M/I Homes

2027 Benefits Guide



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Welcome to the M/I Homes Benefits Program!

We are glad you are part of the M/I Homes Team.
"WE CARE" about our people, our customers, our quality, and our principles. We are proud to provide a carefully designed benefits program to support the health and wellbeing of our employees and their families. Explore your options and start building a benefits package that works best for you and your family.

Your benefits represent a part of your total compensation. Choosing the right components and the level of benefits available to you is important to maximizing their value. This booklet will outline the options available to you and your family. Please take the time to review all the benefits explained in this guidebook. If you have any questions, please contact us at **Benefits@mihomes.com** or **(614) 418-8188.**

You can also visit the M/I Benefits website: **www.mihomes.mybenefitport.com**.

Your Responsibilities as a New Hire

Our full-time employees enjoy a comprehensive benefits package. **You are required to enroll or waive coverage in the benefit plans within 30 days from date of hire.** If you elect coverage, it will begin on the first of the month following 30 days of employment.

If you do not make elections it will be determined that you are waiving coverage and you will have to wait until the next Open Enrollment period to enroll in benefits unless you have a qualifying life event (QLE).

Please review all the benefits in this Guidebook to determine which coverage is best for you and your family.

Go online to make an active election:

- Enroll online on Dayforce at **sso.dayforcehcm.com**, company ID **MIH**
- Click on **Benefits → Elections → New Hire**
- Review your options and make your elections within 30 days from your date of hire.
- Check your address, enter beneficiaries and review your emergency contact information.
- Ensure that dependents' names, date of birth, and Social Security numbers are accurate.
- Ensure that dependents/beneficiaries have the proper enrollments and assignments.
- Review your confirmation page before you submit your benefit elections.
- Print confirmation page for your records and check the deductions on your paycheck.

Submit the Following to Human Resources:

- Provide marriage and/or birth certificates for dependent children added to the medical plan (if applicable)
- Non-Tobacco Affidavit (if enrolling in medical coverage). If you and/or a covered spouse are a tobacco user, you will be charged an additional $78.46 per paycheck. You can avoid the surcharge by completing a reasonable alternative standard (such as a tobacco cessation program). Please refer to the Medical Insurance Contributions sections for more information.

Use the QR code above, or the link that will be sent to you via email.

Spousal Affidavit (if applicable).

Use the QR code below, or the link that will be sent to you via

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Who is Eligible?

All full-time employees regularly working a minimum of 40 hours per week are eligible to participate in all M/I Homes Benefits.

Part-time employees working an average of 30 hours or more over a 12-month period are offered medical coverage.

You will be required to complete an affidavit on your Tobacco status, for you and your spouse, if covered, annually.

As a full-time employee you may choose to enroll in coverage for yourself and your eligible dependents, including:

- Legal spouse (see "Spouse Coverage")
- Dependent children until the date they reach age 26 regardless of student or marital status
  - Biological children
  - Stepchildren
  - Legally adopted children
  - A child for whom you have legal guardianship
  - A child for whom the court has issued a Qualified Medical Child Support Order (QMCSO)
  - Child with a mental or physical incapacity incurred prior to age 26

Spouse Coverage

To be eligible for coverage under the M/I Homes Medical Plan (other benefits excluded), your spouse may not be eligible or have access to group medical coverage elsewhere. Only legal spouses are eligible to be covered under the plan. A marriage license is required to be provided once, at time of initial enrollment. You will be required to complete a Spousal Affidavit at the time you add your spouse, and the affidavit will need to be completed annually thereafter, as long as they are on the medical plan.

Required Documentation for Dependent Coverage

Dependent Relationship	Eligibility Criteria	Required Documentation
Legal Spouse	• Lawfully married • Medical Only—does not have access to group medical insurance through their employer	• Copy of official state marriage certificate dated by the appropriate State or County official, such as Clerk of Court • Spousal Affidavit
Children • Biological children • Stepchildren • Legally adopted children • A child for whom you have legal guardianship • A child for whom the court has issued a Qualified Medical Child Support Order (QMCSO)	• Dependent children until the date they reach age 26 regardless of student or marital status • Child with a mental or physical incapacity incurred prior to age 26	• Copy of child's official State birth certificate • Copy of any court order stating the employee and/or spouse has legal guardianship of the child or is required to provide health coverage for the child (if applicable) • Copy of child's disability certification to cover a child over age 26 (if applicable)

Changing Benefits Due to a Life Event

Once you enroll in benefits or decline coverage, your benefit elections will be in effect through the end of the year. You cannot change your benefit elections during the year unless you or a covered family member experiences a Qualified Life Event (QLE) such as:

- Marriage, divorce, or legal separation;
- Birth, adoption, or placement for adoption of a child;
- Death of a spouse or dependent;
- A change in employment status for you, your spouse, or your dependent that affects healthcare coverage (such as changing from full-time to part-time employment or your spouse or dependent commencing or terminating employment);
- A change in benefits status for you or your spouse (such as your spouse losing coverage elsewhere or enrolling you as a dependent under their healthcare coverage);
- Coverage lost under Medicaid or the Children's Health Insurance Program (CHIP) because you are no longer eligible; or become eligible for an applicable state's premium assistance program under Medicaid or CHIP

NOTE: If you or one of your dependents experiences a qualifying event, you must contact Human Resources (Benefits) and complete the required forms within 30 days from the event date.

Focus on Doing Your Part

M/I Homes' medical plans are self-insured, which means the company pays the cost of medical claims. Therefore, you and M/I Homes share responsibility in the effort to keep medical costs down.

While health insurance costs continue to increase nationwide, M/I Homes stays committed to finding new and innovative ways to help keep costs reasonable for you and your family. You also have the power to help control those rising costs.

When possible, use alternatives to the emergency room like:

- Your Primary Care Physician
- Virtual Visits
- Convenience care clinics
- Urgent care

Utilize preventive care benefits paid at 100%, meaning no out-of-pocket costs for you. Preventive care benefits are based on your age and gender. To determine what your benefits are, please visit **https://www.uhc.com/health-and-wellness/preventive-care**

Visit **www.myuhc.com** to:

- Find in-network providers
- Find details on services your plan covers and the costs associated with those services.

When needed:

- Enroll in a Smoking Cessation program with UHC or through our EAP program
- Enroll in a Disease Management program with UHC
- Contact the Nurseline
- Take advantage of Virtual Visits
- Use services offered in the Employee Assistance Program (EAP), Optum Emotional Wellbeing Solutions.
- Take advantage of Hinge Health, a virtual physical therapy offering.



Benefit Levels

M/I Homes believes that cost sharing should correspond with income level and classifies employees into Benefit Levels based on annual base salary.

Non-Commissioned Employees

Based on regular base salary as of December 31st. Levels will remain constant throughout the following calendar year.

Commissioned Employees, Including Sales

The greater of base salary (if applicable) and net commissions for the previous calendar year or annualized draw amount.

Benefit Level	Salary
2	Under $50,000
3	$50,000 to $74,999
4	$75,000 to $124,999
5	$125,000 and over



Wellness Premium Discount

Employees could save on medical premiums if the employee and covered spouse complete a biometric screening or a reasonable alternative standard (described below) each year. New hires are automatically eligible for this discount through December 31st of the year they are employed, and employees hired after September 30th are automatically eligible for this discount through December 31st of the next year as well. Wellness requirements are subject to change at any time.

If you and/or your covered spouse are unable to complete a biometric screening, you may qualify for an opportunity to earn the same Wellness Premium Discount by different means. Contact benefits@mihomes.com and we will work with you or your covered spouse (and if you wish, your or your covered spouse's doctor) to establish a reasonable alternative standard that is right for you or your covered spouse in light of your or your covered spouse's health status. Establishing and satisfying any reasonable alternative standard will not cost you and/or your spouse any money. Upon completion of a reasonable alternative standard by both you and your spouse, you will receive a refund of the increased premium amount you paid during the year, and you will receive the credit for the remainder of the plan year.

Eligibility for the Wellness Premium Discount is evaluated annually. An employee and/or covered spouse that does not complete the required biometric screening will be required to satisfy a reasonable alternative standard annually if they want to earn the Wellness Premium Discount.

Medical Insurance

We are pleased to offer medical coverage through **United Healthcare (UHC)** utilizing the Choice Plus Network as our medical provider. UHC is committed to giving you access to a better health care experience from benefits to health and wellness tools that can help support your overall health goals.
Once enrolled you can access your medical card online, by creating an account through www.myuhc.com or by downloading the United Healthcare App. UHC is paperless, which means you will not automatically receive a card in the mail. If you would like a physical copy, you can request them through www.myuhc.com. The first time you log in, you will be required to set up multi-factor authentication. Instructions will be provided during account set up.

M/I Homes partners with UHC to offer you three medical plan choices. A PPO, that is a more traditional plan that allows you to pay copays at an office visit and has a lower deductible, a HRA that is a Consumer Driven Health Plan (CDHP) associated with a Health Reimbursement Account (HRA), and an HSA that is a High Deductible Health Plan (HDHP) which is associated with a Health Savings Account (HSA).

All our medical plans cover preventive care at 100% (per healthcare guidelines) and have an annual limit on out-of-pocket costs.

PPO (Preferred Provider Organization)

- Associated with co-pays and a lower deductible. This plan offers a flexible network of healthcare providers you can use for your medical care.
- Copays are paid at time of visit versus waiting to be billed by insurance for office visits and specialists.
- Prescription drug costs are not applied to the deductible. You will pay coinsurance based on the tier the prescription drug falls under.

HRA (Health Reimbursement Account)

- Associated with an HRA, the account is funded 100% by M/I Homes to help pay for eligible medical expenses and contribute towards meeting the annual deductible.
- The account automatically pays for eligible medical expenses before employees must pay.
- Unused HRA dollars in the account at the end of the year will carry over to the following year but have an account balance cap of $4,500.
- Prescription drug costs are not covered by the HRA and are not subject to the deductible. HRA accounts are funded on a prorated schedule based on your benefits effective date.

January 1st
= 100% (of the employer funded contribution)

January 2nd–March 31st
= 75% (of the employer funded contribution)

April 1st–June 30th
= 50% (of the employer funded contribution)

July 1st–September 30th
= 25% (of the employer funded contribution)

October 1st–December 31st
= 0% (of the employer funded contribution)

HSA (Health Savings Account)

- M/I Homes will contribute to your HSA on a per pay basis. *You must open an HSA with Fidelity before the company can make contributions.*
- You can also contribute to your HSA on a per pay basis to help pay for eligible out-of-pocket health care costs such as medical, dental work, contacts or glasses, and prescriptions.
    - The maximum contribution amount (Employee & Employer) in 2027 is $4,500 for individual and $9,000 for individual + dependents. Individuals 55 and over can contribute an additional $1,000 annually.
- You decide when to use HSA funds; payments are not automatically processed for eligible expenses.
- Unused funds will rollover to the following year with no cap on the balance of your account.

Consumer Tips:

Terms You Should Know

Preferred Provider Organization (PPO)

A traditional medical plan that is associated with co-pays versus having to meet the deductible before insurance starts to pay. Office visits and appointments with specialists typically only require a co-pay, rather than having to pay the full cost of the visit. Deductible and co-insurance limits will still need to be paid for more complex medical services.

Health Reimbursement Account (HRA)*

Money is put into this account with United Healthcare to automatically help pay for the first part of your deductible. Once this money has been depleted then you will need to satisfy the remaining portion of your deductible.

Health Savings Account (HSA)*

This account gives employees the option to contribute pre-tax dollars to help pay for eligible out-of-pocket health care expenses. The company also contributes to this account on a per pay basis. The employee owns the account and decides how the funds are used. Funds rollover from year to year, with no cap on the balance.

Deductible*

With this medical plan, there are no copays and the entire deductible must be met before the plan pays benefits for any member. Once the deductible is met, the plan will begin to pay benefits at 80% level for in-network services and the employee responsibility is 20% (Coinsurance).

In Network/Out of Network (Referred to as In/Out on the Medical Summary Chart)*

A "Network" is a group of providers that have partnered with United Healthcare to provide services at a negotiated rate. When you use medical providers that participate in the network you receive discounted, negotiated rates on services, as well as a lower deductible and coinsurance. When you receive services from a doctor that does not participate in United Healthcare's network, you are subjected to the full cost of services, as well as a higher deductible and coinsurance.

Coinsurance*

Coinsurance is the percentage of costs you are responsible for after you meet your deductible. This is the cost you share with the plan. In-network, you are responsible for 20% for most services, and out-of-network, you are responsible for 50% for most services. This is a percentage of the United Healthcare discounted rate for in-network services, as there is no discount for out-of-network services.

Annual Coinsurance Limit*

This is the maximum dollar amount you will pay in coinsurance before the plan pays at 100%. This does not include the deductible or prescription costs.

*General statements to help individuals better understand the language in this Guidebook. For specifics on the plan, please refer to the Summary Plan Description (SPD) or the Summary of Benefits & Coverage (SBC) located on the Human Resources Intranet Page.

Medical Summary Chart

(Refer to the Summary Plan Description for complete details of the plan provisions.)

Medical Benefits	PPO		HRA		HSA	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
Deductible						
Individual	$1,500 / $3,000		$3,500 / $6,000		$3,500 / $9,000	
Family	$3,000 / $6,000		$7,000 / $12,000		$7,000 / $18,000	
Annual Co-Insurance Limit*						
Individual	$2,500 / $3,000		$1,500 / $3,000		$1,500 / $3,500	
Family	$5,000 / $6,000		$3,000 / $6,000		$3,000 / $7,000	
Lifetime maximum	Unlimited					
Physician Office Visits	**You Pay**					
Preventative Care	Covered at 100%					
Primary Care	$30 copay	50%**	20%**	50%**	20%**	50%**
Specialist Visit	$50 copay					
Hospital Services	**You Pay**					
Inpatient Services	20%**	50%**	20%**	50%**	20%**	50%**
Outpatient Services						
Mental Health/Substance Abuse – Inpatient						
Mental Health/Substance Abuse – Outpatient						
Urgent Care	$75 copay					
Emergency Room	$250 copay		20%/20%**		20%/20%**	
Employer Contribution	**PPO**		**HRA*** **		**HSA**	
Single	N/A		$500/year		$19.23/pay	
Employee & Spouse			$1,000/year		$38.46/pay	
Employee & Child(ren)						
Family						

*Does not include deductible
**After deductible
***Prorated based on hire date

Medical Insurance Contributions

Your bi-weekly contributions are based on your benefit level (see page 6 for your benefit level), the coverage category you choose, and whether you are eligible to receive the Wellness Premium Discount. Your coverage category options are: Employee only, Employee & Spouse, Employee & Child(ren), or Family.

You also have the option to waive coverage.

If you and/or your covered spouse use tobacco products, you will not be eligible to receive the Wellness Premium Discount. As a Tobacco user you will also be charged a tobacco surcharge of $78.46 per pay.

Prescription Drug Coverage

When you elect medical coverage, you are automatically covered under the prescription drug plan through United Healthcare. The coverage allows you to fill your prescriptions at participating retail pharmacies or through a mail order program. When selecting a medication, you and your doctor should consult the United Healthcare Prescription Drug List (PDL). It will provide you with maximum flexibility and savings. The PDL includes most brand and generic medications approved by the FDA. Medications may be placed on different "tiers" based on their overall value, with Tier 1 being the most affordable tier option. To determine if a medication is covered by your pharmacy benefit, its tier level and available lower cost alternatives, visit **www.myuhc.com** and click on "Prescriptions and Drug Information."

The mail order program is used to fill your maintenance drug prescriptions through United Healthcare, partnered with Optum RX. Maintenance drugs are those medications that you or a covered dependent take on a regular basis, over an extended period of time, to treat chronic illnesses like high blood pressure, asthma, or diabetes. When you use the mail order program, a 90-day supply of the medicine will be delivered directly to your home for less than if you have the prescription filled at a retail pharmacy. This gives you access to larger quantities of maintenance drugs at a discount. Visit United Healthcare's website at **www.myuhc.com** for more information on the mail order program.

The table below shows you the details of the prescription drug plan when you use a retail pharmacy or the mail order program.

Prescription Drug	PPO	HRA	HSA
Retail Pharmacy (30-day supply)			
Tier 1	$10 copay		$10 copay
Tier 2	20% ($25 minimum, $75 maximum)		20% ($25 minimum, $75 maximum)
Tier 3	40% ($50 minimum, $150 maximum)		40% ($50 minimum, $150 maximum
Tier 4	50% ($125 minimum, $200 maximum)		50% ($125 minimum, $200 maximum
Mail Order (90-day supply)			
Tier 1	$25 copay		$25 copay
Tier 2	$62.50 copay		$62.50 copay
Tier 3	$125 copay		$125 copay
Tier 4	$312.50 copay		$312.50 copay

NOTE: *Copays do not apply to the HSA, unless they are considered a preventive care prescription drug, until after the deductible is met.*

Consumer Tips:

Doctor's Office, Virtual Visit, Convenience Care Clinics, Urgent Care Center, or Emergency Room?

Too often people go to the ER when a virtual visit, visit to the doctor's office, or a visit to an urgent care center could have provided treatment for much less. If you need care and your situation is life-threatening, you should go to the ER. If you are not sure where to go, call NurseLine at the number on the back of your United Healthcare plan ID Card to speak with a registered nurse 24 hours a day, 7 days a week. NurseLine nurses can help you with trusted information and support for your health care questions and concerns. Your costs depend on where and how you receive care. Know the facts to get the best value for your health care and use your account dollars wisely. Here are the average costs for medical services in the various settings:

- Emergency room visit = $1,400
- Urgent care center visit = $150
- Physician office visit = $80
- Convenience care clinic visit = $100
- Virtual Visits = $50-$90
- Call to NurseLine = $0

Virtual Visits: Access to Care Online Anytime

When you don't feel well, or your child is sick, the last thing you want to do is sit in a waiting room. Now, you don't have to leave the comfort of your home.

Access virtual visits

Log in to **myuhc.com** and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

The $50-$90 cost per virtual visit will apply to your deductible or coinsurance.



Dental Insurance

Maintaining proper dental health by getting regular checkups may prevent you from having major expenses later. The Delta Dental Plan covers routine checkups and comprehensive coverage for other types of dental work you might need. As with our Medical Plan, you will maximize your dental benefits if you use an in-network provider. Should you decide to use a non-participating dentist, please be advised that your provider may bill you for any amount over the Delta Dental Maximum Plan Allowance.

To learn more about the Delta Dental network, if your dentist participates in the network, or for more information regarding our Dental plan provider, please visit their website at **www.deltadentaloh.com**.

Please let your provider know that you have Delta Dental of Ohio, with Nationwide coverage.

There are two Delta Dental networks you may choose from, "Delta Dental Premier" or "Delta Dental PPO" providers. You can search for providers by name, city and state, or zip code.

You will receive a Delta Dental card in the mail from Delta Dental once enrolled.

Annual Deductible	
Individual	$50 per person
Family	$150 family maximum
Annual Benefits Maximum	
Preventive, Basic, and Major Services (Excludes Orthodontia)	$1,500 per person
Coinsurance	
Preventive/Diagnostic	
Examples: two exams per 12-month period, cleaning and scaling, bitewing X-rays (1 X-ray per 12-month period), and sealants	100% covered, no deductible
Basic Restorative (Class 2)	
Examples: fillings, root canals, periodontic treatment for gum disease, and oral surgery	80% covered after deductible
Major Restorative (Class 3)	
Examples: inlays, crown, installation of fixed bridge work, and denture repair	50% covered after deductible
Orthodontia	
Coinsurance	50%
Lifetime Maximum	$1,500 per person
Benefits Apply To	Through age 18

Predetermination of Benefits

There is no requirement for you or your dentist to seek predetermination of benefits before treatment starts. However, you are encouraged to do so for major dental procedures so you and your dentist will know exactly what will be covered and what you will need to pay out-of-pocket.

Vision Insurance

With Vision Insurance through Vision Service Plan (VSP), eye care is about more than just getting glasses or contacts. Eye exams can catch early warning signs of serious health conditions. The Vision Plan is designed to:

- Give you and your family the best network available
- Provide an unmatched focus on health
- Keep members total cost reasonable through value added savings

Visit www.vsp.com to find a network provider.

NOTE: *VSP is a paperless company, so you will not receive an ID card. You will give your provider your SSN and they will look up your coverage.*

	You Pay
Preventive Care	
WellVision Exam (once per calendar year)	$20 copay
Prescription Glasses Lenses (once per calendar year)	
• Single vision, lined bifocal, and lined trifocal • Polycarbonate lenses for dependent children	$20 copay
Frames (once every calendar year)	
• $200 allowance at VSP Doctors and Retail Chainsv • $200 allowance at Walmart Optical and Sam's Club Optical • $110 allowance at Costco • 20% savings on the amount over your allowance	Included in Prescription Glasses Lenses
Lens Enhancements*	
Standard progressive lenses	$0
Premium progressive lenses	$80 – $90
Custom progressive lenses	$120 – $160
Contacts Instead of Glasses (once per calendar year)	
$200 allowance for contacts	Up to $60

*Average savings of 35% – 40% on other lens enhancement not listed

VSP Light Care

Instead of using the frame allowance for prescription glasses or contact lenses, you can choose ready-made sunglasses or blue light filtering glasses - available at a VSP network doctor or www.eyeconic.com.

Flexible Spending Accounts

Our Flexible Spending Accounts (FSAs), administered through WEX Benefits, offer a way for you to set aside pre-tax dollars to pay for qualified healthcare and dependent care expenses. Carefully consider your FSA contribution amounts for the plan year. You have until March 31st of the following year to submit claims. At the end of the year or grace period, you lose any money left in your account(s).

For a complete list of eligible healthcare and dependent care expenses, refer to Internal Revenue Service (IRS) Publications 502 and 503, call **1 (800) 829-3676** or log on to **www.irs.gov**.

	Health Care FSA	Dependent Care FSA
Eligibility	Enrolled in the PPO, HRA, or waiving medical coverage	Participate regardless of medical coverage
Eligible Expenses	• Medical, dental, and vision deductibles and copays • Doctor's visits • Prescription drugs • Over-the-counter items • Hearing aids •Eyeglasses	• Fees paid to a licensed care provider, center, or nursery school, up to age 13 • Expenses for the licensed care of elderly or disabled dependents • Home care specialists for disabled dependents • Dependent care expenses that qualify as deductions for federal income tax purposes
IRS Annual FSA Funding Limits	Up to $3,500	Up to $7,500*
Claims Deadline	**Filing deadline is March 31st of the following year** Submit claims for expenses incurred from enrollment date until March 15th of the following year	**Filing deadline is March 31st of the following year** Can submit claims for expenses incurred from enrollment date until December 31st of current year

*$3,750 if married and filing separately, check with the IRS for details

How to Use Your FSA Funds:

FSA Debit Card (Health Care Only)

- You will receive a debit card which allows you to pay directly from your account at the point of service, eliminating the hassle of filing claims.

File a Claim (Health Care or Dependent Care)

- Complete the applicable claim form on www.wexinc.com and submit it with itemized receipts to WEX Benefits. Reimbursement for your expenses may be paid to you via check or direct deposit.

Important Notes About FSAs:

The FSA requires an annual enrollment. Once elected you cannot change your contribution amount for that plan year unless you have a qualifying life event.

- Plan your FSA contributions carefully. If you don't use all the money you set aside during the year by the deadline, you will lose it. This is known as the IRS "use it or lose it' rule.
- You will have until March 31st, 2028, to submit claims for eligible expenses incurred in 2027. Under current IRS rules, you will forfeit any money left in your account(s) after this deadline.
- Keep all receipts and invoices for any expenses paid for with the FSA debit card. WEX Benefits may request you to submit documentation for review. Failure to submit requested documentation will cause the expense to be treated as a nonqualified expense. You could be required to pay taxes on that amount, and your debit card may become inactive.
- A medical FSA cannot be used in conjunction with the HSA.



Health Savings Account

A Health Savings Account (HSA) pairs with our high deductible health plan (HDHP) and provides a way for you to use pre-tax dollars on eligible medical, dental, vision, and prescription expenses.

If you enroll in the HSA medical plan, Fidelity will automatically establish your HSA using your enrollment information. Once your identity is verified, your account will be ready to receive contributions. You will need to activate your HSA debit card through your Fidelity account at www.401k.com, or through the NetBenefits app before using your funds.

Are You Eligible?

You are most likely eligible to open an HSA if you:

- Have no other health coverage, such as military or VA benefits (see IRS Publication 969).
- Are not enrolled in a Health Care Flexible Spending Account (FSA).
- Are not enrolled in Medicare.
- Are not claimed as a dependent on someone else's tax return.

HSA Major Benefits

- M/I Homes contributes to your account.
- Employee contributions will lower your taxable income.
- All employee and employer contributions will belong to you even if you change plans, change jobs, or retire.
- Balance rolls over from year to year.
- Helps build a healthcare nest egg for emergencies or retirement.
- Catch up contributions are available in the tax year in which you turn age 55.

Triple Tax Advantage

HSAs come with a triple tax benefit:

- **Reduces federal income taxes:** Reduce your federal income tax by the amount you deposit in your HSA when you contribute directly from your paycheck..
- **Tax-free interest:** Your money earns interest while it is in the account, and you do not pay taxes on the interest earned. Any gains on dollars invested in mutual funds are also tax-free.
- **Tax-free withdrawals:** You never pay taxes on HSA withdrawals when used to pay for qualified medical expenses, including medical, dental, vision, and prescription expenses.
- For tax purposes, keep all receipts and invoices for any expenses paid for with the HSA debit card or that were reimbursed directly to you.

Using Your HSA Funds

- You will receive a debit card which allows you to pay directly from your account at the point of service, eliminating the hassle of filing claims.
- Request reimbursement directly through Fidelity for eligible out-of-pocket expenses. Reimbursement for your expenses may be paid to you via check or direct deposit.

Annual Contribution Limit (Self Only)	$4,500
Annual Contribution Limit (Family)	$9,000
Catch-Up Contribution (Age 55+ and not Medicare enrolled)	$1,000

NOTE: *Employee + Company contributions cannot exceed the IRS maximum contribution limits. Company contributions are counted toward the maximum limit and prorated based on hire date.*

Accident Insurance

Accidents happen when you least expect them. Even with health insurance, the extra expenses from an accidental injury can really add up. Voluntary Accident Insurance through New York Life (NYL) helps to cover the added expenses associated with a qualifying accident, so you can focus on recovery.

Benefit Type	Benefit Amount
Initial Care	
Emergency Care Treatment	$250
Urgent Care	$250
Physician Office Visit	$250
Medical Services	
Ambulance (Ground)	$500
Ambulance (Air)	$2,000
Physician Follow-Up	$75
Physical Therapy	$50
Appliance Benefit	$150
Diagnostic Exams/Medical Imaging	$150 ($50 for X-Ray)
Hospitalization Benefit	
Hospital Admission	$1,500
Hospital Daily (Up to 365 Days)	$200
Intensive Care Unit Daily (Up to 15 Days)	$400
Accidental Death/Dismemberment	
Paralysis (Paraplegia/Quadriplegia)	$5,000/$10,000
Schedule of Fractures (Closed)	
Skull, Hip or Thigh, Vertebrae (Body) or Pelvis	$5,000
Vertebral Process, Bones of the Face or Nose, or Upper/Lower Jaw	$800
Leg, Upper Arm, Shoulder Blade, Sternum, or Collarbone (Clavicle)	$1,500
Kneecap, Hand, Wrist, Forearm, Foot (Except Toes), or Ankle	$1,000
Coccyx or Rib	$300
Finger or Toe	$150
Chip Fracture	$150
Open Reduction (Requires Surgery)	2x Closed Benefit Amount
Schedule of Dislocation (Closed)	
Hip, Knee, Ankle, or Foot Bones (Except Toes)	$3,000
Collarbone (Sternoclavicular), Lower Jaw, Shoulder, Hand Bones, or Collarbone (Acromioclavicular & Separation)	$600
Elbow	$800
Wrist	$1,000
Finger or Toe	$300
Partial Dislocation	$350
Open Reduction (Requires Surgery)	2x Closed Benefit Amount

Continued on next page.

Accident Insurance

Benefit Type	Benefit Amount
Additional Benefits	
Burns	Up to $10,000
Skin Grafts	$1,000
Blood/Plasma/Platelets	$200
Coma	$10,000
Wellness	
Wellness Visit Benefit	$50

*Please see the Plan Document for exclusions and limitations.



Critical Illness Insurance

Critical Illness can strike at any time, and when it does it can put a financial strain on you and your family. Voluntary Critical Illness insurance through New York Life (NYL) provides a lump-sum payment to help cover expenses associated with a qualifying serious illness. The maximum benefit amount is $10,000 for employees, $10,000 for spouse, and $5,000 for children. Payments are a percentage of eligible benefit amount up to the maximum.

Payment is a % of the Benefit Amount Unless Indicated Otherwise	% of Initial Benefit Amount
Cancer Conditions	
Invasive Cancer	100%
Carcinoma in Situ	25%
Skin Cancer	2.5%
Benign Brain Tumor	100%
Vascular Conditions	
Heart Attack or Stroke	100%
Coronary Artery Bybass Surgery	25%
Loss of Function Benefits	
End Stage Renal Failure	100%
Major Organ Failure	
Complete Blindness	
Permanent Paralysis	
Coma	
Additional Benefits I	
Multiple Sclerosis	25%
Lou Gehrig's Disease / ALS	25%
Alzheimer's Disease	25%
Parkinson's Disease	25% if Advanced
Additional Benefits II	
Dementia/Functional Loss	25% if Advanced
Significant Mental Health Illness (Missing 30 Days or More of Work)	25%
Additional Covered Conditions for Dependent Children	
Cerebral Palsy	100%
Cleft Lip or Palate	
Congenital Heart Disease	
Plan Conditions	
Additional Occurrence Benefit	100% with No Separation
Reoccurrence Benefit	100% with 3-Month Separation; 6 Months for Cancer
Wellness	
Wellness Visit	$50

Please see the Plan Document for specified conditions, exclusions, & limitations.

Life/AD&D Insurance

M/I Homes partners with New York Life (NYL) to provide full-time employees with life and accidental death and dismemberment (AD&D) protection at no cost to you. You also have the option to purchase additional life insurance for yourself and dependents.

Basic Life and AD&D Insurance (Company Paid)

M/I Homes automatically provides you with life and AD&D coverage in the amount of 1x your base salary or commission value up to $350,000. This benefit is provided at no cost to you.

Employee Supplemental Life & AD&D (Employee Paid)

You are eligible to purchase additional coverage in increments of $10,000 up to a maximum of $650,000. The guaranteed issue* amount is $250,000.

Spouse Supplemental Life & AD&D (Employee Paid)

You can elect supplemental life insurance coverage for your spouse in increments of $5,000 up to a maximum of $100,000. The guaranteed issue* amount is $25,000.

Child(ren) Supplemental Life & AD&D (Employee Paid)

You may elect $10,000 in coverage for each of your dependent children. No medical questions or exams are required.

*The guaranteed issue amount is the maximum amount of coverage you can elect without needing to complete an Evidence of insurability (EOI)**.

Evidence of Insurability (EOI) involves completing a health questionnaire, and, in some cases, undergoing medical exams or providing medical records to determine whether you qualify for additional coverage based on health status.

When you are age 65 or older your Life Insurance Benefits will reduce to the percentage shown below rounded to the next higher $1,000 if not already a multiple thereof:

- 65% of the life insurance benefit at age 65
- 25% of the life insurance benefit at age 70
- 15% of the life insurance benefit at age 75

Disability Insurance

M/I Homes partners with New York Life (NYL) to provide you with Short-Term (STD) and Long-Term Disability (LTD) insurance to protect a portion of your income if you become unable to work due to a disabling illness or accident. This coverage is automatically provided at no cost to you.

Short-Term Disability

Short-Term Disability protects a portion of your income during the initial weeks of an eligible disabling illness, accident, or medical leave. STD benefits begin after a 14-day waiting period and provide a continual source of income for up to 26 weeks.

STD Benefit Amount

The STD Benefit is 60% of your base salary (or commission value for commissioned employees) up to a maximum of $15,000 a month.

Long-Term Disability (LTD)

Long-Term Disability protects a portion of your income if your approved total disability lasts longer than 180 days (26 weeks). Benefits continue until you can return to work or your 65th birthday, if you are under age 62 at the time of disability. If you are over age 62, please review the "Maximum Benefit Period", in the plan document. Total disability means you are unable to perform all material and substantial duties of your regular occupation on an active employment basis.

LTD Benefit Amount

The LTD plan benefit is 60% of your base salary (or commission value for commissioned employees) up to a maximum of $15,000 a month. Your LTD benefits will be reduced by other disability benefits you are eligible for, such as Social Security.

Base Salary Definition for Life, AD&D and Disability Benefits

Employment Classification	Base Salary Definition
Non-Commissioned Employees	• Base salary not including overtime pay, bonuses, or any other additional compensation
Commissioned Employees	• The greater of base salary (if applicable) and net commissions for the previous calendar year or annualized draw amount

See SPD for full plan details.

Leave of Absence

M/I Homes provides various leaves to ensure you are supported when you need time away from work.

To make requesting a leave as simple as possible for you, we utilize a leave of absence management system, AbsenceSoft. You can use AbsenceSoft when you need work accommodations or an extended leave from work. AbsenceSoft can help you understand and apply for different types of leaves when you need them, such as FMLA, parental leave, medical leave, intermittent leave, military leave, personal leave, or ADA accommodations.

You may be eligible for Short-Term Disability pay if you are on leave due to your own medical condition and have missed or will miss at least 14 consecutive calendar days. The disability benefits are payable after a 14-day waiting period. If available, you must use five days of PTO during the first five days of your waiting period and have the option to use an additional five days or go unpaid for the second week. If your leave is due to a foster care placement, birth or adoption of your child, Parental Leave will pay 100% during the waiting period and no PTO will need to be used.

Parental Leave

M/I Homes provides you with time away from work to bond with your new family member, whether they are newborn or newly adopted. Eligible full-time employees will receive two weeks paid leave. This can be used for the birth of a new child(ren), adoption of a child(ren), or foster placement of a child(ren).

You are eligible the first of the month after 30 days of full-time employment. Documentation of the birth and/or placement must be provided, and paperwork must be completed before Parental Leave can be taken.



401(k) Profit Sharing Plan

M/I Homes wants you to feel secure and prepared for life after your career. In partnership with Fidelity Investments, our 401(k) Profit Sharing Plan is designed to help you plan ahead and feel prepared for retirement.

Automatic Enrollment /Eligibility	All full-time and part-time employees will be automatically enrolled in the Plan at a 3% contribution level following 90 days of employment. You have the right to elect a different pre-tax savings rate, including 0%. If you want to opt-out of the plan, you must change your pre-tax savings percentage to 0%.
Benefit Amount/ Automatic Increase	You are eligible to contribute a maximum of 85% of your 401(k) eligible earnings, up to the annual IRS limit. Catch-up contributions will begin if you are age 50 or older and have contributed to the IRS deferral limit annually. You also have the option to opt out of the plan by changing your pre-tax saving percentage to 0%. For employees earning $155,000 or more, in prior year FICA wages, catch-up contributions will be made as Roth contributions Your 401(k) contribution will automatically increase by 1% on July 1st of each year (unless you opt out or change the date), up to a maximum of a 10% contribution rate. • Contributions are made through convenient payroll deductions. • There are a variety of professionally managed investment funds and M/I Homes stock to choose from. • Adjust your contribution rate to meet your savings goals. • Ability to change your contribution deduction throughout the year. You can elect to contribute 0% - 85% of your pay.
Pre-Tax Versus Roth Contributions	You have the option to contribute pre-tax or Roth contributions. Pre-tax contributions are deducted from your paycheck before federal, state, and some state specified income taxes, so they never show up on your W-2 as taxable income. The money grows tax-deferred and is taxed at the time of withdrawal. Roth contributions are also known as after-tax contributions, meaning you pay taxes on contributions now, and then qualified withdrawals are tax-free.
Investments	You choose how your savings are invested among professionally managed investment funds and M/I Homes stock. You do not pay current income taxes on any investment earnings.
Vesting	You are always 100% vested in the contributions you and the Company make to the plan and the earnings that accumulate on those contributions, upon termination of employment. See SPD for additional details.

Traditional 401(k) vs. Roth 401(k) vs. No 401(k)			
	Traditional 401(k)	Roth 401(k)	No 401(k)
Gross Pay Contribution to 401(k)	$50,000 $2,500	$50,000 $2,500	$50,000 $0
Taxable Income Estimated Taxes (at 22%)	$47,500 $10,450	$50,000 $11,000	$50,000 $11,000
After-Tax Pay	$37,050	$36,500	$39,000

Maximum Contributions

401(k) Profit Sharing Plan

- The IRS annual maximum amount that you can contribute to your account is $25,500.
- Catch-up contribution 50-59 and 64 and older is $8,500
- Catch-up contribution 60-63 is $11,750

401(k) Profit Sharing Plan

Employer Contribution

M/I Homes may contribute a discretionary amount to your 401(k) account annually. The contribution is based on a percentage of base salary or commission value (maximum of $50,000 in eligible compensation). You are eligible for the company contribution based on the first date of the quarter after one year of service, 1,000 hours worked and are employed through the end of the year unless you are age 65 or older at time of separation. You are not required to contribute to the 401(k) to receive the company contribution.

Example of Company Contribution

If you were hired on May 3, you would become eligible for the plan on July 1st of the following year, and you would receive your first deposit the following January. Company contributions are deposited annually, in January. Your contribution would be based on eligible compensation (up to $50,000) earned from July 1 to December 31. Eligible compensation includes regular pay, overtime, PTO, and commissions. This would not include any bonuses or phone/auto allowance. The average contribution over the last three years has been $4,000.

Receiving Your First Contribution		
Hire Date	Eligibility Date	1st Contribution Deposited
January 1, 2027 – March 31, 2027	April 1, 2028	January 2029
April 1, 2027 – June 30, 2027	July 1, 2028	January 2029
July 1, 2027 – September 30, 2027	October 1, 2028	January 2029
October 1, 2027 – December 31, 2027	January 1, 2029	January 2029

Eligibility is the first available quarter after 12 months of full-time service.

Other Benefits

Paid Time Off (PTO)

M/I Homes recognizes the importance of helping you balance the personal and work-related responsibilities in your life. Whether it be for hobbies, time with loved ones, or sickness, we encourage you to use your available time off to support your health and wellbeing. Our Paid Time Off (PTO) program entitles full-time employees to take advantage of days away from work when needed.

Employee Assistance Program (EAP)

Free, confidential support 24/7 to help you tackle small questions, big problems, and everything in between.

We care about you and your family's complete health including your mental and emotional wellbeing. That is why we provide an Employee Assistance Program (EAP) at no cost to you through Optum's Emotional Wellbeing Solutions.

How the EAP Can Support You

- Manage stress
- Improve relationships at home or work
- Address legal and financial concerns
- Get the most out of your career
- Find child development, childcare, or elder care resources
- Resolve emotional issues or grief
- Address depression, anxiety, or substance use issues

Talkspace Online Therapy

Talkspace is an online tool that will help connect you to a therapist. Once connected, you can message your therapist whenever, no appointment necessary. You can receive messages back throughout the day, five days a week. Talkspace eliminates long wait times, commute times, and hassles with switching providers. You also have the option of real-time face-to-face video visits by appointment

Legal Consultation

Receive a no-cost 30-minute attorney consultation and a 25% discount on continuing services.

Call Any Time, Any Day—**(844) 585-1463**
Visit **www.liveandworkwell.com** and use code MIHOMES to view available resources.

Identity Theft Protection

LifeLock is here to protect you and your eligible dependents against identity theft. Identify theft can cost you thousands of dollars and hours of missed work. Protect your identity and peace of mind with LifeLock. Enrollment is only allowed as a new hire and during Open Enrollment.

Plan Features

Identify Alert
LifeLock will monitor for fraudulent use of your Social Security number, name, address, or date of birth in applications for credit and services. The patented system sends alerts by text, phone, email, or mobile app.

Dark web monitoring
Identity thieves can sell your personal information on hard-to-find dark web sites and forums. LifeLock patrols the dark web and notifies you if they you're your information.

Privacy monitor
Helps reduce public exposure of your personal information. LifeLock scans common public people-search websites to find your personal information and help you opt-out.

24/7 live member support
Live Identity Protection agents available to answer your questions.

Fictitious Identity monitoring
LifeLock scans for names and addresses connected with your Social Security number to help protect against criminals building fictitious identities to open accounts or commit fraud. Bank and credit card activity alerts – Help protect your finances against fraud with alerts that notify you of cash withdrawals, balance transfers and large purchases.

Stolen wallet protection
A stolen wallet could lead to a stolen identity. Call LifeLock if your wallet is stolen and they will help cancel or replace credit cards, driver's licenses, Social Security cards, insurance cards and more.

Additional protections include, but are not limited to:

- Credit, Banking & Utility Account Freezes
- Credit Monitoring & Credit Score Tracking
- Checking and Savings Account Application Alerts
- Identity Verification Monitoring



Hinge Health

With Hinge Health, you can get virtual physical therapy and more at no cost to you. Help reduce everyday joint and muscle aches, recover from an injury, and improve your mobility.

Partner with real people who are dedicated to helping you feel your best with personalized care that includes:

- A care plan designed for your everyday activities and long-term goals — and to treat multiple areas of your body at once
- Exercise therapy sessions you can do in as little as 15 minutes — anytime, anywhere with the Hinge Health app
- 1-on-1 support from a physical therapist or health coach to tailor your sessions as needed and help you reach your goals
- Instant feedback during your exercise sessions with precise motion tracking — to improve your form and build confidence

529 College Savings Plan

A 529 College Savings Plan is a convenient, automatic, and tax-advantaged way to save money for higher education costs. You can open and contribute to a 529 College Savings Plan for your children, stepchildren, grandchildren, and/or nieces/nephews.

Tax Advantages of a 529

- Tax-deferred growth: Earnings within the account grow tax-free.
- Tax-free withdrawals: Withdrawals for qualified expenses are tax-free at the federal level and sometimes at the state level.
- Potential state tax deductions: Some states offer a state income tax deduction for contributions made to their 529 plans.

Qualified 529 Expenses

A 529 account can be used for tuition, fees, room and board, books, and other required supplies at eligible colleges, universities, and vocational schools in the Unites States.



M/I Cares Employee Assistance Fund

The M/I Cares Employee Assistance Fund can help provided relief and peace of mind when unexpected financial hardships happen that place stress on you and your family.

Life can throw unexpected financial challenges our way. When that happens, the M/I Cares Employee Assistance Fund is here to help. M/I Homes has partnered with America's Charities, a nonprofit 501(c)(3) organization, to administer and manage its Fund. The M/I Cares fund helps employees, and their families recover more quickly from financial hardship resulting from federally qualified, natural, and other disasters and personal hardships.

Benefits Available

All current full-time employees as of their date of hire are eligible to apply for assistance. Approved applicants are eligible to receive financial assistance from the M/I Cares Fund. Those impacted by a nationally declared disaster are eligible to receive up to $5,000 in relief funds. Employees impacted by a personal financial hardship are eligible to receive up to $3,000.

How to Request Assistance

Employees can submit a request through America's Charities if they have experienced a qualifying event. Applicants will be required to provide documentation supporting their need for assistance. For more details about qualifying events and the application process go to **charities.org/MICARES.**

Cancer Bridge

A cancer diagnosis is emotionally challenging, and navigating different options and treatment plans can be confusing. With CancerBridge leading cancer experts are a phone call away.

What is CancerBridge?

CancerBridge is a cancer-focused navigation service available to provide employees and their immediate family members with immediate, one-on-one personalized access to a physician who is an expert in their specific type of cancer. CancerBridge helps employees and their families understand and navigate the cancer healthcare environment.

When should I Call CancerBridge?

CancerBridge is available any time throughout your cancer experience. You can contact CancerBridge with any cancer inquiry including:

- A new cance diagnosis
- Discussion of a treatment plan
- Assistance locating a National Cancer Institute designated Comprehensive Cancer Center
- Assistance finding cancer information and support resources
- Questions about cancer clinical trials

Who can use this Service?

M/I Homes employees and their immediate family members are eligible to use this service. Immediate family members are defined as your spouse, children, stepchildren, parents, stepparents, siblings, mother-in-law, and father-in-law.

When you or your dependent call in, you will need to have your employee identification number ready to access benefits. To find your employee identification number, login to your Dayforce account and navigate to the profile screen. Your employee number will be displayed at the top next to your name.

Employee Discounts

As an employee you have access to the following offers and discounts. For additional information and to access these discounts you will need to visit the Human Resources Intranet page.

Active & Fit Direct
Access to flexible, discounted memberships to thousands of gyms nationwide. Choose from our network of over 12,700+ gyms and 9,800+ premium exercise studios. Enjoy access to over 4,000on-demand work out videos.

Employee House Purchase Bonus
Employees can purchase a home built by M/I Homes, for personal use. Eligible employees are entitled to a discount based on the sales price of the home and paid in the form of a bonus to the employee.

GE Appliance Store
The online store offers great appliance deals to M/I Homes employees.

Verizon Wireless
Get a monthly discount of 22% on all qualifying non-unlimited rate plan lines of service on your account. Conditions apply.

AT&T Wireless
Save up to 18% on the monthly service charge of qualified wireless plans.

Microsoft Office 365 – Home Use Discount
Save 30% on Office 365 subscriptions.

Preparing for Retirement

If you are age 64 or older, Fidelity and M/I Homes can help you prepare for what is next.

Medicare Enrollment
Licensed insurance agents are available to provide guidance to help you enroll in coverage that meets your needs. You can meet by phone, (833) 886-0033, or you can utilize Fidelity's online tools by going to Medicare.fidelity.com.

Financial Planning
Once you retire from M/I Homes, you can elect to leave your retirement account with Fidelity. One of the many options they allow for are partial distributions. This means you can schedule distributions from your account to help budget during retirement. Partial distributions can be made starting at age 59 ½.

Contact Information

Questions About...	You Should Contact	Phone Number	Web/Email Address
Medical, Retail Prescription Drug and Mail Order Program	UnitedHealthcare	Customer Service: (833) 760-7892 Nurse Line (866) 734-7670	www.myuhc.com
Dental	Delta Dental	(800) 524-0149	www.deltadentaloh.com Premier or Preferred Program
Vision	VSP	(800) 877-7195	www.vsp.com
Flexible Spending Accounts	WEX Benefits	(866) 451-3399	www.wexinc.com
Life Insurance, Disability, Accident, & Critical Illness	New York Life (NYL)	(800) 225-5695	www.newyorklife.com
Health Savings Account	Fidelity Investments	(800) 835-5097	www.401K.com
Retirement Plan	Fidelity Investments	(800) 835-5097	www.401K.com
Employee Assistance Plan	Optum Emotional Wellbeing Solutions	(844) 585-1463	www.liveandworkwell.com
Hinge Health	Member Support Team	(855) 902-2777	www.hingehealth.com/for-individuals/
529 College Saving Plan	Blackrock	(866) 529-8582	humanresources@mihomes.com
LifeLock	LifeLock by Norton	(844) 530-9892	lifelock.norton.com
Cancer Advice & Guidance	CancerBridge	(855) 366-7700	www.mycancerbridge.com
Change in status and other questions	Benefits Department	(614) 418-8188	benefits@mihomes.com
M/I Cares Employee Assistance Fund	America's Charities	MICares@charities.org	charities.org/MICARES
Stock Purchase	Computershare	(800) 446-2617	www.computershare.com

This Guide is Not a Contract

This guide is a summary of general benefits available to M/I Homes eligible active employees. Wherever conflicts occur between the contents of this guide and the contracts, rules, regulations, or laws governing the administration of the various programs, the terms set forth in the various program contracts, rules, regulations, or laws shall prevail. Space does not permit listing all limitations and exclusions that apply to each plan. Additional plan details and provisions can be found in the appropriate Summary Plan Descriptions (SPD) or the Employee Handbook. M/I Homes employees can access benefit plan SPD's, Employee Handbook, and other HR Forms on the HR Intranet page, by visiting the benefits website **www.mihomes.mybenefitport.com**, or by contacting Human Resources at **(614) 418-8188** or **benefits@mihomes.com.**



M/I HOMES