2025 Benefits Enrollment Guide

MARDEN'S
SURPLUS & SALVAGE

Plan Year:
January 1, 2025 –
December 31, 2025

P&W Power & Walsh
Insurance Advisors, Inc.

Welcome to Marden's 2025 Benefits Program

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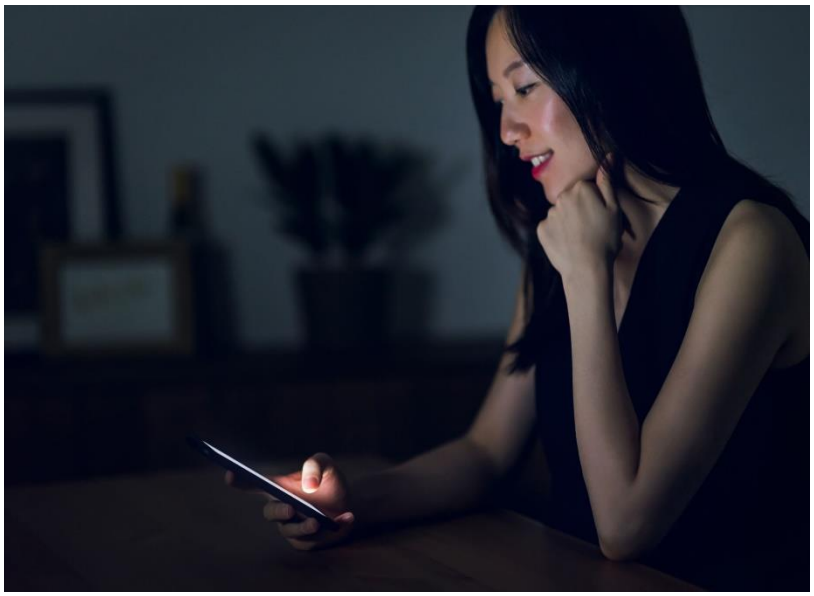

As an employee of Marden's, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in case of illness or injury. Choosing a health coverage option is an important decision. To help you make an informed choice, the following guide summarizes important information about your health coverage options.

This benefit summary has been prepared to help you review the key factors that are associated with our benefit plans. This summary does not provide all of the contractual provisions, limitations or exclusions included in our policies and should be considered only as a summary of our current benefits. If any differences exist between this summary and the official contracts, the contracts shall prevail.

What's Changing for 2025?

For 2025, we've made a few meaningful changes that we hope will help continue to enhance the benefits we offer. We were able to keep the medical insurance increase to only 3% for next year, and **we are going to provider another Premium Holiday (no medical insurance deductions for 4 weeks – November 27, 2024 – December 19, 2024!** The Vision coverage will be moving from **Guardian** to **Ameritas** with rate savings for employees, and the Disability and Life benefits will be moving from **Guardian** to **Lincoln** with benefit enhancements for employees. Additionally, we have added a number of benefit enhancements to our medical plans. For more information about these programs, please see page 12 of this guide.

Plan Overviews

Medical – Meritain/Aetna

- 2 options for medical insurance plans (nearly identical to previous years) with a division within Aetna operating as our claim administrator.
    - **Non-Tobacco Users** – will continue to receive the non-tobacco discount. Employees must sign a tobacco-free affidavit.
    - **Tobacco Users** – will not receive the non-tobacco discount and will pay an additional premium for their medical coverage:
        - Employee-only and employee/child(ren) plans - $20 per week
        - Employee/spouse and family plans - $30 per week
    - Note: employees who sign an affidavit to participate in a free tobacco cessation program will qualify for the non-tobacco user rate if they complete the program. If you signed up last year to receive the non-tobacco discount but did not stop smoking, you must provide proof of completion of the Tobacco Cessation Program to continue to receive the non-tobacco discount.
- **Spousal Surcharge** – the monthly surcharge remains at $185 for employees who have a spouse who works for another employer that provides health insurance coverage and he/she remains on the Marden's plan.
- **HSA Contributions** – available for employees enrolled in Medical Plans 1 or 2. Marden's will match your HSA contributions up to $10/week.
- **Biometric Screenings** – all employees receive the biometric screening discount ($10/week) on their medical insurance premium at open enrollment and must complete a biometric screening by April 30th, 2025. Employees without medical exemption who do not complete the biometric screening by April 30th will lose the discount starting May 1, 2025.

Dental – Ameritas

- Ameritas with identical rates to 2024 for employees and their families. It will also include a buy-up option that offers child orthodontia benefits.

Vision – Ameritas

- The voluntary vision insurance benefit will be offered through Ameritas.

Short-Term Disability (STD) & Basic Life and AD&D Insurance – Lincoln

- The STD and Life coverages are moving from Guardian to Lincoln with the same rates for employees.

Voluntary Life and AD&D Insurance – Lincoln

- The voluntary life and AD&D coverages are moving from Guardian to Lincoln at lower rates for employees. There are no changes in eligibility and any benefit amount that was previously approved will be grandfathered over with no additional health questions.

Who is Eligible?

Employees are eligible **based on the number of hours** worked each week. If you are regularly scheduled to work 30 hours per week or more, you are eligible to enroll in the benefits outlined in this guide.

If you are enrolled in our benefit plans, you may also choose to enroll your **eligible dependents**. Your eligible dependents include the following:

- Your legally married spouse;
- Your children up to age 26, regardless of marital, student, or financial dependency status. Children include your biological children, adopted children, step-children, or any other child for who you are legally responsible.

Enrolling in Benefits

Open enrollment will be held from Tuesday, October 8th through Thursday, October 31st. All employees are required to enroll or decline all benefit options, whether you are currently enrolled in the benefits or not.

1. Benefit elections will be made through Kronos/UKG in the Benefits portal.
2. We recommend that **you review this enrollment guide** prior to deciding on your benefits.
3. **Questions on enrollment – contact Cathy Callahan at 207-649-3067 or Tiffany Bernatchez at 207-830-4045.**

The decisions you make regarding your enrollment selections deserve careful consideration. The elections you make now will take effect January 1, 2025.

Medical Benefits

Weekly Payroll Deductions			
Plan 1 – HDHP PPO **Individual Deductible: $2,500** **Individual Deductible (part of a Family): $3,300** **Family Deductible: $5,000** Weekly Deductions		**Non-Tobacco Discount**	**Tobacco User**
	Employee	$71.00	$91.00
	Employee & Spouse	$148.25	$178.25
	Employee & Child(ren)	$137.00	$157.00
	Family	$216.50	$246.50
Plan 2 – ACA HDHP PPO **Individual Deductible: $4,250 Family Deductible: $8,500** Weekly Deductions		**Non-Tobacco Discount**	**Tobacco User**
	Employee	$41.25	$61.25
	Employee & Spouse	$126.25	$156.25
	Employee & Child(ren)	$116.75	$136.75
	Family	$189.00	$219.00

- **Family plans include Employee + Spouse, Employee + Child(ren), Family**
- **Spousal Surcharge: the monthly surcharge remains at $185 for employees who have a spouse who works for another employer that providers health insurance coverage and he/she remains on the Marden's plan**

Weekly Payroll Deductions

If your weekly paycheck is not enough to cover your weekly payroll deductions for medical, dental, vision or life insurance, you are responsible for making the weekly payments for the insurance plans and coverages that you have selected. You will be expected to authorize Marden's Inc. to apply any future wages, PDO's holidays and commission due to you against the unpaid weekly payroll deductions. Additionally, you understand that if your employment with Marden's terminates; your dental, vision and/or voluntary life coverages will end on the last day of the month of termination; and your medical, basic life and short-term disability coverage terminate on your last day of work. You will be expected to authorize Marden's Inc. to deduct the remaining weekly payroll deductions for the last month from your last paycheck.

Medical Benefits

Please see below for a summary of benefits. For complete details, please refer to the Summary of Benefits and Coverage (SBC) or Summary Plan Description (SPD). In the case of a discrepancy, Meritain's certificate prevails.

Plan 1 – PPO HSA $2,500	In-Network	Out-of-Network
Annual Deductible*	$2,500 individual / $5,000 family ($3,300 individual deductible within a family plan) Family plans include: Employee + Spouse, Employee + Child(ren), Family	
Out-of-Pocket Maximum*	$3,500 individual / $7,000 family	
*All covered expenses accumulate simultaneously toward both the in-network and out-of-network Deductible. Unless otherwise indicated, the deductible must be met prior to benefits being payable. In order to remain in compliance with the IRS, the embedded individual deductible within the family plan will be $3,300, while the standalone individual deductible is $2,500 and the family deductible remains $5,000.		
Coinsurance Level You Pay	10%	20%
Preventative Care		
Routine Adult Physical Exams/Immunizations 1 exam every 12 months	No Charge	20% coinsurance after Deductible
Routine Well Child Exams/Immunizations 7 exams first 12 months, 3 exams 13th – 24th months, 3 exams 25th – 36th months, 1 exam/12 months after	No Charge	20% coinsurance after Deductible
Routine Eye Exams 1 exam every 12 months	No Charge	20% coinsurance after Deductible
Routine Hearing Screening	No Charge	20% coinsurance after Deductible
Women's Health		
Routine Gynecological Care *Routine Mammograms* *Women's Contraceptives*	No Charge	20% coinsurance after Deductible
Physician Services		
Office Visits to Non-Specialists	10% coinsurance after Deductible	20% coinsurance after Deductible
Specialist Office Visits	10% coinsurance after Deductible	20% coinsurance after Deductible
Pre-Natal Maternity	Covered 100%, deductible waived	20% coinsurance after Deductible
Walk-in Clinics	10% coinsurance after Deductible	20% coinsurance after Deductible
Allergy Testing and Injections	10% coinsurance after Deductible	20% coinsurance after Deductible
Diagnostic Procedures		
Diagnostic X-Ray	10% coinsurance after Deductible	20% coinsurance after Deductible
Diagnostic Laboratory	10% coinsurance after Deductible	20% coinsurance after Deductible

Diagnostic Complex Imaging MRIs, CT Scans, etc.	10% coinsurance after Deductible	20% coinsurance after Deductible
Emergency Care		
Urgent Care Provider	10% coinsurance after Deductible	20% coinsurance after Deductible
Emergency Room	10% coinsurance after Deductible	10% coinsurance after Deductible
Non-Emergency Care in an Emergency Room	50% coinsurance after Deductible	50% coinsurance after Deductible
Emergency Use of Ambulance	10% coinsurance after Deductible	20% coinsurance after Deductible
Hospital Care		
Inpatient Care	10% coinsurance after Deductible	20% coinsurance after Deductible
Inpatient Maternity Coverage	10% coinsurance after Deductible	20% coinsurance after Deductible
Outpatient Hospital Expenses	10% coinsurance after Deductible	20% coinsurance after Deductible
Outpatient Surgery Hospital or Freestanding facility	10% coinsurance after Deductible	20% coinsurance after Deductible
Mental Health Services		
Inpatient Care	10% coinsurance after Deductible	20% coinsurance after Deductible
Mental Health Office Visit	10% coinsurance after Deductible	20% coinsurance after Deductible
Substance Abuse		
Inpatient Care	10% coinsurance after Deductible	20% coinsurance after Deductible
Residential Treatment Facility	10% coinsurance after Deductible	20% coinsurance after Deductible
Substance Abuse Office Visits	10% coinsurance after Deductible	20% coinsurance after Deductible
Other Services		
Skilled Nursing Facility Limited to 60 days per year	10% coinsurance after Deductible	20% coinsurance after Deductible
Home Health Care Limited to 120 visits per year. Private duty nursing not included. Limited to 3 intermittent visits per day by a participating home health care agency	10% coinsurance after Deductible	20% coinsurance after Deductible
Hospice Care – Inpatient	10% coinsurance after Deductible	20% coinsurance after Deductible
Hospice Care – Outpatient	10% coinsurance after Deductible	20% coinsurance after Deductible
Private Duty Nursing Limited to 70 8-hour shifts per year	10% coinsurance after Deductible	20% coinsurance after Deductible
Spinal Manipulation Therapy Limited to 20 visits per year	10% coinsurance after Deductible	20% coinsurance after Deductible

Outpatient Short-Term Rehabilitation Limited to 20 visits per year	10% coinsurance after Deductible	20% coinsurance after Deductible
Early Intervention Services	Your cost sharing is based on the type of service and where it is performed. Children from birth to age 3; maximum of $3,200/child per year. Lifetime maximum of $9,600.	
Habilitative & Autism Physical/Occupational/Speech Therapy	10% coinsurance after Deductible	20% coinsurance after Deductible
Hearing Aids 1 hearing aid to a maximum of $3,000/ear every 36 months	10% coinsurance after Deductible	10% coinsurance after Deductible
Infusion Therapy	10% coinsurance after Deductible	20% coinsurance after Deductible
Transplants	10% coinsurance after Deductible	20% coinsurance after Deductible
Bariatric Surgery	10% coinsurance after Deductible	20% coinsurance after Deductible
Acupuncture Limited to 10 visits per year	10% coinsurance after Deductible	20% coinsurance after Deductible
Family Planning		
Infertility Treatment	Your cost sharing is based on the type of service and where it is performed.	
Vasectomy	10% coinsurance after Deductible	20% coinsurance after Deductible
Durable Medical Equipment	10% coinsurance after Deductible	20% coinsurance after Deductible
Prescription Drugs (retail/mail order) • **Tier 1 - Generic** • **Tier 2 – Preferred Brand** • **Tier 3 - Non-Preferred Brand** *Deductible does not apply to preventative drugs*	Deductible then, $20/$40 $30/60 20% up to $250 max	Deductible then, $20/$40 $40/80 20% up to $250 max Retail only – home delivery not covered

Medical Benefits

Please see below for a summary of benefits. For complete details, please refer to the Summary of Benefits and Coverage (SBC) or Summary Plan Description (SPD). In the case of a discrepancy, Meritain's certificate prevails.

Plan 2 – PPO HSA $4,250	In-Network	Out-of-Network
Annual Deductible*	$4,250 individual / $8,500 family	
Out-of-Pocket Maximum*	$6,000 individual / $12,000 family Family plans include: Employee + Spouse, Employee + Child(ren), Family	
All covered expenses accumulate simultaneously toward both the in-network and out-of-network Deductible. Unless otherwise indicated, the deductible must be met prior to benefits being payable. *Deductible and out-of-pocket maximum are embedded, individuals who are a part of a family plan will only need to reach the individual deductible or out-of-pocket maximum levels.		
Coinsurance Level You Pay	30%	40%
Preventative Care		
Routine Adult Physical Exams/Immunizations 1 exam every 12 months	No Charge	20% coinsurance after Deductible
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Pharmacy Benefits

In addition to the medical services covered, **prescription coverage** is included in your plan**.** Your pharmacy benefits are provided to you by **TrueRx** to help you **manage your health and prescription medication needs**.

TrueRx's **Universal Formulary Prescription Drug List** is a list of generic and brand prescription medications covered by your plan. All medications on the drug list are approved by the U.S. Food and Drug Administration (FDA). To check the tier of your current prescriptions, visit www.truerx.com, select *members* and then *formularies – Universal Formulary.* If your medication is not listed, contact the Patient Care Team at 866-921-4047 for assistance.

Some medications require your physician to obtain prior approval before dispensing. Others have quantity limits or other guidelines. These requirements are in place to ensure you are getting the most effective and safest care.

Pharmacy Benefits

TrueRx Prescription Management

An easy way to manage your prescriptions through TrueRx. Create an account at **truerx.com/member-portal** or use the App by searching "**MyRxPlan**" in the App Store or Google Play.

- View your prescription card
- Compare medication pricing
- Review claim history
- Check medication information
- Find a pharmacy

Saving Money with Mail Order Pharmacy

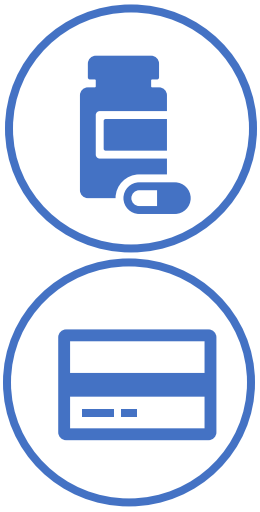
Marden's medical and prescription drug coverages are designed to help you **save money on your healthcare costs**. One of the best ways to do that is to take advantage of **mail order pharmacy.** In most instances, mail order prescriptions will cut down your cost by one third – giving you three months of medication for the price of two!

Get Started With Your Current Prescriptions In Three Easy Steps:

1. Go to wbrxexpress.com and click "Get Started".
2. Use the form to enter your name, address, phone number, email address, message (optional) and click the red Submit button.
3. WB Rx Express will contact you within two business days to verify your account and medication information.

Managing Costly Prescriptions

Prescription drug costs are on the rise, and Marden's has partnered with **SHARx** to address prescriptions – any medication that costs more than **$350 for a 30-day supply**. High-cost maintenance drugs, high-cost Specialty Medications and injectables create a very expensive burden to those that participate in our health plan. The **SHARx** program procures these medications for our employees and their dependents through alternative access points – **many times at $0 cost to the member!** For medications that are not available at no cost, **SHARx** helps members access these medications through its interactive portal at a very small fraction of the cost.



THE SHARX TEAM

Experienced advocates work on your behalf to help with high-cost medications!

Prescription Assistance

Works hand in hand with your existing prescription card!

- Insulin
- Abilify
- Actemra
- Advair
- Androgrel
- Atripla
- Breo
- Brilinta
- Budesonide
- Bydureon
- Cialis
- Cymbalta
- Dexilant
- Effient
- Eliquis
- Elmiron
- Enbrel
- Flovent HFA
- Gilenya
- Humira
- Januvia
- Latuda
- Lipitor
- Lyrica
- Multaq
- Onfi
- Plavix
- Remicade
- Restasis
- Seroquel
- Singulair
- Spiriva
- Stelara
- Victoza
- Welchol
- Xarelto

And many, many more!

Value-Added Vendors

As a member of Marden's health insurance program, you are eligible for a number of benefits at little or no cost to you – a way for your insurance dollars to go further! If you have any questions about the programs below, or **if you would like to get in contact regarding any of these benefits,** please reach out to **Cathy Callahan at 207-649-3067** or our Benefits Broker, **Brian Power** with Power & Walsh **at 207-389-4270 or** bpower@powerandwalsh.com.

Serious Condition/Diagnosis

Reach out to **Private Health Management (PHM)** if you have a complex condition or new diagnosis in need of support. Whether you have cancer, chronic pain, chronic gastrointestinal issues, or you are struggling to diagnose your condition, PHM can help. After collecting & reviewing your medical records to understand your health history, PHM helps confirm your diagnosis by arranging expert medical opinions & any additional diagnostic testing needed. From there, they prioritize personalized treatment options by utilizing cutting-edge medical research. PHM is there to monitor your progress throughout your treatment plan and beyond.

Virtual Physical Therapy

Hinge Health provides easy access to virtual physical therapy. If you have chronic pain, are recovering from an injury or want to explore every option before turning to surgery – Hinge Health can help! Their team will create a personalized program for you & send all equipment directly to your door. From there, you meet one-on-one with a care team to provide support & answer questions. You can reach your care team via text, email, phone & video chat. Before resulting to surgery, reach out to Hinge Health for muscle & joint pain help.

Diabetes

The **Livongo** team helps you manage diabetes as best as possible. When you enroll in Livongo for diabetes, you'll get a connected blood glucose meter that offers automatic data uploading, real-time insights & feedback on your readings, access to expert coaches & more. You'll also get unlimited strips & lancets shipped right to your door – at no cost to you. Livongo keeps an accurate record of your blood sugar levels & automatically calls a loved one if your readings are too high or too low & you need help. Start working with Livongo to better manage your diabetes condition today.

Enhanced Surgery Recovery & Opioid Avoidance

If you are going to have a surgery, reach out to **Goldfinch Health**. Goldfinch works with [illegible]ading up to your surgery to answer any questions and to put enhanced surgery recovery protocols in place with your surgical team. These are ERAS (Enhanced Recovery After Surgery) protocols that are proven to put your body in its optimal state to heal. Once your doctor is on board with these protocols the Goldfinch Health team will send you a surgery preparation & recovery kit. Following surgery, your Goldfinch Health nurse will check in with you daily & answer any questions while providing recommendations for a speedier recovery. Part of the Goldfinch Health program includes education on opioid avoidance & alternative solutions to pain management. Having the Goldfinch Health team in your corner during surgery will allow you to have optimized recovery from your surgery.

Assistance with High-Cost Prescriptions

Prescription drug costs are on the rise, and Marden's has partnered with SHARx to address our highest cost prescriptions – any medication that costs more than $350 for a 30-day supply. High-cost maintenance drugs, high-cost Specialty Medications and injectables create a very expensive burden to those that participate in our health plan. The SHARx program procures these medications for our employees and their dependents through alternative access points – many times at $0 cost to the member! For medications that are not available at no cost, SHARx helps members access these medications through its interactive portal at a very small fraction of the cost.

Health Savings Account

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before the insurance kicks in). If you are enrolled in either Plan 1 or Plan 2, you are eligible to contribute to an HSA.

What are the Benefits of an HSA?

- **It saves you money**. HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable**. The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver**. HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

The maximum amount that you can contribute to an HSA in 2024 is $4,150 for individual coverage and $8,300 for family coverage. These increase to $4,300 and $8,550 respectively in 2025.

Additionally, if you are age 55 or older, you may make additional "catch-up" contributions of up to $1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

Important Notes on HSA's

If you are 65 years of age or older and are enrolled in any part of Medicare or have any other medical coverage, you can elect to enroll on our HSA compatible health plan, but you cannot contribute into an HSA.

In addition, an HSA is not available to employees who are eligible for a spouse's Health Care Flexible Spending Account (FSA), unless the spouse's health care FSA is a Limited Purpose Health Care FSA. Check with your spouse's benefit administrator to determine if you can participate in the Health Care FSA offered by your spouse's employer. Keep in mind that this" other coverage rule" also applies to any monies you carry over in your FSA from one plan year to the next plan year.

How Do I Use the HSA to Pay for Medical Care?

As long as you have money in your HSA, it is very simple.

1. Deposit money into your HSA.
2. You or a tax-qualified dependent receives medical services.
3. A bill for medical services is submitted as a claim to Meritain. Make sure the corresponding claim has been processed and approved by Meritain, allowing any contracted discounts to be applied to your claim.
4. You will receive an Explanation of Benefits (EOB) for the service which will reflect the amount due to the provider. If accessing a prescription, this will take place in real time at the pharmacy.
5. At this time, you can choose to:
    a. Use your HSA to pay the provider directly for the amount due
    b. Pay the provider with personal funds and pay yourself directly from your HSA
    c. Use your personal funds and save your HSA dollars.

It is very important to keep proof of any medical expenses that you pay with your HSA dollars. If you are ever audited by the IRS, you will need proof that you used the money for qualified medical expenses. At that time, if you cannot prove the money was spent on qualified expenses, you will be required to pay a 20% tax penalty, plus any regular income tax due.

Get More Value From Your Plans

Here are a few key points to help you get the most value out of your employee benefits plans:

Look for a Family Practice, Internal Medicine, General Practice, OB/GYN, and/or Pediatric physician. You will always save money by using providers in your medical plan's network.

What are your options? You may want to consider the following the next time you need care:

For a Life-Threatening Emergency
In a true medical emergency – such as an apparent heart attack, serious injury, or other life-threatening situation – always call 911 or your local emergency number right away!

Minimize your out-of-pocket expenses

For Less Critical Issues, if the emergency is NOT life threatening

- Call your physician's office (even after hours, someone is typically on call to answer questions). Your doctor will know you and your medical history and may be able to schedule you for a visit the same (or next) day.
- If your condition starts or worsens on the weekend, or after your doctor's office has closed for the day, you may want to consider a visit to an Urgent Care facility. These clinics are not affiliated with hospitals, but they do have doctors and nurses on staff and are open in the evenings and on weekends.

Use the Emergency Room ONLY for Emergencies

If You are Travelling and You Need Urgent Care
Your medical plan covers urgent care. An urgent condition is one that requires immediate care but isn't life-threatening. If you seek urgent care while traveling, you or someone acting on your behalf should notify your doctor within 48 hours of the onset of the urgent condition.

Take advantage of the fact the medical plan covers 100% of scheduled annual physical exams and cancer screening tests related to the physical exam when you use an in-network provider. There's no copay or deductible, however keep in mind that if your physician orders a test that isn't part of the scheduled preventative care exam/test, those procedures may result in some out-of-pocket expense for you.

Annual physical exams and cancer screening tests are 100% covered!

It's always a good idea to check with your doctor's office before your visit, to see what tests or exams are planned. Then, call your health plan to make sure you understand if and how those tests will be covered.

Preventative dental care is covered 100%!

Your dental plan is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of you and your dependents choice – an "in-network" dentist. ***Don't forget that your preventive care – is covered at 100% once every six months.***

Dental Benefits

Marden's will continue to offer dental insurance through **Ameritas.** You and your family members may go to any licensed dentist but will enjoy additional savings if you see a dentist participating in Ameritas network. New this year, Marden's will offer a buy-up dental plan with additional benefits. With the carrier change, those who elect to enroll in the Low plan will see savings with the same benefits as last year's dental plan.

Employees enrolled in the **High Plan** will receive an annual benefit maximum of **$2,000 per enrolled member**. Under this plan, Diagnostic and Preventive Care is covered at 100%, Basic Restorative Services are covered at 80%, and Major Restorative Services are covered at 50%. There is a **$50 per member deductible** (maximum $150 per family) that applies to Basic and Major Services. The **high plan also includes a child orthodontia benefit** of 50% coverage to a lifetime maximum of $1,500.

Employees enrolled in the **Low Plan** will receive an annual maximum of **$1,000 per enrolled member**. Like the high plan, Diagnostic and Preventive Care is covered at 100%, Basic Restorative Services are covered at 80%, and Major Restorative Services are covered at 50%. There is a **$50 per member deductible** (maximum $150 per family) that applies to Basic and Major Services. There is no orthodontia coverage under this plan.

	High Plan	Low Plan
Annual Deductible	$50 per member (max $150/family)	$10 per member (max $150/family)
Annual Benefit Maximum	$2,000/member	$1,000/member
Preventative/Diagnostic	No Charge	No Charge
Basic Restorative	20% after deductible	20% after deductible
Major Restorative	50% after deductible	50% after deductible
Orthodontia (children only) Lifetime Maximum	50% $1,500	Not covered
Implants	50% after deductible	50% after deductible

Note: The dental plan allows for in- and out-of-network coverage; however, you may pay more out of pocket through an out-of-network dentist.

Employee Contributions (weekly)

Coverage Tier	High Plan	Low Plan
Employee Only	$6.72	$5.02
Employee + Spouse	$12.76	$9.58
Employee + Child(ren)	$15.17	$11.21
Family	$21.17	$15.75

Fusion Benefit

Both dental plans offered by Ameritas also include a **FUSION** benefit at no cost to you! This benefit provides $100 annually to any eye care related, materials expense including: lenses, contact lenses and frames. This amount is part of your dental maximum.

Vision Benefits

Marden's is pleased to offer **Vision** insurance through **Ameritas** which utilizes the **VSP** network. With this plan, members will receive a benefit for **lenses and exams every calendar year and frames every other calendar year**. In addition to the allowances under the vision plan, there are extra savings available on glasses, sunglasses and laser vision correction surgery.

Type of Services	In-Network	Out-of-Network
Annual Eye Exam	$10 copay	Reimbursed up to $45
Frame Allowance	$150	Reimbursed up to $75
Lenses (per pair) - Single Vision - Bifocal - Trifocal - Progressive	 $25 copay $25 copay $25 copay $25 copay, then member is responsible for difference between progressive and lined-option	 Reimbursed up to $30 Reimbursed up to $50 Reimbursed up to $65 N/A
Frequencies - Exam - Lens - Frames	 Once every 12 months Once every 12 months Once every 24 months	 Once every 12 months Once every 12 months Once every 24 months
Contact Lenses - Fit & Follow Up Exams - Elective Lenses - Medically Necessary	 Up to $60 Up to $150 Covered in Full	 No Benefit Up to $120 Up to $210

*Benefit includes lens or contacts but not both

Employee Contributions (weekly)

Coverage Tier	
Employee Only	$1.26
Employee + Spouse	$2.46
Employee + Child(ren)	$2.26
Family	$3.71

Life Insurance & Disability Insurance

Marden's provides the opportunity to purchase Life and Disability Insurance through **Lincoln** to protect employees and their families in the event of a death or disability. This coverage had previously been through Guardian.

Short-Term Disability

Marden's provides full-time employees with short-term disability (STD) benefits at **a cost of $1.50 per week**. Benefits begin after a 14-day elimination period and continue for up to 26 weeks. **STD coverage is 60% of your income up to a weekly maximum of $750**. Note: Pregnancy upon hire is a pre-existing condition that is not covered.

Employee cost: $1.50/week

Life/AD&D Insurance

All eligible employees will have the ability to enroll in Life Insurance. The benefit amount for eligible employees is $10,000. Additionally, **Accidental Death & Dismemberment (AD&D)** Insurance is provided in the same amount in the event that you suffer a loss as the result of an accident.

Employee cost: $0.20/week

Voluntary Life and AD&D Insurance

In addition to the life insurance funded mostly by Marden's, you have the opportunity to purchase additional life insurance on **you, your spouse** and **your child(ren).** The voluntary life and accidental dismemberment insurance is offered through **Lincoln.** **Note: you can select up to 5 times your Annual Salary – up to $500k. If you currently have coverage with Guardian above the guarantee issue limit, you will be provided with that coverage amount (should you elect it) without answering health questions.**

Benefit	Coverage	Guaranteed Issue
Employee Life and AD&D	$10,000 increments to $500,000	$200,000
Spouse Life and AD&D	$5,000 increments to $100,000	$30,000
Child Life	$2,000 increments for children from 14 days to 26 years	$10,000

Evidence of Insurability

When hired, employees are given a one-time opportunity to elect voluntary life insurance up to the Guaranteed Issue amount. After your initial new hire period, you can increase the amount of your life insurance coverage without a medical exam annually up to $20,000 up to the $200,000 guarantee issue amount. Outside of this, any new or increased amounts will require **Evidence of Insurability (EOI).** EOI is a medical questionnaire that must be submitted to Lincoln for approval of the requested election. Lincoln reserves the right to deny coverage based on the answers to the EOI.

Cost

The cost of Voluntary Life/AD&D is based on the employee's age. Please refer to the table below for the monthly age-banded rates per $1,000 of coverage.

Age	Rate	Age	Rate
<30	$0.093	**50 – 54**	$0.377
30 – 34	$0.098	**55 – 59**	$0.578
35 – 39	$0.122	**60 – 64**	$0.849
40 – 44	$0.162	**65-69**	$1.606
45 – 49	$0.241	**70+**	$3.038

Lincoln Financial Group®

Life Insurance (cont.)

With two opportunities to purchase Life insurance through Marden's, we've prepared this helpful table to compare these two options. **Note: You are permitted to purchase policies under each plan and are not required to pick between the two.**

	Basic Life	Voluntary Life
Employee Benefit	Marden's provides $10,000 Basic Term Life coverage for all employees for $0.20/week.	$10,000 increments to a maximum of 5x salary or $500,000. See rate table on previous page.
Accidental Death and Dismemberment	Included with your life insurance	Included for employee, spouse and child(ren) coverage. Maximum up to 1 times life amount.
Spouse Benefit	N/A	$5,000 increments to a maximum of $100,000 or 100% of the employee's benefit amount.
Child Benefit	N/A	Your dependent child age 14 days to 26 years. $2,000 increments to a maximum of $10,000.
Guarantee Issue: The "guarantee" means you are not required to answer health questions to qualify for coverage up to an including the specific amount when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to $10,000 per employee	Guarantee Issue coverage up to: **Employee** $200,000 **Spouse** $30,000 **Dependent Children** $10,000
Premiums	$0.20/week regardless of age	Increase on plan anniversary after you enter the next five-year age group.
Portability: Allows you to take coverage with you if you terminate employment as long as you held that coverage for at least 3 months.	Yes, with age and other restrictions inlcuding evidence of insurability.	Yes, with age and other restrictions.
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions	Yes, with restrictions
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition as defined by the plan.	No	Yes
Waiver of Premium: Premium will not need to be paid if you are totally disabled	For employees disabled prior to age 60, with premiums wavied until age 65, if conditions are met	For employees disabled prior to age 60, with premiums wavied until age 65, if conditions are met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 70, 50% at age 75	35% at age 70, 50% at age 75

Lincoln Financial Group®

Employee Assistance Program – (888) 628-4824

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your employee assistance program, **EmployeeConnect** is there for you. It can help you and your family find solutions and restore peace of mind. Services are confidential and available 24 hours a day, 7 days a week.

The resources you need to meet life's challenges

EmployeeConnect℠ offers professional, confidential services to help you and your loved ones improve your quality of life.

In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings

Unlimited 24/7 assistance

You and your family can access the following services any time — online, on the mobile app, or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more
- Legal information and referrals for family law, estate planning, and consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

Online resources

EmployeeConnect offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit **GuidanceResources.com** or download the **GuidanceNow**℠ mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets, and more

EmployeeConnect℠

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com
  username: LFGSupport password: LFGSupport1
- Download the GuidanceNow℠ mobile app
- Call 888-628-4824

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MARDEN'S
SURPLUS & SALVAGE

lebel & harriman
RETIREMENT ADVISORS

401(k) Highlight & Contact Sheet

Key Plan Provisions

- **Plan Info**
  - Plan Name: Marden's, Inc. 401(k) Retirement Savings Plan
  - Platform: Empower (until December 31st, 2024), **Fidelity (after January 1st, 2025)**
  - Advisor: Lebel & Harriman Retirement Advisors
- **Employee Eligibility / Entry Date**
  - Age 21 and 12 Months of Service
  - Enter the 1st of the Quarter following your Eligibility Date
- **Employee Contributions**
  - Roth and/or Pretax (subject to 2024 IRS contribution limit of $23,000 + $7,500 catch-up)
  - Automatically enrolled at 4% of your pay and automatically increased 1% annually up to 6%
  - Contributions can be changed at any time
- **Employer Contributions**
  - Discretionary Match: 50% up to 6% (3% maximum)
  - 100% Vested after 6 Years of Service
- **Distribution Options**
  - Hardships & In-Service Withdrawals
  - Loans (up to $50,000 or 50% of your vested account balance)

Fidelity - New 401(k) Provider effective 1/1/2025

Fidelity

- Enroll and/or access your account
- Change your contributions and investments
- Request a distribution or rollover
- Designate a beneficiary
- View your expected retirement income

NetBenefits.com | (800) 343-3548 | Fidelity NetBenefits Mobile App

Lebel & Harriman Resources

- Enrollment/rollover support
- Investment guidance
- Plan-related education (pre-tax vs. Roth, distribution options, etc.)
- Financial wellness
- Financial planning & insurance (available via a separate agreement)

Nate Chisholm, Senior Retirement Counselor | nchisholm@lebelharriman.com

lebelharriman.com/category/learning-center/ | (207) 773-5390

Marden's - 401(k) Education Platform

Contact Information

We encourage all of our employees and their families to become familiar with and use the resources offered.

Below is a list of websites and telephone numbers where you can obtain information about your benefit plan coverage. In most cases, you can register to securely access your benefit information online. This will enable you to review important information about your coverage, locate a doctor, view your claims history and research various health-related topics.

Benefit	Carrier/Vendor	Website/Email	Phone
Medical	Meritain/Aetna	www.meritain.com	888-324-5789
Pharmacy	TrueRx	www.truerx.com	866-921-4047
Dental/Vision	Ameritas	www.ameritas.com	800-487-5553
Life & Disability	Lincoln Financial	www.lincolnfinancial.com	800-487-1485
Retirement	Lebel & Harriman	Nate Chisholm nchisholm@lebelharriman.com	207-773-5390
Power & Walsh Employee Advocate	Power & Walsh	Brian Power bpower@powerandwalsh.com Darren Walsh dwalsh@powerandwalsh.com Jay Power jpower@powerandwalsh.com	Brian: 207-389-4270
Employee Assistance Program	EmployeeConnect	www.Guidanceresources.com	888-628-4824

Employee Advocate

Employee Advocates for Marden's

Understanding plan design choices, claims, referrals and making sense of bills or explanations of benefits (EOBs) can be overwhelming and complicated for anyone. Power & Walsh provides Employee Advocate and Advisory services to ensure that employees and their dependents understand their benefits and that issues are resolved timely, accurately, and seamlessly. Employees and their dependents can contact any of our team members below to help with:

- Benefits and Plan option questions
- Claims resolution
- Referral and authorization assistance
- Issues with prescription drug coverage
- Assistance filing voluntary benefit claims
- Questions regarding Medicare

We encourage you and your dependents to contact us at the information below if you have any questions.

Contact Information

Jay Power
Principal
Direct: (203) 256-0835
jpower@powerandwalsh.com

Darren Walsh
Principal
Direct: (203) 255-0820
dwalsh@powerandwalsh.com

Brian Power
Partner
Direct: (207) 389-4270
bpower@powerandwalsh.com

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the plan deductibles and coinsurance will apply.

NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

PATIENT PROTECTION MODEL DISCLOSURE

Meritain generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Meritain will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, Cathy Callahan at 207-660-9218.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Meritain or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Cathy Callahan at 207-660-9218.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.

Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $156 per day (up to a $1,566 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Marden's Inc.
100 Benton Avenue
Winslow, Maine 04901
207-660-9218
ccallahan@mardens.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.

- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases, we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Important Notice from Marden's About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Marden's and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Marden's has determined that the prescription drug coverage offered by Meritain is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Marden's coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Marden's coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Marden's and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Marden's changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2025
Name of Entity/Sender:	Marden's Inc.
Contact--Position/Office:	Human Resources Director
Address:	100 Benton Avenue, Winslow, ME 04901
Phone Number:	207-660-9218

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**

Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
OKLAHOMA – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
IOWA – Medicaid and CHIP (Hawki)	**MONTANA – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

Phone: 1-800-657-3739	
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. (expires 12/31/2019)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment–based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one–stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost–sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer–offered coverage. Also, this employer contribution –as well as your employee contribution to employer–offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after–tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Marden's Inc.	4. Employer Identification Number (EIN) 01-0373270	
5. Employer address 100 Benton Ave	6. Employer phone number 207-660-9218	
7. City Winslow	8. State ME	9. ZIP code 04901
10. Who can we contact about employee health coverage at this job? Cathy Callahan		
11. Phone number (if different from above)	12. Email address ccallahan@mardens.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [X] All employees. Eligible employees are:
    Working 30 hours per week or more
  - [ ] Some employees. Eligible employees are:
- With respect to dependents:
  - [X] We do offer coverage. Eligible dependents are:
    Spouse
    Children up to the age of 26
  - [ ] We do not offer coverage.

[X] If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

* An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

MARDEN'S

SURPLUS & SALVAGE

This overview is published for employees of Marden's and is only a highlight of your benefits. Official plan and insurance documents actually govern your rights and benefits under each plan. If any discrepancy exists between this summary and any of the official plan documents, the official plan documents with prevail.