



new balance
BENEFITS GUIDE
2021

BENEFITS OUTLINES IN THIS GUIDE ARE SUBJECT TO CHANGE AT ANY TIME

FOR MORE INFORMATION REGARDING BENEFIT COVERAGE, PLEASE VISIT [NBBENEFITS](#) ON NB LINK OR WORKDAY

MEDICAL

BLUE CROSS BLUE SHIELD

All associates who work at least 30 hours per week are eligible

PLAN FEATURES	PPO PLAN	
GENERAL INFORMATION	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	\$0	\$350 member \$700 family
OUT-OF-POCKET LIMIT	\$2000 member \$4000 family	\$2000 member \$4000 family
ANNUAL CHECK-UP WITH PRIMARY CARE PROVIDER	\$0 co-pay	20% coinsurance
OTHER VISITS WITH PRIMARY CARE PROVIDER	\$20 co-pay	20% coinsurance
SPECIALIST VISIT	\$35 per visit \$35 chiropractor visit	20% coinsurance; 20% coinsurance/chiropractor visit
PREVENTATIVE CARE/SCREEN/IMMUNIZATION	No charge	20% coinsurance
DIAGNOSTIC TESTING (X-RAY, BLOOD WORK)	No charge	20% coinsurance
EMERGENCY ROOM CARE	\$150 per visit	\$150 per visit
URGENT CARE	\$20 PCP visit \$35 Spec. visit	20% coinsurance
HOSPITAL STAY	\$250 per admission	20% coinsurance
IMAGING (CT/PET SCANS, MRIs)	\$100	20% coinsurance
OUTPATIENT SERVICES	\$20 per visit	20% coinsurance
INPATIENT MENTAL HEALTH	\$250 per admission	20% coinsurance
PREGNANCY OFFICE VISITS	No charge	20% coinsurance
CHILDBIRTH/DELIVERY SERVICES	No charge	20% coinsurance
REHABILITATION SERVICES	\$35 per visit	20% coinsurance
EXPRESS SCRIPTS	RETAIL	MAINTENANCE
GENERIC DRUGS	\$10 UP TO 30-DAY SUPPLY	\$20 UP TO 90-DAY SUPPLY
PREFERRED BRAND DRUGS	\$30 UP TO 30-DAY SUPPLY	\$60 UP TO 90-DAY SUPPLY
NON-PREFERRED BRAND DRUGS	\$50 UP TO 30-DAY SUPPLY	\$100 UP TO 90-DAY SUPPLY

ALL COMPLY WITH LIFE BALANCE

ONE COMPLIES WITH LIFE BALANCE

NONE COMPLY WITH LIFE BALANCE

	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY
EMPLOYEE	\$32.60	\$65.20	\$32.60	\$65.19	\$42.21	\$84.42
EE + 1	\$72.19	\$144.38	\$77.00	\$153.99	\$81.81	\$163.61
FAMILY	\$97.46	\$194.93	\$102.27	\$204.54	\$107.08	\$214.16

New Hires receive All Comply rates with initial enrollment

LIFE BALANCE

WELLNESS PROGRAM

Eligible if you are enrolled in Medical Insurance with BCBS or Total Fit

THE PROGRAM FEATURES

A FREE HEALTH SCREENING,
AN ON LINE HEALTH RISK ASSESSMENT, AND
A TOBACCO ATTESTATION STATEMENT

The program provides associates with the tools and resources to live a healthier and more active life style including free health coaching and up to a \$500 annual reimbursement for expenses associated with movement activity such as gym memberships, sports fees, and some equipment. Go to NBBenefits for more information!

ASSOCIATES WHO COMPLETE THE LIFE BALANCE PROGRAM EARN UP TO **\$200** ADDITIONAL FITNESS REIMBURSEMENT PER YEAR AND AVOID A **\$500** PREMIUM INCREASE.

FITNESS REIMBURSEMENT

PART OF LIFE BALANCE

All regular associates who work at least 20 hours per week are eligible

This benefit allows associates with 30 days of service reimbursement for such things as Fitness Center and Gym Memberships, Race Entry Fees, Fitness Classes, Sports League Fees, and Fitness Equipment.

30 HRS PER WEEK OR MORE & COMPLETED REQUIREMENTS OF LIFE BALANCE	\$500
30 HRS PER WEEK OR MORE & DID NOT COMPLETE REQUIREMENTS OF LIFE BALANCE	\$300
20-29 HRS PER WEEK & COMPLETED REQUIREMENTS OF LIFE BALANCE	\$300
20-29 HRS PER WEEK & DID NOT COMPLETE REQUIREMENTS OF LIFE BALANCE	\$150
TEMPS + REGULARLY SCHEDULED TO WORK LESS THAN 20 HRS PER WEEK	INELIGIBLE

Fees paid for family member's activities may be included in the reimbursement. A family is defined as spouses and children under age 19 living in your household and dependent students under age 23.

TOTAL FIT

All regular associates who work at least 30 hours per week are eligible

ELIGIBILITY

YOU'RE ELIGIBLE FOR THE TOTAL FIT PLAN IF YOU HAVE ACCESS TO OTHER MEDICAL AND PRESCRIPTION COVERAGE THROUGH A SPOUSE OR PARENT

HOW IT WORKS

This benefit option allows you and your family to enroll in your spouse's group medical coverage while still receiving support from New Balance. Here's how it works:

- ⇒ Your spouse or parent's medical plan pays benefits first.
- ⇒ Then, the Total Fit Plan reimburses you for out-of-pocket expenses, like deductibles, copays and coinsurance.*
- ⇒ Total Fit will also reimburse you for any premium increases you may be charged for joining your spouse's plan.*
- ⇒ Plus, Total Fit will pay you an extra \$50 a month just for participating.

* Certain limits apply. Contact NBBenefits@newbalance.com for details.

DENTAL

DELTA DENTAL

All regular associates who work at least 30 hours per week are eligible

PLAN FEATURES	PPO PLUS PREMIER PLAN	
GENERAL INFORMATION	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	\$50 PER INDIVIDUAL \$100 PER FAMILY Waived for Diagnostics & Preventative	
MAXIMUMS	\$1500 PER PERSON ANNUALLY	
PREVENTATIVE SERVICES (Cleanings, x-rays, exams)	100% DEDUCTIBLE WAIVED	100%
BASIC RESTORATIVE SERVICES (Fillings, crowns, oral surgery, periodontics, endodontics, prosthetic maintenance, emergency dental care)	80% AFTER DEDUCTIBLE	80% AFTER DEDUCTIBLE
MAJOR RESTORATIVE SERVICES (Prosthodontics – dentures, bridges, implants, crowns, buildups)	50% AFTER DEDUCTIBLE	50% AFTER DEDUCTIBLE
ORTHODONTICS	COVERED AT 50% OF MAXIMUM PLAN UP TO AGE 19. \$1000 SEPARATE LIFETIME MAXIMUM.	

DENTAL COST		
	WEEKLY	BI-WEEKLY
EMPLOYEE	\$1.85	\$3.70
EE + 1	\$4.15	\$8.30
FAMILY	\$5.17	\$10.35

VISION

VISION SERVICE PLAN

All regular associates who work at least 30 hours per week are eligible

PLAN FEATURES	VSP PLANS	
GENERAL INFORMATION	BASE	PREMIER
WELLVISION EXAM	\$10 CO-PAY	\$10 CO-PAY
OPTIONS		
FRAME BENEFIT	\$25 CO-PAY \$130 Allowance for frames 20% savings on amount over allowance [EVERY OTHER CALENDAR YEAR]	\$25 CO-PAY \$200 Allowance for frames 20% savings on amount over allowance [EVERY OTHER CALENDAR YEAR]
LENS OPTION	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses [EVERY CALENDAR YEAR]	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses [EVERY CALENDAR YEAR]
LENS ENHANCEMENTS	Standard Progressive Lenses \$0 Premium Progressive Lenses \$80-\$100 Custom Progressive Lenses \$120-\$160 [EVERY CALENDAR YEAR]	Standard Progressive Lenses \$0 Premium Progressive Lenses \$0 Custom Progressive Lenses \$0 [EVERY CALENDAR YEAR]
OR		
CONTACT LENS BENEFIT	\$130 Allowance for contacts; co-pay does not apply Contact Lens Exam (Fitting & Evaluation) [EVERY CALENDAR YEAR]	\$200 Allowance for contacts; co-pay does not apply Contact Lens Exam (Fitting & Evaluation) [EVERY CALENDAR YEAR]

	BASE PLAN		PREMIER PLAN	
	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY
EMPLOYEE	\$1.46	\$2.91	\$2.19	\$4.39
EE + 1	\$2.91	\$5.82	\$4.39	\$8.77
FAMILY	\$4.70	\$9.40	\$7.07	\$14.14

LIFE & AD&D

LINCOLN FINANCIAL GROUP

All regular associates who work at least 30 hours per week are eligible

BASIC LIFE	SUPPLEMENTAL LIFE	DEPENDENT LIFE	AD&D
100% COVERED	OPTIONAL	OPTIONAL	100% COVERED
New Balance pays full coverage	Supplemental Life is available in addition to basic life.	Dependent Life is available in addition to basic life.	New Balance pays full coverage
NON-EXEMPT ASSOCIATES 1X ANNUAL SALARY	\$10,000 increments up to the lesser of 5x annual earnings or \$500,000 .	SPOUSE: Spousal coverage is available in \$10,000 increments up to the lesser of 5x the covered associate's annual earnings or \$300,000 .	2X ANNUAL SALARY not exceeding \$1,000,000 .
EXEMPT ASSOCIATES 2X ANNUAL SALARY		CHILD(REN): The amount for children is limited to \$5,000 per child age 15 days to age 26	
MAX COVERAGE \$1,000,000		NOTE: The amount of dependent life insurance may not exceed 50% of the amount of employee life insurance	
	NOTE: Evidence of insurability may be required		

DISABILITY

LINCOLN FINANCIAL GROUP

All regular associates are eligible after a waiting period of 6 months of employment.

Paid in full by New Balance.

SHORT TERM DISABILITY

100% PAID BY NEW BALANCE
Regular associates who work 20 hours or more

66 2/3% of weekly earnings
max **\$2,500** per week

UP TO 13 WEEKS

7 DAY WAITING PERIOD
OF DISABILITIES CAUSED BY ILLNESS

LONG TERM DISABILITY

100% PAID BY NEW BALANCE
Regular associates who work 30 hours or more

EXEMPT ASSOCIATES
66 2/3% of weekly earnings
max **\$10,833** per month

NON-EXEMPT ASSOCIATES
50% of weekly earnings
max **\$3,000** per month

LEAVE OF ABSENCE

New Balance provides leaves of absence to eligible associates, including leaves under the Family and Medical Leave Act. Please see the policies below for specific leaves of absence. Reach out to your local benefits contact when applying for a leave.

LEAVE OF ABSENCE

FEDERAL
FAMILY &
MEDICAL LEAVE

NY PAID FAMILY
LEAVE

MASS
PARENTAL
LEAVE

MAINE FAMILY
MEDICAL LEAVE

CALIFORNIA
FAMILY RIGHTS
LEAVE

CALIFORNIA
PREGNANCY
DISABILITY
LEAVE

SMALL
NECESSITIES
LEAVE

MILITARY
LEAVE

MAINE FAMILY
MILITARY
LEAVE

PERSONAL/
DISCRETIONARY
LEAVE

JURY DUTY

BEREAVEMENT

FIREFIGHTER &
FIRST
RESPONDER
LEAVE

PARENTAL
LEAVE

PARENTAL LEAVE BENEFIT

PRIMARY CARE GIVERS

New Balance provides up to **12 WEEKS** of fully paid parental leave to primary care givers of new children (born or adopted) that must be used within 12 weeks of the child's arrival.

SECONDARY CARE GIVERS

New Balance provides up to **2 WEEKS** of fully paid parental leave to secondary care givers that must be taken all at once and used within 12 weeks of the child's arrival.

Paid Parental Leave benefits are available for full-time associates with at least 30 days of service. Associates who work 20-29 hours per week and have 6 months of service may be eligible for disability benefits associates with the birth of a child. This benefit is paid through short term disability.

401(K) RETIREMENT

JOHN HANCOCK RETIREMENT PLAN SERVICES

PLAN FEATURES	PLAN DETAILS
ELIGIBILITY	Regular associates must be 20 years or older and completed 30 days of employment and schedule for minimum of 20 hours per week or more.
PRE-TAX CONTRIBUTIONS	2% to 50% of eligible pay on a pre-tax basis
2021 MAXIMUM CONTRIBUTIONS	\$19,500
2021 CATCH-UP CONTRIBUTIONS	Additional \$6,500 (age 50+)
NEW BALANCE MATCH	Eligible after 30 days of employment 100% match up to 5% of contributions Match distributed every pay period
VESTING	100% VESTED on your contributions and New Balance match immediately
AUTOMATIC ENROLLMENT	NEW ASSOCIATES ONLY: Automatic enrollment of 5% of pay after 45 days of employment, unless otherwise initiated by associate.
ENROLLMENT	View 401(k) enrollment video on NBBenefits and make elections 401(k) on John Hancock's website https://www.cd.bcomplete.com/
ROLL-OVER	Contact John Hancock if you wish to roll over qualifying retirement accounts

529 COLLEGE PLAN

U.FUND COLLEGE SAVINGS PLAN

BENEFIT		
TAX-ADVANTAGE INVESTING	EARNINGS	Any earnings grow federal and state income tax-deferred
	CONTRIBUTIONS	U.Fund Plan account owners are eligible to claim a state income tax deduction for contributions to the U.Fund Plan made in the applicable tax year. Single persons may claim up to \$1,000 deduction, and married persons filing jointly may claim up to a \$2,000 state income tax deduction.
	WITHDRAWALS	Qualified withdrawals are free from both federal and state income taxes
FLEXIBLE	The account owner retains full control over assets in 529 plan. You can change beneficiaries within the same family as often as you like; you can even use the account to pay for your own education. The 529 plan covers any qualified expenses at accredited schools throughout the US and overseas.	
ACCESSIBLE	There are no income limits on contributors and no age limits on beneficiaries or contributors.	
AFFORDABLE	You can contribute as little as \$15 a month or as much as \$10,000 a year without triggering federal gift taxes. You can contribute until the account reaches \$229,000 (subject to periodic review).	

ASSOCIATE BENEFITS

DISCOUNTS & DEALS

New Balance offers generous discounts on NB product and partners with other organizations to offer great deals and discounts to our associates.

FOR A FULL LIST OF DISCOUNTS AND AVAILABLE OFFERS, GO TO NB BENEFITS ON NB LINK.

BENEFIT	
ASSOCIATE PURCHASE	40% SAVINGS on New Balance, PF Flyers and Warrior In-store and Online Limit \$3,000 per year. Product is not to be resold and must be purchased by associate.
TUITION REIMBURSEMENT	Associates scheduled to work at least 30 hours per week are eligible for the Tuition Reimbursement benefit after 6 months of service. UNDERGRADUATE DEGREE PROGRAM Annual Maximum of \$5,250 NON-DEGREE COURSES Annual Maximum of \$5,250 GRADUATE DEGREE PROGRAM Annual Maximum of \$5,250 GRADUATE COURSES Annual Maximum of \$5,250 Associates MUST receive approval in advance of any courses taken
DISCOUNTS	CELLULAR PHONE DISCOUNTS Verizon, AT&T, US Cellular, Sprint, & T-Mobile COMMUTER DISCOUNTS Commuter Check, Blue Bikes TRAVEL DISCOUNTS Zipcar, Travel & Transport, VBT, & Budget ENTERTAINMENT DISCOUNTS Museums, Amusement Parks, Parks & Recreation CONSUMER GOODS DISCOUNTS Klone, Terramar, Zones, Brooks Brothers, Volvo, Ford, Dell, MetLife, HP, Bose, Jabra
COMMUNITY CONNECTION	CORPORATE MATCH Match 100% contributions to non-profit up to \$500 per year DOLLARS FOR DOERS up to 40 hours = \$500 grant PERSONAL VOLUNTEER TIME Up to 8 hours to volunteer at non-profit of your choice VOLUNTEER AT WORK Opportunities to volunteer with NB during work
RECOGNITION	NB THANKS \$10 gift card as a 'Thank You' NB BRAVO \$50 check to recognize hard work NB TEAM \$150 check, \$500 donation & gift of choice for team recognition NB STAR \$500 check, \$100 donation, & paperweight for star recognition

TIME OFF

HOLIDAYS, EARNED TIME AND SICK TIME

HOLIDAY SCHEDULE

CORE HOLIDAYS (9)

NEW YEARS DAY	JUNETEENTH DAY	VETERANS DAY
MARTIN LUTHER KING JR DAY	INDEPENDENCE DAY	THANKSGIVING DAY
MEMORIAL DAY	LABOR DAY	CHRISTMAS DAY

NOTE: Holidays may vary on your location and group. Please see holiday schedules and policies on NBBenefits.

FLOATING HOLIDAYS (3)

Floating holidays may be used at the discretion of the associate with management approval (Regular associates, 30+ hours per week). Floating holidays may not be taken consecutively. Floating holidays cannot be carried over from year to year and must be taken as full days; not half days.

EARNED TIME

New Balance provides eligible associates with paid earned time off ("ET"). ET is designed to provide eligible associates with ample paid time off for leisure, personal activities, short term illness, and other planned and unplanned absences. This policy provides paid time off based on an associate's length of service. Earned Time is logged in Workday in the Absence Worklet.

YEARS OF SERVICE	ANNUAL ACCRUAL	MAXIMUM CARRY OVER	MAXIMUM BALANCE	WEEKLY ACCRUAL	BI-WEEKLY ACCRUAL
0-9	160	80	240	3.08	6.16
10-19	200	80	280	3.85	7.7
20+	240	120	360	4.62	9.24

NOTE: ET accrual for associates scheduled to work 30-39 hours will be prorated based on the 40-hour schedule above. **Balances can be viewed in Workday.**

SICK TIME

PART-TIME AND TEMPORARY ASSOCIATES earn sick time after 90 days based on scheduled hours. Sick time cannot be carried over. Policies vary by state, please visit NBBenefits for more information. **Balances can be viewed in Workday.**

RATES

PAYROLL DEDUCTIONS

PLAN	2020 RATES					
	ALL COMPLY		ONE COMPLIES		NONE COMPLIES	
	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY
BLUE CROSS BLUE SHIELD & EXPRESS SCRIPTS						
EMPLOYEE	\$32.60	\$65.20	\$32.60	\$65.19	\$42.21	\$84.42
EMPLOYEE + 1	\$72.19	\$144.38	\$77.00	\$153.93	\$81.81	\$163.61
FAMILY	\$97.46	\$194.93	\$102.27	\$204.54	\$107.08	\$214.16
DELTA DENTAL						
	WEEKLY	BI-WEEKLY				
EMPLOYEE	\$1.85	\$3.70				
EMPLOYEE + 1	\$4.15	\$8.30				
FAMILY	\$5.17	\$10.35				
VISION SERVICE PLAN						
	BASE PLAN		PREMIER PLAN			
	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY		
EMPLOYEE	\$1.46	\$2.91	\$2.19	\$4.39		
EMPLOYEE + 1	\$2.91	\$5.82	\$4.39	\$8.77		
FAMILY	\$4.70	\$9.40	\$7.07	\$14.14		
HYATT LEGAL PLAN						
	MONTHLY COST					
EMPLOYEE	\$21.23					
INFOARMOR IDENTITY THEFT						
	MONTHLY COST					
EMPLOYEE	\$7.93					
EMPLOYEE + 1	\$13.95					