MERION RESIDENTIAL

Coverage
**Peace Of Mind**
Security
**Health**
Wellness

**2026-2027**

# BENEFITS AT-A-GLANCE

## HELPING YOU LIVE YOUR BEST LIFE

**Merion Residential** 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 60 days of employment. 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).

# ELIGIBILITY AND ENROLLMENT

## Who Can Enroll in Benefits

**If you work 30 hours a week, you're in and can enroll in all 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 w/HRA | Option 2 PPO Blue Sharing $3000 |
|---|---|---|
| **Provider/Carrier** | **Highmark** | **Highmark** |
| **Plan Type** | High-deductible health plan (HDHP) | PPO |
| **Network** | PPOBlue | PPOBlue |
| **Referral required** | No | No |
| **IN-NETWORK BENEFITS** | | |
| **Preventive Care** | 100% | 100% |
| **Deductible:** Single/Individual | $3,000 ($1,500 HRA) | $3,000 |
| **Deductible:** Family | $6,000 ($3,000 HRA) | $6,000 |
| **Co-Insurance – Plan Pays** | 80% after deductible | 100% after deductible |
| **Out-of-Pocket Max/Limit:** Single/Individual | $4,000 | $4,000 |
| **Out-of-Pocket Max/Limit:** Family | $8,000 | $8,000 |
| **Inpatient Facility** | 20% after deductible | $500 (5-day max) after deductible |
| **Outpatient Surgery** | $500 after deductible | $500 after deductible |
| **COPAYS** | | |
| **PCP (office or virtual)** | $30 after deductible | $30 copay |
| **Specialist (office or virtual)** | $60 after deductible | $60 copay |
| **Telemedicine via Well360** | $0 after deductible | $0 copay |
| **Urgent Care** | $100 after deductible | $100 copay |
| **ER** | $300 after ded. (waived if admitted) | $300 after ded. (waived if admitted) |
| **OTHER SERVICES** | | |
| **Diagnostic X-Ray & Lab** | $60 after deductible | $60 copay |
| **MRI & CT Scan** | $200 after deductible | $200 copay |
| **RETAIL PRESCRIPTION** | | |
| **Preferred Generic Rx (31/60/90-day supply)** | $20 / $40 / $60 after deductible | $20 / $40 / $60 copay |
| **Preferred Brand Rx (31/60/90-day supply)** | $40 / $80 / $120 after deductible | $40 / $80 / $120 copay |
| **Non-Preferred Brand Rx (31/60/90-day supply)** | $70 / $140 / $210 after deductible | $70 / $140 / $210 copay |
| **Preferred Specialty Rx (31-day supply)** | 50% to $500 max after deductible per Rx | 50% to $500 max per Rx |
| **MAIL ORDER PRESCRIPTIONS (90-day supply)*** | After ded: $40 generic / $80 brand / $140 non-preferred | $40 generic / $80 brand / $140 non-preferred |
| **OUT-OF-NETWORK BENEFITS** | | |
| **Deductible: Single** | $5,000 | $5,000 |
| **Deductible: Family** | $10,000 | $10,000 |
| **Co-Insurance** | 50% after deductible | 50% after deductible |
| **Out-of-Pocket Limit:** Single/Individual | $10,000 | $10,000 |
| **Out-of-Pocket Limit: Family** | $20,000 | $20,000 |
| **Inpatient Facility** | 50% after deductible | 50% after deductible |
| **Outpatient Surgery** | 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 REIMBURSEMENT ACCOUNT

**Merion Residential** offers a health reimbursement arrangement to help fund your deductible. The HRA is administered by Ameriflex. Enrollment in the Highmark's medical plan is a requirement to receive the HRA funds.

**Merion Residential Annual Contributions:**

**$1,500** for Employees Only

**$3,000** for Employees enrolled with dependents

Visit **Myameriflex.com** or call 888-868-3539 for access to claims and balance information.

## 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 Reimbursement 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<br>Guardian<br>DentalGuard Preferred<br>In- / Out-of-Network | Plan #1 NAP Plan<br>Guardian<br>DentalGuard Preferred<br>In- / Out-of-Network |
|---|---|---|
| **Annual Maximum**<br>Per Individual / Per Benefit Year | $2,000 | $2,000 |
| **Calendar Year Deductible**<br>Per Individual / Per Family | $50 / $150 | $50 / $150 |
| **Preventive / Basic* / Major Services**** | Covered at:<br>100% / 100% / 60% | Covered at:<br>100% / 80% / 50% |
| **Orthodontia** (children to age 19) | 50%<br>$1,500 | 50%<br>$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<br>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<br>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<br>**Elective -** $130 max (copay waived) | **Medically Necessary** – $210 max<br>**Elective -** $100 max (copay waived) | In Network Elective Fitting and Evaluation: Included in the Contact Lens Allowance. 15% discount on the fee.<br>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 Health Savings $3000Q 80/50 with HRA | $82.87 | $214.45 | $243.49 | $289.56 |
| **Plan Option 2-** PPO Blue Sharing $3000 | $108.96 | $281.84 | $284.60 | $389.65 |
| **DENTAL -** Guardian | | | | |
| **Choice Plan** | $2.89 | $5.34 | $7.66 | $13.62 |
| **VISION** – VSP through Guardian | | | | |
| **VSP Choice** | $2.68 | $4.29 | $4.38 | $7.06 |

Please consult the Paycom benefits enrollment portal to review rates for domestic partners.

# 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

# LIFE AND AD&D

**Life insurance and Accidental Death & Dismemberment (AD&D) coverage help safeguard the people who matter most. These benefits provide financial protection for your loved ones if the unexpected happens.**

### BASIC LIFE & AD&D

**Merion Residential** provides Basic Life and AD&D coverage through Mutual of Omaha at no cost to you.

- **Senior Executive Management:** Benefit Amount is equal to 2x annual salary to $300,000 maximum
- **All Other FT Employees:** Benefit Amount is equal to 1x annual salary to $100,000 maximum

Be sure to designate a beneficiary for the life insurance benefit

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

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### VOLUNTARY LIFE

If you would like additional life insurance, you can purchase voluntary life and AD&D insurance for yourself, a spouse, and your eligible children through Mutual of Omaha. Evidence of Insurability (EOI) is not required up to the guaranteed issue amount.

**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.

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 Merion Residential 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.

# DISABILITY

## When Life Takes an Unexpected Turn

If you become sick or injured and can't work, disability coverage helps replace a portion of your income so you can focus on your recovery — not financial stress. These benefits provide support during both short-term and longer-term absences.

**YOUR PAYCHECK'S SAFETY NET**

It's like having a backup plan for your paycheck—so you can focus on getting better, not stressing about bills.

| EMPLOYER-PAID SHORT-TERM DISABILITY (STD) | EMPLOYER-PAID LONG-TERM DISABILITY (LTD) |
|---|---|
| Mutual of Omaha | Mutual of Omaha |
| **STD provides temporary income replacement for qualifying illnesses or injuries.**<br>• Benefits begin on the seventh day of disability<br>• Coverage continues for up to 12 weeks, depending on recovery<br>**Benefit amount:**<br>**Senior Executive Management:** You'll receive 60% of your eligible earnings, up to a maximum weekly benefit of $1,000.<br>**All Other FT Employees:** You'll receive 60% of your eligible earnings, up to a maximum weekly benefit of $500.<br>Your benefit may be adjusted if you receive income from other sources, such as state disability or workers' compensation. | **If your absence extends beyond the short-term period, Long-Term Disability provides ongoing support.**<br>• LTD begins after 90 days of disability<br>• This benefit continues to age 65 or Social Security Normal Retirement Age<br>**Benefit amount:**<br>**Senior Executive Management:** You'll receive 60% of your monthly salary, up to a maximum of $10,000 per month.<br>**All Other FT Employees:** You'll receive 60% of your monthly salary, up to a maximum of $3,000 per month. |

# 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 https://poi8.petinsurance.com/benefits/merionresidential, or call Nationwide with any questions at 877-738-7874.

### LEGAL PROTECTION

Merion Residential 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***

# VOLUNTARY BENEFITS AND PERKS

## Extra Protection for Life's Unexpected Moments

**Some events are hard to plan for but having the right coverage can help ease the financial impact.** These voluntary benefits provide additional protection beyond your core medical plan, offering cash benefits that you can use in the way that works best for you.

**COVERAGE FOR "JUST IN CASE"**

These benefits help provide financial support when life takes an unexpected turn.

### CANCER AND CRITICAL ILLNESS – COLONIAL LIFE

Critical illness coverage helps provide financial support if you're diagnosed with a covered serious medical condition. The benefit is paid as a lump sum, giving you flexibility to use the funds for medical bills, household expenses, travel, or anything else that supports your recovery. An optional Cancer Coverage may also be available, adding additional support and preventive care incentives.

### HOSPITALCONFINMENT INDEMNITY - COLONIAL LIFE

A hospital stay can bring unexpected expenses. Hospital indemnity coverage provides a cash benefit paid directly to you when you're admitted to the hospital, helping offset costs that may not be fully covered by your medical plan. Benefits are paid in addition to your health coverage, offering added financial flexibility during recovery.

### ACCIDENT INSURANCE - COLONIAL LIFE

Accidents can happen when you least expect them. Accident insurance provides cash benefits for a wide range of injuries and related treatments, helping cover out-of-pocket costs that may follow an unexpected event.

**Covered situations may include:**

| | | |
|---|---|---|
| ✓ Broken bones | ✓ Burns | ✓ Torn ligaments |
| ✓ Eye injuries | ✓ Ruptured discs | ✓ Cuts requiring stitches |

### DENTAL INSURANCE - COLONIAL LIFE

Helps pay for dental procedures, like routine cleanings, crowns and root canals.

### DISABILITY INSURANCE - COLONIAL LIFE

Replaces part of your regular income if you are unable t0 work because of a covered injury or illness

# 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 Care 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 |
| HRA and Flexible Spending Accounts: FSA / DCA / Transit | Ameriflex | 888-868-3539 | www.myameriflex.com |
| Life and AD&D | Mutual of Omaha | 800-775-1000 | www.mutualofomaha.com |
| Disability (STD/LTD) | Mutual of Omaha | 800-775-1000 | www.mutualofomaha.com |
| Employee Assistance Program (EAP) | Mutual of Omaha | 800-316-2796 | www.mutualofomaha.com/eap |
| Telemedicine | Teladoc | 800-Teladoc | Teladochealth.com |
| Legal Protection | IDENTITY IQ | 800-550-5297 | www.identityiq.com |
| Identity Theft | IDENTITY IQ | 800-550-5297 | www.identityiq.com |
| Pet Insurance | Nationwide | 877-738-7874 | https://poi8.petinsurance.com/benefits/merion-residential |
| Assistance with Medicare | Karen Carella<br>The Assurance Group | 609-707-5784 | kacarella@assuregrp.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.

Scan Me