MAC
MCCONNELL & ASSOCIATES
EMPLOYEE
OWNED & OPERATED



McConnell Companies

2027 Employee-Owners Benefits Guide

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Making insurance benefit selections

Eligibility

For you

You are eligible for insurance benefits as a full-time employee working an average of 30 hours per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse

You may cover your legal spouse.

Your Children

Dependent children are covered until age 26 regardless of student status on all insurance benefits (including Child life insurance).

MyChoice mobile app

Easily access your insurance benefits enrollment information in one secure, convenient place. Key features of the app include:

- Current insurance coverages and benefits
- Savings accounts elections and contibutions
- Information on your dependents and beneficiaries
- Important documents and ID cards
- Message board providing key updates

Get started

Enrollment instructions **Enroll now**

You must request a change to your insurance benefits within **30 days** of your life event (**60 days for changes involving Medicaid eligibility**). Documentation may be required.

Enrolling in coverage

Our insurance benefit plans are in effect January 1 – December 31 each year. In general, these are the times you can make insurance benefit selections:

When you're first eligible

Your insurance benefits begin on the first day of the month following 60 days of employment; this is your effective date. Be sure to submit your selections prior to the effective date. Your insurance benefit selections will be in effect through December 31 of 2027.

At open enrollment

Open Enrollment is your one chance each year to review our coverage options and make changes to your insurance benefits. Open Enrollment will be held from November 30th to December 9th, 2026.
Your choices are in effect from January – December of 2027 unless you have a qualifying life event.

Upon return from layoff

If you return to work within six months of being laid off, you will be eligible for insurance benefits on the 1st of the month following your return to work. You will need to re-enroll in your insurance benefits within 15 days of your return to work by logging in to the Benefits Enrollment System (please refer to the enrollment instructions on this page).

If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. Examples include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

The underlying plan contract or document governs all aspects of the plan. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Key terms

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits. **Here's what to know:**

Balance billing

When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays. **Medical**: balance billing is in addition to – and does not count towards – your out-of-pocket maximum. *The No Surprises Act prohibits balance billing under certain circumstances.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Out-of-pocket maximum

The most you'll pay for **covered** in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.
The out-of-pocket maximum does not include your premium (amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Direct primary care (DPC)

Clinics that provide routine medical care through a membership rather than billing insurance for each visit. Services may include sick visits, checkups, and care for ongoing health conditions. DPC doesn't replace medical insurance for care outside the clinic.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician

A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of McConnell Companies.

You can request a printed copy at no charge from:

Doug Morgan, Chief HR Officer
816-842-6066 ext 122
d.morgan@mcconnellassociates.org

Review these notices | Review COBRA notice

Contact information



We are here to help with claims, ID cards, coverage questions, and more! Contact the provider listed below for further assistance.

Health insurance	Meritain Health (Aetna Network) Group: 14098	1-800-925-2272 www.meritain.com
Pharmacy	Prime Therapeutics	866-545-9428 www.primetherapeutics.com
Health Savings Account (HSA)	HealthEquity	1-866-346-5800 https://healthequity.com/learn/hsa/
Direct Primary Care (DPC) ***(Kansas City Employees)***	Marathon Health	816-549-3945 https://my.marathon.health
Direct Primary Care (DPC) ***(St. Louis & Pevely Employees)***	Marathon Health	866-808-6005 https://my.marathon.health
Direct Primary Care (DPC) ***(Wichita Employees)***	Antioch Med	316-350-8008 https://www.antiochmed.com/
Surgical & Imaging Services	Välenz Health	(877) 438-5479 nocostcare@valenzhealth.com www.surgicalimaging.valenzhealth.com
Cancer Program	CancerCARE	877-640-9610 www.cancercareprogram.com
Dental insurance	Principal Group: 1059741	1-800-247-4695 www.principal.com
Vision insurance	Principal - VSP Network Group: 1059741	1-800-877-7195 www.principal.com
Life/AD&D and Disability insurance	Mutual of Omaha Group: G000AYHN	1-800-877-5176 https://www.mutualofomaha.com

Contact information



We are here to help with claims, ID cards, coverage questions, and more! Contact the provider listed below for further assistance.

Employee Assistance Program (EAP)	Mutual of Omaha	1-800-316-2796 www.mutualofomaha.com/eap
Hearing Discount Program	Amplifon	1-888-534-1747 amplifonusa.com/mutualofomaha
Will Preparation Services	Mutual of Omaha	www.willprepservices.com Code: MUTUALWILLS
COBRA Administration	Principal eBenefits Edge	833-259-0293 www.benefitsolver.com/
COBRA Alternative	eHealth	844-744-0647 www.ehealthinsurance.com/pareto
Medicare Help	SmartConnect	855-248-1648 www.smartmatch.com/right-fit
401(k) retirement savings	Fidelity Group: 28528	800-835-5097 www.401k.com
Financial Wellness	Patrick Sullivan, *Advisor* Milton Barrientos, *Analyst*	Patrick.Sullivan@mariner.com 913-647-9741 Milton.Barrientos@mariner.com 402-249-2662
Employee Stock Ownership Plan (ESOP)	Human Resources	816-842-6066 ext 122 D.Morgan@McConnellAssociates.org
Benefits Consultant	OneDigital	913-685-0000 www.onedigital.com

Health insurance



What you need to know about our health plan.

Health/Rx Plan

- For the 14th time in the last 17 years, there will be no increase in the employee health insurance premiums. The company will absorb the entire cost of the premium increase.
- The base and buy up plans are the same design they were in 2026.
- Kansas City, St. Louis, and Pevely employees and dependents still have access to Marathon Health.
- Wichita employees and dependents still have access to Antioch Med.
- Meritain is still the Third-Party Administrator (TPA) that issues ID cards and processes claims.
- Aetna is still the network for medical providers. Plan name: Aetna Choice POS II (Open Access).
- Prime Therapeutics is the pharmacy benefit manager for prescription drugs.

Find a provider

- For assistance locating an in network provider, please call 1-800-343-3140, or visit meritain.com.
- Under "Resources", click on **For members**. Under "Provider finder network", click on **ABC** and then **Aetna**. Enter your zip code and click **Search**.
- Under "Broad Medical Networks", choose **Aetna Choice POS II (Open Access)** and click **Continue**. You can then enter a specific physician or hospital name, or a specialty OR you can click on one of the categories to find a list of a certain type of provider.

Wellness Discount - earn $30 per week!

Employees on our health insurance plan in 2026 were able to earn the discount for 2027 by completing a health screening during 2026. Employees and spouses that are new to our health insurance plan in 2027 will automatically earn the discount on their eligibility date. However, they must complete a health screening with Marathon Health (Kansas City, St. Louis and Pevely) or Antioch Med (Wichita) within 60 days after going on the plan to maintain this discount.

- Employees and spouses that are on the plan in 2027 must complete their health screening within 30 days of their birthday (before or after) during the 2027 calendar year in order to earn the discount for 2028. Note, it is the employee's and the spouse's responsibility to call, set up, and complete their health screening in a timely manner.
- Employees and spouses that are seasonally laid off on their birthday must complete a health screening within 60 days after going back on the plan in 2027 to earn the discount for 2028.
- Please note that the max total discount per employee is $30 per week. Meaning that if the employee has a spouse on the plan, both the employee and the spouse must do the health screening in order for the employee to earn the $30 per week discount.

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Health insurance



Find an in-network provider

Select from two health insurance options through Meritain.

Both plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your annual **maximum cost for care** (out-of-pocket maximum).

In-network care	Base Plan: HDHP/HSA Qualified See plan summary		Buy-Up Plan: Open Access POS See plan summary	
Network name:	**Aetna Choice POS II (Open Access)**		**Aetna Choice POS II (Open Access)**	
Weekly premiums	**Wellness discount**	**No wellness discount**	**Wellness discount**	**No wellness discount**
Employee only	$15.00	$45.00	$40.00	$70.00
Employee + spouse	$60.00	$90.00	$110.00	$140.00
Employee + child(ren)	$55.00	$85.00	$105.00	$135.00
Employee + family	$75.00	$105.00	$145.00	$175.00
Annual Deductible (DED) Calendar year	$2,500 individual $5,000 family		$500 individual $1,500 family	
Medical and Prescription Drug expenses are subject to the Deductible and Out-of-Pocket Maximum on the HSA plan. If family coverage applies, the entire family deductible must be met before the plan will pay benefits for any individual within the family.				
Medical out-of-pocket maximum	$2,500 individual $5,000 family		$2,500 individual $7,500 family	
Overall medical and prescription drug out-of-pocket maximum	$2,500 individual $5,000 family		$6,600 individual $13,200 family	
Pre-tax account option(s)	Health Savings Account (HSA)		N/A	
Preventive care Primary care visit Specialist visit	100% covered DED then you pay 0% DED then you pay 0%		100% covered $20 copay $40 copay	
Urgent care Emergency room Inpatient hospital care Outpatient surgery	DED then you pay 0% DED then you pay 0% DED then you pay 0% DED then you pay 0%		$40 copay $150 copay DED then you pay 20% DED then you pay 20%	
Prescription drugs	**(30 days | 90 days)**		**(30 days | 90 days)**	
Generic Preferred brand Non-preferred brand	DED then you pay 0% DED then you pay 0% DED then you pay 0%		$10 copay | $20 copay $30 copay | $60 copay $60 copay | $120 copay	
Out-of-network care	*See plan summary for out-of-network information (balance billing applies).*			
Annual deductible Out-of-pocket maximum	$3,500 / $7,000 $5,000 / $10,000		$1,000 / $3,000 $5,000 / $15,000	

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Pharmacy

Overview

Prime Therapeutics is our pharmacy benefit manager (PBM), helping us access covered medications through a broad network of retail pharmacies and convenient digital tools.

What is a PBM?

Pharmacy Benefit Managers (PBM) coordinate the interaction between your employer, physician and pharmacy.

How do I get coverage?

You are automatically covered when you enroll in the medical health plan.

How do I make the most of my benefits?

- Ask for generics: generic drugs often cost less and work as well as brand-name drugs.
- Take your drugs as directed: this is one of the best ways to stay healthy and avoid medical problems.
- Get over-the-counter (OTC) products: Ask your doctor if an OTC drug is right for you.



Features

PrimeCentral app & member portal

Use the app to access your digital ID card, receive savings alerts, compare pricing, stay informed and:

- View real-time prescription pricing
- Review pharmacy claims history
- Search for in-network pharmacies

Access these tools and more on the member portal at PrimeTherapeutics.com/Member.

Home delivery

Prefer to have long-term medications delivered? Ask your provider for two prescriptions: a 30-day supply for your local pharmacy now, and a 90-day supply (with refills) for home delivery. Your 90-day prescription can be sent to home delivery pharmacy using one of the following options: mail, fax, or ePrescribe. Visit primetherapeutics.com/PatientForms.

Checking the drug list

Your benefit includes the Pareto NetResults drug list that helps you get safe, high-quality prescruption drugs at the best possible price. Scan the QR code below to view formulary.

With the drug list search tool, you can:

- Look up a drug
- Find which tier the drug is on
- Learn about rules and coverage limits

Get started with Prime Therapeutics today! Click below for more information.

See details | PrimeCentral Portal

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Health Savings Account (HSA)



View the HSA Investment Guide

An HSA through HealthEquity is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – **or retirement**!

Contributions

You may contribute tax-free funds to save for current and future health expenses when you meet IRS eligibility requirements.

You can change your contribution amount at any time as long as you don't exceed the annual maximum.

	If you cover yourself only	If you cover dependents
IRS maximum contribution (2027)	**$4,500 ($86.53/week)**	**$9,000 ($173.07/week)**
Age 55 or older (includes $1,000 catch-up)	**$5,500 ($105.76/week)**	**$10,000 ($192.30/week)**

Employee annual cost savings

Annual savings Base Plan relative to Buy-Up Plan:

Employee only	$1,300
Employee + spouse	$2,600
Employee + child(ren)	$2,600
Employee + family	$3,640

HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is always yours and available for qualified health care expenses – even if you change jobs or health plans. Before retirement, any funds used for non-healthcare expenses are subject to tax penalties. Keep your receipts!

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free, and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties; regular income tax will still apply.

IRS eligibility requirements

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- **be enrolled** in a qualified High Deductible Health Plan (HDHP),
- **not** be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- **not** be anyone else's tax dependent, and
- **not** be enrolled in Medicare A or B, Tricare, or certain VA benefits.

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Direct Primary Care (DPC)

Exceptional access to care for you and your family.

Through our medical insurance coverage, you have access to the following healthcare partners and primary care services. Our Direct Primary Care Clinics listed below depends on your location; make sure to access the one in your area.

Direct Primary Care (DPC)

DPC clinics are a simpler way to get everyday medical care. Instead of billing insurance for each visit, the clinic's care is provided through our medical plan, so employees and their dependents can see a provider with little or no cost at the visit. Appointments are easier to get, visits are longer, and providers have more time to build a relationship and focus on prevention.

Services typically offered

- Annual exams and preventive screenings
- Sick and urgent care
- Chronic condition management (such as diabetes, high blood pressure, and asthma)
- Lab work, immunizations, and medications
- Mental health support and health coaching
- Coordination with specialists when other care is needed

Good to know

- DPC care is for everyday health needs. It does not replace medical insurance.
- Specialist visits, hospital stays, and emergencies are still covered under our medical plan.
- Services vary by clinic, so check the clinic details below.

Marathon Health

See details

Kansas City

531 Grand Blvd, Suite 1
Kansas City, MO 64106

816-549-3945

Register on the portal at:
clients.marathon.health/

Download the App

St. Louis & Pevely

Find a Marathon Health location near you.

866-808-6005

Register on the portal at:
clients.marathon.health/

Download the App

Antioch Med

See details

Wichita

1126 S Clifton Ave
Wichita, KS 67218

www.antiochmed.com/

info@antiochmed.com

316-350-8008

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Additional health care services

Support for your health, finances, and life.

Valenz Surgical & Imaging Services

Learn more

Valenz provides **no-cost**, high-quality imaging and non-emergent surgeries as part of McConnell's health insurance plan. The full cost is covered for employees and their dependents.

Their Care Navigation team will help you book your service at one of the locations in their nationwide network of preferred high-quality providers. Common covered procedures include imaging, hip, colonoscopy, ENT, spine, general surgery, urology, knee, hernia, elbow, and more.

Get started today:

- **Call**: Contact (877) 438-5479 before scheduling an outside provider.
- **Referral received**: Valenz reviews your provider's order.
- **Eligibility confirmed**: They will verify benefits and order details.
- **Scheduling support**: Valenz suggests high-quality providers near home/work and helps book.
- **Voucher issued**: You'll receive a voucher to show the facility on the day of service.

CancerCARE Program

Learn more

CancerCARE is a free, fully integrated cancer support program included in our health insurance plan. It supports you from day one of diagnosis through aftercare by helping coordinate care and benefits.

Day one support: understand your diagnosis, review treatment options, and maximize benefits while minimizing out-of-pocket costs.

Personalized care: genetically personalized treatment planning.

Second opinions: get help obtaining a second opinion after an initial diagnosis.

National resources: connect to Centers of Excellence and help evaluate options such as clinical trials or newer treatments not widely available locally.

Dedicated expert team: work with trained intake coordinators backed by CancerCARE's doctors, nurses, and medical experts

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Find an in-network provider

Dental insurance

Select from two dental options through Principal.

Both plans cover in-network preventive care at 100%. The differences are:

- what you pay for the **plan**,
- what you pay **when you get care**,
- the **maximum amount** Principal will pay each year for dental care (annual maximum benefit),
- how **out-of-network care** is covered, and
- The maximum amount Principal will pay for **orthodontic coverage**, as well as whether adult orthodontic coverage is available.

	Base plan See plan summary		**Buy-up plan** See plan summary	
Network name:	**The Principal Plan Dental Network**		**The Principal Plan Dental Network**	
Weekly premiums				
Employee only	$7.65		$9.57	
Employee + spouse	$14.76		$18.30	
Employee + child(ren)	$17.40		$21.84	
Employee + family	$26.94		$34.05	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Annual Deductible (DED)	$50 individual $150 family	$50 individual $150 family	$50 individual $150 family	$50 individual $150 family
Annual maximum benefit	$1,000 per person	$1,000 per person	$1,500 per person	$1,500 per person
Preventive care	100% covered	100% of negotiated fee	100% covered	100% of U&C
Basic care	80% covered	80% of negotiated fee	80% covered	80% of U&C
Major care	50% covered	50% of negotiated fee	50% covered	50% of U&C
Orthodontic care				
Coverage	50% covered (children to age 19)	50% of negotiated fee (children to age 19)	50% covered	50% of U&C
Lifetime max benefit	$1,000 lifetime max benefit	$1,000 lifetime max benefit	$1,500 lifetime max benefit	$1,500 lifetime max benefit

* **Balance billing** may apply to all out-of-network dental care, including preventive care.

Stay **in-network** to avoid **balance billing charges** (*the difference between what an out-of-network provider charges and the amount insurance pays*).

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Vision insurance

Our vision coverage uses the VSP Choice network through Principal.



Find an in-network provider

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.

	Vision plan See plan summary	
Network name:	**VSP Choice Network**	
Weekly premiums Employee only Employee + spouse Employee + child(ren) Employee + family	 $2.24 $3.76 $3.84 $6.07	
	In-network	**Out-of-network *(reimbursement)***
Annual eye exam *(every 12 months)*	$10 copay	Up to $45
Lenses *(every 12 months)*	$25 copay	Up to $30 / $50 / $65 / $100
Frames *(every 24 months)*	$150 allowance, then 20%	Up to $70
Contact lenses Elective Medically necessary *(every 12 months)*	 $150 allowance $25 copay, 100% covered	 Up to $105 Up to $210

Our vision plan covers **either** glasses (lenses and frames) **or** contact lenses each year.
If you receive contact lenses, they will be instead of your glasses benefit.

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Life and AD&D insurance



Financial peace of mind through Mutual of Omaha.

Life insurance pays your beneficiary if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.

Basic life and AD&D insurance

See plan summary

McConnell Companies provides life and AD&D insurance **at no cost to you**.

	Basic life*	Basic AD&D*
McConnell Companies provides	$15,000	$15,000

Designate a **beneficiary** to make sure your family is cared for as you intend.

Additional life and AD&D insurance

See plan summary

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)*
Coverage increments	$10,000	$5,000	$1,000
Coverage maximum	5x your annual earnings to $500,000	Your (employee) coverage amount to $250,000	$10,000
Guaranteed Issue amount	$150,000	$30,000	Does not apply

*Covers children from 14 days old until the end of the month following their 26th birthday.

What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Life and AD&D amounts will reduce 35% at age 65, and an additional 25% of the original amount at age 70, and an additional 15% of the original amount at age 75. Benefits will terminate upon retirement or at age 70 for spouses.

Guaranteed Issue amount

When you're first eligible (a new hire), you can purchase additional life insurance **up to this limit** without any medical questions required.

During annual enrollment, if you already have coverage, you may increase your amount by $10,000, not to exceed the Medical question limit.

Medical questions and approval will be required for all future increase and purchase requests.

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Disability insurance

Protect your paycheck with disability insurance through Mutual of Omaha.

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

Short-term disability

See plan summary

Short-term disability coverage can replace part of your paycheck if you're unable to work for a shorter period of time. McConnell Companies provides this coverage at no cost to you.

Benefits begin	**Accident**: On the 1st day you're unable to work **Illness**: On the 8th day of inability to work
Coverage amount	60% of your income up to $750 per week
Payments may continue	Up to 13 weeks if you're unable to return to work

Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.

Long-term disability

See plan summary

Long-term disability coverage can provide lasting income protection if you remain unable to work. McConnell Companies provides this coverage at no cost to you.

Benefits begin	After 90 days of inability to work
Coverage amount	60% of your income up to $5,000 per month
Payments may continue	Until age 65 or your Social Security Normal Retirement Age if you remain unable to work*, whichever is later.

*See our benefit summary to learn more about the definition of unable to work.

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Employee Assistance Program (EAP)



Access these additional services and perks to receive peace of mind for you and your family through Mutual of Omaha.

Employee Assistance Program

Learn more

Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker we count on to get the job done.

Our EAP features:

- **Clinical Services**: In-house team of Master's level EAP professionals available anytime to provide individual assessments.
- **Counseling**: Up to three free calls per year (per household) with an EAP professional.
- **Work/Life Services**: Receive support for additional everyday services such as child and elder care resources and referrals.
- **Legal & Financial Services**: Access a library of tools, resources, and forms to assist you with legal and financial matters and one free 30 minute consultation with an attorney per year + 25% discount for ongoing services.
- **Online Services & Access**: Telephonic support in over 120 languages, 24/7/365 access, complete article library, and inclusive website with resources and links for additional assistance.

All full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee are eligible for the EAP.

Hearing Discount Program

This program through Amplifon (Mutual Solutions) provides employees access to custom hearing solutions with a wide choice of leading hearing-aid brands, plus complimentary aftercare.

The program includes a 60-day risk-free trial with a 100% money-back guarantee, follow-up care, and more.

Learn more

Will Preparation Services

Access free online will preparation services provided by Epoq (Mutual Solutions), to create a will and other key legal documents tailored to you.

Free documents include:

- Last Will & Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Register at willprepservices.com with code MUTUALWILLS,

Learn more

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Continuing coverage options

Understand the options and find the right next-step coverage for you and your family.

COBRA

COBRA lets you continue health, dental, and vision coverage after a layoff or termination. Our COBRA Administrator is Principal—watch for their notice by email or mail and follow the steps to elect and pay if chosing to continue coverage.

Following a layoff or termination of employment, our health, dental, and vision coverage automatically continues until the last day of the month. If you want to continue coverage beyond that date, you must respond to Principal by electing and paying for COBRA coverage.

Life and Disability end immediately when employment ends. If you're rehired within 6 months, you can re-enroll in all coverages effective the 1st of the month after rehire.



Alternative COBRA Option - eHealth

See plan details

If you want to explore coverage options beyond COBRA, eHealth through Pareto provides a custom online Health Insurance Exchange where you can review individual plan options and find coverage that fits your needs and budget. The exchange allows you to shop, compare, and enroll in plans online—often at a lower cost than COBRA.

To get started, visit www.ehealthinsurance.com/pareto to browse available plans and enroll in the option that best meets your situation. If you'd like additional help, contact their experienced agents to help answer questions and guide you through the process.

Medicare - SmartConnect

If you're Medicare-eligible, you may be deciding whether to stay on employer coverage or move to a Medicare option. SmartConnect, our trusted Medicare partner, provides free access to licensed agents who can help you understand how Medicare fits into your situation and compare available Medicare plans in your area.

A SmartConnect agent will start by learning about your healthcare needs, then walk you through a comparison of coverage options, and—if you choose a Medicare plan—can help you complete enrollment. To learn more visit https://smartmatch.com/solutions/business/ or schedule a consultation at www.smartmatch.com/right-fit.

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Human resources & leave policies

All employees are eligible for Recruiting Bonuses, Paid Holidays, Bereavement Leave, and PTO beginning on their first day of employment, as described below.

Recruiting Bonus

If you refer someone to join McConnell Companies you can earn a recruiting bonus. The applicant must list you as the referral on their Application for Employment.

Bonuses are paid on the following schedule:

- $100.00 after 60 days of employment
- $250.00 after 6 months of employment
- $250.00 after 1 or more years of employment

Holidays

Eligible employees receive 8 hours of holiday pay at their straight-time base rate for each recognized holiday:

- New Year's Day (January 1)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Friday After Thanksgiving
- Christmas Eve (December 24)
- Christmas (December 25)

To be eligible, you must work your last scheduled workday before the holiday and your first scheduled workday after the holiday, unless otherwise approved.

If a holiday falls on a Saturday, it will be observed on the Friday before; if it falls on a Sunday, it will be observed on the Monday after. If you are on an approved paid absence on the holiday (such as vacation), you will receive holiday pay instead of PTO pay for that day.

If an eligible nonexempt employee works on a recognized holiday, they will receive holiday pay plus straight-time pay for hours worked that day. Holiday pay is not counted as hours worked for overtime calculations. Employees on layoff or a personal leave of absence during a holiday are not eligible for holiday pay.

Bereavement Leave

Eligible employees may take up to two paid days of bereavement leave for the death of an immediate family member. Submit a Request for Bereavement Leave form and notify your supervisor. Immediate family includes your spouse, parent, child, sibling, grandparent, or grandchild; your spouse's parent, child, or sibling; your child's spouse.

Pay is provided at your base rate only (no bonuses, commissions, incentives, or shift differential). If more time is needed, employees may request to use available paid leave with supervisor approval. Documentation may be requested.

Paid Time Off (PTO)

McConnell Companies recognizes the importance of Paid Time Off (PTO) in providing employees with the opportunity for rest, recreation, and the ability to attend to personal matters or for care when sick. McConnell Companies therefore grants PTO to its salaried and hourly employees.

The amount and way you earn PTO depends on how long you have been working and which employment category you belong to. Once you enter an eligible employment classification, you begin to earn PTO according to the schedule in this policy.

You will be paid for PTO at your base pay rate as of the time of the request. PTO pay does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differential.

PTO during the summer peak time, May 1st through October 31st, is limited to one week unless utilized for qualified sick leave. Any deviation from this policy must have supervisor approval prior to request being made. Time off will be unpaid without an approved request for PTO.

Human resources & leave policies



All employees are eligible for Recruiting Bonuses, Paid Holidays, Bereavement Leave, and PTO beginning on their first day of employment, as described below.

Paid Time Off (PTO) Cont.

You will not be paid for unused PTO while you are employed. Upon your retirement or resignation, you will be paid any remaining balance of PTO at your current rate of pay. These balances are not paid if a two-week written notice is not given upon resignation or if employment is terminated for cause. If a layoff occurs, PTO balances will be paid to you in full during the next regular payroll cycle. You have the option to keep PTO hours banked for a return from layoff. You may request PTO remain in bank in hour increments up to full amount available. The request for PTO rollover must be submitted to Human Resources prior to your last day of work.

Schedule for accruing PTO for Salaried Employees

- Date of hire through 9 years of continuous service:
  - 10 days (80 hours) per year, capped at 30 days (240 hours)*
- 10 years of continuous service and beyond:
  - 15 days (120 hours) per year, capped at 60 days (480 hours)*

Salaried employees may not take less than 1 day (8 hours) of PTO at a time.

Policy year for Salaried PTO begins on January 1st. Annual PTO amounts are awarded based on years of service up to the cap listed. You will be awarded a prorated amount of PTO on your first day of work and subsequent full annual amounts on January 1st of each policy year up to the stated cap until you reach 10 years of service. On January 1st of the policy year you will reach your 10th anniversary, you will be awarded the increased amount of PTO listed and the cap will increase.

**Effective 1/1/29, the PTO policy limits will be adjusted to:*

- *20 days (160 hours) for Date of hire through 9 years of continuous service.*
- *30 days (240 hours) for 10 years of continuous service and beyond.*

Any balances above these new caps as of 12/31/28 will be reduced to the new amounts and PTO time will be lost.

Schedule for accruing PTO for Hourly Employees

- Date of hire through 9 years of continuous service:
  - 0.0385 hours per hour worked, capped at 160 hours
- 10 years of continuous service and beyond:
  - 0.0577 hours per hour worked, capped at 240 hours

Hourly employees may not take less than 1 hour of PTO at a time.

PTO will be earned based on all hours applied during payroll, including regular, overtime, holiday, and PTO hours and amounts will be shown on payroll stubs with current available balances. PTO above the stated cap amount will not be awarded and PTO will not be paid out in lieu of time off. To submit PTO time, you must complete a Request for Paid Time Off Form or submit through timekeeping software and have your supervisor's approval.



401(k) retirement savings plan

Set your future self up for stability with a 401(k) through Fidelity and financial wellness through Mariner.

With our company match, we'll help you along the way.

The basics

See plan summary

Choose from pre-tax (traditional) or after-tax (Roth) contributions, depending on your need. You can change your contribution amount or pre- or after-tax election at any time at www.401k.com.

McConnell Companies will match 100% of your first 3% of Compensation and 50% of the next 2% up to a total of 5% that you contribute to the plan..

When you contribute:	MAC matches:	For a total contribution of:
1%	1%	2% of your eligible salary
2%	2%	4% of your eligible salary
3%	3%	6% of your eligible salary
4%	3.5%	7.5% of your eligible salary
5%	4%	9% of your eligible salary

Deferral contributions

2027 contribution maximum	**$25,500**
Catch-up: age **50-59 or 64+** in 2027	Additional $8,500 ($34,000 maximum)
Catch-up: age **60-63** in 2027	Additional $11,750 ($37,250 maximum)

Catch-up contributions must be Roth (after-tax) if you earned more than $150,000 in wages in 2026.

Not sure whether to select pre-tax (traditional) or after-tax (Roth)? Check with a financial advisor to determine the best choice for you. The basic differences:

- **Pre-tax**: your contributions come out of your paycheck before Federal and state taxes but after FICA (Medicare and Social Security) taxes. You'll pay regular income tax when you withdraw your money at retirement.
- **Roth (after-tax)**: your contributions come out of your paycheck after taxes. When you withdraw your funds at retirement, they're tax-free.

Financial Wellness

Mariner Financial Wellness is 100% free for employees. From savings to investments to health care, learn how to prepare your finances for retirement online at: marinerwealthadvisors.com/our-services/business/financial-wellness/

Contact a Mariner advisor today:

- Patrick Sullivan, *Advisor*
  Patrick.Sullivan@mariner.com
  913-647-9741
- Milton Barrientos, *Analyst*
  Milton.Barrientos@mariner.com
  402-249-2662

See details

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Employee Stock Ownership Plan



Overview

The ESOP is a retirement plan designed to invest primarily in the common stock of McConnell. The ESOP has borrowed money in order to purchase shares of McConnell stock. These shares will be initially held in suspense in the ESOP and then allocated to participants each Plan Year as the ESOP loan is repaid.

Eligibility and enrollment

If employed on 4/1/2021, you began participating 4/1/2021. Otherwise, if hired/rehired after 4/1/2021, you enter the ESOP on April 1 of the plan year after you've completed 12 months of service and are age 18. Enrollment is automatic as of your applicable April 1 entry date.

Plan year

ESOP plan year runs April 1 – March 31.

Normal retirement age

Normal Retirement Age is defined as at the later of a) Age 65, or b) The 5th anniversary of your ESOP participation.

Contributions

- Employees do not contribute to the ESOP and rollovers are not accepted.
- McConnell may make discretionary employer contributions each year to repay the ESOP loan, which results in stock being allocated to participants. To receive an allocation for a plan year, you generally must complete at least 400 hours of service during that plan year (special rules may apply if you terminate after Normal Retirement Age or due to death/permanent disability).

Vesting

Vesting follows a 6-year graded schedule (400 hours in a plan year = a "year of service").

You are also 100% vested if you reach Normal Retirement Age, die, or become permanently disabled while employed.

<2 years of service	0%
2 years of service	20%
3 years of service	40%
4 years of service	60%
5 years of service	80%
6 years of service	100%

Valuations

Stock is valued each year as of March 31, and ESOP account balances are updated based on that valuation.

Distributions

ESOP benefits are paid in cash. Distributions are generally paid in 5 annual installments (installments may be adjusted so all but the last are at least $5,000). Timing:

- If you terminate at Normal Retirement Age, or due to death/permanent disability, payments typically begin the plan year after termination.
- If you terminate for other reasons, payments typically begin after the later of 5 full plan years after termination or repayment of the 30-year ESOP loan (with listed exceptions, including small balances).

If your vested ESOP balance exceeds $1,000, you must make a distribution election (it wont be made automatically).

Additional information

- Loans are not permitted from the ESOP.
- Distributions are generally taxable as ordinary income unless rolled into an IRA; a 10% early withdrawal penalty may apply if taken before age 59½ (exceptions noted for death/disability).
- ESOP statements are provided annually in November.

Questions?

Contact HR with questions or view the Summary Plan Description for additional information.

Learn more

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McConnell Companies