*Once every 12 months | **Once every 24 months

Employee Assistance Program (EAP)

The employee assistance program provides access to many resources at no cost. It is available to you, your spouse, dependent children up to age 26, and all other household members (if applicable).

For more information, visit:

www.mutualofomaha/eap

Or call:

800-316-2796

Key Terms to Know

To help you better understand your benefits, view the definitions of the key terms used to describe your health insurance.

[View Key Terms](#)

BENEFITS AT-A-GLANCE

YOUR BENEFIT COSTS

MainLine Investment Partners and Merion Realty Advisors continues to pay a portion of your healthcare coverage. The chart below outlines the pre-tax contributions you would make for your choice of medical, dental, and/or vision plans. Your total contribution is automatically made through payroll deductions once you have made your elections.

Payroll Deductions Bi-Weekly	Employee Only	Employee / Spouse	Employee / Child(ren)	Employee / Family
MEDICAL				
HIGHMARK				
Option 1 PPO Blue Healthy Savings \$3000Q 80/50 with HSA	\$77.97	\$167.17	\$189.88	\$221.68
Option 2 PPO Blue Sharing \$1500	\$138.46	\$323.08	\$274.62	\$438.46
Option 3 PPO Blue Sharing \$3000	\$87.24	\$200.06	\$198.05	\$284.79
DENTAL				
Guardian				
Choice Plan	\$0.00	\$0.00	\$0.00	\$0.00
VISION				
VSP (through Guardian)				
VSP Choice	\$2.68	\$4.29	\$4.38	\$7.06

BENEFITS AT-A-GLANCE

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic Life and Accidental Death & Dismemberment (AD&D)

MainLine provides you with Basic Life and AD&D coverage through Mutual of Omaha for all eligible employees at no cost. Be sure to designate a beneficiary for the life insurance benefit.

> > > **Employees Benefit Amount** is equal to 3x annual salary to \$250,000 maximum

Reduction: Benefit reduces to 65% of the original amount at Age 70; 50% of the original amount at Age 75
Living Care Benefit: 80% to Employee Benefit Amount Maximum

Voluntary Life Insurance

Additional Voluntary Life and AD&D Insurance is available for purchase for yourself, a spouse or domestic partner, and your eligible children through Mutual of Omaha. Evidence of Insurability (EOI) is not required up to the guaranteed issue amount. Your contribution for this additional benefit will be deducted post-tax from your paycheck.

Benefit Maximum are as follows:

> > > **Employee:** \$10,000 to \$500,000 in \$10,000 increments (*)

> > > **Your Spouse:** \$5,000 to \$250,000 in \$5,000 increments up to 100% of your coverage amount

> > > **Your Child:** \$2,000 to \$10,000 in \$1,000 increments

Note: Dependent life insurance cannot exceed 50% of employee voluntary life coverage. You must elect voluntary life insurance to be able to request it for your dependent. Also, if you choose coverage that is higher than the guaranteed amounts, it will be subject to evidence of insurability.

(*) Guarantee Issue: Employees: 5x annual salary, up to \$100,000. Spouse: 100% of employee's benefit, up to \$25,000. Children: 100% of employee's benefit, up to \$10,000

BENEFITS AT-A-GLANCE

DISABILITY

If you ever become too sick or injured to work, you will receive a portion of your income while you're out so you can focus on getting well.

Employer-Paid Short-Term Disability

MainLine offers a short-term disability option through Mutual of Omaha Insurance Company.

Short-Term Disability (STD) coverage begins on the seventh day of an injury or illness and continues up to your recovery or 25 weeks, whichever comes first.

Coverage Amount: 60% of your eligible earnings, up to a maximum benefit of \$1,500 per week.

Your weekly benefit will be reduced by any benefit you receive from other sources of income (i.e., state disability payments, workers' compensation, etc.).

Employer-Paid Long-Term Disability

MainLine offers long-term income protection through Mutual of Omaha Insurance Company. If you are unable to return to work after 180 days, Long-Term Disability (LTD) kicks in. This benefit continues to age 65 or Social Security Normal Retirement Age.

Coverage amount: 60% of your monthly salary, up to a maximum monthly benefit of \$15,000.

Should your employment with MainLine end, your employer-paid Basic Life and AD&D, STD, and LTD coverage would end on the last day worked. However, Mutual of Omaha offers you the option to port or convert your basic life coverage within 31 days of termination. If an insured employee were to pass away within the 31-day conversion period, Mutual of Omaha would pay the death benefit.

BENEFITS AT-A-GLANCE

VOLUNTARY BENEFITS AND PERKS

Please note: If you and your eligible dependents do not enroll for Voluntary Life and AD&D when first eligible, future enrollment will be subject to medical underwriting; you and/or your eligible dependents may be declined. New enrollment applicants may be subject to a medical questionnaire (Evidence of Insurability or “EOI”).

Should your employment with **MainLine** end, your voluntary life and AD&D coverage would end on your last day worked. However, Mutual of Omaha offers you to option to port or convert your voluntary life and AD&D coverage within the 31-day conversion period, Mutual of Omaha would pay the death benefit.

Additional Voluntary Products - Unum

Unum offers two types of voluntary coverage, listed below, to help protect you and your family members. If you purchase both Group Critical Illness and Group Accident coverage, Unum will pay wellness benefits for both policies. (Maximum benefit: \$100 / insured.)

Critical Illness

Critical Illness insurance is designed to protect your income and personal assets when your out-of-pocket expenses increase due to an illness. Most of us don't plan on the unforeseen expenses associated with serious medical conditions. Critical Illness insurance pays you a lump sum benefit that can be used any way you choose, and benefits are paid in addition to any other coverage you may have.

Accident Insurance

Accidents happen unexpectedly and can be costly if you are financially unprepared. Your medical coverage will help pay for expenses associated with an injury but won't cover all the out-of-pocket expenses you may face. Accident Insurance covers expenses associated with the cost for ER treatment, physician visits, hospitalization, physical therapy, and lodging. The plan covers a wide variety of injuries, such as:

- Broken bones
- Burns
- Torn ligaments
- Eye injuries
- Ruptured discs
- Cuts repaired by stitches

Long Term Care - Unum

MainLine offers employer-paid Long Term Care Insurance through Unum: 3 years / \$1,000 per month / Facility & Home Care to our employees. Employees may opt to increase the employer-paid plan.

Visit unuminfo.com/cmsco for details and a coverage calculator for you and your family members.

BENEFITS AT-A-GLANCE

CONTACTS

Below is a list of contacts for your benefits. If you can't find what you need or have questions, please contact HR at 610-896-0093 or submit an inquiry to hrhelpdesk@mainlineco.com.

Plan / Program	Who to call	Phone Number	Website
Medical	Highmark	844-576-1245	MyHighmark.com
Dental	Guardian	800-541-7846	guardianlife.com/dental
Vision	Guardian VSP	877-814-8970	www.guardiananytime.com/fpapp/vision
Flexible Spending Accounts: FSA / DCA / Transit	Ameriflex	888-868-3539	www.myameriflex.com
Health Savings Account	HealthEquity	866-346-5800	www.healthequity.com
Life and AD&D	Mutual of Omaha Insurance Company	800-775-1000	www.mutualofomaha.com
Disability (STD/LTD)	Mutual of Omaha Insurance Company	800-775-1000	www.mutualofomaha.com
Employee Assistance Program (EAP)	Mutual of Omaha Insurance Company	800-316-2796	www.mutualofomaha.com/eap
Telemedicine	Teladoc	800-Teladoc	Teladochealth.com
Voluntary Accident / Critical Illness	Unum	866-679-3054	www.unum.com
Long Term Care	Unum	866-679-3054	www.unuminfo.com/cmsco
How does my plan work?	Health Advocate	866-799-2731	www.healthadvocate.com/members
Assistance with Claims	Health Advocate	866-799-2731	www.healthadvocate.com/members
Assistance with Medicare	Karen Carella The Assurance Group	609-707-5784	kacarella@assuregrp.com
Benefit Advisors	World Insurance Associates	800-886-5757	eb.worldinsurance.com

BENEFITS AT-A-GLANCE

NOTES

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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