



Be Well at Mattel: Your 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

How to Use This Guide

Competitive total pay programs and 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 Mattel Benefits Service Center (accessible on your first day of employment). Simply call **877-841-8395** or visit the **Mattel Benefits Site**. A list of benefits contacts can also be found on **page 20**.





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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 20 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

Enrollment Guidelines

Enrollment Periods

You have three opportunities to enroll in benefits:

1. New Hire

Coverage begins on the first day of employment. Eligible American Girl Retail employees will receive coverage following 90 days of employment. You have 30 days from your initial eligibility date to make your coverage elections. If you do not make an election, you will not receive medical, dental or vision coverage and must wait until the Annual Enrollment period or a qualifying life event to enroll in these 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:

How to Enroll

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

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 [Mattel 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. A summary of each plan option is listed below.

Overview of Medical Plans

Quantum Health/Blue Shield of CA PPO, HDHP & EPO

MyQHealth Care Coordinators provide support through benefits advocacy, provider curation, clinical navigation and health concierge services powered by the Blue Shield of CA network. Available plans under Quantum Health/Blue Shield of CA are:

- Preferred Provider Organization (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 highest 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.
- Exclusive Provider Organization (EPO) in various locations excluding Southern California, Wisconsin and Upstate 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.
- High Deductible Health Plan (HDHP) with a corresponding Health Savings Account (HSA):** 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 6](#).

Health Maintenance Organization (HMO) Plans

Mattel offers several HMO plans to eligible employees in Southern 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.

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, but cost less. Save money by asking your doctor if a generic is available.
- Brand-name medications (Tier 2) are listed on the formulary. You will pay a co-pay for the generic equivalent if it is available.
- Non-formulary medications (Tier 3) are not on the formulary. You will pay the full cost of the medication.



Click here to watch a video to help you decide which medical plan is right for you and your family



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MEDICAL PLAN COMPARISON CHART

PLAN BENEFITS	ANTHEM PPO (All locations)		ANTHEM PPO HDHP (All locations)		KAISER HMO
	IN-NETWORK	OUT-OF-NETWORK	OUT-OF-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 <small>Individual / Family</small>	\$750 / \$1,875	\$1,500 / \$3,750	\$1,500 / \$4,000	\$1,500 / \$4,000	\$500 / \$1,000
Out-of-Pocket Maximum <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) \$50/visit (Specialist)
Inpatient Hospital	\$250 co-pay, then 80% after deductible	\$250 co-pay, then 65% after deductible	\$250 co-pay, then 80% after deductible	\$250 co-pay, then 60% after deductible	90% after deductible
Emergency Services	\$150 co-pay (waived if admitted), then 80% after deductible		\$150 co-pay (waived if admitted), then 80% after deductible		90% after deductible (waived if admitted)
Urgent Care	80% after deductible	65% after deductible	80% after deductible	60% after deductible	\$30 if outside service area

EMPLOYEE BI-WEEKLY CONTRIBUTIONS*

	ANTHEM PPO (All locations)	ANTHEM PPO HDHP (All locations)	KAISER HMO
Employee Only*	\$85.00	\$50.00	\$60.00
Employee +1*	\$170.00	\$102.50	\$125.00
Employee + Family*	\$267.50	\$155.00	\$180.00

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

* Rate will increase by \$35 if you elect to cover your working spouse/domestic partner with access to coverage through another employer.

* Rate will increase by \$60 if you are a tobacco user AND you elect to cover your working spouse/domestic partner with access to coverage through another employer.

Refer to the **Summary of Benefits and Coverage** for each plan to learn more.

• **Anthem PPO**

• **Anthem PPO HDHP**

• **Kaiser HMO**



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MEDICAL PLAN COMPARISON CHART

Health Care Flexible Spending Account (FSA) DEAN HMO (as a small employer) PLAN BENEFITS	GHC HMO (as a small employer) PLAN BENEFITS	Fertility Services INDEPENDENT HEALTH HMO (as a small employer) PLAN BENEFITS	ANTHEM EPO (as a small employer) PLAN BENEFITS
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 of the following plan year. Unused funds will be forfeited.	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 of the following plan year. Unused funds will be forfeited.	Beginning or growing your family is exciting and at times, overwhelming. All benefits eligible employees and their spouse/domestic partner, regardless of enrollment, are eligible for reimbursement for fertility treatment. Eligible expenses will be reimbursed at a coverage level of 80% of the allowed amount to a maximum lifetime benefit of \$15,000 per couple. All available medical coverage must be used before expenses can be reimbursed.	Beginning or growing your family is exciting and at times, overwhelming. All benefits eligible employees and their spouse/domestic partner, regardless of enrollment, are eligible for reimbursement for fertility treatment. Eligible expenses will be reimbursed at a coverage level of 80% of the allowed amount to a maximum lifetime benefit of \$15,000 per couple. All available medical coverage must be used before expenses can be reimbursed.
Choice of Doctor or Hospital	Dean Health HMO only	GHC HMO only	PCP must be a doctor affiliated with IHA HMO Anthem EPO only
Annual Deductible Individual / Family	\$250 / \$500	\$250 / \$500	\$200 / \$400 \$2,000 / \$4,000 \$500 / \$1,000
Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000 not applicable to co-pays	\$3,000 / \$6,000 including co-pays and deductibles	\$3,000 / \$6,000 \$10,000 / \$20,000 \$3,000 / \$6,000
Health Savings Account (HSA)			
Preventive Care	100% covered	100% covered	100% covered
Office Visit	\$30/visit (Primary) \$50/visit (Specialist)	\$30/visit (Primary) \$50/visit (Specialist)	\$30/visit (Primary) \$50/visit (Specialist)
Inpatient Hospital	90% after deductible	90% after deductible (prior authorization needed)	\$250 co-pay
Emergency Services	\$200 co-pay	\$200 co-pay	
Urgent Care	\$30 co-pay, then 90% after deductible	\$30 co-pay	
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 Quantum Health/Blue Shield of CA 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.			
Employee Only*	\$70.00	\$75.00	
Employee +1*	\$150.00	\$152.50	
Employee + Family*	\$215.00	\$225.00	

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

* Rate will increase by \$35 if you elect to cover your working spouse/domestic partner with ac

* Rate will increase by \$60 if you are a tobacco user AND you elect to cover your working spo

Refer to the **Summary of Benefits and Coverage** for each plan to learn m

• **Dean HMO**

• **Independent Health HMO**

• **C**





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Physician Wellness for the Future

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The Mattel Rx Drug Center Page

Sliding into the new medical plan is an important part of preparation for the future. We will be covering all the details of the new plan and how it will be implemented. The plan is grouped into tiers or categories:

Eligibility

- 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. You can contribute up to 80% of your eligible PIP at a 2% 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 investments at any time.

Contributions

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

Catch-up Contributions

- If you are age 50 or older, you can make additional catch-up contributions up to the annual IRS maximum.

Auto-Enrollment

- You are automatically enrolled in the PIP at a 2% 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 investments at any time.

MEDICAL PLANS

Company Match

Mattel matches 50% on the first 6% you contribute.

Anthem PPO HDHP*

Kaiser HMO

Dean HMO

GHC HMO**

Independent Health HMO

YOUR AGE

Anthem EPO*

20 but less than 40

* 40 but less than 45

** 45 but less than 50

50 but less than 55

55 years and above

MATTEL AUTOMATIC CONTRIBUTION AS A PERCENTAGE OF PAY

3%

4%

5%

6%

7%

PRESCRIPTION DRUGS – RETAIL

(30-DAY SUPPLY)

\$15 Generic / \$50 Brand / \$75 Non-Formulary

Annual Sweep

After deductible,

\$15 Generic / \$50 Brand / \$75 Non-Formulary

\$10 Generic / \$30 Brand (100-day supply) / \$30 Non-Formulary (30-day supply)

\$12 Generic / \$45 Brand / \$60 Non-Formulary

\$10 Generic / \$45 Brand / \$60 Non-Formulary

\$12 Generic / \$45 Brand / \$60 Non-Formulary; must be filled at a participating pharmacy

Vesting Schedule

\$15 Generic / \$50 Brand / \$75 Non-Formulary

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

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.

after your retirement account.

PRESCRIPTION DRUGS – MAIL ORDER

(90-DAY SUPPLY)

\$35 Generic / \$125 Brand / \$185 Non-Formulary

After deductible,

\$35 Generic / \$125 Brand / \$185 Non-Formulary

\$20 Generic / \$60 Brand or Non-Formulary (100-day supply)

\$25 Generic / \$90 Brand / No coverage for Non-Formulary

\$30 Generic / \$135 Brand

\$30 Generic / \$112.50 Brand / \$150 Non-Formulary; must be obtained from Wegmans or ProAct Pharmacy Services

\$35 Generic / \$125 Brand / \$185 Non-Formulary



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Dental Coverage

Supplemental Employee Life Insurance and

Mattel employees can also enroll in basic life insurance at no cost to you in

the following plan choices: **Delta Dental**

PPO Plan and **Aetna DMO Plan**

• Part-time employees: Your regular, hourly base salary, rounded to the nearest \$1,000

• With the **Delta Dental PPO**, you can elect group rates up to five times your

annual salary, rounded to the nearest \$1,000, to a maximum of \$250,000.

Contributions are based on your age and coverage amount you elect and will

be deducted from your paycheck on a pre-tax basis. During enrollment, you

will see the cost of the supplemental coverage.

Spouse/Domestic Partner Life Insurance

• With the **Aetna DMO**, you must use an

in-network provider for your dental care. There

are no annual deductibles or maximum benefit

allowance, and preventive care is 100%

covered. You will be responsible for copays

based on the service you receive. Aetna will

provide enrollees with information that explains

exclusions, limitations and the full range of

Mattel gives you the opportunity to purchase AD&D insurance for you and your

family. You can elect up to five times your annual 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 annual

enrollment, you will see the cost of AD&D insurance.

Note: Aetna may not be available in all locations.

DENTAL PLAN COMPARISON*

Supplemental Long-Term Disability Coverage

You may purchase an additional 5%, 10% or 15% of salary

replacement through after-tax payroll deductions. The cost of

supplemental LTD coverage is based on your covered salary.

• Part-time employees: Your regular, hourly base salary, rounded to the nearest \$1,000

• With the **Delta Dental PPO**, you can elect group rates up to five times your

annual salary, rounded to the nearest \$1,000, to a maximum of \$250,000.

Contributions are based on your age and coverage amount you elect and will

be deducted from your paycheck on a pre-tax basis. During enrollment, you

will see the cost of the supplemental coverage.

Spouse/Domestic Partner Life Insurance

• With the **Aetna DMO**, you must use an

in-network provider for your dental care. There

are no annual deductibles or maximum benefit

allowance, and preventive care is 100%

covered. You will be responsible for copays

based on the service you receive. Aetna will

provide enrollees with information that explains

exclusions, limitations and the full range of

Mattel gives you the opportunity to purchase AD&D insurance for you and your

family. You can elect up to five times your annual 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 annual

enrollment, you will see the cost of AD&D insurance.

Note: Aetna may not be available in all locations.

PLAN FEATURES	DELTA DENTAL PPO PLAN		ANTHEM DMO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	
Calendar Year Deductible (waived for Preventive Services)	\$50 Individual / \$150 Family		None	
Calendar Year Benefit Maximum	\$2,000 per member		None	
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	100% covered	90% covered	100% covered	
Basic and 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 60%	
Orthodontia adults and children	50% after \$500 per person deductible	50% after \$500 per person deductible	50%	
Orthodontia Lifetime Maximum	\$5,000		\$5,000	

**This chart only shows an overview of
and Coverage.*

• **Delta Dental PPO**

EMPLOY

Employee Only

Employee +1

Employee + Family





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Additional Financial Benefits

Critical Illness Coverage through MHP provides a tax-free cash benefit to help cover the cost of living expenses and your family. If you are diagnosed with a critical illness, you may elect to receive a lump sum payment to offset any out-of-pocket expenses. For more information, please see the [Summary here](#), call **800-877-7195** or **800-877-7195**.

Accident Coverage
Out-of-pocket expenses for accidents can quickly add up. When you are injured in an accident, you will receive a cash benefit to help cover the cost of living expenses and your family. For more information, please see the [Summary here](#), call **800-877-7195** or **800-877-7195**.



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 Costco frame allowance)	Up to \$70
Lenses <ul style="list-style-type: none">• Single Vision• Bifocal• Trifocal• Lenticular	Once every 12 months	You pay \$20 co-pay plus costs over plan allowance of \$170.00	Up to \$50 Up to \$75 Up to \$100 Up to \$125
Major Services (e.g., dentures, crowns, bridges)	Once every 12 months	Medically necessary: \$20 co-pay Cosmetic: \$150 allowance	Medically necessary: Up to \$210 Cosmetic: Up to \$130

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

Pet Insurance

Take care of your furry friends, birds, and exotic pets with Pet Insurance coverage for minor incidents and routine care.

EMPLOYEE BI-WEEKLY CONTRIBUTIONS

	VISION PLAN
Employee Only	\$2.00
Employee +1	\$6.00
Employee + Family	\$12.00

Identity Theft and Device Protection
Protect your identity and devices with Norton LifeLock benefit plans. With device security, online protection and identity protection you can keep your personal information and devices secure.

Legal Assistance Plan

Mattel employees can purchase legal assistance through ARAG at affordable monthly rates. Experienced attorneys are available to help on a variety of legal matters.



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Additional Financial Benefits

Adoption

After completing six months of service, you are eligible for up to \$10,000 reimbursement for adoption expenses (\$12,000 for concurrent multiple adoptions).

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

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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Employee Assistance Program (EAP)

When life throws you a curveball, the Employee Assistance Program through Optum is here to help. The EAP gives you free and confidential access to unlimited phone support and up to five sessions with a counselor. EAP counselors can help you with legal services, relationship concerns, child care and elder care assistance, and psychological needs.

TalkSpace

Provided through EAP, TalkSpace is a convenient app that provides real-time counseling via text or video

Headspace

Focus on wellbeing with your free membership to Headspace: a guided meditation and sleep app from the leaders in mindfulness. Headspace’s library of guided meditations, audio exercises, animations, and sleep content help users live happier, healthier lives. Choose sessions that fit your schedule, including 1-3 minute breaks, 10-minute sessions, and advanced deeper-dive sessions on different topics from managing stress to mindful eating.





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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
Summer Friday Half-Days	Start the weekend early in the summers.
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 HR team for more information.
Holidays	Celebrate the holidays with your loved ones. Your HR 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 six weeks of paid time off (based on regularly scheduled hours) to eligible employees who have completed six months of continuous service to care for and bond with the new addition to the family.
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.
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.