



Please review the following materials to learn more about MMS and how we support our team members through comprehensive benefits.

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MMS AT A GLANCE



BUSINESS PROFILE

ESTABLISHED: 2002

STATUS: Privately held, employee owned

EMPLOYEES: 200+

REVENUE: \$20+ million annually

HEADQUARTERS: Pekin, Illinois, United States

MARKETS: Our Services are provided primarily in the Midwest region of the United States and expanding into the West and Southeast regions.

SERVICES

Full-Service Contract Maintenance

Process Maintenance

- Industrial Manufacturing
- Distribution Center
- Food Manufacturing/Packaging/Distribution
- Pharmaceutical Manufacturing/Packaging/Distribution

Facility and Building Maintenance

Crib and Procurement Management

Maintenance Services

- Engineering
- Technical
- Millwright
- Machine repair
- Spindle Repair
- Heat Treat Furnace Repair and Rebuild
- Risk Assessments

CUSTOMERS

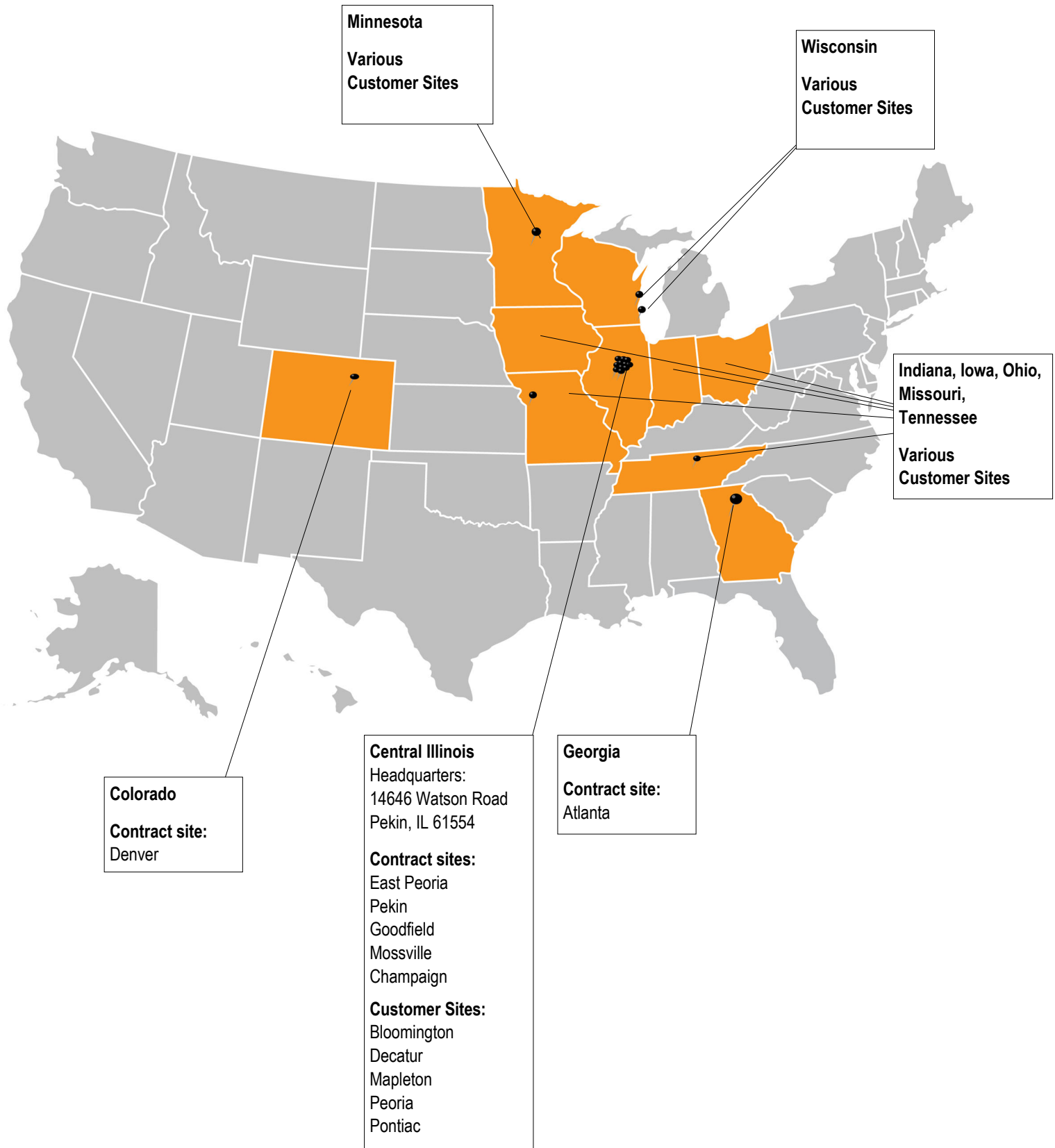
Past and present



JOHN DEERE



MMS



CREATING A GREAT WORKPLACE

At MMS, we are committed to creating a workplace where people are inspired and can bring their best to work every day.

We believe this starts with a commitment to the people of MMS - to ensure a culture of integrity, innovation, and transparency. We foster a culture of inclusion so that all voices are valued and everyone can do their absolute best. Our promises to our customers are also promises to our team. As an employee-owned company, our customers' successes are our successes as well...

MMS Promises...

- To **attract, develop, and retain** the best talent to support our customers and our business needs.
- To partner with our customers to provide **the best solutions, the best services, the best value, and the highest quality** for cost.
- To **improve and maintain** workplace safety, **streamline** core business processes, and **invest** in total quality management.



Benefits Overview *2024*

June 1, 2024 - May 31, 2025

WELCOME TO MMS

Benefits Overview

We are proud to offer a comprehensive package of valuable benefits to protect your health, your family and your quality of life. The following guide provides information about the benefits provided at MMS

Becoming a better health care consumer starts by reading this guide and sharing it with the rest of your household. Not only does it have information on your health insurance options, it also includes details on benefit tools and resources to help you make informed decisions and stay well.



Eligibility

You are eligible for benefits if you work 32 or more hours per week. You also have the option to enroll yourself and any eligible family members in the plans of your choice. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner and/or their children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody up to age 26. Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Dependent Verification

When adding dependents to your coverage, you must provide documentation that verifies your dependents are eligible for health care coverage. Please provide proof of dependent eligibility at time of enrollment.

- Marriage certificate or notarized affidavit of domestic partnership
- Birth certificate
- Adoption certificate

When Coverage Begins

Coverage begins on the first of the month after your hire date. (If your first day is the first of the month, You will be able to enroll immediately.) You must complete the enrollment process within 5 days of your eligibility event. If you enroll on time, coverage is effective on the day you become eligible. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits). Your next opportunity to enroll will be during the annual Open Enrollment period.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, registered domestic partner or child
- You lose coverage under your spouse's/registered domestic partner's plan
- You gain access to state coverage under Medicaid or the Children's Health Insurance Program (CHIP)

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

► MEDICAL PLAN

Includes Hospital, Surgical, and other Medical Coverage

MMS offers four Medical Plans through BlueCross BlueShield of Illinois with different levels of deductible, copays, coinsurance, and out of pocket maximums. You may select from the choice of plans available, or you may waive coverage.

Each plan offers three tiers of providers:

- Tier 1 — pay the least out-of-pocket expenses by using a participating provider in the Blue Choice OPT PPO network.
- Tier 2 — pay additional out-of-pocket costs by choosing a participating provider in the larger network of providers.
- Tier 3 — pay the highest out-of-pocket cost by selecting an out-of-network provider.

The details of each plan and the associated costs depending on the provider type are listed in the following tables



BlueCross BlueShield of Illinois

Pay Period Costs

Coverage Level	BCBS BCO \$1,000 Gold	BCBS BCO HSA \$5,000 Bronze	BCBS BCO \$2,500 Silver	BCBS BCO \$250 Platinum
Employee	\$91.69	\$67.21	\$79.34	\$126.90
Employee + Spouse	\$204.60	\$149.97	\$177.04	\$283.14
Employee + Child(ren)	\$181.42	\$132.98	\$156.98	\$251.06
Employee + Family	\$294.33	\$215.74	\$254.68	\$407.30

Above rates do not include optional riders

In-Network Services (Blue Choice OPT PPO Network)

General Provisions

Deductible (Individual)	\$1,000	\$5,000	\$2,500	\$250
Deductible (Family)	\$3,000	\$10,000	\$7,500	\$750
Maximum Out-of-Pocket (Individual)	\$2,500	\$6,000	\$4,500	\$750
Maximum Out-of-Pocket (Family)	\$7,500	\$12,000	\$13,500	\$2,250
Calendar or Plan Year Deductible	Calendar	Calendar	Calendar	Calendar

Copays & Coinsurance

Coinsurance	90%	80%	80%	90%
Primary Care Physician (Injury or Illness)	\$25	Deductible, 80%	Deductible, 80%	\$20
Referral required for Specialist	No	No	No	No
Specialist	\$50	Deductible, 80%	Deductible, 80%	\$40
Preventive Services	No Charge	No Charge	No Charge	No Charge
Imaging (CT/PET scans, MRIs)	Deductible, 90%	Deductible, 80%	Deductible, 80%	Deductible, 90%
Hospitalization (Outpatient)	\$200/visit, ded, 90%	Deductible, 80%	Deductible, 80%	\$200/visit, ded, 90%
Hospitalization (Inpatient)	\$250, ded, 90%	Deductible, 80%	Deductible, 80%	\$250, ded, 90%
Surgery (Outpatient)	Deductible, 90%	Deductible, 80%	Deductible, 80%	Deductible, 90%
Surgery (Inpatient)	Deductible, 90%	Deductible, 80%	Deductible, 80%	Deductible, 90%
Emergency Room	\$400/visit, ded, 90%	Deductible, 80%	Deductible, 80%	\$400/visit, ded, 90%
Urgent Care	\$75/visit; deductible does not apply	Deductible, 80%	Deductible, 80%	\$75/visit; deductible does not apply

Prescriptions

Generic Drugs (Tier 1)	\$0 - \$10	Deductible, 90%	\$0 - \$10	\$0 - \$10
Preferred Brand Drugs (Tier 2)	\$35	Deductible, 80%	\$50	\$35
Non-Preferred Brand Drugs (Tier 3)	\$75	Deductible, 70%	\$100	\$75
Specialty Drugs (Tier 4)	\$150 - \$250	Deductible, 50% - 60%	\$150 - \$250	\$150 - \$250

► MEDICAL PLAN

Preferred-Network Services (PPO Network - In Network but not Blue Choice)

General Provisions

	BCBS BCO \$1,000 Gold	BCBS BCO HSA \$5,000 Bronze	BCBS BCO \$2,500 Silver	BCBS BCO \$250 Platinum
Deductible (Individual)	\$2,500	\$6,000	\$4,000	\$1,000
Deductible (Family)	\$7,500	\$12,000	\$12,000	\$3,000
Maximum Out-of-Pocket (Individual)	\$5,500	\$7,000	\$5,500	\$1,250
Maximum Out-of-Pocket (Family)	\$10,200	\$14,000	\$16,500	\$3,750
Calendar or Plan Year Deductible	Calendar	Calendar	Calendar	Calendar

Copays & Coinsurance

Coinsurance	70%	60%	60%	70%
Primary Care Physician (Injury or Illness)	\$50	Deductible, 60%	Deductible, 60%	\$40
Referral required for Specialist	No	No	No	No
Specialist	\$100	Deductible, 60%	Deductible, 60%	\$80
Preventive Services	No Charge	No Charge	No Charge	No Charge
Imaging (CT/PET scans, MRIs)	Deductible, 70%	Deductible, 60%	Deductible, 60%	Deductible, 70%
Hospitalization (Outpatient)	\$400/visit, ded, 70%	Deductible, 60%	Deductible, 60%	\$400/visit, ded, 70%
Hospitalization (Inpatient)	\$500, ded, 70%	Deductible, 60%	Deductible, 60%	\$500, ded, 70%
Surgery (Outpatient)	Deductible, 70%	Deductible, 60%	Deductible, 60%	Deductible, 70%
Surgery (Inpatient)	Deductible, 70%	Deductible, 60%	Deductible, 60%	Deductible, 70%
Emergency Room	\$400/visit, ded, 90%	Deductible, 80%	Deductible, 80%	\$400/visit, ded, 90%
Urgent Care	\$75/visit; deductible does not apply	Deductible, 60%	Deductible, 60%	\$75/visit; deductible does not apply

Prescriptions

Generic Drugs (Tier 1)	\$0 - \$10	Deductible, 90%	\$0 - \$10	\$0 - \$10
Preferred Brand Drugs (Tier 2)	\$35	Deductible, 80%	\$50	\$35
Non-Preferred Brand Drugs (Tier 3)	\$75	Deductible, 70%	\$100	\$75
Specialty Drugs (Tier 4)	\$150 - \$250	Deductible, 50% - 60%	\$150 - \$250	\$150 - \$250

Out-Of-Network Services (Not Blue Choice or In-Network PPO Provider)

	BCBS BCO \$1,000 Gold	BCBS BCO HSA \$5,000 Bronze	BCBS BCO \$2,500 Silver	BCBS BCO \$250 Platinum
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General Provisions

Deductible (Individual)	\$5,000	\$12,000	\$8,000	\$2,000
Deductible (Family)	\$15,000	\$24,000	\$24,000	\$6,000
Maximum Out-of-Pocket (Individual)	\$16,500	\$21,000	\$16,500	\$2,500
Maximum Out-of-Pocket (Family)	\$30,600	\$42,000	\$49,500	\$7,500
Calendar or Plan Year Deductible	Calendar	Calendar	Calendar	Calendar

Copays & Coinsurance

Coinsurance	50%	50%	50%	50%
Primary Care Physician (Injury or Illness)	Deductible, 50%	Deductible, 50%	Deductible, 50%	Deductible, 50%
Referral required for Specialist	No	No	No	No
Specialist	Deductible, 50%	Deductible, 50%	Deductible, 50%	Deductible, 50%
Preventive Services	Deductible, 50%	Deductible, 50%	Deductible, 50%	Deductible, 50%
Imaging (CT/PET scans, MRIs)	Deductible, 50%	Deductible, 50%	Deductible, 50%	Deductible, 50%
Hospitalization (Outpatient)	\$500/visit, ded, 50%	Deductible, 50%	Deductible, 50%	\$500/visit, ded, 50%
Hospitalization (Inpatient)	\$600, ded, 50%	Deductible, 50%	Deductible, 50%	\$600, ded, 50%
Surgery (Outpatient)	Deductible, 50%	Deductible, 50%	Deductible, 50%	Deductible, 50%
Surgery (Inpatient)	Deductible, 50%	Deductible, 50%	Deductible, 50%	Deductible, 50%
Emergency Room	\$400/visit, ded, 90%	Deductible, 80%	Deductible, 80%	\$400/visit, ded, 90%
Urgent Care	\$75/visit; deductible does not apply	Deductible, 50%	Deductible, 50%	\$75/visit; deductible does not apply

Prescriptions

Generic Drugs (Tier 1)	\$0 - \$10	Deductible, 80%	\$0 - \$10	\$0 - \$10
Preferred Brand Drugs (Tier 2)	\$35	Deductible, 70%	\$50	\$35
Non-Preferred Brand Drugs (Tier 3)	\$75	Deductible, 60%	\$100	\$75
Specialty Drugs (Tier 4)	\$150 - \$250	Deductible, 50% - 60%	\$150 - \$250	\$150 - \$250

► MEDICAL PLAN

Preventive Care

These preventive services are covered by your plan at no cost to you

FOR ADULTS (Over 18)

Annual preventive medical history and physical exam

SCREENINGS FOR

- Abdominal aortic aneurysm
- Alcohol abuse and tobacco use o Colorectal, skin and lung cancer
- Depression
- Falls prevention and vitamin D use for stronger bones
- High blood pressure, high cholesterol, obesity, diabetes and depression
- Sexually transmitted infections, HIV, HPV and hepatitis

COUNSELING FOR

- Alcohol misuse
- Domestic violence
- Healthy diet counseling
- Obesity o Sexually transmitted infections
- Skin cancer prevention
- Tobacco use, including certain medicine to stop
- Use of aspirin to prevent heart attacks

FOR CHILDREN

Annual preventive medical history and physical exam

SCREENINGS FOR

- Autism
- Cervical dysplasia
- Depression
- Developmental delays
- Dyslipidemia (for children at higher risk)
- Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin o Lead poisoning
- Obesity
- Sexually transmitted infections and HIV
- Tuberculosis
- Visual acuity

ASSESSMENTS AND COUNSELING

- Obesity counseling
- Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- Skin cancer prevention counseling

JUST FOR WOMEN

- Breast cancer screening, genetic testing and counseling
- Breastfeeding support, supplies and counseling
- Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- Cervical cancer screening
- Chlamydia, gonorrhea, syphilis, HIV and hepatitis B screenings
- Counseling for alcohol and tobacco use during pregnancy
- Folic acid supplementation during pregnancy
- Human papillomavirus (HPV) DNA test
- Osteoporosis screening o Screenings during pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility

CERTAIN VACCINES

- Diphtheria, Pertussis, Tetanus
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A and B o Human Papillomavirus (HPV)
- Inactivated Poliovirus (Polio)
- Influenza (Flu)
- Measles, Mumps, Rubella (MMR)
- Meningitis
- Pneumococcal
- Rotavirus
- Varicella (Chicken Pox)
- Zoster (Herpes, Shingles)

► REIMBURSEMENT ACCOUNTS

HEALTH SAVINGS ACCOUNT (HSA)

An HSA gives you the choice to use tax-free money for eligible medical expenses OR save your triple-tax-advantaged funds for later. You must be enrolled in BCBS BCO HSA \$5000 Bronze Plan to be Eligible.



Once enrolled in our health benefit plan(s), you can set up a personal account with BlueCross BlueShield of Illinois.

- View Claims
- Find providers
- Print Insurance Card



Mutual of Omaha®

MMS selected United of Omaha Life Insurance, a Mutual of Omaha company to provide, Dental, Vision, and all ancillary benefits. Once enrolled in our benefits plan, you can set up a personal account with Mutual of Omaha.

► DENTAL PLAN

United of Omaha Life Insurance, A Mutual of Omaha Company

Eligibility Requirement: You must be actively working a minimum of 30 hours per week to be eligible for coverage.

Dependent Eligibility Requirement : A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.

Premium Payment: The premiums for this insurance are paid in full by the MMS. **There is no cost to you for this insurance.**

Pay Period Costs	
Coverage Level	
Employee	\$0
Employee + Spouse	\$0
Employee + Child(ren)	\$0
Employee + Family	\$0
In-Network Services	
General Provisions	
Deductible (Individual)	\$50
Deductible (Family)	\$150
Deductible Waived for Preventive	Yes
Annual Maximum Benefit	\$1,750
Orthodontia Eligibility	Dependent Children Only
Copays & Coinsurance	
Orthodontia Services	50%
Orthodontia Lifetime Maximum	\$1,250
Preventive Services	100%
Basic Services	90%
Major Services	60%

Detailed covered services information is available on MMS Enrollment site

► VISION CARE PLAN

Mutual of Omaha Vision Powered by Eye Med

Vision Coverage provides benefits for eye examinations, prescription eyeglasses, and contact lenses for you and your eligible dependents.

Premium Payment: The premiums for this insurance are paid in full by the MMS. **There is no cost to you for this insurance.**

If you use in-network providers, you will receive a higher level of benefits. Cost varies based on coverage level.



Pay Period Costs	
Coverage Level	
Employee	\$0
Employee + Spouse	\$0
Employee + Child(ren)	\$0
Employee + Family	\$0
In-Network Services	
Frequency	
Eye Exams	Every 12 months
Lenses	Every 12 months
Frames	Every 12 months
Benefits	
Eye Exams - Copay	\$10
Lenses - Copay	\$10
Frames - Allowance	\$150
Contacts Allowance (Elective)	\$150 allowance
Contacts Allowance (Medically Necessary)	\$0 - paid in full
Laser Eye Correction	Up to 15% discount

Detailed covered services information is available on MMS Enrollment site

► TERM LIFE INSURANCE

United of Omaha Life Insurance Company, A Mutual of Omaha Company

BENEFIT AMOUNT

For You: \$50,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

For You: The Principal Sum amount is equal to the amount of your life insurance benefit.

HOSPITAL INDEMNITY INSURANCE

Charges mount up when you're in the hospital. The Hospital Indemnity Plan pays you a lump sum every day you are confined. You can use the money for any reason.

LIVING CARE / ACCELERATED DEATH BENEFIT

50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$25,000.

► ADDITIONAL SERVICES

TRAVEL ASSISTANCE

The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.

HEARING DISCOUNT PROGRAM

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

WILL PREP SERVICES

We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues.

Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at www.mutualofomaha.com/eap.

Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career.

► VOLUNTARY BENEFITS

Ancillary benefits available for additional fees from United of Omaha Life Insurance Company, A Mutual of Omaha Company. See details on enrollment site.

SHORT TERM DISABILITY

Provides you with continuing income during the initial weeks while you are out of work due to an illness or accident.

Two options available: 20% plan or 60% plan

LONG TERM DISABILITY

Provides you with continuing income if you are out of work due to a lengthy disability. Benefits begin on the later of 180 calendar days after the onset of the injury or illness or the date your short-term disability ends

ACCIDENT INSURANCE

Supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident.

CRITICAL ILLNESS INSURANCE

Provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

HOSPITAL INDEMNITY INSURANCE

Supplements your medical coverage and provides a cash benefit for hospital related fees you or an insured family member sustain as a result of being hospitalized. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

VOLUNTARY TERM LIFE INSURANCE

Life insurance provides death benefits as well as additional support, planning and protection services.

► HOLIDAYS

The company typically* recognizes the following holidays. These holidays are given a paid time off to all eligible employees.

New Year's Day	Labor Day
Martin Luther King , Jr. Day	Thanksgiving Day
Good Friday	Friday after Thanksgiving
Memorial Day	Christmas Eve
Independence Day	Christmas Day

** Because of the nature of our contract business, site employees may have different holidays than outlined because MMS is required to follow customers' designated holidays, which may differ from MMS in some cases.*

► PAID TIME OFF (PTO) / VACATION

Vacation year begins January 1

VACATION ACCRUAL

Begins upon first day of employment

0-4 Years: Vacation time accrues at 3.08 hrs per pay period (~10 DAYS PER YEAR)

5+ Years: Vacation time accrues at the rate of 4.62 hrs per pay period (~15 DAYS PER YEAR)

PTO/Vacation time may roll over into the following calendar year.

Individuals exceeding 270 hours of accrued vacation time may be asked to use it or take the equivalent in cash pay out.

PLANNING FOR THE FUTURE

► EMPLOYEE OWNERSHIP PLAN

SAFE HARBOR

If you are eligible* to receive a Safe Harbor Employer Contribution, MMS will contribute to the Manufacturing Maintenance Solutions, Inc. Employee Ownership Plan on your behalf an amount equal to 3% of your Annual Compensation.

*This benefit takes effect after 6 consecutive months of employment. **Vested Immediately**

► 401(k) / RETIREMENT (OPTIONAL)

Eligible employees may elect to establish a 401(k) plan.

ELIGIBILITY*

Minimum age requirement: Must be at least age 18.

Special minimum service requirement: 83 hours of service each month for 6 consecutive months

**also applies to Safe Harbor Contribution*

EMPLOYEE CONTRIBUTION

You may contribute on a Pre-Tax, Roth or After-tax basis. If you are at least age 50, you may also make an additional catch-up contribution. **Vested Immediately.**