

Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information







Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- \star Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



WELCOME TO YOUR MATTEL BENEFITS

Mattel employees work hard bringing play experiences to millions of children and we've created a comprehensive benefits package to support you in every way. We offer everything you need to be physically and financially healthy – both today and in the future. Our benefits program will help you:

- ★ Create a Healthy Lifestyle
- ★ Build your Financial Future
- ★ Enhance Work/Life Flexibility

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 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 16.



2



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



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 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 regrading eligibility.

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:

★ Marriage or divorce

 \star 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 Mattel Benefits Site to enroll. Follow the prompts

Cost for Coverage

to make your elections.

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**.



3



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



CREATE A HEALTHY LIFESTYLE

Medical Coverage

At Mattel, we understand that 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

The Anthem 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.

нмо

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.

Anthem EPO (various locations excluding Southern California, Wisconsin and Upstate New York)

With the Anthem 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.

Anthem PPO HDHP

The Anthem PPO 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.



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



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information







CREATE A HEALTHY	LIFESTYLE, CONTINUED
-------------------------	----------------------

MEDICAL PLAN COMPARISON CHART						
PLAN BENEFITS	ANTHEM PPO (All locations)		ANTHEM PPO HDHP (All locations)		HEALTH NET HMO (California)	KAISER HMO (California)
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	IN-NETWORK ONLY
Choice of Doctor or Hospital	Any licensed doctor or hospital		Any licensed doctor or hospital		Health Net HMO only	Kaiser HMO only
Annual Deductible Individual / Family	\$/50/\$18/5 \$1.500/\$3/50		\$1,500 / \$4,000	\$1,500 / \$4,000	\$0	\$500 / \$1,000
Out-of-Pocket Maximum Individual / Family	\$3,500 / \$7,000	\$7,000 / \$14,000	\$6,000 / \$12,000	\$8,000 / \$16,000	\$3,000 / \$6,000 co-pays included	\$3,000 / \$6,000
Preventive Care	100% covered	65% covered	100% covered	60% covered	100% covered	100% covered
Office Visit	80% after deductible	65% after deductible	80% after deductible	60% after deductible	\$30/visit (Primary)	\$20/visit (Primary)
Office visit					\$50/visit (Specialist)	\$40/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	\$300 co-pay, then 90% covered	90% after deductible
Emergency Services \$150 co-pay (waived then 80% after c			\$150 co-pay (waived if admitted), then 80% after deductible		\$150 co-pay, then 90% covered	90% after deductible (waived if admitted)
Urgent Care	80% after deductible	65% after deductible	80% after deductible	60% after deductible	\$50 co-pay	\$20 if outside service area

EMPLOYEE BI-WEEKLY CONTRIBUTIONS*

	ANTHEM PPO (All locations)	ANTHEM PPO HDHP (All locations)	HEALTH NET HMO (California)	KAISER HMO (California)
Employee Only*	\$82.50	\$47.50	\$70.00	\$57.50
Employee + 1*	\$165.00	\$100.00	\$140.00	\$120.00
Employee + Family*	\$257.50	\$150.00	\$207.50	\$175.00

* 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

★ Health Net HMO

★ Kaiser HMO

5



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



CREATE A HEALTHY LIFESTYLE, CONTINUED

MEDICAL PLAN COMPARISON CHART						
PLAN BENEFITS	DEAN HMO (Middleton / Deforest)	GHC HMO (Middleton / Deforest) (Western NY)			ANTHEM EPO (Various locations except CA, Western NY, WI)	
	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	
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	\$200 / \$400	\$200 / \$400	\$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	
Preventive Care	100% covered	100% covered	100% covered	60% covered	100% covered	
Office Visit	\$25/visit (Primary) \$50/visit (Specialist)	\$25/visit (Primary) \$50/visit (Specialist) 100% coverage for children 0-17	\$30/visit (Primary) \$5/visit (Specialist)	60% covered	\$25/visit (Primary) \$50/visit (Specialist)	
Inpatient Hospital	90% after deductible	90% after deductible (prior authorization needed)	\$250 co-pay after deductible	60% after deductible	\$250 co-pay after deductible, then 80% covered	
Emergency Services	\$150 co-pay	\$150 co-pay	\$100 co-pay (w	aived if admitted)	\$150 co-pay (waived if admitted), then 80%	
Urgent Care	\$50 co-pay, then 90% after deductible	\$25 co-pay	\$75 co-pay	\$75 co-pay	\$50 co-pay	

	EI	MPLOYEE BI-WEEKLY CONTRIBUTION	IS*	
	DEAN HMO (Middleton / Deforest)	GHC HMO (Middleton / Deforest)	INDEPENDENT HEALTH HMO (Western NY)	ANTHEM EPO (Various locations except CA, Western NY, WI)
Employee Only*	\$67.50	\$72.50	\$80.00	\$80.00
Employee + 1*	\$145.00	\$147.50	\$160.00	\$165.00
Employee + Family*	\$207.50	\$217.50	\$247.50	\$252.50

* 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.

★ Dean HMO

★ GHC HMO

★ Independent Health HMO

★ Anthem EPO

6



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- \star Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



CREATE A HEALTHY LIFESTYLE, CONTINUED

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 (30-DAY SUPPLY)	PRESCRIPTION DRUGS – MAIL ORDER (90-DAY SUPPLY)	
Anthem PPO*	\$15 Generic / \$50 Brand / \$75 Non-Formulary	\$35 Generic / \$125 Brand / \$185 Non-Formulary	
Anthem PPO HDHP*	After deductible, \$15 Generic / \$50 Brand / \$75 Non-Formulary	After deductible, \$35 Generic / \$125 Brand / \$185 Non-Formulary	
Health Net HMO\$12 Generic / \$45 Brand / \$60 Non-Formulary Specialty Rx: 75% covered (Min: \$60 / Max: \$120)		\$24 Generic / \$90 Brand / \$120 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)	
Dean HMO	\$12 Generic / \$45 Brand / \$60 Non-Formulary	\$25 Generic / \$90 Brand / No coverage for Non-Formulary	
GHC HMO**	\$10 Generic / \$45 Brand / \$60 Non-Formulary	\$30 Generic / \$135 Brand	
Independent Health HMO \$12 Generic / \$45 Brand \$60 Non-Formulary; must be filled at a participating pharmacy		\$30 Generic / \$112.50 Brand \$150 Non-Formulary; 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.



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



CREATE A HEALTHY LIFESTYLE, CONTINUED

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: **Delta Dental PPO Plan** and **Aetna 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.deltadentalca.com or call 866-844-5870.
- ★ 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 covered services under the plan. In-network dentists can be found at www.aetna.com or by calling 877-238-6200.

Note: Aetna may not be available in all locations.

DENTAL PLAN COMPARISON*				
PLAN FEATURES	DELTA DENT	DELTA DENTAL PPO 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 pe	er 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 \$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, see the **Summary of Benefits** and **Coverage**.

★ Delta Dental PPO ★ Aetna DMO

EMPLOYEE BI-WEEKLY CONTRIBUTIONS				
DELTA DENTAL PPO PLAN AETNA DMO PLAN				
Employee Only	\$10.00	\$4.00		
Employee + 1	\$24.00	\$9.00		
Employee + Family	\$35.00	\$19.00		

8



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



CREATE A HEALTHY LIFESTYLE, CONTINUED

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 about your vision benefits, call 800-877-7195 or visit www.vsp.com.



VSP COVERAGE OVERVIEW*				
		VISION PLAN		
PLAN FEATURES	FREQUENCY	IN-NETWORK	OUT-OF-NETWORK	
		YOU PAY:	PLAN PAYS:	
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 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	
Contact Lenses (in lieu of lenses and frames)	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.

EMPLOYEE BI-WEEKLY CONTRIBUTIONS			
	VISION PLAN		
Employee Only	\$2.00		
Employee + 1	\$6.00		
Employee + Family	\$12.00		



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



CREATE A HEALTHY LIFESTYLE, CONTINUED

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 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 PPO 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 PPO 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**.

Fertility Services

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 infertility 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. For additional information, refer to the **Summary Plan Description**.



10



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- \star Vision Coverage
- \star Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



BUILD YOUR FINANCIAL FUTURE

The Mattel Retirement Plan

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

Eligibility

Benefit eligible employees must be at least 20 years old to be eligible for PIP. You can begin contributing on the first day of active employment.

Contributions

You can contribute up to 80% of your eligible compensation up to the annual IRS maximums. You can choose to have your contributions withheld on a pre-tax, Roth or after-tax basis.

Company Match

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



Catch-up Contributions If you are age 50 or older, you can make additional catch-up contributions up to the annual

Auto-Enrollment

IRS maximum.

You are automatically enrolled in 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 contribution amount and reallocate your investments at any time through the Mattel Benefite Site on bu celling the Departure

the **Mattel Benefits Site** or by calling the Benefits Service Center at **877-841-8395**.

Annual Sweep

Each April, all employees who are not participating in the PIP will be automatically enrolled, and employee contributions of less than 6% will be increased by 2% of eligible pay until the contribution rate is 6%. 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.



Click to watch a video on how to make the most of your PIP.



PIP Advice

The investment choices you make will play a key role in the future value of your account. Mattel offers several fund options with varying levels of potential risk and return from which you can choose to invest. Fund information, how to change investment elections and additional resources are available through the Mattel Benefits Service Center or the Mattel Benefits Site.

11



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



BUILD YOUR FINANCIAL 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 schedule 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.

Dependent Life Insurance

You may purchase Dependent Life Insurance in either \$5,000 or \$25,000 amounts. Eligible dependents are spouse and children.

AD&D Insurance

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.

Disability

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. Long-term disability provides for salary replacement at 50% of your base salary up to \$30,000 a month if you have been disabled for more than 180 days. 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.

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. During enrollment, you will see the cost of supplemental coverage.





Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



BUILD YOUR FINANCIAL 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 Coverage through MetLife. 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.



Click to access a tutorial about MetLife Benefits: Accident, Critical Illness, Hospital Indemnity and Auto/Home coverage.

Accident Coverage

Out-of-pocket expenses for accidents can quickly add up. When you purchase accident coverage through MetLife 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 Coverage from MetLife 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.

Home/Auto Insurance

Save on insurance to protect the things you love with group discounts for home and auto insurance from MetLife. You can get the coverage that fits your protection needs and lifestyle at a price that's right for you, including 24/7 expert support, value-added services like roadside assistance, and access to repair and referral networks.



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**.

Employee Monthly Stock Investment Plan

Mattel gives you the opportunity to become an owner of the Company by purchasing Mattel, Inc. stock at market price on a monthly basis. The stock is purchased with after-tax dollars. You must be at least 21 years old to purchase.

- ★ Mattel pays for all administrative and stock purchase related fees
- ★ For additional information and enrollment forms, click here

Dependent Care FSA

If you and your spouse both work full time, you may contribute up to \$5,000 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. 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.



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information





ENHANCE YOUR WORK/LIFE FLEXIBILITY

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

Mattel gives your children a head start with college preparation assistance

Employee Assistance Program (EAP)

When life throws you a curveball, the Employee Assistance Program through LifeMatters by Empathia 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. Contact the EAP at 800-634-6433 or visit www.mylifematters.com (MATTEL1) for more information.

Adoption Assistance

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

Fitness Center (available in El Segundo and East Aurora only)

Have fun getting in shape with Mattel's fitness centers. Our fitness centers offer state-of-the-art equipment, daily group exercise classes, full shower and locker facilities, and other amenities. Contact the Health & Fitness Center in El Segundo at **310-252-5151**, The Fitness Place in East Aurora at **716-687-3434** or American Girl at **608-836-7200 x4401**.

Business Travel Accident Insurance

When traveling on company business, you automatically receive coverage for accidental death and dismemberment at no cost to you. The maximum coverage amount is equal to 10 times your annual salary, to a maximum of \$1,000,000.

- ★ Submitting standout applications
- ★ Researching financial aid options
- ★ Selecting the right colleges

★ Maximizing the high school

care. Click here for more information.

Pet Insurance

College Coach

experience

includina:

Find out more about this free program here.



Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



ENHANCE YOUR WORK/LIFE FLEXIBILITY, 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.

DETAILS
Start the weekend early in the summers.
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.
Celebrate the holidays with your loved ones. Your HR team will give you a schedule of the paid holidays for your location.
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.
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.
Enjoy paid time off to participate in school related events and volunteer activities for non-profit, charitable organizations.
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.





Welcome to Your Mattel Benefits

Eligibility

Enrollment Guidelines

Create a Healthy Lifestyle

- ★ Medical Coverage
- ★ Prescription Drug Coverage
- ★ Dental Coverage
- ★ Vision Coverage
- ★ Additional Health Benefits

Build Your Financial Future

- ★ Mattel Retirement Plan
- ★ Life and AD&D
- ★ Disability Coverage
- ★ Additional Financial Benefits

Enhance Your Work/Life Flexibility

Contact Information



CONTACT INFORMATION

When you have questions about your benefits, we've got you covered. Reach out to the Mattel Benefits Service Center at **877-841-8395** or visit the **Mattel Benefits Site**. You can also contact the providers directly.

BENEFIT PROVIDER	GROUP NUMBER	PHONE	WEBSITE
MEDICAL			
Anthem PPO and EPO	174081	877-826-1840	www.anthem.com
Dean Health Plan HMO	15200	800-279-1301	www.deancare.com
Group Health Co-op HMO	732700	800-605-4327	https://ghcscw.com
Health Net HMO	56658A	800-522-0088	www.healthnet.com
Independent Health Association HMO	30044L	800-453-1910	www.independenthealth.com
Kaiser Permanente HMO	100954	800-464-4000	www.kaiserpermanente.org
Express Scripts	2849	800-711-0917	www.express-scripts.com
DENTAL			
Aetna DMO	800463	877-238-6200	www.aetna.com
Delta Dental	2667	866-844-5870	www.deltadentalca.com
VISION			
Vision Service Plan	12002733	800-877-7195	www.vsp.com
OTHER PROGRAMS			
LifeMatters by EMPATHIA		800-634-6433	www.mylifematters.com Password: MATTEL1
Flexible Spending Accounts		877-841-8395	http://digital.alight.com/mattel
401(k) Retirement Plan		877-841-8395	http://digital.alight.com/mattel