



# Be Well at Mattel: Your 2027 Benefits



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# Be Well at Mattel: Your Benefits

It takes energy, passion and hard work to bring innovative play experiences to millions of children around the world. That’s why Mattel offers a holistic set of programs that empower a culture of growth, optimism and wellbeing, where every employee can realize their full potential – both at work and at home, today and in the future.

These include:

- A purpose-led community that provides supportive networks and collaboration through deep relationships, empathy and a sense of belonging
- Tools and resources that promote mental health and resilience
- Comprehensive benefits and fitness programs to encourage healthy and active lifestyles
- Competitive total pay programs and resources to thrive now and invest for the future
- Career development opportunities and new experiences to promote life-long learning

Everyone’s needs are different. That’s why we give you options, so you can customize a benefits package to fit your lifestyle and budget.

## How to Use This Guide

Your Mattel Benefits Guide is an overview of the benefits we offer. We invite you to explore this guide and discover which plans and programs are best for you and your family. When you have questions about a specific benefit, you’ll find links to summary plan descriptions, summaries of benefits and coverage, and other resources that will provide more information. Please review the information carefully before making your decisions.

You also have access to experienced benefits representatives at the Fidelity Benefits Service Center (accessible on your first day of employment). Simply call **800-835-5095** or visit the **Fidelity Benefits Site**. A list of benefits contacts can also be found on **page 17**.





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# Eligibility

## Employees

Non-union, regular employees scheduled to work at least 30 hours per week are eligible for the Mattel Health and Welfare Benefits Program. Regular Part-Time employees, scheduled less than 30 hours (PTU classification), are eligible for participation in the 401(k) plan and Employee Assistance Program (EAP) services only. Variable employees and interns are not eligible to participate in or receive benefits.

## Dependents

Your family members may be eligible for many of the benefits we offer. Eligible dependents include:

- Your legal spouse or domestic partner
- Your biological, adopted, foster or step-children up to age 26
- Children of any age, if incapable of self-support due to mental or physical disability

Refer to the [Summary Plan Description](#) for more information regarding eligibility.

# Enrollment Guidelines

## Enrollment Periods

You have three opportunities to enroll in benefits:

### 1. New Hire

Most coverages begin on the first day of employment (with the exception of Long-Term Disability – see [page 12](#), which has a 90-day wait period) for non-American Girl Retail employees. All benefits-eligible American Girl Retail employees have a 90-day waiting period for all benefits. If you do not make an election within the first 30 days, you will not be enrolled and must wait until Annual Enrollment, or experience a qualifying life event, to enroll or make any changes to your benefits.

### 2. Annual Enrollment

Each year, usually in the fall, you have the opportunity to make changes to your benefits during Annual Enrollment. The choices you make become effective on January 1 of the following year.

### 3. Qualifying Life Events

You have 30 days to make changes after a qualifying life event. Examples include:

- Marriage or divorce
- Loss or gain of other health coverage
- Birth or adoption of a child
- Change in employment status

## How to Enroll

Enrolling in benefits is easy and convenient. Simply log in to the [Fidelity Benefits Site](#) to enroll. Follow the prompts to make your elections.

## Cost of Coverage

While Mattel covers most of the costs of your health care benefits, you also pay a portion each paycheck for the benefits you elect. You can view [Health Care Employee Contributions](#) in this document or on the [Fidelity Benefits Site](#).



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# Create a Healthy and Active Lifestyle

## Medical Coverage

Good health is the foundation for a happy and full life, both at work and at home. Your medical plan options are designed to fit your lifestyle and your budget, so you can stay healthy all year long. To help you decide which plan is best for you and your family, a summary of each plan option is listed below, and plan comparison charts are provided on [pages 5-6](#). Keep in mind that plans vary by location.

## Overview of Medical Plans

### Anthem PPO, HDHP & EPO

Anthem medical plans foster a commitment to safe and healthy living that enhances both your physical and emotional wellbeing. With an Anthem Medical plan, you have access to additional resources that go above and beyond to support your health and wellbeing:

- **PPO:** gives you the flexibility to choose any provider. You do not have to select a primary care physician to oversee your care or give referrals. Keep in mind that benefits are greater when using an in-network provider. After you meet the annual deductible, the plan pays a percentage of your covered expenses. Once you meet the out-of-pocket maximum, the plan will pay 100% of your covered services for the remainder of the year.
- **EPO:** (various locations excluding California, Wisconsin and Western New York) With the EPO, you can receive care from any in-network provider you choose. You do not have to choose a primary care physician, and no referrals are required to receive care from a specialist. Co-pays are required for office visits and inpatient care, and most other services are covered at either 100% or 80%. Services from out-of-network providers, except for emergencies, will not be covered.
- **HDHP:** The HDHP is a high-deductible health plan with a corresponding health savings account (HSA). This plan gives you more control over your health care dollars. Since you are responsible for 100% of all covered services until you meet the annual deductible, your HSA will help you cover your out-of-pocket costs. Once you meet your deductible, the medical plan will generally pay 80% for in-network covered services

(60% out-of-network) until you reach the annual out-of-pocket maximum, at which time the plan will pay 100% of covered services. Learn more about the HSA on [page 10](#).

### HMO

Mattel offers several HMO plans to eligible employees in California, Western New York, Middleton and Deforest. The HMOs provide coverage through a specific network of doctors from which you select a primary physician who oversees your medical care and gives referrals to specialists when needed. Co-pays are typically required when you receive services. You must use the HMO network unless you have an emergency and are outside of the HMO service area.



Choosing a Healthcare Plan

### Color Health (At-Home Cancer Screening & Support)

Benefits-eligible Mattel employees enrolled in a Mattel medical plan and their adult dependents have free access to convenient cancer screening tests through [Color Health](#), a program designed in partnership with the American Cancer Society that provides services in cancer prevention, detection, screening, and more.



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# Create a Healthy and Active Lifestyle, CONTINUED

## MEDICAL PLAN COMPARISON CHART

| PLAN BENEFITS                                               | ANTHEM PPO<br><small>(All locations)</small>                    |                                            | ANTHEM HDHP<br><small>(All locations)</small>                   |                                            | KAISER HMO<br><small>(California)</small>       |
|-------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|
|                                                             | IN-NETWORK                                                      | OUT-OF-NETWORK                             | IN-NETWORK                                                      | OUT-OF-NETWORK                             | IN-NETWORK ONLY                                 |
| Choice of Doctor or Hospital                                | Any licensed doctor or hospital                                 |                                            | Any licensed doctor or hospital                                 |                                            | Kaiser HMO only                                 |
| Annual Deductible<br><small>Individual / Family</small>     | \$750 / \$1,500                                                 | \$1,500 / \$3,000                          | \$1750 / \$3,500                                                | \$1,750 / \$3,500                          | \$750 / \$1,500                                 |
| Out-of-Pocket Maximum<br><small>Individual / Family</small> | \$3,500 / \$7,000                                               | \$7,000 / \$14,000                         | \$6,000 / \$12,000                                              | \$8,000 / \$16,000                         | \$3,000 / \$6,000                               |
| Preventive Care                                             | 100% covered                                                    | 65% covered                                | 100% covered                                                    | 60% covered                                | 100% covered                                    |
| Office Visit                                                | 80% after deductible                                            | 65% after deductible                       | 80% after deductible                                            | 60% after deductible                       | \$30/visit (Primary)<br>\$40/visit (Specialist) |
| Inpatient Hospital                                          | \$250 co-pay,<br>then 80% after deductible                      | \$250 co-pay,<br>then 65% after deductible | \$250 co-pay,<br>then 80% after deductible                      | \$250 co-pay,<br>then 60% after deductible | 80% after deductible                            |
| Emergency Services                                          | \$150 co-pay (waived if admitted),<br>then 80% after deductible |                                            | \$150 co-pay (waived if admitted),<br>then 80% after deductible |                                            | 80% after deductible                            |
| Urgent Care                                                 | 80% after deductible                                            | 65% after deductible                       | 80% after deductible                                            | 60% after deductible                       | \$30 per visit                                  |

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS\*

| COVERAGE OPTION | GEOGRAPHIC LOCATION | ANNUAL SALARY        | EE Only  | EE +1    | EE + Family |
|-----------------|---------------------|----------------------|----------|----------|-------------|
| Anthem PPO      | All                 | up to \$59,999       | \$105.00 | \$217.50 | \$342.50    |
|                 |                     | \$60,000 - \$119,999 | \$117.50 | \$240.00 | \$375.00    |
|                 |                     | \$120,000 and over   | \$137.50 | \$275.00 | \$425.00    |
| Anthem HDHP     | All                 | up to \$59,999       | \$37.50  | \$80.00  | \$112.50    |
|                 |                     | \$60,000 - \$119,999 | \$50.00  | \$102.50 | \$145.00    |
|                 |                     | \$120,000 and over   | \$70.00  | \$137.50 | \$195.00    |
| Kaiser HMO      | CA                  | up to \$59,999       | \$70.00  | \$145.00 | \$205.00    |
|                 |                     | \$60,000 - \$119,999 | \$82.50  | \$167.50 | \$237.50    |
|                 |                     | \$120,000 and over   | \$102.50 | \$202.50 | \$287.50    |

\* Rate will increase by \$25 if you are a tobacco user.

\* Rate will increase by \$50 if you elect to cover your working spouse/domestic partner with access to coverage through another employer.

\* Rate will increase by \$75 if you are a tobacco user AND you elect to cover your working spouse/domestic partner with access to coverage through another employer.



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# Create a Healthy and Active Lifestyle, CONTINUED

## MEDICAL PLAN COMPARISON CHART

| PLAN BENEFITS                                               | GHC HMO<br>(Deforest)                                  | INDEPENDENT HEALTH HMO<br>(Western NY)          |                      | ANTHEM EPO<br>(Various locations except CA, Western NY, WI) |
|-------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------|----------------------|-------------------------------------------------------------|
|                                                             | IN-NETWORK ONLY                                        | IN-NETWORK                                      | OUT-OF-NETWORK       | IN-NETWORK ONLY                                             |
| Choice of Doctor or Hospital                                | GHC HMO only                                           | PCP must be a doctor affiliated with IHA HMO    |                      | Anthem EPO only                                             |
| Annual Deductible<br><small>Individual / Family</small>     | \$750 / \$1,500                                        | \$750 / \$1,500                                 | \$2,000 / \$4,000    | \$500 / \$1,000                                             |
| Out-of-Pocket Maximum<br><small>Individual / Family</small> | \$3,500 / \$7,000<br>including co-pays and deductibles | \$3,000 / \$6,000                               | \$10,000 / \$20,000  | \$3,000 / \$6,000                                           |
| Preventive Care                                             | 100% covered                                           | 100% covered                                    | 60% covered          | 100% covered                                                |
| Office Visit                                                | \$30/visit (Primary)<br>\$50/visit (Specialist)        | \$35/visit (Primary)<br>\$50/visit (Specialist) | 60% covered          | \$25/visit (Primary)<br>\$50/visit (Specialist)             |
| Inpatient Hospital                                          | 90% after deductible (prior authorization needed)      | 90% after deductible                            | 60% after deductible | 80% co-pay                                                  |
| Emergency Services                                          | \$200 co-pay                                           | \$100 co-pay (waived if admitted)               |                      | 80% co-pay                                                  |
| Urgent Care                                                 | \$30 co-pay                                            | \$75 co-pay                                     | \$75 co-pay          | \$50 co-pay                                                 |

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS\*

| COVERAGE OPTION        | GEOGRAPHIC LOCATION            | ANNUAL SALARY        | EE Only  | EE +1    | EE + Family |
|------------------------|--------------------------------|----------------------|----------|----------|-------------|
| Group Health HMO       | Deforest                       | up to \$59,999       | \$90.00  | \$185.00 | \$272.50    |
|                        |                                | \$60,000 - \$119,999 | \$102.50 | \$207.50 | \$305.00    |
|                        |                                | \$120,000 and over   | \$122.50 | \$242.50 | \$355.00    |
| Independent Health HMO | Western NY                     | up to \$59,999       | \$100.00 | \$200.00 | \$312.50    |
|                        |                                | \$60,000 - \$119,999 | \$112.50 | \$222.50 | \$345.00    |
|                        |                                | \$120,000 and over   | \$132.50 | \$257.50 | \$395.00    |
| Anthem EPO             | All except CA, Western NY & WI | up to \$59,999       | \$102.50 | \$217.50 | \$330.00    |
|                        |                                | \$60,000 - \$119,999 | \$115.00 | \$240.00 | \$362.50    |
|                        |                                | \$120,000 and over   | \$135.00 | \$275.00 | \$412.50    |

\* Rate will increase by \$25 if you are a tobacco user.  
\* Rate will increase by \$50 if you elect to cover your working spouse/domestic partner with access to coverage through another employer.  
\* Rate will increase by \$75 if you are a tobacco user AND you elect to cover your working spouse/domestic partner with access to coverage through another employer.



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## Prescription Drug Coverage

All of Mattel’s medical plans come with prescription drug coverage. Covered medications are grouped into tiers or categories:

- Generic medications (Tier 1) are just as effective as their brand-name counterparts at a fraction of the cost. Save money by asking your doctor to prescribe generic medications if available.
- Brand name medications (Tier 2) are covered at the co-pays listed below as long as a generic equivalent is not available. You will pay a higher price if you choose a brand-name medication over the generic drug.
- Non-Formulary medications (Tier 3) include drugs that are not on the preferred list of medications.

Below are the in-network prescription drug benefits for each medical plan. For additional information, refer to the [Summary Plan Description](#).

## Where to Fill Your Rx?

- Short-term prescriptions are filled at a retail pharmacy. Use an in-network pharmacy for the lowest prices.
- For any maintenance medications, or prescriptions you take on a long-term basis, use the Mail Order benefits. You’ll save both time and money with this program, and your medications will be delivered right to your door.
  - If you are enrolled in one of the Anthem plans, you can also fill your maintenance medications through the Walgreens Smart 90 plan and receive a 90-day supply through a retail Walgreens pharmacy.

| MEDICAL PLANS          | PRESCRIPTION DRUGS – RETAIL<br>(30-DAY SUPPLY)                                                                   | PRESCRIPTION DRUGS – MAIL ORDER<br>(90-DAY SUPPLY)                    |
|------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Anthem PPO*            | \$15 Generic / \$50 Brand / \$75 Non-Formulary                                                                   | \$35 Generic / \$125 Brand / \$185 Non-Formulary                      |
| Anthem HDHP*           | After deductible,<br>\$15 Generic / \$50 Brand / \$75 Non-Formulary                                              | After deductible,<br>\$35 Generic / \$125 Brand / \$185 Non-Formulary |
| Kaiser HMO             | \$10 Generic / \$30 Brand (100-day supply) / \$30 Non-Formulary (30-day supply)                                  | \$20 Generic / \$60 Brand or Non-Formulary (100-day supply)           |
| GHC HMO**              | \$10 Generic / \$45 Brand / \$60 Non-Formulary                                                                   | Varies                                                                |
| Independent Health HMO | \$15 Generic / \$30 Brand / \$60 Non-Formulary<br>\$60 Non-Formulary; must be filled at a participating pharmacy | Must be obtained from Wegmans or ProAct Pharmacy Services             |
| Anthem EPO*            | \$15 Generic / \$50 Brand / \$75 Non-Formulary                                                                   | \$35 Generic / \$125 Brand / \$185 Non-Formulary                      |

\* Provided through [Express Scripts](#)  
\*\* GHC HMO: Mail Order: Non-Formulary requires preauthorization from GHC SCW medical director



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## Dental Coverage

We’re the experts in bringing smiles to kids, and our employees’ smiles are just as important. You have two dental plan choices under Delta Dental: **Delta Dental PPO Plan** and **DeltaCare DMO Plan**.

- With the **Delta Dental PPO** plan, you are free to choose any dentist at the time you need care. Plan benefits are highest when you use an in-network dentist. To find a dentist near you, visit [www.deltadentalins.com](http://www.deltadentalins.com) or call **888-335-8227**.
- With the **DeltaCare DMO**, you must use an in-network provider for your dental care. There are no annual deductibles or maximum benefit allowance, and preventative care is low to no cost. You will be responsible for copays based on the service you receive. DeltaCare DMO will provide enrollees with information that explains exclusions, limitations and the full range of covered services under the plan. In-network dentists can be found at [www.deltadentalins.com](http://www.deltadentalins.com) or by calling **800-422-4234**.

### DENTAL PLAN COMPARISON\*

| PLAN FEATURES                                                         | DELTA DENTAL PPO PLAN                |                                      | DELTACARE DMO PLAN                |
|-----------------------------------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
|                                                                       | IN-NETWORK                           | OUT-OF-NETWORK                       | IN-NETWORK ONLY                   |
| Calendar Year Deductible (waived for Preventative Services)           | \$50 Individual / \$150 Family       |                                      | None                              |
| Calendar Year Benefit Maximum                                         | \$2,000 per member                   |                                      | None                              |
| Diagnostic and Preventative Services (e.g., X-rays, cleanings, exams) | 100% covered                         | 90% covered                          | Most services are covered at 100% |
| Basic Restorative Services (e.g., fillings, extractions, root canals) | 80% after deductible                 | 70% after deductible                 | Most services are covered at 100% |
| Major Services (e.g., dentures, crowns, bridges)                      | 60% after deductible                 | 50% after deductible                 | Most services are covered at 100% |
| Orthodontia adults and children                                       | 50% after \$50 per person deductible | 50% after \$50 per person deductible | 50%                               |
| Orthodontia Lifetime Maximum                                          | \$2,000                              | \$2,000                              | None                              |

*\*This chart only shows an overview of your dental benefits. For a complete list of benefits, click on the Plan name for a complete overview.*

### EMPLOYEE BI-WEEKLY CONTRIBUTIONS

| COVERAGE LEVEL    | DELTA DENTAL PPO PLAN | DELTACARE DMO PLAN |
|-------------------|-----------------------|--------------------|
| Employee Only     | \$10.75               | \$4.00             |
| Employee +1       | \$26.00               | \$9.50             |
| Employee + Family | \$37.75               | \$20.00            |



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## Vision Coverage

Mattel offers vision coverage through VSP because it takes healthy eyes to see all those tiny Barbie accessories! VSP vision coverage offers a wide network of optometrists and vision care specialists. You'll save money by visiting VSP in-network providers. For more information, review the Benefits Summary [here](#), call **800-877-7195** or visit [www.vsp.com](http://www.vsp.com).



## VSP COVERAGE OVERVIEW\*

| PLAN BENEFITS                                        | FREQUENCY            | VISION PLAN                                                                                             |                                         |
|------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------|
|                                                      |                      | IN-NETWORK YOU PAY:                                                                                     | OUT-OF-NETWORK YOU PAY:                 |
| Exam                                                 | Once every 12 months | \$10 co-pay                                                                                             | Up to \$50                              |
| Frames                                               | Once every 24 months | \$170 allowance (\$190 allowance on featured brands; \$95 frame allowance at Costco/Walmart/Sam's Club) | Up to \$70                              |
| Lenses<br>- Single Vision<br>- Bifocal<br>- Trifocal | Once every 12 months | You pay \$20 co-pay plus costs over plan allowance of \$170                                             | Up to \$50<br>Up to \$75<br>Up to \$100 |
| Contact Lenses                                       | Once every 12 months | Up to \$60 co-pay                                                                                       | Up to \$105                             |

*\*This chart only shows an overview of your vision benefits. For a complete list of benefits, see the [Summary of Benefits and Coverage](#).*

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS

| COVERAGE LEVEL    | CONTRIBUTION |
|-------------------|--------------|
| Employee Only     | \$2.00       |
| Employee +1       | \$6.00       |
| Employee + Family | \$12.00      |



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## Additional Health Benefits

### Health Care Flexible Spending Account (FSA)

Mattel offers a Health Care FSA as a smart and easy way to stretch your benefit dollars and receive tax savings. Each year, you have the opportunity to enroll in the FSA and contribute pre-tax dollars up to the IRS maximums through payroll deductions. Use your FSA funds to pay for eligible medical, dental and vision expenses. Funds must be used by March 15<sup>th</sup> of the following plan year. Unused funds will be forfeited. Learn more about the Health Care FSA in the [Summary Plan Description](#).

### Health Savings Account (HSA)

Enrolling in the Anthem HDHP gives you the opportunity to lower your taxable income by setting aside funds for health care expenses in a health savings account. Contribute pre-tax dollars up to the annual IRS maximum through payroll deductions. You can use this money to pay for eligible expenses, and you'll earn tax-free interest on unused funds.

With the HSA, you keep all the funds you contribute. Unused funds rollover each year. Use your HSA funds to pay for eligible medical, dental and vision expenses. Keep in mind that you must be enrolled in the Anthem HDHP to be eligible for the HSA. Employees enrolled in the HSA may also set aside pre-tax dollars in a Limited Purpose FSA (LPFSA) for eligible dental and vision expenses only.

It's a good idea to use any LPFSA funds first to cover dental and vision expenses since it is a "use it or lose it" account. Leftover funds at the end of the year will be forfeited. Learn more about the HSA in the [Summary Plan Description](#).

### Fitness Center

Have fun getting in shape with Mattel's fitness centers. Our fitness centers offer state-of-the-art equipment, free group exercise classes daily, seasonal challenges, full shower and locker facilities, and other amenities. Contact the Fitness Center in El Segundo at **310-252-5151**, The Fitness Place in East Aurora at **716-687-3434**.

### Commuter Benefits

The Commuter Benefit Flexible Spending Account (FSA) allows you to purchase transit and parking passes with pretax dollars. These passes are used so you can commute to and from work; they are not to be used on business travel, for example, to use public transportation to attend a business meeting. By enrolling in the Commuter Benefit Plan, you lower your taxable income and, as a result, pay less in federal and FICA taxes, and in most locations, state, and local taxes. Enroll in [Fidelity Benefits Site](#).





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# Plan and Invest for the Future

## The Mattel Retirement Plan

Saving for retirement is an important part of financial wellbeing. Mattel offers a Personal Investment Plan (PIP) as your 401(k) retirement plan.

### Eligibility

All regular full-time and part-time employees who are at least 20 years old are eligible for PIP. You can begin contributing on the first day of active employment.

### Contributions

You can contribute up to 80% of eligible compensation up to the annual IRS maximums. You can choose to have contributions withheld on a pre-tax, Roth or after-tax basis. Limits may apply to Highly Compensated Employees (HCE).

### Company Match

Mattel matches 50% on the first 6% of your contribution.

### Automatic Contributions

You will also receive automatic contributions each pay period from Mattel, even if you do not contribute. These contributions range from 3%-7% and are determined by age.

| YOUR AGE            | MATTEL AUTOMATIC CONTRIBUTION AS A PERCENTAGE OF PAY |
|---------------------|------------------------------------------------------|
| 20 but less than 40 | 3%                                                   |
| 40 but less than 45 | 4%                                                   |
| 45 but less than 50 | 5%                                                   |
| 50 but less than 55 | 6%                                                   |
| 55 and above        | 7%                                                   |

### Catch-up Contributions

You can contribute up to the annual IRS maximum of \$23,500. If you are age 50 or older, you can contribute an additional catch-up contribution of \$7,500. If you are age 60-63, you may increase by \$2,500, totaling \$10,000. HCE will automatically have catch-up contributions made as Roth contributions.

### Auto-Enrollment

You are automatically enrolled in PIP at a 6% pre-tax contribution rate. Your funds will be invested into a default LifePath Fund based on your date of birth. You can decline automatic enrollment, change your contribution amount and reallocate your investments at any time through the [Fidelity Benefits Service Center](#) or by calling **800-835-5095**.

### Annual Sweep

Each April, all employees who are not participating in the PIP will be automatically enrolled, and employee contributions of less than 10% will be increased by 2% of eligible pay until the contribution rate is 10%. You will be notified 30 days in advance and can opt out if you choose.



### Vesting Schedule

You are always 100% vested in any contributions you make. You become vested in Mattel’s contributions after three years of service.

### Fidelity Personalized Planning & Advice

The investment choices you make will play a key role in the future value of your account. With Fidelity Personalized Planning & Advice, you get active retirement account management from Fidelity’s team of Investment professionals to help invest, monitor, and rebalance your account as needed to adjust to changes in the market, or changes in your situation. Fidelity representatives are available to answer your questions about this service.

Call **800-835-5095** for more information.



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# Plan and Invest for the Future, *CONTINUED*

### Supplemental Employee Life Insurance

Mattel automatically provides you with basic life insurance at no cost to you in the following amounts:

- Full-time employees: 2x your annual salary rounded to the nearest \$1,000
- Part-time employees: Your regular, hourly base salary rate times your regularly scheduled hours annually, times two, rounded to the nearest \$1,000

You may purchase additional life insurance at group rates up to five times your annual salary rounded to the nearest \$1,000 to a maximum of \$2,000,000. Contributions are based on your age and coverage amount you elect and will be deducted from your paycheck on an after-tax basis. During enrollment, you will see the cost of the supplemental coverage.

### Spouse/Domestic Partner Life Insurance

You may elect Spouse/Domestic Partner Life Insurance up to 50% of your total life insurance coverage level, not to exceed \$250,000.

### Child Life Insurance

You may purchase Dependent Life Insurance in the amount of \$25,000 for your dependent child(ren) at group rates.

### AD&D Insurance

Mattel gives you the opportunity to purchase Accidental Death & Dismemberment (AD&D) insurance for you and your family. You can elect up to five times your annual base salary, rounded to the nearest \$1,000, to a maximum of \$2,000,000. If you elect family coverage, eligible dependents are covered at a percentage of your coverage. During enrollment, you will see the cost of AD&D insurance.

### Long-Term Disability (LTD) Coverage

Eligible employees are automatically enrolled in the Company-sponsored Basic LTD plan which provides 50% salary replacement of your base salary up to \$30,000 a month if you have been disabled for more than 180 days. You may purchase an additional 5%, 10% or 15% through after-tax payroll deductions. The cost of supplemental LTD coverage is based on your covered salary. During enrollment, you will see the cost of supplemental coverage. The LTD Plan is not available to non-exempt American Girl Retail Employees.

### Short-Term Disability (STD) Coverage

Mattel automatically provides short-term disability income protection after 90 days of employment. You may be eligible to receive a percentage of your salary for the first 180 days of disability. Disability benefits may be offset by other sources of income, such as State Disability and Workers' Compensation. Review the [Summary Plan Description](#) for more information.

### Permanent Life Insurance with Long-Term Care

Permanent Life Insurance with Long-Term Care coverage offers essential protection for you and your family, ensuring they are financially secure if you are no longer able to provide for them. Upon your passing, your loved ones can receive cash benefits to cover important expenses such as mortgage payments, credit card debt, childcare, and college tuition. Additionally, this plan allows you to access cash benefits while you are still living to help with long-term care expenses. Whether you choose to utilize it as life insurance, for long-term care, or a combination of both, you can ensure that your family is supported during challenging times. Learn more [here](#).



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# Plan and Invest for the Future, *CONTINUED*

## Additional Financial Benefits

### Critical Illness Coverage

Having a serious illness, such as a heart attack, coma or cancer, can have a devastating effect on your life and your family. To give you peace of mind about the financial costs, you may elect Critical Illness Insurance through Anthem. Upon the diagnosis of a covered critical illness, you will receive a lump sum payment to offset any expenses you have. You can use it to pay bills, buy groceries or medication, or compensate for any lost time from work. Learn more [here](#).



### Accident Coverage

Out-of-pocket expenses for accidents can quickly add up. When you purchase Accident Insurance through Anthem you will receive a lump sum payment for a covered accident to help you pay out-of-pocket costs, such as co-pays and deductibles. Learn more about accident insurance [here](#).

### Hospital Indemnity Coverage

A stay in the hospital is no vacation, but it can certainly cost as much as one! Hospital Indemnity Insurance from Anthem can help cover unexpected hospital costs, like admission to the intensive care unit, by providing a lump sum payment on top of what medical insurance covers. Payments are made directly to you, so you have the flexibility to spend it on co-pays, deductibles, or any other hospital costs that health insurance doesn't pay. Learn more about Hospital Indemnity [here](#).

### Dependent Care FSA

If you and your spouse both work full time, you may contribute up to \$7,500 per family (\$2,500 if married and filing separately) of pre-tax dollars through payroll deductions for dependent care expenses. Expenses for children under age 13, disabled children of any age, and dependent adults are eligible for reimbursement. Highly Compensated Employees (HCE) will be limited to \$2,500 contribution. Learn more about what is covered in the [Summary Plan Description](#). Funds must be used by December 31 of each year. Unused funds will be forfeited.

### Pet Insurance

Take care of your furry friends, birds, and exotic pets with Pet Insurance through Nationwide. Your pets can receive coverage for minor incidents and routine care. [Click here](#) for more information.

### Identity Theft and Device Protection

Protect your identity and devices with Norton LifeLock benefit plans. With device security, online privacy and identity protection you can keep your personal information and devices secure. [Click here](#) for more information.



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# Plan and Invest for the Future, *CONTINUED*

## Additional Financial Benefits

### Fertility, Family Building, Maternity & Newborn Care

Mattel supports you on your family building journey, from thinking of starting a family, starting fertility treatments, to maternity and newborn care. Maven, Mattel’s fertility and family building partner, is with you all the way! Get personalized 24/7 support, care, and guidance for your family-building journey from a dedicated Care Advocate; unlimited virtual appointments and messaging with over 135 specialists, on-demand classes, and so much more. Benefits-eligible employees may enroll after completing 90-days of service. Through Maven, employees can submit for reimbursement of eligible fertility and family building services up to a maximum of \$15,000, including eligible expenses for egg/sperm freezing, IVF, IUI, adoption or surrogacy. Find out more about the program [here](#).

### Legal Assistance Plan

As a Mattel employee, you can purchase legal assistance through ARAG at affordable monthly rates. Experienced attorneys are available to help you on a variety of legal matters. Visit the [ARAG Legal Center](#) for more information about the two plans available. Access code: 17950mat.

### College Coach

Mattel gives your children a head start with college preparation assistance including:

- Maximizing the high school experience
- Selecting the right colleges
- Submitting standout applications
- Researching financial aid options

Find out more about this free program [here](#).

### Daycare Center *(available in El Segundo and East Aurora only)*

Take advantage of Mattel’s daycare centers for your children while you work:

- **El Segundo:** Mattel’s Child Development Center provides care for children six weeks old through pre-kindergarten on a year-round basis.
- **East Aurora:** The Community Nursery offers care for children eight weeks old through pre-kindergarten on a year-round basis.
- Well children not regularly enrolled in the programs are eligible for care during vacation, holidays and emergencies.





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# Take Care of Your Mental Health

## Modern Health Services

Modern Health is a mental health and wellbeing platform that’s available to you and your dependents, offering access to free one-on-one coaching and therapy, live and on-demand group sessions, and digital resources for emotional, professional, and financial wellbeing – all in a single, secure, confidential platform. Contact Modern Health at **866-535-6463** or visit [my.modernhealth.com](https://my.modernhealth.com) (Access Code: Mattel) for more information.

### Provider Support

Therapy (8 one-on-one sessions annually)

- Available to dependents at any age

Coaching

- Available to dependents 18+ years of age

Unlimited texting with providers. Resets every June 1<sup>st</sup> (unused sessions do not roll over)

### Community Circles

- Unlimited on-demand and live group sessions led by a therapist, designed to be intimate spaces to help you build critical skills for self-care, resilience, burnout and more.

### Workplace Wellbeing & Physical Wellbeing Pathways

- Pathways combine 1:1 sessions to provide a holistic and personalized approach to specific well-being topics
- Includes an additional 16 sessions with a Pathways Specialist
- Typically a 4-8 week program, and available to dependents 18 years+ of age

### On-Demand Digital Activities, Meditations and Programs

- Unlimited and includes wellbeing check-ins to track your wellness progress

### Care Connect / Employee Assistance Program (EAP)

- 24/7 Modern Health Helpline
- Employee Assistance Program (EAP) services





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# Take Care of Your Mental Health, *CONTINUED*

## Time Off from Work

Taking time off to relax, recharge and spend time with family is an important part of balancing work and life. We encourage employees to be here when the business needs you, and be home, on vacation or on the soccer field, when your life needs you. Mattel offers a progressive portfolio of programs to provide you with a flexible environment that lets you contribute to Mattel’s success and pursue life goals.



| TIME OFF FROM WORK BENEFIT    | DETAILS                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vacation                      | Benefit-eligible exempt employees (excluding American Girl Retail) receive unlimited paid time off. Benefit-eligible non-exempt employees and benefit-eligible exempt American Girl Retail employees, receive a vacation award each year depending on your years of service. Contact your local People & Culture team for more information.                   |
| Holidays                      | Celebrate the holidays with your loved ones. Your People & Culture team will give you a schedule of the paid holidays for your location.                                                                                                                                                                                                                      |
| Paid Parental Leave           | The Company recognizes the importance of spending time with family at the time of the birth, adoption or foster placement of a child. The Company provides up to twelve weeks of paid time off (based on regularly scheduled hours) to eligible employees.                                                                                                    |
| Phase Back to Work Program    | To help transition back to work after Parental Leave, the Company offers a Phase Back to Work Program. Benefit-eligible full-time parents have the opportunity to work a part-time schedule at full pay for the first month after returning to work.                                                                                                          |
| Caregiver Leave               | Mattel recognizes the personal challenges that employees endure when a family member has a serious health condition. The Company provides up to eight weeks of paid time off (based on regularly schedules hours) to benefit-eligible employees.                                                                                                              |
| Military Family Support Leave | Mattel understands the challenges that military families face. The Company provides up to eight weeks of paid time off (based on regularly scheduled hours) to benefit-eligible employees to (1) care for a serious ill or injured service member; (2) an event or need resulting from a covered family member’s deployment; and (3) other qualifying events. |
| School & Volunteer Activities | Enjoy paid time off to participate in school related events and volunteer activities for non-profit, charitable organizations.                                                                                                                                                                                                                                |
| Sick Time                     | Whether you have a wellness visit or an illness, Mattel gives you paid time off take care of you and your family’s health.                                                                                                                                                                                                                                    |

Time off policies vary by location and years of service. Learn more in the Employee Handbook for your location and employment classification.



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# Contact Information

When you have questions about your benefits, we’ve got you covered. Reach out to the Mattel Benefits Service Center at [800-835-5095](tel:800-835-5095) or visit the [Fidelity Benefits Site](#). You can also contact the providers directly.

## MEDICAL

| BENEFIT PROVIDER       | GROUP NUMBER | PHONE        | WEBSITE                                                                  |
|------------------------|--------------|--------------|--------------------------------------------------------------------------|
| Anthem                 | 174323       | 844-691-2485 | <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>                 |
| Group Health HMO       | 732700       | 800-605-4327 | <a href="http://www.ghcscw.com">www.ghcscw.com</a>                       |
| Independent Health HMO | 30044L       | 800-501-3439 | <a href="http://www.independenthealth.com">www.independenthealth.com</a> |
| Kaiser Permanente HMO  | 100954       | 800-464-4000 | <a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>   |
| Express Scripts        | 2849         | 800-711-0917 | <a href="http://www.express-scripts.com">www.express-scripts.com</a>     |

## DENTAL

| BENEFIT PROVIDER | GROUP NUMBER | PHONE        | WEBSITE                                                            |
|------------------|--------------|--------------|--------------------------------------------------------------------|
| Delta Dental PPO | 2667         | 888-335-8227 | <a href="http://www.deltadentalins.com">www.deltadentalins.com</a> |
| DeltaCare DMO    | 702682667    | 800-422-4234 | <a href="http://www.deltadentalins.com">www.deltadentalins.com</a> |

## VISION

| BENEFIT PROVIDER    | GROUP NUMBER | PHONE        | WEBSITE                                      |
|---------------------|--------------|--------------|----------------------------------------------|
| Vision Service Plan | 12002733     | 800-877-7195 | <a href="http://www.vsp.com">www.vsp.com</a> |

## OTHER PROGRAMS

| BENEFIT PROVIDER                                               | PHONE        | WEBSITE                                                                                                     |
|----------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------|
| Modern Health Services                                         | 866-535-6463 | <a href="http://www.my.modernhealth.com">www.my.modernhealth.com</a><br>Access code: <a href="#">Matte!</a> |
| Health Benefits, 401(k) Retirement Plan, and Spending Accounts | 800-835-5095 | <a href="http://www.netbenefits.com">www.netbenefits.com</a>                                                |
| Anthem Voluntary Benefits                                      | 800-604-4381 | <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>                                                    |
| Maven Care Team                                                | 888-861-1329 | <a href="http://www.mavenclinic.com">www.mavenclinic.com</a>                                                |
| Chubb – Permanent Life Insurance with Long-Term Care           | 855-241-9891 | Chubb Microsite                                                                                             |