

Employee Benefits Guide

January 1, 2024



Your benefits are a valuable addition to your overall compensation. Make sure you get the most from them by taking the time to understand your options and selecting the best coverages for you and your family.



IMPORTANT NOTICE: Read Carefully

This benefits guide briefly describes your benefit choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. This guide is not intended to be a complete description of the benefit plans, and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. Pathward reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits.

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Please refer to the [Pathward People and Culture](#) page to view all 2024 notices and benefit summaries.

ELIGIBILITY

WHO IS ELIGIBLE?

Full-time employees working 30 or more hours per standard workweek on a regular basis are eligible to enroll in the benefits described in this guide. Part-time, temporary employees and interns are not eligible for benefits outlined in this guide, unless specifically noted within.

Coverage for new employees begins on the first of the month following 30 days of active service. You must enroll/decline coverage within 20 days from your hire date. The elections you make remain in effect for the full calendar year, unless you have a qualified status change event.

The following family members are eligible:

1. Your children up to age 26 (or older if disabled and incapable of self-support)
This includes the following:
 - ✓ Your natural or adopted children (including children placed in your custody for adoption)
 - ✓ Your stepchildren
 - ✓ Your foster children or other children you support and for whom you are the legal guardian
 - ✓ Children for whom you are required to provide coverage as the result of a qualified medical child support order (QMCSO).
2. Your spouse (legally married)

ENROLLING IN BENEFITS

HOW TO ENROLL (this applies to full-time, part-time and temporary employees)

Log in to [UKG Pro](#) and go to **Myself>Benefits>Manage My Benefits** and you will be redirected to the Benefits Dashboard. **Please be sure that you are using Google Chrome.**

WELCOME SCREEN

From this screen you will be able to begin your enrollment, make changes to your benefits, see your benefits summary, and review benefit plan information among other resources.

OVERVIEW

At the top of the screen you will see how many days you have left to enroll, whether you're a new hire or in an open enrollment. Failure to enroll by the enrollment due date will result in **NO COVERAGE**. If you are a new hire and fail to enroll by the due date, you will not have coverage, except for the company provided benefits. You will not be able to enroll until the next open enrollment or if you have a qualifying event.

- **Click on Get Started.**
- If you are a current employee and we are not in Open Enrollment, select the Benefits link in the side menu, then select "Update your current benefits".
- If you are a new hire, please utilize the new hire instructions you receive during your orientation.

REVIEW YOUR PROFILE

The first step in your enrollment process is to review your profile. Read through this and verify that all information is correct. If there are errors, you can modify the information by selecting "Edit Info" or contact the Benefits Team at benefits@pathward.com.

ADDING DEPENDENTS/BENEFICIARIES

After you review your profile, you will have an option to add dependents. Each dependent you add is capable of being a beneficiary, and can be done on any page of the enrollment. To enter a new dependent not currently listed on the page:

- **Click on the Add Family Member box** and a new page will open. Enter ALL required information including date of birth and social security number, click save. When finished with your dependents select "Next: Shop for Benefits". **Note: It is preferred that you include your dependent SSN at time of entry. If not available, you may complete the transaction but must update the SSN as soon as possible by visiting UKG Pro to update.**

SHOP FOR BENEFITS

You will see available options in the middle of your screen and the total benefit cost per pay period will appear in the upper right-hand side of the enrollment screen in your cart.

ENROLLMENT NAVIGATION

In order to proceed through each benefit election, use the Shop Plans button next to the first benefit type. On each benefits page, you can compare plans, edit who is covered and get information related to your benefits. Once you have made your selection, simply click Update Cart. Once your cart is updated, you will be moved to the next benefit type. **When you have completed your elections you must click Review & Checkout for your benefits to be SAVED and ELECTED!** Think shopping online, if you don't checkout, you won't get anything!

ENROLLMENT CONFIRMATION

This page lists all the benefits you elected. Read through the entire page carefully and verify all information is correct. To review your plans and who's covered, simply click View Plan next to each benefits type. You can also download, email, and print your elections.

To make any changes during your enrollment window:

- Click Continue Enrollment or View Confirmation
- Make Corrections
- Click Save
- Click Review and Checkout

MAKING CHANGES TO YOUR ELECTIONS

MAKING CHANGES TO YOUR ELECTIONS

You can enroll in benefits as a new hire or during annual open enrollment. **Your coverage stays in effect for the entire plan year which begins January 1st and ends December 31st.** You cannot change your coverage, start or stop coverage, or add or drop any family members to or from your coverage, during the plan year unless you experience qualifying events as permitted under Internal Revenue Code.

What you need to do:

When you experience a qualifying event, such as marriage or the birth of a child or HIPAA special enrollment event, you must request a special enrollment within 30 calendar days of the event in order to make any election changes.

Qualifying Status Change Events:

Examples of qualified status change events include (but are not limited to):

- ✓ Change in marital status (marriage or divorce).
- ✓ Change in number of dependents (birth, adoption or placement for adoption of a child, death of spouse or child).
- ✓ Change in eligibility (child loses eligibility due to age).
- ✓ Change in other coverage (your and/or your dependents gain or lose eligibility for coverage under another plan, such as your spouse's employer).

If you experience a qualified status event, you have 30 days to report the event and request an enrollment change that is consistent with the type of event. For instance, if the event is marriage, you may request an enrollment change to add your new spouse to your coverage if you request enrollment within 30 days.

Enrollment changes due to qualified status events generally are effective the first of the month following the event, provided that you requested the enrollment change by the 30-day deadline. Coverage for a new child due to birth, adoption or placement of adoption generally is effective on the date of the event.

The company's IRC Section 125 plan document governs how and when you can make enrollment changes during the plan year and may recognize qualified status events permitting election changes in addition to those listed above. Your HR Benefits Representative can provide complete details.

When you experience any type of family change, you should also consider updating your Term Life insurance and beneficiaries at the same time. In addition, you may need to update your address or update your tax status by completing a new Form W-4, which can all be done in [UKG Pro](#).

HIPAA SPECIAL ENROLLMENT RIGHTS

HIPAA SPECIAL ENROLLMENT RIGHTS

Under the Health Insurance Portability and Accountability Act (HIPAA), if you decline company-sponsored medical, dental or vision coverage for yourself or your dependents because you have other health insurance coverage (for example, through your spouse's employment), you may be able to enroll yourself and your dependents in our company's health care plan during the plan year if:

- ✓ You or your dependents lose eligibility for the other coverage.
- ✓ The other employer stops contributing toward the other coverage.
- ✓ You or your dependents lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage.
- ✓ You or your dependents become eligible for a state's premium assistance program under Medicaid or CHIP.

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 in company benefit plans during the plan year.

For any HIPAA special enrollment event, you must request enrollment within 30 days after you or your dependent's other coverage ends (or after the other employer stops making a contribution toward the other coverage) or you acquire the new dependent. If the event is gaining or losing eligibility for coverage or premium assistance under Medicaid or CHIP, you have up to 60 days to request a change.

IF YOU LEAVE YOUR JOB

Your company-sponsored health insurance benefit coverage (Medical, Dental and Vision insurance) will terminate the last day of the month in which your employment is terminated. Example: if you were to leave on 4/15, your Medical, Dental and Vision coverage would end on 4/30. You and your dependents that are covered under your health benefits may have the right to continue participation as allowed under the Consolidated Omnibus Budget Reconciliation Act (commonly referred to as "COBRA") if coverage is lost due to certain events; such as termination of employment. COBRA generally allows you to continue coverage for a certain period of time by paying the monthly premiums yourself.

Detailed information about your COBRA rights is provided when you join the Company or become eligible for health coverage. You may request another copy of your COBRA rights notice at any time. For more information, contact our COBRA administrator TASC at 800-422-4661.

Life Insurance: You may apply for conversion to an individual policy of life insurance, subject to certain conditions.

CONTACTS

If you have questions you can contact the Benefits Team at benefits@pathward.com or the carriers directly. Use this chart to help guide you to the right resource

PLAN	GROUP #	PHONE #	WEBSITE/EMAIL
Wellmark BCBS Medical			
<i>Copay Plan</i>	XD023-0000	(800) 774-0384	www.wellmark.com/mywellmark
<i>HDHP</i>	XD023-0001	(800) 774-0384	www.wellmark.com/mywellmark
MetLife Dental			
<i>High Plan</i>	319791	(800) 438-6388	Metlife.com/mybenefits
<i>Low Plan</i>	319791	(800) 438-6388	Metlife.com/mybenefits
MetLife Vision	254193	(800) 438-6388	Metlife.com/mybenefits
New York Life			
<i>Life</i>	FLX-964601	(888) 842-4462	www.myNYLGBS.com
<i>AD&D</i>	OK-966189	(888) 842-4462	www.myNYLGBS.com
<i>LTD</i>	LK-966161	(888) 842-4462	www.myNYLGBS.com
<i>STD</i>	SHD-962074	(888) 842-4462	www.myNYLGBS.com
New York Life – Voluntary Life	FLX-964601	(888) 842-4462	www.myNYLGBS.com
CIGNA – Accidental Injury	AI-111351	(800) 754-3207	Accidentinjury/criticalillness@cigna.com
CIGNA – Critical Illness	CI-111300	(800) 754-3207	Accidentinjury/criticalillness@cigna.com
CIGNA – Hospital Care	HC-111068	(800) 754-3207	Accidentinjury/criticalillness@cigna.com
Connections EAP		(800) 779-6125	www.connectionseap.com
LifeGuides	2060	(877) 532-3472	https://app.lifeguides.com/pathward
LegalShield / ID Shield	153390	(580) 436-1234	www.legalshield.com
Nationwide Pet Insurance	9484	(877) 738-7874 new enrollment (800) 540-2016 policyholders	www.petsnationwide.com
TASC FSA, LPFSA and HSA	4302-6287-8177	(800) 422-4661	www.tasconline.com
TASC COBRA	4302-6287-8177	(800) 422-4661	www.tasconline.com
Principal Financial 401(k)	4-59119	(800) 547-7754	www.principal.com
WealthSage Advisors of Raymond James		(833) 981-4243	www.WealthSageAdvisors.com
PATHWARD BENEFITS TEAM			EMAIL: benefits@pathward.com

EMPLOYEE BI-WEEKLY (24) CONTRIBUTIONS

MEDICAL	PPO Plan \$1,500/\$3,000	HDHP Plan \$2,000/\$4,000
Employee	\$50.00	\$27.73
Employee + One	\$215.08	\$126.15
Employee + Family	\$342.67	\$200.94

Effective January 1, 2024, Pathward will add a \$30 per pay (\$60 month) premium surcharge to the medical plan contribution for employees who elect to cover a spouse employed outside of Pathward, who is eligible for health insurance through his or her employer's plan. The premium surcharge will be deducted on a pre-tax basis and will be in addition to the applicable medical plan contribution. Employees who wish to cover a spouse on the medical plan will be asked to complete a Spousal Surcharge Affidavit at the time a spouse is enrolled and each subsequent open enrollment period. The affidavit asks questions relating to the spouse's employment to determine whether the spousal surcharge will apply.

DENTAL	High Plan	Low Plan
Employee	\$21.67	\$19.83
Employee + Spouse	\$48.39	\$44.69
Employee + Child(ren)	\$44.94	\$37.64
Employee + Family	\$68.48	\$58.30

VISION	Vison Plan
Employee	\$4.18
Employee + Spouse	\$7.44
Employee + Child(ren)	\$7.30
Employee + Family	\$11.78

CIGNA VOLUNTARY	Accident Insurance	Hospital Indemnity Insurance
Employee	\$7.81	\$7.62
Employee + Spouse	\$12.36	\$16.90
Employee + Child(ren)	\$15.03	\$13.59
Employee + Family	\$19.04	\$22.87

CIGNA VOLUNTARY Critical Illness	Employee Benefit \$5,000	Employee Benefit \$10,000	Employee Benefit \$15,000	Spouse Benefit \$2,500	Spouse Benefit \$5,000	Spouse Benefit \$7,500
Age Band						
0 – 29	\$1.88	\$2.66	\$3.44	\$1.20	\$1.59	\$1.98
30 – 39	\$2.57	\$4.05	\$5.52	\$1.60	\$2.38	\$3.16
40 – 49	\$4.01	\$6.93	\$9.84	\$2.43	\$4.04	\$5.65
50 – 59	\$7.10	\$13.11	\$19.11	\$4.37	\$7.93	\$11.49
60 – 69	\$10.53	\$19.96	\$29.39	\$6.50	\$12.18	\$17.86
70 – 79	\$16.52	\$31.94	\$47.36	\$10.23	\$19.65	\$29.07
80+	\$28.46	\$55.82	\$83.18	\$18.27	\$35.72	\$53.17

Voluntary Basic Dependent Life insurance is a per family rate of \$2.26 per month (\$1.13 bi-weekly). Voluntary Term Life, Legal and ID Shield costs can be viewed as you review benefit options in [UKG Pro](#). For Pet Insurance, you may obtain costs from Nationwide Pet Insurance at 877-738-7874. Actual per paycheck deductions may differ slightly due to rounding.

MEDICAL BENEFITS

MEDICAL PLANS & PRESCRIPTION DRUGS

Our medical coverage is provided through Wellmark BCBS. For your complete plan details, please refer to the summary plan descriptions posted on [UKG Pro](#).

Prescription drug coverage is included as part of the medical plan. You should always use a participating pharmacy (one that is contracted by your medical plan) to get the best price. Generic prescriptions have the lowest copays, and non-formulary brand name drugs have the highest copays. A formulary is a list of drugs, (both generic and brand name) that are preferred by the health plan. Formularies are updated regularly. You can learn more about your plan's prescription drug coverage, including what drugs are on the formulary, by visiting the [Wellmark](#) web site.

Wellmark BCBS Medical Plan		
Plan Features	PPO Plan In-Network	HDHP Plan In-Network
Calendar Year Deductible:		
Individual	\$1,500	\$2,000
Family	\$3,000	\$4,000**
Coinsurance (Your share of the costs of a covered service)	20%	10%
Calendar Year Out-of-Pocket Maximum:		
Individual	\$3,000	\$3,500
Family	\$6,000	\$7,000*
Office Visit:		
Primary Care	\$25	10% after deductible
Specialist	\$40	10% after deductible
Preventive Care	No Charge	No Charge
Routine X-Ray and Laboratory Services	20% after deductible	10% after deductible
Emergency Services	\$250	10% after deductible
Hospitalization	20% after deductible	10% after deductible
Outpatient Surgery	20% after deductible	10% after deductible
Prescription Drugs:		
Rx Deductible	\$75 Ind. / \$150 Family*	Medical Ded. Applies
Tier 1	\$10	\$10
Tier 2	\$35	\$40
Tier 3	\$50	\$80
Tier 4	\$85	\$80
Specialty	Pref. \$50 / Non-Pref. \$85	Tier Copay Applies
Prudent Rx	\$0 out-of-pocket cost on eligible specialty medications when enrolled. 30% coinsurance if drug eligible but member opts out of program.	After ded. is met, \$0 out-of-pocket cost on eligible specialty medications when enrolled. 30% coinsurance if drug eligible but member opts out of program.

* Deductible is waived for Tier 1 prescription drugs on the PPO plan.

** If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay, and the overall family out-of-pocket must be met before the plan covers 100%.

DENTAL BENEFITS

PPO DENTAL PLANS

Pathward offers two voluntary dental plans with MetLife. This benefit is available to all full-time employees and their eligible dependents. Follow the links below to:

- Learn more about the [dental plan](#)
- Learn about [dental health and wellness](#)
- Learn how to login to [MyBenefits](#)
- Learn how to [find a dental provider](#)



MetLife Dental Insurance PPO Dental Plans		
Plan Features	High Plan In-Network	Low Plan In-Network
Calendar Year Deductible: Individual Family	\$15 \$45	\$15 \$45
Deductible Waived for Preventive	Yes	Yes
Calendar Year Maximum per Person	\$1,750	\$1,500
Coinsurance: Preventive Basic (fillings, simple extractions, oral surgery, general anesthesia) Basic (all other) Major	100% 90% 80% 60%	100% 80% 80% 50%
Cleanings, Exams, X-rays, Sealants	Preventive	Preventive
Fillings, Extractions, Crowns, Oral Surgery, Endodontics, Periodontics	Basic	Basic
Implants, Bridges, Dentures	Major	Major
Orthodontia: Coinsurance Lifetime Maximum	Adult and Child 50% \$2,000	Not Covered
Incentive = 1 cleaning in prior year	Increase maximum by \$150 the following year, subject to a total maximum increase of \$450	Increase maximum by \$150 the following year, subject to a total maximum increase of \$450

VISION BENEFITS



VISION PLAN

Our vision coverage is with MetLife. This benefit is available to all full-time employees and their eligible dependents. Follow the links below to:

- Learn more about the [vision plan](#)
- Learn how to login to [MyBenefits](#)
- How to [find a vision provider](#)

MetLife Vision Insurance VSP Choice Network		
Plan Features	In-Network Member Cost	Out-of-Network Reimbursement
Frequency: Examination Lenses or Contacts Frame		Once every 12 months Once every 12 months Once every 24 months
Exam	\$10 copay	Up to \$45
Frames	\$200 allowance	Up to \$70
Lenses: Single Bifocal Trifocal Standard Progressive	100% 100% 100% 100%	Up to \$30 Up to \$50 Up to \$65 Up to \$50
Contacts: In lieu of glasses Elective Medically Necessary	\$200 allowance* 100%	Up to \$105 Up to \$210

BASIC TERM LIFE AND AD&D BENEFITS

BASIC TERM LIFE / BASIC AD&D PLAN

Our basic term life and basic AD&D coverage is with New York Life. Pathward pays the full cost of this coverage for full-time employees.

New York Life Basic Term Life	
Employee Benefit Amount and Maximum	2 times annual compensation rounded to the next higher \$1,000 not to exceed \$500,000
Employee Benefit Reduction Schedule	Benefits will reduce to 65% at age 65, to 50% at age 70 and to 35% at age 75

New York Life Basic Accidental Death & Dismemberment (AD&D)	
Employee Benefit Amount and Maximum	2 times annual compensation rounded to the next higher \$1,000 not to exceed \$500,000
Employee Benefit Reduction Schedule	Benefits will reduce to 65% at age 65, to 50% at age 70 and to 35% at age 75

While this coverage is provided at no cost to you, it may affect your taxes. Basic Life Insurance amounts above \$50,000 are assigned a value by the IRS and treated as taxable income. Pathward offers the option to elect a \$50,000 capped benefit to avoid imputed income taxes.

New York Life Voluntary Basic Dependent Life		
Spouse	Benefit Amount	\$10,000
Dependent Children to age 26	Benefit Amount	\$5,000

Under the Basic Term Life, there is a guaranteed Basic Life Spouse benefit of \$10,000 and a Basic Life Child benefit of \$5,000. You may choose to opt in or decline the benefit(s). If you opt in, the cost is \$2.36 per month for Spouse and/or Children.

Employees that separate from Pathward prior to age 70 will have the option to convert all or part of their life insurance to a whole life policy. New York Life will provide information regarding this conversion option to your mailing address on file upon separation of employment.

REMINDER: Be sure to elect a beneficiary and keep this information current!

You can change your beneficiary at any time by going to the MySelf icon in UKG, and navigating to Benefits, then Manage My Benefits. Once there go to Profile and select My Beneficiaries.

VOLUNTARY TERM LIFE BENEFITS

VOLUNTARY TERM LIFE PLAN

Our voluntary term life coverage is with New York Life (NYL). If you are seeking coverage over the guaranteed issue amount, you will be required to complete an Evidence of Insurability (EOI) questionnaire from NY Life.



New York Life Voluntary Term Life		
Employee	Benefit Amount	Units of \$10,000
	Guaranteed Coverage Amount	\$200,000
	Maximum	\$500,000
	Benefit Reduction Schedule	Your benefits will reduce to 65% of the original amount at age 65, to 50% of the original amount at age 70, and to 35% of the original amount at age 75.
Spouse	You are only eligible to choose coverage for your spouse if you have elected coverage for yourself.	
	Benefit Amount	Units of \$5,000
	Guaranteed Coverage Amount	\$75,000
	Maximum	\$250,000 or 100% of Employee Benefit Amount
Dependent Children	Dependent Child(ren) to age 26 are eligible provided you enroll in coverage for yourself.	
	Benefit Amount	Units of \$1,000
	Maximum Per Child	\$10,000
	Benefit Amount from birth to 6 months	\$500

DISABILITY BENEFITS

SHORT-TERM DISABILITY PLAN

Our short-term disability coverage is with New York Life. Pathward pays the full cost of this coverage. Short-term disability will go into effect on the first of the month following 90 days of active service.

New York Life Short-Term Disability		
Weekly Benefit	Benefit Amount – during first year of employment	60% of pre-disability earnings
	Benefit Amount – after one year of employment	Weeks 2-8: 100% of pre-disability earnings (60% paid by NYL and 40% paid by Pathward. Disability must be approved by NYL for any eligible benefits to be paid by NYL or Pathward.) Weeks 9-12: 60% of pre-disability earnings
Benefit Maximum	N/A	
Elimination Period*	You must be disabled for 7 days from accident or 7 days from sickness before benefits begin. You must use 5 days of PTO to satisfy the elimination period. If PTO is not available, Extended Sick Leave can be used.	
Benefit Duration	90 days	

Regular full-time and part-time employees are eligible for New Parent Leave beginning the first day of the month immediately following 90 days of employment. Mothers and fathers are eligible for 5 paid consecutive days of New Parent Leave in connection with the birth of the employee's own child or the placement of a child with the employee in connection with an adoption. New Parent Leave must be used within 12 weeks immediately following the birth, adoption or placement of the child with the employee. Birth mothers will use New Parent Leave to fulfill the one-week elimination period for Short-Term Disability (see Short-Term Disability Policy).

LONG-TERM DISABILITY PLAN

Our long-term disability coverage is with New York Life. Pathward pays the full cost of this coverage.

New York Life Long-Term Disability	
Benefit Amount	60% of your monthly covered earnings
Maximum Monthly Benefit	\$10,000 per month
Elimination Period	You must be disabled for 90 days before benefits may be payable.
Definition of Disability	Own occupation to age 65 or normal Social Security retirement age.

If you live in a state that also provides paid disability leave (i.e. CA, NY, NJ, CT), you will also apply for disability benefits from the state and NYL. Any benefit payable by the state will be offset by any benefit that would be payable by NYL or Pathward so not to exceed the pre-disability income." Employee will be responsible for applying with the state and providing NYL with proof of disability benefits being received.

Effect of Other Income Benefits on Employer-Sponsored Disability Benefits

An Employee for whom Disability Benefits are payable under this Plan may be eligible for benefits from Other Income Benefits. If so, the Plan may reduce the Disability Benefits by the amount of such Other Income Benefits.

Other Income Benefits Examples include:

1. any amounts received (or assumed to be received*) by the Employee or his or her dependents under:
 - (a) the Canada and Quebec Pension Plans;
 - (b) the Railroad Retirement Act;
 - (c) any local, state, provincial or federal government disability or retirement plan or law payable for Injury or Sickness provided as a result of employment with the Employer;
 - (d) any work loss provision in mandatory "No-Fault" auto insurance;
2. any Social Security disability or retirement benefits the Employee or any third party receives (or is assumed to receive*) on his or her own behalf or for his or her dependents; or which his or her dependents receive (or are assumed to receive*) because of his or her entitlement to such benefits;
3. any Retirement Plan benefits funded by the Employer. "Retirement Plan" means any defined benefit or defined contribution plan sponsored or funded by the Employer. It does not include an individual deferred compensation agreement; a profit sharing or any other retirement or savings plan maintained in addition to a defined benefit or other defined contribution pension plan, or any employee savings plan including a thrift, stock option or stock bonus plan, individual retirement account or 401(k) plan;
4. any proceeds payable under any franchise or group insurance or similar plan. If other insurance applies to the same claim for Disability, and contains the same or similar provision for reduction because of other insurance, the Plan will pay for its pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies;
5. any amounts paid because of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.

In no case will short or long-term disability benefits, along with any other disability benefit payable, exceed the pre-disability compensation for any employee. Failure of an employee to cooperate with New York Life or Pathward in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due. Under the terms of the short and long-term disability plans, New York Life has the right to recover any benefits it has overpaid. No disability benefits will be paid by NYL or Pathward that have not been approved by New York Life under its short-term or long-term disability policy.

VOLUNTARY BENEFITS

ACCIDENTAL INJURY

Accident insurance provides a cash benefit for injuries you or an insured family member sustain from an accident. Coverage is available for full-time, benefits-eligible employee, spouse and children to age 26.

Cigna Accidental Injury	
Benefit Type	Benefit Amount
Wellness Benefit for Preventive Care and Health Screenings	\$50/visit (1/year)
Physician Office Visit	\$75
Diagnostic Exam	\$50
Emergency Care Treatment	\$200
Hospital Admission	\$1,000
Hospital Stay	\$200/day
Intensive Care Unit Stay	\$400/day

HOSPITAL CARE

Hospital insurance provides a cash benefit if you have a hospital stay resulting from a covered injury or illness. Coverage is available for full-time, benefits-eligible employee, spouse and children to age 26.

Cigna Hospital Care	
Benefit Type	Benefit Amount
Hospital Admission	\$1,000 per day
Hospital Stay	\$100 per day
Hospital Intensive Care (ICU) Stay	\$200 per day

CRITICAL ILLNESS

Critical Illness insurance provides a cash benefit upon diagnosis of a specified disease. Coverage is available for full-time, benefits-eligible employee, spouse and children to age 26.

Cigna Critical Illness	
Covered Conditions	Benefit Amount
Health Screening Benefit	\$50 (1/year)
Invasive Cancer, Heart Attack, Stroke, Renal (Kidney) Failure, Major Organ Failure, Paralysis, and Blindness	100%
Amyotrophic Lateral Sclerosis (ALS), Coronary Artery Disease, Advanced Alzheimer's Disease, Parkinson's Disease, Coma and Carcinoma in Situ	25%

EMPLOYEE ASSISTANCE PROGRAM

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP offers you and your family information, referrals and short-term counseling for personal issues affecting work or personal life. Referrals are available for childcare services, legal consultations, older adult services and career management.

No election is required for this benefit. All full and part-time employees and your immediate family have access to free, confidential services provided by Connections EAP.

Benefit: Counseling

Benefit Amount: 6 visits per person, per year

**Call Connections EAP
1-800-779-6125**

LIFEGUIDES

LifeGuides is a judgment-free, confidential place to receive support from an empathetic person who has walked through a similar life challenge. Having a Guide by your side can help you feel lighter, stronger and more resilient in your daily life. Guides can assist you with navigating a life challenge, big or small, at work or at home.

No election is required for this benefit. All full and part-time employees and their adult household members have access to this free, confidential service provided by LifeGuides.

Benefit: Support with Life's Challenges

Benefit Amount: Unlimited services

**Call LifeGuides
1-877-532-3472**

***When life throws you lemons, LifeGuides can help
you make lemonade.***

LEGAL SERVICES PLAN



LEGAL SERVICES:

Our plan provides you the option of purchasing legal and/or identity services through Legal Shield / ID Shield. These benefits are available to full and part-time employees upon hire or may be elected during the annual open enrollment period.

To learn more about LegalShield/IDShield services, check out these helpful videos:

- LegalShield Plan Overview

<https://player.vimeo.com/video/574990478>

- IDShield Plan Overview

<https://player.vimeo.com/video/576909323>

Legal Shield membership includes:

- ✓ Preparation of wills and trusts
- ✓ Legal advice – personal and business legal issues
- ✓ Review contracts and documents (up to 10 pages)
- ✓ Moving violations
- ✓ 25% preferred member discount
- ✓ 24 / 7 emergency access for covered situations
- ✓ Debt matters
- ✓ Real estate matters
- ✓ Court appearances

ID Shield membership includes:

- ✓ Privacy monitoring
- ✓ Security monitoring
- ✓ 24 / 7 / 365 live support
- ✓ Complete identity recovery services



PET INSURANCE



PET INSURANCE PLAN

Our pet insurance coverage is with Nationwide and offered to full and part-time employees. See below for more details, including pricing and enrollment information.



My Pet Protection from Nationwide	
Types of Pets Covered	<ul style="list-style-type: none"> • Dogs • Cats • Birds • Exotics
Features	<ul style="list-style-type: none"> • Choose from two levels of reimbursement: 70% or 50% • \$250 annual deductible and a maximum annual benefit of \$7,500 • Use any vet, anywhere. No networks and no pre-approvals. • 24/7 Vet Helpline – unlimited access to a veterinary professional • Multiple pet discounts available • Mobile claims submission • Fast, convenient electronic claim payments • Pre-existing conditions are not covered
Plan Offerings	<ul style="list-style-type: none"> • My Pet Protection – Accident and Illness
Pricing and Enrollment	<ul style="list-style-type: none"> • Contact Nationwide Pet Insurance at (877) 738-7874 or www.petsnationwide.com

FLEXIBLE SPENDING ACCOUNT SECTION 125 PLAN

FLEXIBLE SPENDING ACCOUNT (FSA) – SECTION 125 PLAN

The FSA plan year is for the period January 1 – December 31 and includes a 2 and ½ month grace period that ends on March 15th following the plan year. The grace period allows you to incur eligible expenses and use remaining plan year funds. The claim filing deadline is April 14th following the plan year. You can check your account balance, file claims and upload receipts on the [TASC website](#). Please contact TASC Customer Service at (800) 422-4661 with any questions you may have regarding your account.

HEALTH - FSA

Contribute pre-tax dollars up to an annual limit of \$3,200 to cover eligible health care expenses that are not covered by any other type of insurance. For a list of eligible and ineligible expenses, visit the [IRS website](#) (for IRS publications online).

If employment is terminated or you retire, you will no longer have access to the remaining balance in your Health FSA. However, you can continue to submit claims incurred prior to your termination date before the end of the run-out period (defined in your Summary Plan Description). Expenses incurred after your termination are not considered an eligible expense and therefore cannot be reimbursed. However, you may be able to continue your Health FSA coverage under COBRA.

LIMITED PURPOSE HEALTH - FSA

Contribute pre-tax dollars up to an annual limit of \$3,200. Eligible expenses are limited to qualifying dental and vision expenses for you, your spouse and your eligible dependents.

DEPENDENT CARE - FSA

Contribute pre-tax dollars up to an annual limit of \$5,000* to cover dependent care expenses for qualified dependents.

The following dependents are considered qualified dependents under the Dependent Care FSA.

- ✓ Dependent under the age of 13
- ✓ Dependent or spouse of employee who is mentally or physically disabled and whom the employee claims as a dependent on their federal tax return

You can be reimbursed for expenses of an individual providing care for your dependent in your home as long as the expenses are incurred for you and your spouse (if married), to work, look for work or attend school full-time. However, you are required to submit their Tax Identification Number or Social Security Number when filing your federal income tax return.

*If married and filing a joint return or single. If you are married and reside together, but file a separate federal income tax return, the maximum Dependent Care Reimbursement that you may elect is \$2,500.

HEALTH SAVINGS ACCOUNT (HSA)

HSA PLAN

If you are enrolled in the high deductible health plan, you may enroll in a Health Savings Account (HSA) to save money for healthcare expenses. Administered by TASC, the HSA helps you pay for qualified medical, dental and vision expenses with pre-tax dollars.

Eligibility requirements

- ✓ Cannot have any other health coverage, including a spouse's health plan, unless it is a qualified high deductible health plan
- ✓ Cannot be enrolled in Medicare, Medicaid or Tricare since those are not qualified high deductible health plans
- ✓ Cannot be enrolled in a healthcare FSA (either yours or a spouse's) or have a remaining healthcare FSA balance while contributing to a HSA. You have to wait until the end of your FSA plan year and you have depleted any balance remaining during the grace period before you can open and contribute to an HSA.
- ✓ Cannot be claimed as a dependent on another person's tax return

The money in your HSA rolls over year after year and is yours to keep if you retire or leave the company. To pay for eligible expenses, simply swipe your debit card for copays, medical or dental coinsurances, prescriptions, dental care, hospital expenses and more.

2024 HSA Contribution Limits

Individuals: \$4,150
Families: \$8,300

Catch up contribution limit = \$1,000
(55 years of age and older)

Contributions are automatically deducted from your paycheck in equal installments based on 26 pay periods.

RETIREMENT PLAN

Saving money for your retirement is an important part of your financial planning. To assist you in your financial goals, we sponsor a 401(k) plan through Principal Financial. You may contribute up to 100% of your before-tax pay and/or up to 100% in Roth contributions, up to the IRS limit. Highly compensated employees may be subject to a lower maximum. You may also roll over contributions from a previous employer's plan.

401(k) Plan					
Enrollment	New Employees: You will be automatically enrolled effective the first of the month following 30 days from your hire date. The first deferral contribution will take place the first full pay period following the plan entry date.				
Employee Contributions	<p>Auto enrollment contribution is 6% of your pre-tax earnings (opt-out option is available – see below).</p> <p>You may elect to contribute more than 6%, up to the IRS maximum contributions listed below.</p> <ul style="list-style-type: none"> ✓ IRS Pre-Tax/Roth Contribution Limit \$23,000 ✓ IRS Pre-Tax/Roth Contribution Catch Up Limit (50+) \$7,500 				
Employer Match	100% up to 6% on Regular and/or Roth Deferrals. Employer matching is done each pay date. Employees must have an active contribution to receive an employer match. If you are highly compensated, we encourage you to work with your personal advisor or WealthSage Advisors of Raymond James to maximize your contributions and company match. (see WealthSage contact information below)				
Vesting	Immediately 100% vested in both employee and employer contributions.				
Rollovers Allowed	Yes				
<p>To opt out of the auto-enrollment, increase or decrease your contribution, designate a beneficiary or manage your account, you can contact Principal Financial online or by calling (800) 547-7754.</p>					
<p>Pathward partners with WealthSage Advisors of Raymond James to assist our employees, free of charge, with retirement planning, financial objectives, rollovers and 529 savings plans. Employees are encouraged to contact WealthSage Advisors to maximize their retirement and 401K options.</p> <p style="text-align: center;">Contacts are:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Troy Rames (605) 910-7983</td> <td style="width: 50%;">Jennifer Sherman (605) 910-7981</td> </tr> <tr> <td>Mary Steiner (605) 910-7982</td> <td>Amanda Feldkamp (605) 910-7984</td> </tr> </table>		Troy Rames (605) 910-7983	Jennifer Sherman (605) 910-7981	Mary Steiner (605) 910-7982	Amanda Feldkamp (605) 910-7984
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WealthSage Advisors of Raymond James Investment Services

Keeping Your Financial Wellness in Check!

As an added employee benefit, Pathward partners with WealthSage Advisors of Raymond James to assist employees, free of charge, with retirement planning, financial objectives, rollovers and 529 savings plans.

Whether you're just starting to save towards your retirement, or you are a highly compensated employee, there are many considerations to setting up your pre- or post-tax deferral opportunities as well as how you can maximize Pathward's generous employer match. WealthSage Advisors can help you get on track, stay on track, or provide any tune ups along the way.

And speaking of tune ups, if you find yourself wondering if you're on the right track for retirement, you can call a financial advisor at WealthSage Advisors any time or plan to take part in one of the quarterly financial wellness checkups held throughout the year. Upcoming quarterly checkups for the remainder of 2023 are listed below, along with the quarterly checkup dates for 2024:

- November 1, 8, and 29th, 2023 (final quarterly for 2023)
- February 7, 14, and 21st, 2024
- May 1, 8 and 15th, 2024
- August 7, 14 and 21st, 2024
- November 6, 20 and 27th, 2024

Appointment times can be scheduled between 8 am – 5 pm CST. To sign up for a one-on-one meeting via Teams or by phone, contact **Troy Rames**, financial advisor, at Troy.Rames@raymondjames.com or call (833) 981-4243. All Financial Wellness Checkup sessions are set up in 30-minute increments.

WealthSage Advisors of Raymond James are available for you year around. Feel confident to reach out to an advisor to discuss your financial objectives and develop a strategy specific to your needs and long-term financial goals.

For questions or to arrange an appointment any time with Troy Rames or another member of the WealthSage Advisors Group, call (833) 981-4243 or (605) 910-7995.

PAID TIME OFF (PTO)

Years of Service	Accrued Paid Time Off Per Year
0-2 Years	Up to 160 hours (20 days)
2+ -10 Years	Up to 200 hours (25 days)
10+ -15 Years	Up to 240 hours (30 days)
15+ -20 Years	Up to 264 hours (33 days)
20+ Years	Up to 280 hours (35 days)

Paid Holidays

January 1, 2024	New Year's Day (observed)
January 15, 2024	Martin Luther King Jr. Day
February 19, 2024	President's Day
May 27, 2024	Memorial Day
June 19, 2024	Juneteenth
July 4, 2024	Independence Day
September 2, 2024	Labor Day
October 14, 2024	Indigenous People's Day
November 11, 2024	Veteran's Day (observed)
November 28, 2024	Thanksgiving Day
December 25, 2024	Christmas

In addition to the paid time off, Pathward offers the following programs.

- **New Parent Leave for new mothers and fathers**
- **Bereavement Leave**
- **Military Differential Pay**
- **Adoption Assistance**
- **Remote Stipend for full-time remote employees**

Please visit the [People and Culture](#) Hub for more information.



GLOSSARY OF TERMS

GLOSSARY OF TERMS	
Accidental Death & Dismemberment (AD&D)	A form of health insurance that provides payment if death or dismemberment of the insured results from an accident.
Beneficiary	A person who may become eligible to receive, or is receiving, benefits under an insurance policy, other than as a participant.
COBRA	Consolidated Omnibus Budget Reconciliation Act of 1985, which requires employers to offer continuation of group health coverage, at cost, to most employees and dependents that cease to become covered by employer-provided health insurance.
Co-Insurance or Cost Sharing	The portion of covered health care costs for which you are financially responsible. Coinsurance does not include deductibles or copays.
Copay	A fixed amount or percentage paid by the consumer to a provider for treatment covered under a benefit plan, in addition to deductibles and coinsurance, to help finance health benefit plans. Usually paid by the insured at the time of service.
Deductible	The amount of eligible expenses that must be paid for services by the insured each year from his/her own pocket before becoming payable by the insurance carrier.
Evidence of Insurability	Many insurance companies require prospective clients/ individuals to prove that they are in good health and are therefore good insurance risks before the company will cover them.
Explanation of Benefits (EOB)	A description, sent to patients by health plans, of benefits received and services for which the health care provider has requested payment.
Generic Drugs	A generic prescription drug is a chemically equivalent copy designed from a brand name drug whose patent has expired. A generic drug must contain the same active ingredients as the original formulation and is typically less expensive.
HIPAA Authorization Form	Authorization for use or disclosure of Protected Health Information (PHI). Required by the Health Insurance Portability and Accountability Act.
In-Network Provider	A provider who has contracted with a health care plan (a medical, dental or vision plan) and agreed to certain rates. In most cases, you pay less and receive a higher benefit when you use in-network providers. Check with your plan for coverage details.
Negotiated rates	The costs for health care services negotiated between the insurance carrier and in-network health care providers. Negotiated rates are usually less than usual, customary and reasonable (UCR) charges.
Non-preferred brand	Your prescription drug copay depends on the class or group of your prescribed medication. A non-preferred brand-name drug generally has the highest copay level because it is not on the plan's list of preferred drugs. You can find out how different drugs are classified by your plan by visiting the plan's Web site.
Out-of-Pocket Expenses	Copays, deductibles, and other expenses that are not covered by the health plan.
Out-of-Network Provider	A state-licensed health care provider who has not contracted with a health care plan (medical, dental or vision plan) and has not agreed to certain rates. In most cases, you pay more and receive a lower level of benefits when you use out-of-network providers. See your plan for coverage details.
Qualifying Life Event	Certain events which may allow you to make allowable changes to your benefits. Qualifying events include: marriage, divorce, death, birth, adoption or placement for adoption, and significant change in employment.
Reasonable and Customary (R&C) or Usual, Customary & Reasonable (UCR)	A term used in many health plans, defined as the price at or below which the majority of health-care professionals of similar expertise charge for similar procedures within a specific geographic area.