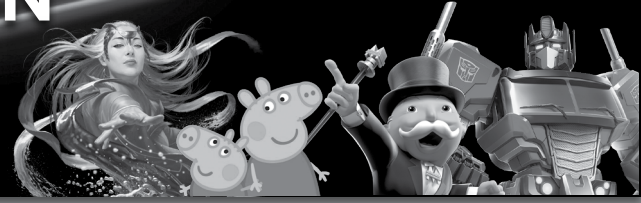


IMPORTANT INFORMATION



IF YOU (AND/OR YOUR DEPENDENTS) HAVE MEDICARE OR WILL BECOME ELIGIBLE FOR MEDICARE IN THE NEXT 12 MONTHS, A FEDERAL LAW GIVES YOU MORE CHOICES ABOUT YOUR PRESCRIPTION DRUG COVERAGE.

PLEASE SEE PAGE 10 FOR MORE DETAILS.

About Your Rights as a Participant in the Hasbro Benefits Program

There are certain important notices regarding your benefits that Hasbro, similar to all large employers, is required by law to provide to you. This booklet provides information about:

- Privacy practices for your personal medical information under the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*;
- Required notices:
 - *Your Rights and Protections Against Surprise Medical Bills*;
 - *Women's Health and Cancer Rights Act of 1998*; and
 - *Newborns' and Mothers' Health Protection Act*;
- Continuing health plan coverage under the *Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)*;
- Prescription drug coverage and Medicare;
- Employer-sponsored wellness program;
- Key provisions of our Retirement Savings Plan under what the Internal Revenue Service (IRS) calls the 401(k) "safe harbor" formula;
- Summary Annual Reports for the Hasbro, Inc. Retirement Savings Plan and the Hasbro, Inc. Employee Benefit Plan;
- Paid Family and Medical Leave Notice to Massachusetts Employees; and
- Medicaid and Children's Health Insurance Program (CHIP) premium assistance availability by state in compliance with federal law.

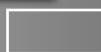


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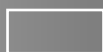


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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT



Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

This Notice only pertains to those benefits under the Plan that are covered under the Health Insurance Portability and Accountability Act of 1996.

As we work every day to operate your health plans, protecting the confidentiality of your personal medical information has always been an important priority. The Plan has adopted policies to safeguard the privacy of your medical information and comply with federal law (specifically, the Health Insurance Portability and Accountability Act, known as "HIPAA").

Note: "Plan" refers to the Hasbro, Inc. Employee Benefit Plan (the "Plan"). "You" or "yours" refers to the individual participants in the Plan. If you are covered by an insured health option under the Plan, you may have or also will receive a separate notice from your insurer.

This Notice explains:

- How your personal medical information may be used; and
- What rights you have regarding this information.

How the Plan May Use Your Information

In order to manage your health plan effectively, the Plan is permitted by law to use and disclose your personal medical information [called "Protected Health Information" (PHI)] in certain ways without your authorization:

- **For Treatment:** So that you receive appropriate treatment and care, providers may use your PHI to coordinate or manage your health care services. The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment:** To make sure that claims are paid accurately and you receive the correct benefits, the Plan may use and disclose your PHI to determine plan eligibility and responsibility for coverage and benefits. For example, the Plan may use your information when it confers with other health plans to resolve a coordination of benefits issue. The Plan also may use your PHI for utilization review activities.
- **For Health Care Operations:** To ensure quality and efficient plan operations, the Plan may use your PHI in several ways, including plan administration, quality assessment and improvement, and vendor review. Your information could be used, for example, to assist in the evaluation of a vendor who supports us. The Plan also may contact you with appointment reminders or to provide information about treatment alternatives or other health-related benefits and services available under the Plan.

Your PHI also may be disclosed to Hasbro, Inc. (the Plan sponsor) in connection with these activities. If you are covered under an insured health plan, the insurer also may disclose PHI to the Plan sponsor in connection with payment, treatment or health care operations.



The Plan is prohibited from using or disclosing genetic information for underwriting purposes and will not use or disclose any of your PHI, which contains genetic information for underwriting purposes.

Other Permitted Uses and Disclosures

Federal regulations allow the Plan to use and disclose your PHI, without your authorization, for several additional purposes, in accordance with law:

- Public health
- Reporting and notification of abuse, neglect or domestic violence
- Oversight activities of a health oversight agency
- Judicial and administrative proceedings
- Law enforcement
- Research, as long as certain privacy-related standards are satisfied
- To a coroner or medical examiner
- To organ, eye or tissue-donation programs
- To avert a serious threat to health or safety
- Specialized government functions (e.g., military and veterans' activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions, and other law-enforcement custodial situations)
- Workers' compensation or similar programs established by law that provide benefits for work-related injuries or illness
- Other purposes required by law, provided that the use or disclosure is limited to the relevant requirements of such law

In Special Situations

The Plan may disclose your PHI to a family member, relative, close personal friend or any other person whom you identify when that information is directly relevant to the person's involvement with your care or payment related to your care.

The Plan also may use your PHI to notify a family member, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition or death. If you are incapacitated, there is an emergency or you otherwise do not have the opportunity to agree to or object to this use or disclosure, the Plan will do what in its judgment is in your best interest regarding such disclosure and will disclose only information that is directly relevant to the person's involvement with your health care.

Uses and Disclosures for Which an Authorization Is Required

Your authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures which constitute a sale of PHI. We will make any other uses and disclosures not described in this Notice only after you authorize them in writing. You may revoke your authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

Your Rights Regarding PHI

You have the right to:

- Inspect and copy your PHI.
- Amend or correct inaccurate information.
- Receive a paper copy of this Notice, even if you agreed to receive it electronically.
- Receive an accounting of certain disclosures of your information made by the Plan.
 - However, you are not entitled to an accounting of several types of disclosures including, but not limited to:
 - Disclosures made for payment, treatment or health care operations
 - Disclosures you authorized in writing
 - Disclosures made before April 14, 2004



Right to Request Restrictions

You may ask the Plan to restrict how it uses and discloses your PHI for payment, treatment or health care operations. You also may ask the Plan to restrict disclosures to your family members, relatives, friends or other persons you identify who are involved in your care or payment for your care. However, the Plan is not required to agree to these requests.

Notwithstanding our right to otherwise not agree to your request to restrict disclosures of your PHI, we will comply with the requested restriction if:

- Except as otherwise required by law, the disclosure is to a health plan for the purposes of carrying out payment or health care operations (and not for the purposes of carrying out treatment), and
- The PHI pertains solely to a health care item or service for which you, or someone on your behalf, have paid for in full.

Right to Request Confidential Communications

You may request to receive your PHI by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For example, you may want to have information sent only by mail or to an address other than your home.

For more information about exercising these rights, contact the office listed to the right under “Contacting Us.”

Complaints

If you believe that your privacy rights have been violated, or that the privacy or security of your unsecured PHI has been compromised, you may file a written complaint without fear of reprisal. Direct your complaint to Hasbro, Inc. (see “Contacting Us” to the right) or to the appropriate regional office of the Office for Civil Rights, U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

About this Notice

The Plan is required by law to maintain the privacy of your PHI, to provide you with a copy of this Notice regarding our legal duties and privacy practices with respect to PHI, and to notify you following a breach of your unsecured PHI. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all PHI the Plan maintains. If we change this Notice, you will receive a new Notice from the Plan. A copy of the current Notice will be maintained by Hasbro’s Corporate Benefits Department at all times.

The Plan is required to abide by the terms of this Notice.

Contacting Us

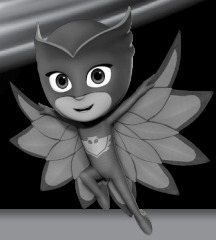
You may exercise the rights described in this Notice by contacting the Hasbro office identified below, which will provide you with additional information. The contact is:

Hasbro, Inc.
Privacy Officer (A-951)
1027 Newport Avenue
Pawtucket, RI 02861

Call 401-431-8625 or email:
HIPAAPrivacyOfficer@hasbro.com

Effective date of Notice: October 2023.





These notices outline your rights under the following acts:

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

The Hasbro medical plans have been covering charges that would have been considered "balance billing" or "surprise billing" prior to the new federal legislation requiring it.

WHAT IS "BALANCE BILLING" (SOMETIMES CALLED "SURPRISE BILLING")?

When you see a doctor or other health care provider, you may owe certain [out-of-pocket costs](#), such as a [copayment](#), [coinsurance](#) and/or a [deductible](#). You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "**balance billing.**" This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost you thousands of dollars, depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.



You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - Cover emergency services without requiring you to get approval for services in advance ("prior authorization").
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you think you've been wrongly billed, you may contact the Department of Health and Human Services or your medical vendor.

Visit: <https://www.cms.gov/nosurprises/consumers> or call 1-800-985-3059 for more information about your rights under federal law.

Women's Health and Cancer Rights Act of 1998

This Notice is required by the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Plan provides benefits for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy (including lymphedema).

If you are receiving benefits in connection with a mastectomy, benefits also are provided for the following Covered Health Services, as you determine appropriate with your attending physician:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such Covered Health Services (including copayments and any annual deductible) are the same as are required for any other Covered Health Service. Limitations on benefits are the same as for any other Covered Health Service.

If you would like more information on WHCRA benefits, call your Plan Administrator at 1-888-270-2419.

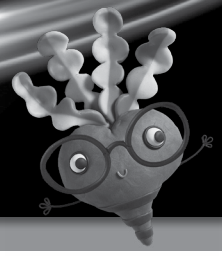
Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the Plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization or notify the Claims Administrator. For information on notification or prior authorization, contact your issuer.

HASBRO, INC. HEALTH PLAN CONTINUATION COVERAGE



This Notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. You may be eligible for other health coverage alternatives that may be available to you through the Health Insurance Marketplace. ***This Notice generally explains COBRA continuation coverage, when it may become available to you and your family and what you need to do to protect the right to receive it.***

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. This Notice gives you only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Summary Plan Description or get a copy of the plan document from the Plan Administrator.

The Plan Administrator is responsible for administering COBRA continuation coverage. The Plan Administrator is:

Hasbro, Inc.
U.S. Benefits (A-951)
1027 Newport Avenue
Pawtucket, RI 02861

You May Have Other Options

There may be other coverage options for you and your family. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace, where you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. You may qualify for a tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days of the date your group health plan coverage ends.

COBRA Continuation Coverage

COBRA continuation coverage is a continuation of plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this Notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of a qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happen:

- Your spouse dies,
- Your spouse's hours of employment are reduced,
- Your spouse's employment ends for any reason other than his or her gross misconduct,
- Your spouse becomes enrolled in Medicare (Part A, Part B or both), or
- You become divorced or legally separated from your spouse.



Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

- The parent/employee dies,
- The parent/employee's hours of employment are reduced,
- The parent/employee's employment ends for any reason other than his or her gross misconduct,
- The parent/employee becomes enrolled in Medicare (Part A, Part B or both),
- The parents become divorced or legally separated, or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been timely notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee or enrollment of the employee in Medicare (Part A, Part B or both), the employer must notify the COBRA Administrator of the qualifying event within 30 days of any of these events.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days of the qualifying event. You must send this Notice to:

Plan Administrator
Hasbro, Inc.
U.S. Benefits (A-951)
1027 Newport Avenue
Pawtucket, RI 02861

In the case of divorce or legal separation, a dependent ceasing to be a dependent or a second qualifying event, the qualified beneficiary is required to notify the Plan Administrator in writing within 60 days of the later of:

- The date of the qualifying event, or
- The date of the loss of coverage as a result of the qualifying event.

Disability Extension of 18-Month Period of Continuation Coverage

In the case of a qualified beneficiary who is determined by the Social Security Administration to be disabled, written notice must be provided to the Plan Administrator within 60 days of the later of:

- The date of such determination,
- The date on which the qualifying event occurs, or
- The date on which the qualified beneficiary loses coverage as a result of the qualifying event.

In addition, if you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage for a total maximum of 29 months. The disability would have to be started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Written notice should be sent to:

Plan Administrator
Hasbro, Inc.
U.S. Benefits (A-951)
1027 Newport Avenue
Pawtucket, RI 02861

The Plan requires that the disability notice be furnished before the end of the 18-month period of COBRA continuation coverage. In the event that the qualified beneficiary subsequently receives a final determination from the Social Security Administration that he or she is no longer disabled, the qualified beneficiary must provide written notice to the Plan Administrator within 30 days of the later of such determination.

The covered employee, a qualified beneficiary or a representative of either may provide timely notice to the Plan Administrator. The notice must identify the name of the plan, the covered employee and qualified beneficiary, the qualifying event or disability determination and the date that the qualifying event or disability determination occurred. In the absence of such a notification, the Plan is not required to offer COBRA continuation coverage.

If the notice is deficient and the qualified beneficiary has not responded to the Plan Administrator's request for missing information within 30 days following the end of the applicable time period to provide notice, the Plan Administrator may reject the notice. One notice shall satisfy the responsibility to provide notice if the notice is provided on behalf of all related beneficiaries with respect to the qualifying event.

If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator during the 60-day notice period, any spouse or dependent child who loses coverage will not be offered the option to elect continuation coverage. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator within the required period, then there will be no disability extension of COBRA continuation coverage.

How Is Cobra Coverage Provided?

Once the Plan Administrator receives timely notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. For each, COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment and the employee enrolls in Medicare less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare enrollment. Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly and timely given to the Plan Administrator. This extension is available to the spouse and dependent children if the employee or former employee dies, enrolls in Medicare (Part A, Part B or both) or gets divorced or legally separated, or to the dependent child if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. ***In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event in writing within 60 days of the second qualifying event. This notice must be sent to the Plan Administrator at the address noted below.***

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage after My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit:

<https://www.medicare.gov/medicare-and-you>.

<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>

If You Have Questions

If you have questions about your rights to COBRA continuation coverage, you should contact:

Plan Administrator
Hasbro, Inc.
U.S. Benefits (A-951)
1027 Newport Avenue
Pawtucket, RI 02861

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act (PPACA) and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area. Addresses and phone numbers of Regional and District EBSA offices are available through EBSA's website at www.dol.gov/ebsa. For more information about health insurance options available through the Health Insurance Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You also should keep a copy for your records of any notices you send to the Plan Administrator.

IMPORTANT NOTICE ABOUT PRESCRIPTION DRUG COVERAGE AND MEDICARE



This Notice, which Hasbro is required to provide to all its medical plan participants who are eligible for Medicare, contains information about your Hasbro-sponsored prescription drug coverage, as well as Medicare prescription drug coverage. If you or a family member are enrolled in a Hasbro medical plan **and** also are eligible for Medicare coverage, you should read this Notice carefully and keep this Notice for your records.

What Hasbro Medical Plan Members Need to Know If They Are Eligible for Medicare

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Hasbro has determined that the prescription drug coverage offered under Hasbro's medical plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.
3. Keep this Notice. If you enroll in a Medicare prescription drug plan, you may be asked to present a copy of this Notice to prove that you are not required to pay a higher premium for Medicare prescription drug coverage.

Because your existing coverage through Hasbro is on average at least as good as the standard Medicare prescription drug coverage, you can keep your current coverage and not pay extra if you decide to enroll in the Medicare prescription drug coverage at a later date.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15 through December 7. When you no longer have Hasbro coverage, through no fault of your own, you may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

You may enroll in a Medicare prescription drug plan and continue to receive medical benefits through your Hasbro plan. However, the cost of your Hasbro plan will not decrease. Plus, you will pay the premium for the Medicare prescription drug coverage.

The Hasbro medical plan covers your prescription drugs in addition to your other health care expenses. If you enroll in a Medicare prescription drug plan, you still will be eligible to receive all of your current health and prescription drug benefits through the Hasbro plan. However, you will pay twice for your prescription drug coverage: Once through the premium you pay Hasbro and again through the monthly premium associated with the Medicare prescription drug plan you select.

As is now the case, as a COBRA participant, if you decide to drop your Hasbro medical plan, you will not be able to re-enter the plan at a later date. You should carefully consider your needs. The decision to drop coverage through Hasbro is final and you cannot re-join the plan at a later date.

You also should know that if you drop or lose your coverage with Hasbro and you do not enroll in Medicare prescription drug coverage within 63 continuous days after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.



If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium for Medicare prescription drug coverage may go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base premium. You may have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

For More Information about This Notice or Hasbro's Prescription Drug Coverage

For further information, contact U.S. Benefits at corporatebenefits@Hasbro.com or call 401-431-8625.

NOTE: You will receive this Notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage or if Hasbro coverage changes. You also may request a copy. Write or call:

Hasbro, Inc.
U.S. Benefits (A-951)
1027 Newport Avenue
Pawtucket, RI 02861
401-431-8625

For More Information about Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is included in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You also may be contacted directly by Medicare prescription drug plans. You also can get more information about Medicare prescription drug plans from the following:

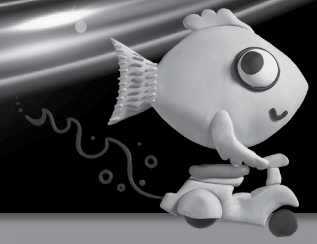
- www.medicare.gov
- Your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for the telephone number) for personalized help
- 1-800-MEDICARE (1-800-633-4227) (TTY users should call 1-877-486-2048.)

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you enroll in one of the plans approved by Medicare that offers prescription drug coverage, you may be required to provide a copy of this Notice when you join to show that you are not required to pay a higher premium amount. (October 2023)



HASBRO, INC. WELLNESS PROGRAM



Notice Regarding Employer-Sponsored Wellness Program

Hasbro's wellness program is a voluntary wellness program available to all benefits-eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others.

Hasbro's wellness program does not require you to participate in various health-related activities or to achieve certain health outcomes.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Hasbro, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, our wellness partners who collect your health information will never disclose any of your personal information either publicly or to Hasbro, Inc., except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the health vendors Hasbro contracts with to perform each activity, collect your information and analyze it to provide aggregate reporting to Hasbro, Inc. in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained by a third party, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, please contact U.S. Benefits at 401-431-8625 or CorporateBenefits@hasbro.com. If you have questions or concerns about protections against discrimination and retaliation, please contact Hasbro's Legal Department at legal@hasbro.com.



HASBRO, INC. RETIREMENT SAVINGS PLAN



Notice to Eligible Employees Regarding Use of 401(k) Safe Harbor, November 2023

The Hasbro, Inc. Retirement Savings Plan (the “Plan”) relies on the safe harbor formulas provided in Internal Revenue Code Sections 401(k) and 401(m). As required by federal law, you are being provided with notice of the following provisions that are applicable under the Plan:

1. The employer safe harbor matching contribution formula under the Plan is:

- 200% of your pre-tax contributions per pay period, up to 2% of your compensation; and
- 50% of the next 4% of compensation contributed as pre-tax contributions per pay period; provided that the amount contributed does not exceed the maximum amount permitted under applicable Code provisions.
- In addition, the company may make a discretionary annual contribution to your account under the Plan, regardless of whether or not you make voluntary contributions to the Plan. For more information on the discretionary annual company contributions, refer to the “Automatic Company Contributions” section of the Summary Plan Description.
- The company may decide to reduce or suspend safe harbor matching contributions during the year. If so, a subsequent notice will be provided informing you of the effective date of such change in case you would like to make changes to your elective deferrals. Any reduction or suspension will not apply until at least 30 days after you are provided that subsequent notice.

2. The type and amount of compensation that may be deferred are as follows:

You may defer between 1% and 75% of your compensation. Your compensation for this purpose means your total compensation for services rendered paid by the company in any plan year, limited to the following specific items: wages (but excluding designer’s fees and special work assignment fees paid for services performed outside of your primary job position but that may be considered “wages” for federal income tax withholding and payroll tax purposes), salaries, bonuses

(such as management, sales, holiday or special bonuses that are performance-related) paid in accordance with the provisions of a bonus plan, policy or employment agreement (unless otherwise specifically excluded under the bonus plan, policy or employment agreement), and, in the case of salespeople, commissions. Compensation shall exclude all other forms of compensation that are not specifically included in the prior sentence.

For example, payments received under a severance pay program would not be included in compensation. Compensation does not include automobile and relocation allowances; consultant fees, stock option or other appreciation gains; other voluntary deferred compensation; sign-on or retention bonuses; or any non-cash compensation that is included in your Form W-2 for income tax purposes. Compensation does not include wages for accrued unused paid time-off or accrued unused vacation.

Compensation shall include the amount of any elective deferral contributions made by or on behalf of an employee under a “cash or deferred plan” (within the meaning of Section 401(k) or Section 125 of the Code) maintained by the company for the plan year. Compensation is required by law to be limited to \$200,000 or such greater amount as permitted under the Internal Revenue Code. That amount is indexed for cost-of-living adjustments. The current limitation is \$330,000 for 2023.

3. The procedure for making 401(k) contribution elections and the rules regarding the timing of those elections are as follows:

You may authorize pre-tax deferrals by entering into a salary reduction agreement with the company and electing that your compensation be reduced by a specified percentage. You are permitted to authorize pre-tax deferrals or to change the percentage of pre-tax deferrals at any time effective as soon as administratively possible, but no later than the second payroll period following the date the election change is received.

Effective January 1, 2023, you may irrevocably designate part or all of your employee contributions as Roth contributions to your account. Roth contributions are made on an “after-tax” or Roth basis, which means your



deferrals are subject to income tax at the time of deferral. The Roth contributions, and if you meet certain requirements, their earnings, are not subject to tax when you receive a distribution from the Plan. Your Roth contributions will be held in a separate account maintained under the Plan.

Pre-tax deferrals and Roth contributions are limited by law. That limit of your total contribution, both pre-tax and Roth, is indexed for cost-of-living adjustments. The limit is currently \$22,500 in 2023.

4. Additionally, if you elect to make pre-tax and/or Roth contributions and you are or will be at least age 50 by the end of a calendar year, you are permitted to make an additional contribution in that calendar year over and above the otherwise applicable limits. These additional deferrals are called “catch-up contributions.” Catch-up contributions may be made up to an additional \$7,500 for 2023, as indexed for cost-of-living adjustments.

5. The Plan vesting provisions are as follows:

Your pre-tax deferrals, Roth contributions and employer matching contributions under the Plan are immediately vested.

Discretionary annual company contributions, if any, become vested once you have three years of vesting service. You earn a year of vesting service for each calendar year you are employed by the company and work at least 1,000 hours.

6. The Plan permits withdrawals subject to the following rules:

- **Hardship Withdrawals**

You may withdraw your pre-tax deferrals at any time upon a demonstration of financial hardship as defined in the Plan.

- **Age 59½**

Upon the attainment of age 59½, you may withdraw funds from your accounts under the Plan except for your Annual Company Contribution Account, your Annual Transition Contribution Account and your Company Retirement Contribution Account (Amsterdam employees).

- **After-tax Contributions and Rollover Contributions**

You may withdraw your after-tax contributions and rollover contributions at any time.

- **Post-employment**

You may withdraw your vested Plan balances following your termination of employment with Hasbro and its affiliates.

7. Employer’s right to terminate and/or amend the Plan:

Although Hasbro, Inc. expects and intends to continue maintaining the Plan for the benefit of its employees, pursuant to the terms of the Plan, Hasbro, Inc. has the right to terminate the Plan and/or suspend, amend or modify the Plan, in whole or in part, at any time. Termination of the Plan will result in the discontinuance of all contributions to the Plan (including the safe harbor 401(k) contribution) with respect to any compensation you receive after the effective date of termination. These rights include the right to amend the Plan, at any time during the Plan Year, to reduce or eliminate the “safe harbor” employer matching contribution. If the Plan is amended to reduce or eliminate this contribution during the Plan Year, then the Plan Administrator will provide a supplemental notice to you and the suspension or reduction will not apply until at least 30 days after that notice is provided. Termination of the Plan will not affect your right to receive any contributions you have accrued as of the effective date of the termination.

8. For further information:

Please refer to the Summary Plan Description for a complete explanation of the Plan features. Please ask the Plan Administrator if you have any questions regarding your rights or obligations under the Plan or if you would like to obtain an additional copy of the Summary Plan Description. You may contact the Plan Administrator at:

Hasbro, Inc.
U.S. Benefits Department (A-951)
1027 Newport Avenue
Pawtucket, RI 02861
401-431-8697
CorporateBenefits@Hasbro.com

HASBRO, INC. RETIREMENT SAVINGS PLAN SUMMARY ANNUAL REPORT



This is a summary of the annual report for Hasbro, Inc. Retirement Savings Plan, Employer Identification Number 05-0155090, Plan No. 004 for the period January 1, 2022, through December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided through a trust fund. Plan expenses were \$73,675,272. These expenses included \$489,910 in administrative expenses and \$73,185,362 in benefits paid to participants and beneficiaries. A total of 4232 persons were participants in or beneficiaries of the plan at the end of the plan year.

The value of plan assets, after subtracting liabilities of the plan, was \$792,493,579, as of December 31, 2022, compared to \$994,576,560 as of January 01, 2022. During the plan year, the plan experienced a decrease in its net assets of (\$202,082,981). This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of (\$128,407,709), including employer contributions of \$23,761,486, employee contributions of \$31,167,635, other contributions of \$6,368,766, realized losses of (\$251,895) from the sale of assets, and losses from investments of (\$189,453,701).

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Financial information and information on payments to service providers;
2. Information regarding any Common/Collective Trust, Pooled Separate Accounts, Master Trusts, or 103-12 Investment Entities;
3. An accountant's report; and
4. Assets held for investment.

To obtain a copy of the full annual report, or any part thereof, write or call Hasbro, Inc., 1027 Newport Avenue A-951, Pawtucket, RI 02861, 401-431-8697.

You have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the Plan at Hasbro, Inc., 1027 Newport Avenue A-951, Pawtucket, RI 02861, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

Note: For small pension plans that are eligible for an audit waiver, see the Department's regulation at 29 CFR 2520.104-46 for model language to be added to the Summary Annual Report.



HASBRO, INC. EMPLOYEE BENEFIT PLAN SUMMARY ANNUAL REPORT



This is a summary of the annual report of Hasbro, Inc. Employee Benefit Plan, EIN 05-0155090, Plan No. 508, for the plan year January 1, 2022, through December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Hasbro, Inc. has committed itself to pay certain uninsured claims incurred under the terms of the Plan.

Insurance Information

The plan has insurance contracts with Prudential Insurance Company of America, Metropolitan Property and Casualty Insurance Co., Aetna Life Insurance Company, Lincoln National Life Insurance Company, Vision Service Plan, Zurich American Life Insurance Company, Metropolitan General Insurance Company and National Union Fire Ins. Co. of Pittsburgh, PA to pay certain medical, prescription drug, life, accidental death and dismemberment, dental, vision, temporary disability, legal, long-term disability, business travel accident and long term care claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2022, were \$3,334,623.

Because they are so called “experience-rated” contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2022, the premiums paid under such “experience-rated” contracts were \$393,505 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$325,025.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, Hasbro, Inc. at Benefits Department (A-951) at 1027 Newport Avenue, Pawtucket, RI 02862-1059 and phone number, 401-431-8697.

You also have the legally protected right to examine the annual report at the main office of the plan: 1027 Newport Avenue, Pawtucket, RI 02862-1059, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



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The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040



PAID FAMILY AND MEDICAL LEAVE NOTICE TO MASSACHUSETTS EMPLOYEES



Please read this notice carefully. It contains important information about your rights, obligations and eligibility under the Massachusetts Paid Family and Medical Leave law. Please keep this notice for your records.

The Massachusetts Paid Family and Medical Leave (PFML) law provides most Massachusetts employees the right to paid family and medical leave. These rights are described further below and include both (1) job protection when the employee returns to work and (2) partial wage-replacement

benefits while the employee is out of work. Employers can provide these benefits either by (1) participating in the PFML Trust Fund operated by the Massachusetts Department of Family and Medical Leave (the Department), or (2) providing an exempt private plan that offers benefits at least as generous as those available through the Department.

An employer may apply for an exemption from the medical leave contribution, family leave contribution or both. Your employer has elected to provide benefits as noted below.

Hasbro, Inc.	<ul style="list-style-type: none"><input checked="" type="checkbox"/> Does not have an approved private plan and is providing all leave benefits through the Department;<input type="checkbox"/> Has an approved private plan for both family and medical leave benefits;<input type="checkbox"/> Has an approved private plan for family leave benefits only, and is providing medical leave benefits through the Department;<input type="checkbox"/> Has an approved private plan for medical leave benefits only, and is providing family leave benefits through the Department.
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Regardless of whether your employer participates in the state Trust Fund or has a private plan, you will be entitled to certain benefits and protections. You may be required to make contributions to the Trust Fund or to fund your employer's private plan, but only up to a certain amount. You will also need to tell your employer when you need leave, and you will need to file a claim for benefits with the Department.



Explanation of Benefits

LEAVE ALLOTMENTS

Under the PFML Law, you may be entitled to up to:

- 12 weeks of paid family leave in a benefit year for the birth, adoption or foster care placement of a child; to care for a family member with a serious health condition; or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces;
- 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work;
- 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member's military service;
- 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

A "benefit year" is the 12 months preceding the Sunday immediately before your leave begins.

OTHER LEAVES

Any leave you take—paid or unpaid—for the same qualifying reasons listed above will count toward your amount of leave for that benefit year.

ELIGIBILITY

You will be eligible for leave and wage-replacement benefits if you meet the earnings test. You must have earned at least \$6,000 in wages in Massachusetts in the four completed quarters before you apply for benefits. In the same period, you also must have earned at least 30 times your maximum potential benefit amount. (This is the amount calculated in the "Wage Replacement Payments" section starting below.)

WAGE REPLACEMENT PAYMENTS

When you take leave for any of the reasons described in this notice, you will be eligible to apply to the Department for wage replacement benefits. These benefits will be a proportion of your average weekly earnings. Your maximum potential benefit amount will be as follows:

- 80% of earnings up to 50% of the State Average Weekly Wage.
- 50% of earnings above the State Average Weekly Wage.
- In no event more than a maximum amount. For 2024, this maximum benefit amount is \$1,129.82. This amount will be adjusted annually based on increases in the State Average Weekly Wage.

Private plans may choose to provide higher benefits, but may not provide lower amounts than what the Department would pay.

CONCURRENT BENEFITS PAYMENTS

If you receive benefits from other sources while you are also receiving benefits from the Department, the benefits you receive from the Department may be reduced. Certain types of other benefits will cause a one-for-one reduction in benefits you receive from the Department. This means that for each dollar you receive from these benefits, your benefit from the Department will decrease by a dollar. Benefits that will have this effect include:

- Workers' Compensation
- Unemployment Insurance
- Permanent Disability Policies or Programs
- Extended Illness Leave Bank Leave

Other forms of benefits will not reduce the benefits you receive from the Department unless you are receiving more than your average weekly wage in total benefits. Benefits that will have this effect include:

- Temporary Disability Policies or Programs (including both Short-Term Disability and Long-Term Disability)
- Employer-run Family and/or Medical Leave Policies or Programs

WARNING: TAKING PAID TIME OFF AND PFML.

Paid Time Off (PTO) includes sick time, vacation days or personal days (or any other similar form of paid time off not listed in the section above that you earn over time or at a specific time, like at the start of every calendar year). You can only take PTO while on paid family and medical leave in specific situations:



Paid family and medical leave notice to Massachusetts employees (cont.)

- During your waiting week, when no benefits are paid;
- In a single, continuous block of time immediately after your waiting week;
- After you take PFML leave.

If you take PTO at any other point while you receive PFML benefits, your benefits will be cancelled.

Employee Rights and Protections

JOB PROTECTION

Generally, if you take family or medical leave, once you return to work, your employer must restore you to your previous position or to an equivalent position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date you started your leave. This may not apply if your position was eliminated due to economic reasons unrelated to your use of leave.

CONTINUATION OF HEALTH INSURANCE

Your employer must continue to provide for and contribute to your employment-related health insurance benefits, if any, at the level and under the conditions coverage would

have been provided if you had continued working for the duration of such leave. Your employer may require you to continue to pay your portion of your health insurance premium on the same terms and conditions as before your leave.

NO RETALIATION

It is unlawful for any employer to discriminate or retaliate against you for exercising any right to which you are entitled under the paid family and medical leave law. An employee or former employee who is retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court.

Contribution Amounts

To help fund paid leave benefits available under the PFML law, your employer may make a contribution, funded in part by a deduction from your wages, which will either be remitted to the Trust Fund or to the operator of your employer’s private plan. An employer who contributes to the Trust Fund will be required to contribute the following amounts:

Family Leave Contribution	Medical Leave Contribution	Total Contribution Amount
0.11% of earnings*	0.52% of earnings*	0.63% of earnings*

Because your employer has 25 or more covered workers, the total contribution amount is 0.63% of wages.

Under the law, employers are responsible for a minimum of 60% of the medical leave contribution (.312% of wages) but are permitted to deduct from employees’ wages up to 40% of the medical leave contribution (.208% of wages) and up to 100% of the family leave contribution (.11% of wages) for a total of .318% of wages. Whether your employer has a private plan or participates in the state Trust Fund, your employer cannot deduct more than these percentages from your wages.

Your employer has elected to allocate the contribution amount as follows:

		Total Required Contribution: .52%		
Medical Leave	Hasbro, Inc.	will contribute	.312%	of the medical leave contribution
		and the remaining	.208%	will be deducted from your earnings
		Total Required Contribution: .11%		
Family Leave	Hasbro, Inc.	will contribute	0%	of the family leave contribution
		and the remaining	.11%	will be deducted from your earnings

Please initial here to indicate that you understand that this percentage of your wages earned in a pay period will be deducted from your pay each pay period: _____

* The numbers provided are through 2024. These rates may be adjusted on an annual basis, effective January 1 of each calendar year.



Notifying Your Employer

BEFORE you take leave or apply for benefits, you **MUST** notify your employer that you need to take leave. You are required to provide at least 30 days' notice of your need for leave. If 30 days' notice is not possible due to circumstances beyond your control, you must provide notice as soon as practicable, and in any event, before you file any application for benefits.

When you notify your employer of your need for leave, you must provide the following information:

1. The anticipated start date of leave;
2. The anticipated length of the leave;
3. The expected date of return from leave;
4. Whether you will need intermittent leave (leave taken in separate blocks of two or more) or reduced leave (leave that involves a reduced schedule of fewer hours or days per week); and
5. If you need intermittent or reduced leave schedule, the expected frequency of leave and expected duration of each instance of leave.

If any of this information changes, you must tell your employer as soon as you are aware of the change.

Filing a Claim

To apply for Paid Family and Medical Leave benefits, you will need the following information about your employer:

Hasbro, Inc. - A951 (Employer Name)
1027 Newport Avenue (Employer Street Address)
Pawtucket, RI 02861 (Employer City, State, Zip)
05-0155090 (Federal Employer ID Number) (FEIN)

If your employer has an exempt private plan, you must file a claim for benefits with the provider of that plan. Your employer must provide you information about the private plan and the application process. Your employer has made that information available:

- As an attachment to this Notice
- Available at _____
- Other: _____
- N/A (Employer contributes to Trust Fund)

If your employer contributes to the Trust Fund, you must file a claim for benefits with the Department. You may file this claim in one of two ways:

1. You can create an account to apply online through the Department's Claimant Portal at <https://paidleave.mass.gov/login/>.
2. You can call the Department's call center at (833) 344-7365 to complete an application over the phone.

Forms and claim instructions are available on the Department's website at <https://www.mass.gov/info-details/required-documents-for-your-paid-family-and-medical-leave-pfml-application>.



For More Information

For more detailed information, please consult the Department’s website: www.mass.gov/DFML.

You may contact the Department of Family and Medical Leave at:

The Massachusetts Department of Family and Medical Leave

P.O. Box 838

Lawrence, MA 01842

Contact Center: 833-344-7365

www.mass.gov/DFML

ACKNOWLEDGEMENT

Your signature below acknowledges your receipt of the information above within 30 days from the start date of your employment.

Signature

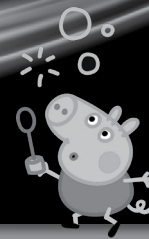
Date

Name (Print)

Your signed acknowledgement will be retained by your employer. Please retain a copy for your own reference.



EMPLOYER MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM NOTICE



Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list is current as of July 31, 2023. Contact your state for more information on eligibility.

ALABAMA – Medicaid

Website: www.myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>
Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322 Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (CO's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711
CHP+: <https://hcpf.Colorado.gov/Child-Health-Plan-Plus>
CHP+ Customer Service: 1-800-359-1991 / State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442



Employer Medicaid and Children's Health Insurance Program Notice (cont.)

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162 ext. 1162, Press 1

GA CHIPRA Website:

<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid:

Website: <https://www.in.gov/medicaid/>

Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

KCHIP Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840 TTY: 617-886-8102

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

Employer Medicaid and Children's Health Insurance Program Notice (cont.)

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid

Website: <http://dhcfnv.gov>

Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll-free number for the HIPP program: 1-800-852-3345 ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.health.ny.gov/health_care/medicaid

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov>

Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669



Employer Medicaid and Children's Health Insurance Program Notice (cont.)

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programsp>

Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/> <http://mywvhipp.com>

Medicaid/CHIP phone: 304-558-1700

CHIP toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, D.C. 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137 (expires 1/31/2026).



ACKNOWLEDGEMENT



Your signature below acknowledges your receipt of the following notices:

- Health Insurance Portability and Accountability Act
- Your Rights and Protections Against Surprise Medical Bills
- Women’s Health and Cancer Rights Act of 1998
- Newborns’ and Mothers’ Health Protection Act
- COBRA Initial Rights Notice
- Important Notice About Prescription Drug Coverage and Medicare
- Hasbro, Inc. Wellness Program
- Hasbro, Inc. Retirement Savings Plan Safe Harbor Notice
- Hasbro, Inc. Retirement Savings Plan Summary Annual Report
- Hasbro, Inc. Employee Benefit Plan Summary Annual Report
- Employer Medicaid and Children’s Health Insurance Program Notice

Signature

Date

Name (printed)

Your signed acknowledgement will be retained by your employer. Please retain a copy for your own reference.



