MAINLINE INVESTMENT PARTNERS

MERION REALTY PARTNERS

Coverage
Peace Of Mind
Security
Health
Wellness

2026-2027

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 You Can Enroll in Benefits

OPEN ENROLLMENT

Once a year, you can enroll in benefits or make changes, this is during the Annual Open Enrollment. If it is outside of that timeframe, you can only enroll or change your benefits if you experience a Qualifying Life Event (QLE) or if you are a new hire (which is a QLE), both are outlined below.

ANNUAL OPEN ENROLLMENT PERIOD		PLAN EFFECTIVE	
June	June	July	June
08	15	01	30
2026	2026	2026	2027

SPECIAL ENROLLMENT PERIOD*

Life happens — and when it does, your benefits can change too.

If you experience a Qualifying Life Event, you may update your benefit elections during the year. To learn more, review the QLE flyer or scan the QR code You can also review Section 125 in the disclosure's pages in the back of this guide.

Scan Me

NEW HIRE

Welcome aboard! You are eligible for benefits on the first day of the month following your date of hire. You must enroll with 30 days, otherwise you will not have coverage unless you experience a Qualifying Life Event as outlined above.

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

DID YOU KNOW?

Open Enrollment is the one time each year you can add or change your benefits, unless you experience a qualifying life event or are a new hire. Be sure to enroll within the designated timeframe.

30 DAYS

If you experience a Qualifying Life Event, you have 30 days from the date of the event to change (or enroll) in your benefits.

READY TO ENROLL?

Please be sure to review this guide in detail. When you are ready to enroll, go to **Paycom**. Here is an instructional **flyer** to help you navigate.

*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

ELIGIBILITY AND ENROLLMENT

Who Can Enroll in Benefits

If you work 30+ hours a week, you are eligible to enroll in benefits.

WHO CAN YOU COVER?

You can also enroll your eligible dependents, including:

- Your legal spouse
- Your domestic partner, as long as:
    - You're both at least 18 years old
    - You live together in the same primary residence and have done so for at least 6 months
    - You share responsibility for basic living expenses and debts
    - Neither of you is legally married to anyone else
    - You are not blood relatives
- Your child(ren) (and, in some cases, your spouse's or domestic partner's children)
    - Bringing your child onto your plan? You can enroll children up to age 26, including biological, step, adopted, or your spouse's/domestic partner's children. Children for whom you're the legal guardian may also qualify, as well as disabled dependents over age 26.

Important Reminder: If you're adding a spouse or child to the company health plan, the Benefits Enrollment System will ask you to confirm that they meet the eligibility requirements. Before you enroll anyone, take a moment to review the requirements carefully. If eligibility criteria aren't met, coverage may be canceled and any ineligible claims or premiums could become your responsibility.

Domestic Partner Tax Note: *Health coverage for a domestic partner is generally not tax-free unless your partner qualifies as your tax dependent under IRS rules. If they don't qualify, the value of coverage will be added to your taxable income. (Your HR team can help if you have questions about how this works.)*

BENEFITS AT-A-GLANCE

WHY MEDICAL

It's More Than Coverage, it's Peace of Mind

Medical coverage helps protect you from the high cost of unexpected care. A single emergency room visit, surgery, or hospital stay can be expensive. Having a plan in place means you're not facing those costs alone. But it's not just about emergencies.

STAY AHEAD OF YOUR HEALTH

Preventive care like annual checkups, screenings, and vaccines is covered at no cost in many plans—helping catch issues early and keep you feeling your best.

YOUR MEDICAL PLAN ALSO SUPPORTS:

- Preventive care like annual checkups and screenings
- Access to doctors, specialists, and prescriptions
- Support when life throws you something unexpected

When you enroll in a medical plan, you're choosing protection for your health and your financial well-being. Because taking care of yourself shouldn't feel overwhelming.

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.Health Advocate.com/members
- For more information, visit your employee benefits site

Download the Health Advocate Mobile App.

GET IT ON Google Play

DOWNLOAD ON THE Apple Store

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	High-deductible health plan (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.

BENEFITS AT-A-GLANCE

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 Contributions:

For individual coverage: $4,400

For all other coverage tiers: $8,750

*For more information, visit 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 SPENDING ACCOUNTS

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

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 Guardian DentalGuard Preferred In- / Out-of-Network	Plan #1 NAP Plan Guardian DentalGuard Preferred 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

* 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.

VISION

Find an in-network Vision provider for the VSP network here

Benefit	Guardian VSP Vision Plan 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.

*Once every 12 months
**Once every 24 months

This glance 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 disclosures your employer provides, which include the rules and regulations governing the plan(s), located in the back of this glance.

BENEFITS AT-A-GLANCE

YOUR BENEFIT COSTS

Know What You'll Pay and What Your Benefits are Worth

Your benefits are a shared investment. While you contribute a portion of the premium through payroll deductions, we also pay a share behind the scenes. It's one way your organization supports your health and well-being while helping keep coverage affordable for you and your family.

INVESTING IN YOU

Your paycheck contribution works alongside employer funding to give you valuable coverage and peace of mind.

Payroll Deductions Bi-Weekly	**Employee Only**	**Employee / Spouse**	**Employee / Child(ren)**	**Employee / Family**
MEDICAL - HIGHMARK				
Plan Option 1 - PPO Blue Healthy Savings $3000Q 80/50 with HSA	$82.87	$177.66	$201.79	$235.60
Plan Option 2 - PPO Blue Sharing $1500	$114.60	$262.97	$250.04	$367.24
Plan Option 3 - PPO Blue Sharing $3000	$92.63	$212.41	$210.28	$302.92
DENTAL - Guardian				
Choice Plan	$0	$0	$0	$0
VISION - VSP (through Guardian)				
VSP Choice	$2.68	$4.29	$4.38	$7.06

Please refer to the Paycom benefits enrollment portal to review Domestic Partner rates.

EMPLOYEE ASSISTANCE PROGRAM

Life Doesn't Stick to 9–5; Support Shouldn't Either

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).

STRESS, QUESTIONS, CURVEBALLS?

You've got support ready when you need it most.

For more information, visit:
www.mutualofomaha/eap
Or call:
800-316-2796

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

VOLUNTARY BENEFITS AND PERKS

PET INSURANCE

Nationwide Pet Insurance helps offset the cost of caring for your pet and covers everything from preventive care to accidents and illness, as well as the costs of X-rays, office visits, medications, emergency boarding, surgeries, and hospital stays. It offers a choice of reimbursement options so you can find coverage that fits your budget. All plans have a $250 annual deductible and a $7,500 maximum annual benefit. Every policy includes a helpline with 24/7 access to veterinary experts via phone, chat, and email and a medication benefit enables members to fill pet prescriptions at participating in-store retail pharmacies across the U.S. Rx claims are submitted directly to Nationwide.
For pricing and/or to enroll, visit partnersolutions.nationwide.com/pet, or call Nationwide with any questions at 877-738-7874.

LEGAL PROTECTION

MainLine provides the following Voluntary Benefits. The following plans are paid entirely by the employee and are not deducted pre-tax. Personal Legal Protector Plan, ID Theft Plan & Credit Monitoring (Secure Pro+ Plan).

Our voluntary prepaid legal program, Personal Legal Protector Plan, offered through IDIQ, gives you and your family access to advice from experienced attorneys over the telephone, through their online legal system, or through in-office consultations about a wide range of personal legal matters, such as:

- Preparation of wills and trusts
- Consumer protection and identity-theft defense
- Document preparation and review
- Limited IRS and state tax relief advice

$14.74 / month

IDENTIFY THEFT PROTECTION & CREDIT MONITORING

Victims of identity theft spend countless hours trying to sort out the damage. Identity protection could help you catch fraud in its early stages through 24/7 monitoring of your personal and financial information. It can also help you act quickly to limit damage if your personal or financial information is stolen.
ID Theft Plan and Credit Monitoring (Secure Pro Plan) is a voluntary benefit administered by IDIQ.

$12.98 per insured per month

BENEFITS AT-A-GLANCE

WHO TO CONTACT

Below is a list of contacts for your benefits and support resources. If you have questions about your coverage, need help understanding a benefit, or aren't sure who to contact, use the information below to connect with the right team.

If you can't find what you need or would like additional assistance, our HR team is here to help. Please contact HR at 610-896-0082 or submit an inquiry to, ContactHRP@merionresidential.com, and we'll make sure you get the support you need.

YOUR BENEFITS TEAM HAS YOUR BACK.
Use the contacts below whenever you need guidance or support.

PLAN / PROGRAM	WHO TO CALL	PHONE NUMBER	WEBSITE
Start with Health Advocate for anything Medical	HealthAdvocate	866-799-2731	healthadvocate.com/members
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
Health Savings Account	HealthEquity	866-346-5800	www.healthequity.com
Flexible Spending Accounts: FSA / DCA / Transit	Ameriflex	888-868-3539	www.myameriflex.com
Life and AD&D / Disability (STD/LTD)	Mutual of Omaha	800-775-1000	www.mutualofomaha.com
Voluntary Accident / Critical Illness	Unum	866-679-3054	www.unum.com
Employee Assistance Program (EAP)	Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap
Virtual Care	Well360	n/a	MyHighmark.com
Legal Protection/Identity Theft	IDENTITY IQ	800-550-5297	www.identityiq.com
Pet Insurance	Nationwide	877-738-7874	partnersolutions.nationwide.com
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	609-707-5784	karen@yourseniorad vocatellc.com
Benefit Advisors	World Insurance Associates	800-886-5757	eb.worldinsurance.com

Important Disclosures

The disclosures provide information about your health coverage, including details about your HIPAA special enrollment, limitations, exclusions, and COBRA coverage.

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BENEFITS AT-A-GLANCE

NOTES

MAINLINE INVESTMENT PARTNERS

MERION REALTY PARTNERS

V4-6.5.2026