



DUNGARVIN

ANNUAL BENEFIT GUIDE

SEPTEMBER 1, 2025 – AUGUST 31, 2026 PLAN YEAR

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Dungarvin strives to provide you with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of your benefits – that's why we've put together this Annual Enrollment Guide.

Annual Enrollment is a short period each year when you are permitted to make changes to your annual benefit elections. This guide will outline all the different benefit options, so you can identify which offerings are best for you.

Benefit elections and changes you make during annual enrollment will become effective on September 1, 2025. If you do not complete your enrollment between July 21st through August 4th, 2025, you will NOT be able to elect new benefits or make changes until the next annual enrollment period, unless you experience a qualified life event. If you are currently enrolled in medical or flexible spending accounts, you need to complete enrollment if you would like to elect coverage for the September 1, 2025-August 31, 2026 plan year. Other benefits will continue unless you contact the enrollment center.

If you have questions about any of the benefits stated in this guide, please do not hesitate to reach out to Human Resources, or **The Graham Company Service Line at 1-888-842-1488.**

INTRODUCTION

KEY HIGHLIGHTS

MEDICAL PLAN DESIGN UPDATES

The medical plans will continue to be offered with HealthScope, however there are updates to both plan designs. The Plan A & Plan B deductible and out-of-pocket maximum has increased. Additionally, you are now covered at 90% coinsurance once you reach your deductible. Due to these medical plan updates, new ID cards will be mailed out this year.

REGENEXX ORTHOBIOLOGICS BENEFIT & RX 'N GO

Common orthobiologics include platelet-rich plasma, bone marrow concentrate, certain fat grafts, and birth tissues that can be injected or placed surgically in the body to help bones, joints, muscles, or tendons heal. Regenexx is only available if you enroll in a HealthScope medical plan. Rx 'n Go will also continue to be offered as a mail-order prescription drug program for those enrolled in a HealthScope medical plan. Through Rx 'n Go, you may be able to receive your medication at a \$0 cost, 90-day supply shipped to your home.

COMPANY PAID LIFE AND VOLUNTARY LIFE UPDATE

Our company paid life insurance & voluntary life insurance will be transitioning from The Standard to **The Hartford**. **For this year only**, you'll have access to \$200,000 of Voluntary Employee Life Insurance and \$50,000 of Voluntary Spouse Life Insurance with no medical questions. Any election greater than those amounts or after this Annual Enrollment will be subject to Evidence of Insurability.

VOLUNTARY ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY UPDATE

The Voluntary Accident, Critical Illness, and Hospital Indemnity coverages will be transitioning from The Standard to **Voya**. There have been significant product enhancements and savings with the transition of the Voluntary Benefits to Voya.

DENTAL, VISION, TELADOC & VOLUNTARY BENEFITS

- The Medical plans will remain with **HealthScope**. Your medical contributions will be increasing slightly this year. New medical ID cards will be mailed out to all enrollees.
- Your Prescription Drugs will continue be administered directly through **Optum**.
- The Dental plans will remain with **Delta Dental**, without any changes to plan designs or contributions, unless you elect to make changes to your coverage.
- The Vision plan will remain with **Ameritas**, without any changes to plan design or contributions, unless you elect to make changes to your coverage.
- You can purchase benefits through **Teladoc** on a voluntary basis.
- The Voluntary Accident, Critical Illness, and Hospital Indemnity benefits will now be administered through **Voya**.
- The Identity Theft benefit will remain with **LifeLock** without any changes to deductions or coverage, unless you elect to make changes.
- Pet Insurance will remain available through **Pets Best**.
- You will continue to have the option to enroll in a Flexible Spending Account (FSA) or Health Savings Account through **BENEFIT RESOURCE (BRI)**.
- You will continue to have access to additional benefits including the following: Identity Theft, Bereavement Support, Funeral Planning, Will Preparation Services, Ability Assist Counseling, Electronic W-2s, and Travel Assistance Program.

INTRODUCTION

ANNUAL ENROLLMENT CONSIDERATIONS

Annual Enrollment begins on **July 21st, 2025** and ends on **August 4th, 2025**. The benefits you choose during Annual Enrollment will become effective on September 1, 2025 and will continue through August 31, 2026.

ANNUAL ENROLLMENT

All current benefit elections **EXCEPT** Flexible Spending Account (FSA) will carry over into the new plan year. This includes medical, dental, and vision elections. If you do not wish to enroll in a FSA or make any changes, you do not need to go through this year's annual enrollment. If you would like to enroll in a FSA for the September 1, 2025 plan year or make any other benefit changes, please do so at this time.

WHO IS ELIGIBLE?

All employees in benefit category A-2 or higher who are hired or have moved into an eligible benefit category on or before July 1, 2025, are able to participate in Annual Enrollment.

DEPENDENT COVERAGE

In addition to electing coverage for yourself, you can elect to cover your eligible dependents. Your eligible dependents include your spouse or, same or opposite sex domestic partner, your children up to age 26 regardless of student status, marital status, financial dependence or residence and your children of any age who are mentally or physically disabled and depend upon you for support.

QUALIFIED CHANGE OF STATUS

Once this enrollment period has passed, you would need to experience an eligible life-changing qualifying event to make changes to your coverage until the next annual enrollment period, effective September 2026.

Qualifying events include (but are not limited to):

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

HOW TO ENROLL IN BENEFIT SOLVER

The screenshot shows the 'Welcome' section of the Benefits Solver website. It features a 'First time here?' prompt with a 'Register' button. Below this are fields for 'User Name' and 'Password', both marked as 'case sensitive'. A 'Login >' button is positioned below the password field. A link for 'Forgot your user name or password?' is located at the bottom of the login section.

RETURNING USERS: Click on the **Forgot your username or password?** link to reset your login details.

The banner features a calendar icon showing '22 Days Left' and the text 'New Hire Enrollment is Here! New Hire Enrollment Ends March 18th.' A 'Start Here >' button is located to the right of the calendar.

This section introduces 'Sofia, your trusted benefits advisor!' with a circular profile picture. Below the introduction, it says 'Consider me your trusted benefits guide as you make your way through your benefits elections. If at any point you have a question, simply click on the "Ask Sofia" link in the upper right hand corner of the page.' The enrollment process is shown in three steps: 'About You' (with a clipboard icon), 'Your Information' (with fields for First Name, Middle Initial, Last Name, and Social Security Number), and 'Your Family' (with a family icon and a question 'Do you have any dependents?' with 'Yes' and 'No' radio buttons).

Questions? 833-586-0236
Monday-Friday 7 a.m. – 7 p.m.
www.benefitsolver.com
Company Key: dungarvin

STEP 1: REGISTER AND LOGIN

1. Visit www.benefitsolver.com and click the **Register** button to get started. The case-sensitive company key is **dungarvin**.
2. Create your username and password, verify your personal information, and answer a few security questions.
3. Log in using your new username and password.

STEP 2: EXPLORE YOUR OPTIONS

Explore the site to learn about your benefits. You'll find lots of helpful information in the **Reference Center**.

The calendar at the top of the **Home** page lets you know how many days you have to enroll.

Enrollment starts on July 21st and you must enroll on or before August 4th, 2025 by 11:59 PM. If you do not enroll within this timeframe, you are waiving your ability to enroll until next annual enrollment or a qualifying event.

STEP 3: START YOUR ENROLLMENT

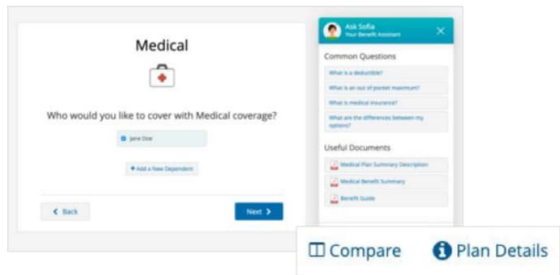
Click the **Start Here** button to review your personal information and add or edit any dependents you wish to cover.

You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.

Sofia, your personal benefits assistant, can answer questions and guide you as you enroll.

Enrolling online is simple!
Visit www.benefitsolver.com to start

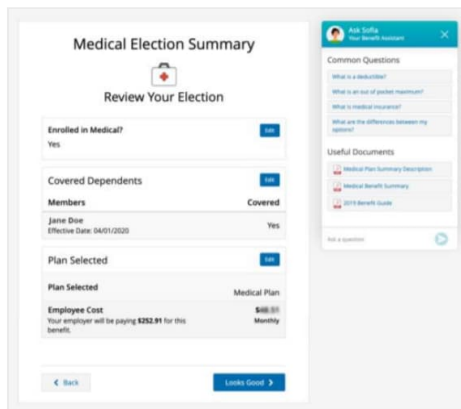
HOW TO ENROLL IN BENEFIT SOLVER



STEP 4: ENROLL IN COVERAGE

Use the **Next** and **Back** buttons to review and elect options available to you. Choose or decline coverage for each option, and select which family members you want to cover.

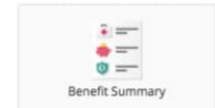
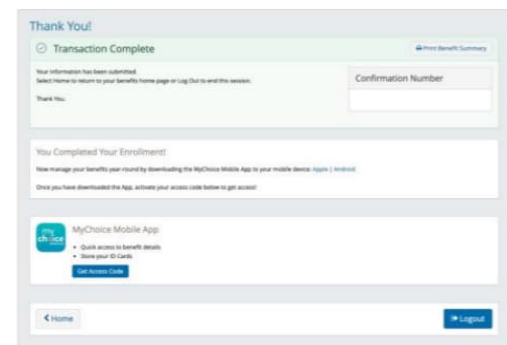
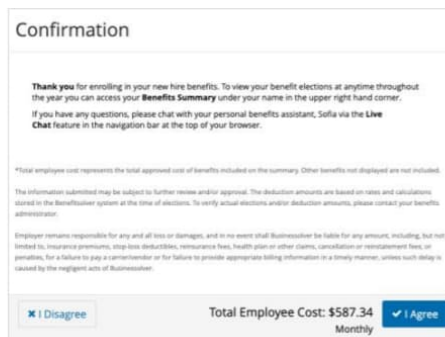
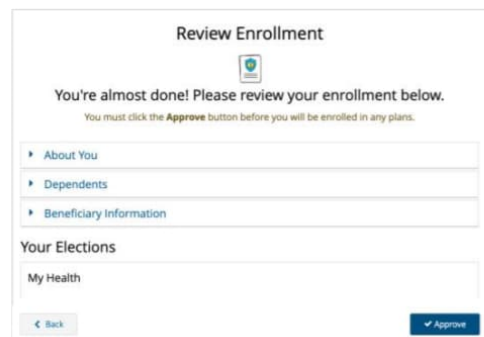
Review plan documents and use the **Compare** and **Plan Details** tools to view available details and costs for the options available to you.



STEP 5: REVIEW AND FINALIZE YOUR ELECTIONS

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections.

To finish, click **I Agree**. When your enrollment is complete, you will receive a confirmation number and can print your **Benefit Summary** for your records.



STEP 6: AFTER YOU ENROLL

Return to the **Home** page to check for any additional tasks needed to complete your enrollment, view or download your **Benefit Summary**, and download the MyChoice Mobile App.

Visit this site anytime you want to learn more about your benefits or make a change to your coverage (if you experience a qualifying life event).

Questions? 833-586-0236
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www.benefitsolver.com
Company Key: dungarvin

Enrolling online is simple!
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HEALTHSCOPE MEDICAL PLAN OPTIONS

Dungarvin will continue to offer two medical plan options – **PLAN A** and **PLAN B**. PLAN A offers a lower deductible. You are provided access to the **PHCS Practitioner & Ancillary Network**; however, both medical plans offer the flexibility of receiving care from the physician, facility or hospital of your choice. Using a PHCS provider gives you access to a contracted fee, but it does not provide you with different benefit coverage. Members should call HealthScope Benefits using the number on their ID card which is: 844-600-0920 for assistance finding a PHCS Provider. The web-address for provider search is <https://www.multiplan.com/webcenter/portal/ProviderSearch>. This link will be on the member portal after you log into the portal using the Group ID found on your ID card.

	PLAN A	PLAN B
Medical Deductible <i>(Single/Family)</i>	\$4,000 / \$8,000	\$7,000 / \$14,000
Out-of-Pocket Max <i>(Single/Family)</i>	\$5,000 / \$10,000	\$8,000 / \$16,000
Lifetime Maximum	Unlimited	Unlimited
OFFICE VISITS		
Primary Doctor Visit	90%, after deductible	90%, after deductible
Specialist Visit	90%, after deductible	90%, after deductible
Chiropractic Care	90%, after deductible	90%, after deductible
Teladoc Consultation	Copay varies, after deductible	Copay varies, after deductible
Preventive Care	100%	100%
HOSPITAL CARE		
Hospitalization	90%, after deductible	90%, after deductible
Emergency Care	90%, after deductible	90%, after deductible
OTHER SERVICES	90%, after deductible	90%, after deductible
Physical, Occupational & Speech Therapy	90%, after deductible	90%, after deductible
Mental Health & Substance Abuse	90%, after deductible	90%, after deductible
Durable Medical Supplies	90%, after deductible	90%, after deductible
Home Health Care	90%, after deductible	90%, after deductible
Convenience Care	90%, after deductible	90%, after deductible
Lab and Pathology	90%, after deductible	90%, after deductible
X-Ray and Imaging	90%, after deductible	90%, after deductible
Urgent Care	90%, after deductible	90%, after deductible
PRESCRIPTION DRUG <i>Retail (30 day supply)</i>		
Preventive Rx	90%	90%
Generic	90%, after deductible	90%, after deductible
Formulary	90%, after deductible	90%, after deductible
Non-Formulary	90%, after deductible	90%, after deductible
Specialty Prescription Drugs	90%, after deductible	90%, after deductible

IMPORTANT INFORMATION: *Plan provisions are for illustrative purposes only. Please see plan documents for a full listing of plan coverage, exclusions, and limitations. The plan document will provide the final determination of benefits.

RX 'N GO

Dungarvin is pleased to continue to offer Rx 'n Go.

Rx'n Go is only available if you enroll in a HealthScope medical plan.

What is Rx 'n Go?

Rx 'n Go is a mail-order pharmacy alternative. For you and your covered dependents that are required to adhere to maintenance medications, the generic and brand prescriptions on the Rx 'n Go drug list are 100% paid for by your employer and a 90-day supply is mailed to you at no cost (\$0 copay, \$0 delivery)!



Over 1,200 generic medications are available on the drug list for ongoing medical conditions covered. See examples below:

- Asthma
- Cholesterol
- Diabetes
- Emotional Health
- Hypertension

Processed and mailed to your home from Specialty Medical Drugstore/ Transition Pharmacy. To check to see if your prescription is available, please refer to www.rxngo.com.

How Do I Sign Up?



Complete Pharmacy Profile Form
Online at rxngo.com **OR** call Rx 'n Go
Customer Service at 888.697.9646



Submit prescription(s) to Rx 'n Go

- **For Your Physician:** E-Scribe, Phone (888.697.9646),
Fax (888.697.0646)
- **Pharmacy:** Specialty Medical Drugstore / GoGoMeds



Receive 90 day prescription via mail in 5-7
business days

REGENEXX

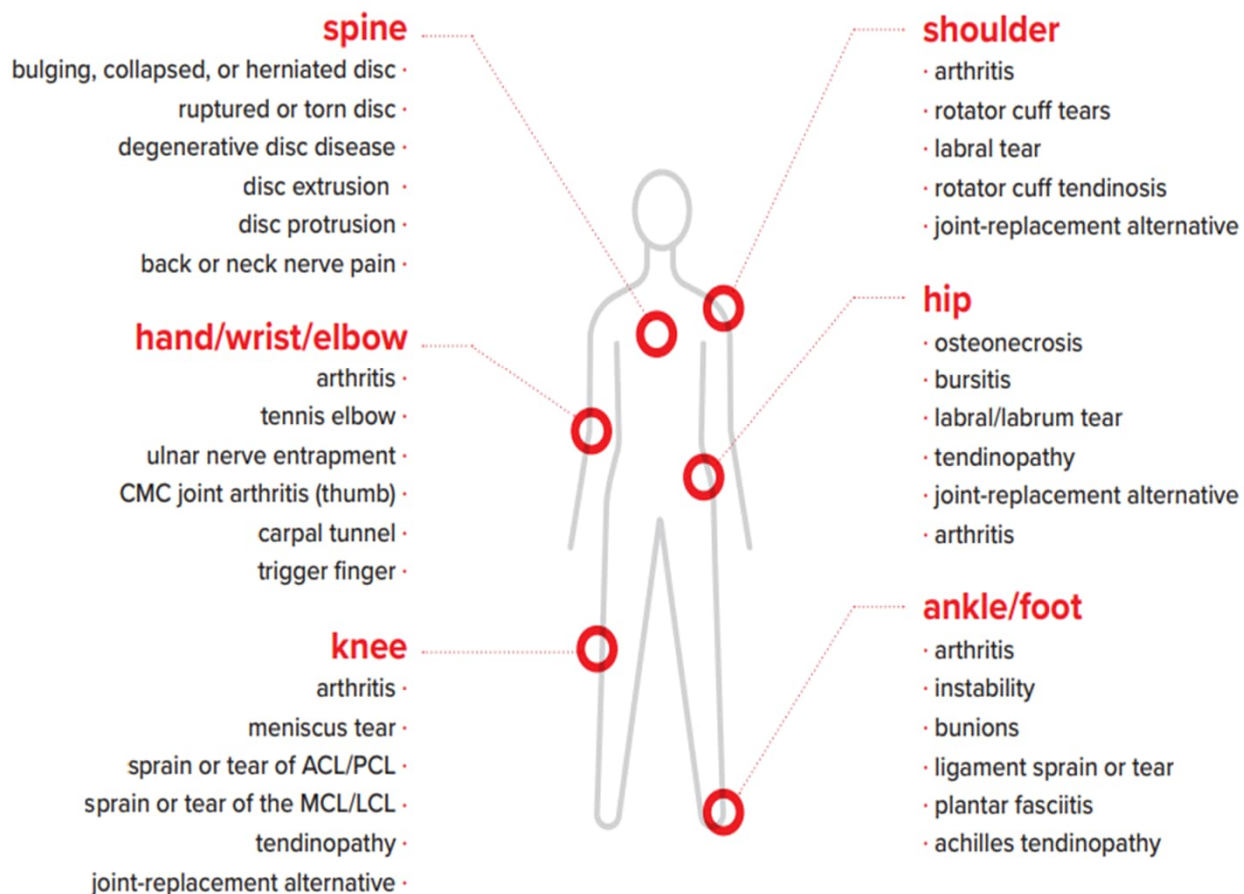
Dungarvin is pleased to continue to offer Regenexx!

Regenexx is only available if you enroll in a HealthScope medical plan.

Regenexx invented the field of Interventional Orthopedics, a medical specialty that uses regenerative medicine to treat a broad range of orthopedic conditions. **Regenexx** provides an innovative, non-surgical relief, to treat damaged bone, cartilage, muscles, tendons, and ligaments through outpatient procedures that

What conditions does Regenexx treat?

If you have pain, we're here to help. **Regenexx** procedures treat a wide range of common joint injuries and degenerative joint conditions such as:



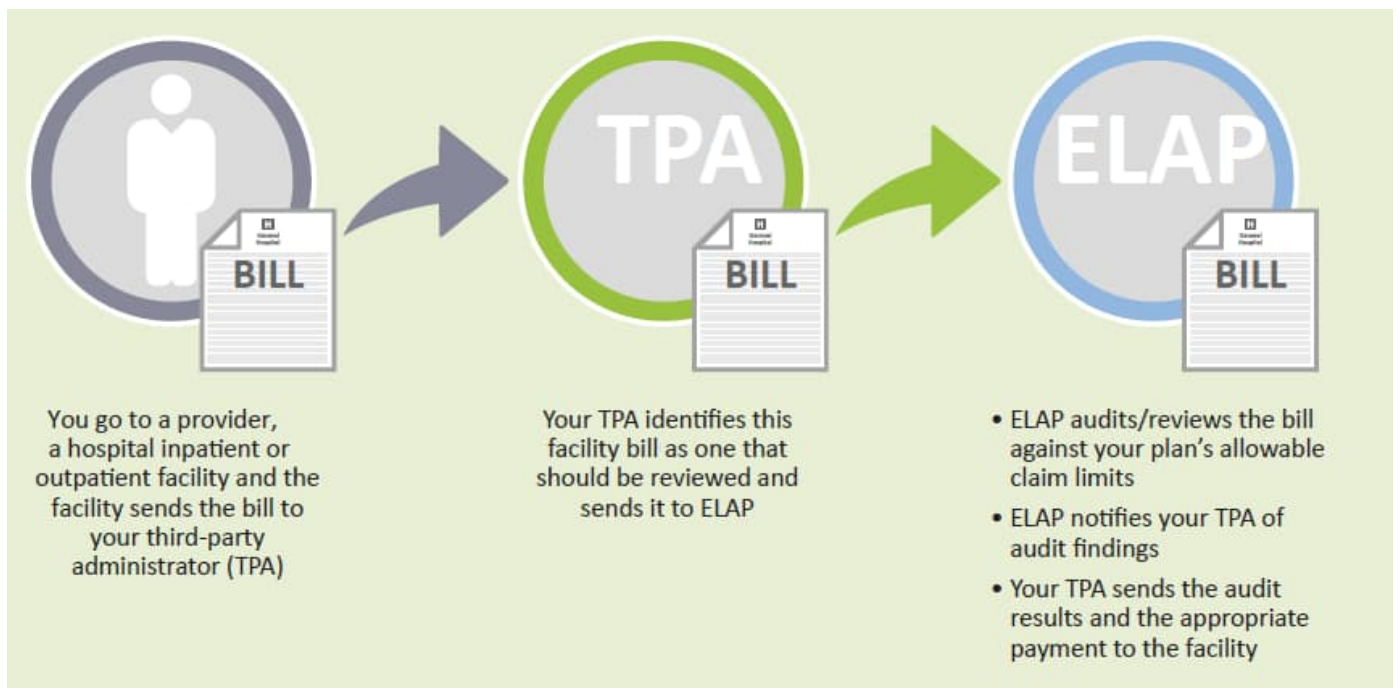
The procedure experience **Regenexx** procedures are injection-based, outpatient procedures. On procedure days, blood and/or stem cells are collected in the morning, processed in our on-site lab, and reinjected under image-guidance in the afternoon

Learn more about Regenexx and your benefits on Dungarvin's personalized Regenexx webpage: regenexxbenefits.com/dungarvin

REFERENCE-BASED PRICING 101: How it Works

In order to keep hospital/facility care affordable, Dungarvin has partnered with ELAP, a reference-based pricing administrator, to establish and enforce fair limits on what it will pay for health care services. In partnering with ELAP, Dungarvin's goal is to ensure fair and accurate payment that saves you money.

ELAP manages the medical plan by auditing all provider/hospital/facility claims line-by-line. When they identify charges that exceed the plan's allowable claim limits, ELAP will notify the member and the facility.



IMPORTANT: When visiting a medical provider, you should NOT pay at the point of service. You will receive a bill from the provider which you should not pay until you receive an Explanation of Benefits (EOB) from HEALTHSCOPE to confirm your responsibility amount. You will continue to pay for prescriptions at the time of service.

BALANCE BILLING

And How ELAP Helps

If your provider invoice and HEALTHSCOPE Explanation of Benefits (EOB) do NOT match, please do NOT pay, and contact ELAP or Healthscope customer service as outlined below. (HEALTHSCOPE will coordinate and transfer you to ELAP if needed)



ELAP will advise plan members to look out for balance billing in the following ways:

- Compare the amount owed according to the Explanation of Benefits (EOB) statement to the bill you receive from your healthcare provider.
- If the bill(s) from the provider exceed(s) the amount owed as shown on your EOB, ELAP will work to resolve the issue with your provider.



In the event you receive a balance bill, it's extremely important that you take action with ELAP **immediately**.

- Members should review and send all balance bills, collection notices, and any other related correspondence received to ELAP right away
- ELAP's expert team will work on your behalf after you have signed and returned:
 - Signed HIPAA form for medical records release
 - Signed Attorney-Client Representation Agreement
- An ELAP member Service Advocate will work closely with you throughout the entire process. ELAP's legal experts will help work on resolving the balance billing issue.

REMINDER: SEND ANY BALANCE BILLS IMMEDIATELY TO ELAP / HEALTHSCOPE

ELAP Member Services: 1-800-977-7381

HEALTHSCOPE Member Services: 844-600-0920 (Healthscope will coordinate and transfer you to ELAP if needed)

balancebills@elapservices.com

TELEMEDICINE

WHAT IS THE TELADOC BENEFIT?

You have access to General Medicine, Dermatology, and Behavioral Health specialists through the Teladoc benefit which provides you with **24/7 access to a doctor anytime**, anywhere in the U.S. with **various consulting fees**. **BEFORE you meet your deductible**, the following consulting fees will apply for Teladoc services: For **General Medicine**, a consulting fee of \$54 or less/visit. For **Dermatology**, a consulting fee of \$85 or less/visit. For **Behavioral Health services**, a consulting fee of \$95 or less/therapist visit, or \$235 or less/psychiatrist initial visit, or \$105 or less/psychiatrist ongoing visit. **AFTER you meet your deductible**, these Teladoc services are provided at **at 90% coinsurance (meaning you are only responsible for 10% of the cost)**.

You can talk to a doctor by phone or online video consult to get a diagnosis, treatment options, and prescription if necessary. This service **provided through HealthScope** can provide a convenient and affordable option for your minor medical questions or concerns, or to obtain a prescription for certain illnesses, such as sinus infections, conjunctivitis (pink eye), etc., and allows you to save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER. **This is a cheaper, more convenient alternative for accessing healthcare.** You can use your phone, computer, smartphone or tablet to get a quick diagnosis by a U.S. licensed physician.

CAN I ENROLL IN TELADOC IF I DO NOT ENROLL IN A DUNGARVIN HEALTH PLAN?

If you enroll in either of the HEALTHSCOPE medical plans, Teladoc services are included as cheaper alternatives for accessing healthcare. Yes, you have the option to enroll in the Teladoc option through NEW BENEFITS even if you are not enrolled with Dungarvin HealthScope medical coverage, **at a cost of \$3.10 per pay check**, deducted on the first two pay checks of the month. This voluntary Teladoc coverage is for employee only coverage. **This benefit is automatically provided at no additional cost to all members covered under a HEALTHSCOPE medical plan.**

General Medical (24/7 Care)

Need care for non-urgent and common conditions? Get same-day appointments with a certified provider from wherever you are. Teladoc Health providers diagnose, treat and even prescribe medicine if needed.

- Allergies
- Bronchitis
- Flu
- COVID-19
- Pink eye
- Rashes
- Sinus infections
- Sore throats
- And more

\$54 or less/visit

Dermatology

Dealing with a skin issue? Start an online skin review with a dermatologist by uploading images and details of your concern. Get a treatment plan and prescription if needed in 24 hours or less.

- Acne
- Eczema
- Psoriasis
- Skin infections
- Rashes
- Rosacea

\$85 or less/online review

Mental Health

Have real conversations and see progress with a therapist of your choice. Available 7 days a week from the privacy of your own home.

- Anxiety and depression
- Sleep issues
- Relationship conflicts
- Trauma and PTSD
- Medication management

Therapy \$95 or less/visit
Psychiatry \$235 or less/first visit
Psychiatry \$105 or less/ongoing visits

Activate your benefit and schedule your visit today

Visit [Teladoc.com](https://teladoc.com) | Call 1-800-TELADOC (800-835-2362) | Download the app  | 

HEALTH SAVINGS ACCOUNT

If you enroll in HealthScope Plan A or B, you qualify to open an HSA administered by **Benefit Resource (BRI)**. You don't pay taxes on the money you put into an HSA. For example, let's say you put the maximum amount (\$4,300 for an individual during 2025, \$8,550 for family) in your HSA each year and you are in the 28% tax bracket. An HSA would save you \$1,204 in taxes for single coverage, or \$2,394 for family.

You also won't pay taxes when you take money out of your HSA to pay for eligible health-related expenses. This includes health care costs until you reach your plan's deductible.

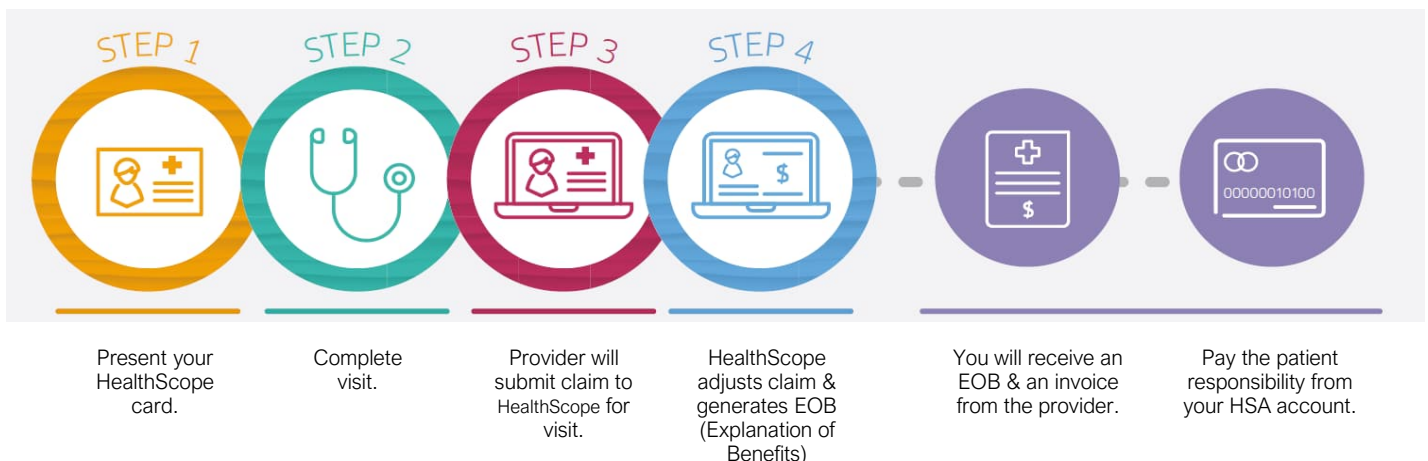
An HSA can help you save for your health care and also offers some tax advantages:

- You don't pay taxes on the money you put into your HSA.
- You don't pay taxes on the money you take out of your HSA to pay for eligible health care expenses. You will pay a penalty on HSA funds you use to pay for non-eligible expenses.
- You earn tax-free interest on the money in your HSA account. You also have options to invest the money in your account when your balance reaches \$2,000.
- You don't lose the money in your account at the end of the year. Your HSA balance rolls over and is always yours to spend, save and invest.
- At age 65, you can use your HSA funds for any purpose without a penalty. The money you take out to pay for eligible health care expenses continues to be tax-free.
- You can view helpful resources at www.benefitresource.com to help you decide how much to contribute to reach your savings goal.

There are a few things to consider when enrolling in an HSA.

- A person generally qualifies as a dependent for HSA purposes if you claim them as an exemption on your federal tax return. Please see IRS Publication 502 for exceptions.
- The IRS establishes annual contribution limits. For 2024, the contribution limit is \$4,150 for an individual and \$8,300 for a family. For 2025, the limits will increase to \$4,300 for an individual and \$8,550 for family. If you are 55 and older, you may contribute an additional \$1,000 to your HSA. These contribution limits are adjusted if you are not enrolled for the full plan year.
- If you, your spouse, or your dependents (up to age 26) are making contributions to an HSA and choose to enroll in a Flexible Spending Account (FSA), you (and/or your spouse) may only enroll in a limited FSA to use for dental or vision expenses.
- Once you enroll, you can change your payroll deductions at any time; payroll deductions will take effect on the next administratively feasible pay date after payroll receives a completed authorization.
- It is important that you have a beneficiary designation on file so that your HSA funds are handled in accordance with your wishes. You can enter your beneficiary designation directly into Benefit Resources' website once your account is activated. If you are opening an account for the first time, please watch your mail for the welcome packet from Benefit Resources with information about how to log in and designate your beneficiary(ies).
- You may want to consult your legal or tax adviser to further understand the impact of an HSA on your personal situation
- Note, HSA contributions and distributions are subject to state income tax in some states.

Using HSA Card for Medical Services



FLEXIBLE SPENDING ACCOUNTS

ADMINISTERED BY BENEFIT RESOURCES

IMPORTANT: All Flexible Spending Accounts automatically terminate on August 31, 2025. You must actively enroll to establish a Flexible Spending Account for the 2025-2026 plan year.

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay for eligible expenses and help you reduce your income taxes at the same time. Dungarvin offers a Health Care FSA and a Dependent Care FSA. These accounts are separate – you may participate in one, both, or neither – but you cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

ELIGIBILITY

Employees are eligible to participate effective on the first of the month following two months of employment in an eligible benefit category and at the beginning of each plan year. You must notify the HR department within 31 days of any qualifying event that will affect your benefit coverage.

HOW FLEXIBLE SPENDING ACCOUNTS WORK

ELIGIBLE EXPENSES: The Health Care FSA can be used to pay for expenses insurance doesn't cover such as copays, deductibles, and prescriptions. The Dependent Care FSA can be used to pay for child (under age 13) or adult dependent care expenses while you and your spouse are at work, such as daycare, summer day camps, preschool, or elder care. You can reference the eligible expense searchable list on Benefit Resources' website at benefitresource.com/eligibilitylist.

CONTRIBUTION AMOUNTS: During Annual Enrollment, you'll need to decide how much money to contribute to each account for the upcoming plan year (September 1, 2025 through August 31, 2026). You may contribute between \$100 and \$3,300 to the Health Care FSA and between \$100 and \$5,000 (\$2,500 if married and filing separate tax returns) to the Dependent Care FSA. Your contributions will be deducted from your paycheck on a pre-tax basis in equal installments throughout the plan year.

USE-IT-OR-LOSE-IT RULE: Be sure to plan your FSA expenses carefully. Once you choose your contribution amount, it remains in effect for the entire plan year unless you have a qualifying event. Any unused money in your account is forfeited at the end of the plan year. You can reference the online calculator tools on Benefit Resource's website at benefitresource.com/resources/calculators. There is also a calculator tool on the FSA store site (visit FSASTore.com.)

PAYMENT OPTIONS: You may pay for eligible expenses using the FSA debit card (**NOTE:** you may be required to send documentation to verify debit card purchases). You can also pay out-of-pocket and submit a claim form and copies of your receipts for reimbursement. Claims can be submitted online, by mobile app, or by mail.

PLAN FEATURES

- Allows you to set aside a pre-determined amount of money from each paycheck on a pre-tax basis for eligible dependent care costs or eligible medical expenses not paid for by insurance.
- Allows you to make eligible purchases with a debit card so you don't have to pay for the service "up front". By using the debit card, the money is taken directly from your FSA.
- Allows you to reduce the amount of income taxes you pay.

FACTORS TO CONSIDER:

- Many copays or coinsurance amounts are due at the time of service or upon receipt of a bill. There's no need to worry about what's in your wallet; the payment can be made right from your FSA by using your debit card.
- You must actively re-enroll in the FSAs each plan year. Your enrollment does not carry over to the next plan year.
- Remember to calculate your expenses conservatively so you do not forfeit any unused money in your accounts at the end of the plan year.
- OTC drugs and medicine are eligible without a prescription. In addition, feminine hygiene products are eligible.
- **If you, your spouse, or dependent (to the age of 26) are making contributions to a Health Savings Account (HSA), you may only enroll in a Limited Purpose FSA to use for dental and vision only.**
- Keep all receipts / documents in the event a transaction needs to be verified per IRS regulations.

DENTAL PLAN OPTIONS

DELTA DENTAL

Dungarvin will continue to offer **two dental plans through Delta Dental** and all members will have access to the **Delta PPO network** of dentists. There are two plan options: the Delta PPO and the Delta Premier.

The Delta Premier plan allows you to have the flexibility to receive dental treatment from any dentist you choose, either participating or non-participating. However, you will experience greater cost savings by utilizing in-network dentists.

The Delta PPO network offers the highest network discounts, which would reduce your out-of-pocket costs. If you use an out of network provider, reimbursement for covered services will be paid directly to you and you will be responsible for payment to the provider.

To locate a participating provider, visit www.deltadentalmn.org or call (800) 448-3815.

New participants are required to satisfy a 12-month consecutive waiting period beginning at the time of enrollment or re-enrollment in the dental plan for Endodontics, Periodontics, Oral Surgery, Major Restorative, Prosthetics (dentures, bridges, standard implant coverage) and Orthodontics. There is no waiting period for Diagnostic & Preventive services and Basic services.

You can enroll your dependent children up to age 26, regardless of student or marital status, and your legal spouse or domestic partner, upon completion of proof of relationship in the Delta Dental plan.

BENEFIT OVERVIEW	DELTA PPO	DELTA PREMIER	
	IN-NETWORK	IN-NETWORK	OUT-OF NETWORK
ANNUAL DEDUCTIBLE (single/family)	\$25/person \$75/family	\$40/person \$120/family	\$50/person \$150/family
ANNUAL MAXIMUM	\$1,500 per person	\$1,500 per person	\$1,000 per person
COVERED SERVICES			
PREVENTATIVE (NO WAITING PERIOD): Exams, X-rays, Cleanings, Fluoride Treatment, Sealants	100%	100%	80%
BASIC (NO WAITING PERIOD): Amalgam (silver filling) & Composite resin (white filling)	80%	80%	60%
BASIC (WAITING PERIOD): Endodontics, Periodontics, Oral Surgery	80%	80%	60%
MAJOR (WAITING PERIOD): Crowns, Bridges, Dentures, Prosthetics and Repairs	50%	50%	40%
ORTHODONTIA (WAITING PERIOD)	50%	50%	50%
ORTHODONTIA MAXIMUM	\$1,500 per person	\$1,500 per person	

The above is a brief description of the most commonly used benefits. It does not include all benefits, maximums, and/or limitations. Please refer to the carrier plan documents for more detail. The insurance company and Certificate of Coverage/Plan Documents will provide the final determination of benefits. Any discrepancies, the carrier plan document prevails.

VISION PLAN OPTIONS

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Dungarvin's vision insurance plans through **Ameritas** entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. There are two plan options to choose from, outlined below.

VISION PERFECT gives you the freedom to visit any provider you chose, including online providers, and take advantage of coupons. This plan does not have any copays, deductibles, or frequencies. Benefits are provided on a calendar year basis which allows you to purchase materials January 1, through December 31 in any given year. Vision Perfect is a reimbursement plan, so after you receive a covered service, you'll need to submit a claim form and your receipt to Ameritas to be reimbursed up to the benefit amount. To download a claim form, visit www.ameritasgroup.com.

VISION FOCUS is a more traditional vision plan, which offers both in and out-of-network benefits. To receive the highest level of benefit, you must use a VSP Choice Network provider. To review a list of VSP Choice network providers, please visit www.VSP.com.

BENEFIT OVERVIEW:	VISION PERFECT	VISION FOCUS	
	Any Provider	VSP Choice Network + Affiliates	Out-Of-Network
Deductible	\$0	\$10 exam \$25 lenses or frames	\$10 exam \$25 lenses or frames
Maximum (Calendar Year)	\$150	N/A	N/A
Vision Exam	Subject to maximum	Covered in full (every 12 months)	Up to \$45
Frames	Subject to maximum	\$130 allowance (every 24 months)	Up to \$70
Lenses			
Single	Subject to maximum	Covered in Full (every 12 months)	Up to \$30
Bifocal	Subject to maximum	Covered in Full (every 12 months)	Up to \$50
Trifocal	Subject to maximum	Covered in Full (every 12 months)	Up to \$65
Lenticular	Subject to maximum	Covered in Full (every 12 months)	Up to \$100
Progressive	Subject to maximum	See lens options	N/A
Contacts Lenses			
Fit & Follow Up Exams	Subject to maximum	Member cost up to \$60	No benefit
Elective	Subject to maximum	Up to \$130	Up to \$105
Medically Necessary	Subject to maximum	Covered in Full	Up to \$210
LASIK Advantage			
Year 1	\$350 (\$175 per eye)	\$700 (\$350 per eye)	
Year 2	\$350 (\$175 per eye)	\$700 (350 per eye)	
Year 3	\$700 (\$350 per eye)	\$1,400 (\$700 per eye)	

IMPORTANT INFORMATION: *Plan provisions are for illustrative purposes only. Please see plan documents for a full listing of plan coverage, exclusions, and limitations. The plan document will provide the final determination of benefits.

EMPLOYEE CONTRIBUTIONS

MEDICAL PLAN BI-WEEKLY EMPLOYEE CONTRIBUTIONS

EMPLOYEE CONTRIBUTIONS	PLAN A	PLAN B
Employee Only	\$151.98	\$102.83
Employee/Child(ren)	\$738.29	\$610.45

TELEMEDICINE BI-WEEKLY EMPLOYEE CONTRIBUTIONS (Only applicable if not enrolling in HealthScope medical plan)

EMPLOYEE CONTRIBUTIONS	TELEMEDICINE
Employee Only	\$3.10

DENTAL PLAN BI-WEEKLY EMPLOYEE CONTRIBUTIONS

EMPLOYEE CONTRIBUTIONS	DENTAL
Employee Only	\$3.18
Family	\$23.88

VISION PLAN BI-WEEKLY EMPLOYEE CONTRIBUTIONS

EMPLOYEE CONTRIBUTIONS	VISION PERFECT	VISION FOCUS
Employee Only	\$3.18	\$4.66
Employee/Spouse	\$6.24	\$9.22
Employee Child(ren)	\$5.86	\$8.40
Family	\$8.93	\$13.49

LIFE INSURANCE

Basic Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. Dungarvin provides employees with Basic Term Life Insurance coverage at no cost and enrollment is automatic. You are eligible for coverage effective on the first of the month following two months of employment in an eligible benefit category if you are actively at work. **The amount of coverage will remain the same for the September 1, 2025 plan year** as outlined below.

Voluntary Life Insurance

While Dungarvin offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage. With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself or for your dependents. Set up your life insurance beneficiaries by logging in to Benefit Solver and clicking on 'Change My Benefits' and then 'Change of Beneficiary.'

Basic Life:	Benefit Amount:
Basic Term Life Insurance effective September 1, 2025	<ul style="list-style-type: none">•A-2, A-3 → \$30,000 Coverage•B-1, B-2 → \$45,000 Coverage•C, D → 1.5 times your annual salary to a maximum of \$650,000
Voluntary Life:	Benefit Amount:
Voluntary Term Life Insurance	<p>For the September 1, 2025 plan year only, employees can elect up to \$200,000 and spouses can elect up to \$50,000 of life insurance coverage with no medical questions.</p> <ul style="list-style-type: none">• Employee: Coverage is available in increments of \$10,000 to a maximum of \$500,000, not to exceed 5 times your salary.• Spouse: Coverage is available in increments of \$5,000 to a maximum of \$250,000, not to exceed 50% of the employee amount.• Child(ren): You may choose to elect coverage amounts of \$5,000 or \$10,000. <p>You must be actively at work for changes to coverage or new coverage to be effective. If newly eligible, coverage amounts over the Guaranteed Issue amounts are subject to Evidence of Insurability (EOI) and will need to go through The Hartford underwriting. For all others, coverage amounts for employee and spouse coverage in any amount will be subject to The Hartford's underwriting. Coverage will not be effective for amounts to go through underwriting until the forms are approved.</p> <p>Benefits reduce to 67 percent of the original amount at age 70 and to 55 percent of the original amount at age 75. Rates vary depending on your age, the amount of coverage you elect, and any dependent coverage you choose.</p> <p>Complete plan information is available at www.benefitsolver.com.</p> <p>*Spouses and children may only elect coverage if the employee has elected coverage.</p>



INDIVIDUAL SHORT-TERM DISABILITY INSURANCE

Unum's Individual Short Term Disability Insurance protects a portion of your income if you are unable to work due to a covered injury or illness. This coverage can pay a monthly benefit to provide some income during a time of need. Common reasons people use this coverage include injuries, a covered pregnancy and digestive problems - such as gall bladder surgery.

4 in 5

of the injuries requiring medical attention suffered by workers in 2019 occurred off the job¹

2.6

years is about the average group long-term disability absence²

5.6%

of the working Americans will experience a short term disability due to illness, injury, or pregnancy each year.³

1 National Safety Council, "Injury Facts" (2019); 2 Council for Disability Awareness, "The Disability Disconnect" (2019); 3 Council for Disability Awareness, "The Crisis of Disability Coverage in America" (2019)

ADVANTAGES OF THE PLAN

- Coverage is available to eligible employees aged 17 to 69 (to age 64 in CA and NY) who are actively at work.*
- You can choose a monthly benefit amount of 40%, 50% or 60% of your gross monthly salary for covered disabilities due to injury or illness. (coverage in CA, NJ, and NY is limited to 40%).
- Your premium is based on your age when you buy the insurance and will not increase as you get older.** Premiums are conveniently deducted from your paycheck.
- Your plan includes a Waiver of Premium, included at no extra charge, for covered injuries and illnesses.
- Your policy is guaranteed renewable, until age 72, as long as you pay the premiums on time.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.

**Premiums can be changed only if we change them on all policies of this kind in force in the state in which the policy is issued. In VT and CA, policies will automatically receive the Mental Illness Rider. Coverage will be provided at 100% of the base benefit amount.

NOTE: This plan has 12/12 pre-existing condition limitation and a 9-month pregnancy exclusion.

- If you have a pre-existing condition in which you received medical advice during the 12 months prior to your effective date, benefits will not be paid during the first 12 months of your policy.
- Benefits will not be paid if an insured gives birth within 9 months of when coverage becomes effective.
- Please see page 26 for more details.

PET INSURANCE – PETS BEST

You have an unbreakable bond with your pet which is why our coverage eliminates the stress, heartache, and uncertainty associated with unexpected events. When your pet gets sick or injured, they can get treatment they need, when they need it.

WHAT'S COVERED?

- The **three** plan options include:
 - Essential
 - Plus
 - Elite
- All **three** plan options cover the following:
 - Accidents
 - Illnesses
 - Cancer
 - Hereditary Conditions
 - Emergency Surgeries
- Only the **Plus and Elite** plan options cover accidents and illness exam fees associated with the diagnosis of your pet for an eligible injury or illness.
- Only the **Elite** plan option covers rehabilitative, acupuncture and chiropractic coverage to treat eligible injuries and illnesses.

HOW TO SIGN UP

Dungarvin employees have a couple of different options to sign up for Pets Best Pet Insurance. The first option of enrolling is through Dungarvin's unique website: <http://www.petsbest.com/DUNPETS>. Employees also have the option of calling 888-984-8700 and reference Dungarvin's referral/discount code: **DUNPETS**. **Dungarvin's Group ID is 23032066**. Employees will be able to enroll in Pet Insurance throughout the plan year.

Wellness Add-On for Routine Care

Regardless of the plan option chosen, you have the option to purchase wellness coverage as an add-on. Routine care coverage for dogs and cats helps pay for regular veterinary visits. From regular checkups, to dental cleanings and blood work, routine care helps catch diseases early to ensure a longer, happier, and healthier life for your pet. Routine care coverage is an excellent way to budget for your pet's expected medical expenses, especially if you have a new kitten or puppy.

There are two tiers of routine care coverage that can be added to the pet health insurance plans for an additional premium at the time you enroll, or at your annual renewal. Benefits are available to you on your policy start date, so you can start using your routine care plan as soon as your policy goes into effect.

See the schedule of benefits for a full list of covered injuries and expenses

VOLUNTARY HOSPITAL INDEMNITY

A trip to the hospital can be costly — and most people are surprised to learn that they are responsible for a good portion of the bill. **Hospital Indemnity Insurance from Voya** provides a direct benefit in the event of a hospitalization, regardless of treatment costs or other insurance coverage. It's an affordable way for employees to protect themselves from rising health care costs.

WHAT'S INCLUDED?

You may receive a benefit for the following:

- \$1,500 for each covered hospital admission
- \$150 for each day of your covered hospital stay, up to 60 days
- \$300 for each day you spend in intensive care, up to 60 days
- \$150 for each day you spend in a Rehabilitation Facility, up to 30 days (including mental health & substance use inpatient and outpatient care).

ADVANTAGES OF THE PLAN

Coverage is available to all eligible employees who are actively at work.*

- You can buy coverage for your spouse and dependent children.
- This plan includes convenient payroll deduction, so you don't have to remember to write a check for your premiums.
- The benefits in this plan are compatible with a Health Savings Account (HSA)
- Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Voya will bill you directly.

VOLUNTARY ACCIDENT INSURANCE

Nobody plans to have an accident - and most people don't budget for one, either. **Accident Insurance from Voya** helps your employees pay for out-of-pocket expenses medical insurance won't cover. If an employee's covered child gets injured while participating in an organized sport, we'll pay an additional 50 percent of the total benefit owed and to a maximum additional benefit of \$2,500. It's an affordable way for employees to make sure they can keep their financial lives moving in the right direction.

WHAT'S COVERED?

Covered Injuries Include:

- Broken bones
- Burns
- Torn ligaments
- Lacerations
- Eye injuries
- Ruptured discs
- Concussion

Covered Expenses May Include:

- Emergency-room treatment
- Outpatient surgery facility visits
- Doctor office visit
- Hospitalization
- Occupational therapy
- Crutches
- Physical therapy

See the schedule of benefits for a full list of covered injuries and expenses.

ADVANTAGES OF THE PLAN

- Coverage is available to all eligible employees who are actively at work.*
- You can buy coverage for your spouse and dependent children.
- Benefits are paid for accidents that occur off the job.
- No health questions to answer. If you apply, you automatically receive the base plan.
- This plan includes convenient payroll deduction, so you don't have to remember to write a check for your premiums.
- Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly.

VOLUNTARY CRITICAL ILLNESS INSURANCE

Medical insurance alone can't stop a major diagnosis from draining an employee's finances. Copays, deductibles, alternative treatments — these unexpected expenses add up quickly. **Critical Illness Insurance from Voya** gives your employees an affordable option for easing the financial burden that can come with a serious illness. Under this plan, children are covered automatically at no extra cost can come with a serious illness. Under this plan, children are covered automatically at no extra cost.

WHAT IS COVERED

Covered conditions:

- Heart attack
- Major organ failure
- Benign brain tumor
- Coronary artery bypass surgery (pays 25% of lump-sum benefit)
- Stroke whose effects are confirmed at least 30 days after the event
- Loss of sight, hearing, speech
- ALS, Parkinson's Disease, Alzheimer's Disease
- Blindness
- End-stage renal (kidney) failure
- Coma that lasts at least 14 consecutive days

Please refer to the policy for complete details about these covered conditions.

ADVANTAGES OF THE PLAN

- Coverage is available to eligible employees who are actively at work.** Choose from \$5,000 to \$50,000 in increments of \$5,000.
- You can also buy coverage for your spouse from \$5,000 to \$30,000 in increments of \$5,000 not to exceed 100% of the employee benefit.¹
- Dependent children from newborns to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses, plus these specific childhood conditions: Cerebral palsy, Congenital birth defects, Cystic fibrosis, Down syndrome, Gaucher disease - type II or III, Infantile Tay-Sachs, Niemann-Pick disease, Pompe disease, Sickle cell anemia, Type 1 diabetes, Type IV glycogen storage disease, Zellweger syndrome. The diagnosis must occur after the child's coverage effective date.
- You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions.
- You get affordable rates that will not increase with age and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire, without having to answer new health questions. Voya will bill you directly.

¹ Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in Certificate of Coverage and Riders.

WHOLE LIFE INSURANCE

Unum's Whole Life Insurance is designed to pay a death benefit to your beneficiaries, but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won't increase due to age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement.

ADVANTAGES OF THE PLAN

- Coverage is available to eligible employees age 15 to 80 who are actively at work.*
- You can buy coverage for your spouse and dependent children.
- The policy accumulates cash value at a guaranteed rate of 4.5%.** Once your cash value builds to a certain level, you can borrow from the cash value or use it to buy a smaller "paid-up" policy with no more premiums due.
- You get affordable rates when you buy this policy through your employer, and it is paid for through convenient payroll deduction.
- You own the policy so you can keep this coverage if you leave the company or retire. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.
- During enrollment, you may be able to get this insurance up to a specified amount without answering any health questions. No medical exam will be required.
- **Living Benefit Option Rider:** Automatically included at no extra charge on this policy is a Living Benefit Option Rider. You can request up to 100% of the death benefit amount (to a maximum of \$150,000) if you are diagnosed with a medical condition that limits life expectancy to 12 months (24 months in IL or WA) or less. Any payout you receive while you are living would reduce the amount of the benefit that would be paid to your beneficiaries when you die.
- **Waiver of Premium:** This benefit is included with this coverage for employees ages 15 to 55. If you become disabled for at least six months and are under age 65, you won't have to pay the premium for your policy. Unum will waive your premium while you are receiving benefits until you recover and return to work.

WHO CAN GET COVERAGE?

- **Individual employee coverage:** You can purchase \$10,000 to \$100,000 in increments of \$10,000 of coverage for yourself.
- **Individual spouse coverage:** Coverage of \$10,000, \$20,000, or \$30,000 is available for your spouse between the ages of 15 to 80, but you must purchase coverage for yourself. If you leave your employer, you can keep your spouse's policy and be billed directly at home.
- **Individual child coverage:** Your children and grandchildren can have individual coverage, but you must purchase coverage for yourself. Each policy covers one child or grandchild; you can purchase coverage for each of your eligible children/grandchildren. Coverage is available for \$2.17, \$4.33 or \$6.50 semi-monthly. Benefit amounts are based on issue age and premium selected. Your children can keep it, even if you leave your employer.
- **Child Term Life benefit:** Employees must purchase coverage to add the Child Term Life benefit. Each policy with this benefit covers all eligible children. Coverage is available up to \$10,000 and ends when your policy ends or when the last child turns 25. At age 25, children are guaranteed the right to buy an individual Whole Life policy at five times the amount of their rider. Coverage will be cancelled if employee coverage is cancelled. In WA, the Child Term Life benefit is not available,

THE HARTFORD'S DISCLOSURES

Hospital Insurance, Accident Insurance, Critical Illness Insurance

Premiums

Each premium is payable on or before its Premium Due Date to us. The premium due on each Premium Due Date is the sum of the premiums for all Members and Dependents then insured. Premium Rates are shown in **Eligibility, Premium Rates, and Participation Requirement**.

The payment of each premium as it becomes due will maintain the Group Policy in force until the next Premium Due Date.

Grace Period and Termination For Nonpayment

If a premium is not paid on or before its Premium Due Date, it may be paid during the Grace Period shown in **Eligibility, Premium Rates, and Participation Requirement**. The Group Policy or an Employer's coverage under the Group Policy will remain in force during the Grace Period.

If the premium is not paid during the Grace Period, the Group Policy will terminate automatically at the end of the Grace Period.

The Policyholder is liable for premium for insurance during the Grace Period. We may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.

Grant of Discretion

Your Plan Sponsor has delegated to us the discretion to determine eligibility for benefits and to construe and interpret the terms and provisions of the Group Policy, subject to any and all remedies that may exist under State and Federal law.

Statement of Your Rights under ERISA

The following information and notice of rights and protections is furnished by the Plan Administrator as required by the Employee Retirement Income Security Act of 1974 (ERISA).

Right to Examine Plan Documents

You have the right to examine all Plan documents, including any insurance contracts or collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration. These documents may be examined free of charge at the Plan Administrator's office.

Right to Obtain Copies of Plan Documents

You have the right to obtain copies of all Plan documents, including any insurance contracts or collective bargaining agreements, a copy of the latest annual report (Form 5500 Series), and updated summary plan description upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for these copies.

Right to Receive a Copy of Annual Report

The Plan Administrator must give you a copy of the Plan's summary annual financial report, if the Plan was required to file an annual report. There will be no charge for the report.

Enforcing ERISA Rights

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U. S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Plan and ERISA Questions

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U. S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue N. W. , Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

UNUM DISCLOSURES

Individual Short Term Disability Insurance

Pre-existing condition limitation - Benefits for a pre-existing condition (defined as a sickness or injury, or symptoms of a sickness or injury, whether diagnosed or not, for which you received medical advice, treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine, or had been prescribed drugs or medicine to be taken during the 12 months just prior to your effective date) will not be paid if the date of the covered loss occurs during the first 12 months after your effective date.

Pregnancy# – Nine months after coverage becomes effective, pregnancy is considered the same as any other covered illness. The available monthly benefits will be paid upon fulfillment of the elimination period. Benefits will not be paid if the insured individual gives birth within nine months after the coverage becomes effective. However, medical complications of pregnancy may be considered as any other covered illness, subject to the pre-existing condition limitation. *#Nine-month giving birth exclusion is not applicable in KS, MT and OK.*

* Eligible employees must be actively at work to apply for coverage. Being “actively at work” means that on the day the employee applies for coverage, he/she must be working at one of his/her company’s business locations, or at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy is 50%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

Employees must be U.S. citizens, Canadian citizens working in the U.S., or have a green card, to receive coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. For complete details of coverage and availability, please refer to policy form FUL-21841, L-21776, L-21724, FUL-21724, L-21820-CA, or FUL-21776 or contact your Unum representative.

Whole Life Insurance

*Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company’s business locations, or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence.

**The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2001 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy. Cash values may vary for policies effective after to 01/01/2023.

Employees must be U.S. or Canadian citizens, or have a green card, and working in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

When you buy life insurance, you name the people who will receive the money from the policy when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account. A Unum Retained Asset Account is a fund held in Unum’s general account for the named minor beneficiary. The account accrues interest regardless of Unum’s actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum. For more information about the retained asset account, please contact Unum.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. For complete details of coverage and availability, please refer to policy form L-21848 or FUL-21848-NY or contact your Unum representative.

ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP) – THE HARTFORD

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program (EAP) through The Hartford. You, and your dependents, have access to master's-level counselors 24/7. Your EAP program includes up to **three (3) free** counseling sessions per issue. Sessions can be done in person, on the phone, or by video or text. Call 800-964-3577 or visit www.guidanceresources.com to get started. Use Company Code: **HLF902** and Company Name: **ABILI**. Select "Ability Assist Program" to create your own username and password.

- Stress Reduction
- Prenatal Care
- Parenting
- Education
- Life Improvement and Goal-Setting
- Online Will Preparation
- Identity Theft
- Fraud Resolution
- Budgeting / Debt Management

EMPATHY – THE HARTFORD

The Hartford's Empathy offers support with estate planning and probate management, grief counseling, funeral planning, and more.

Estate Administration: Guidance is available for navigating estate and probate processes.

Funeral Planning: Detailed instructions and on-demand assistance are available to manage the logistics of funeral planning, burial, cremation and other related services.

Identity Theft Prevention: Step-by-step instructions to freeze credit and protect the identity of your loved one.

Grief Counseling: Licensed social workers are available to listen and give support.

Account Deactivation: Get help closing unneeded financial accounts, memberships, and subscriptions.

How to access these services.

Visit: empathy.com/partner/hartford

Register online at: join.empathy.com/hartford

Via Digital App, use Access Code: **EMP-HART**

Contact: hartford@empathy.com For questions, call: **270-681-1364**

TRAVEL ASSISTANCE – THE HARTFORD

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues. Travel Assistance is available when you travel more than 100 miles from home for 90 days or less. For more information on the Travel Assistance program, see below.

What do I do first?

In the event of a life-threatening emergency, call local emergency authorities first for immediate assistance.

Then, contact Travel Assistance via phone:

U.S. and Canada: **800-243-6108**
(toll-free)

Outside U.S.: **202-828-5885**

Or email: assist@imglobal.com

ADDITIONAL BENEFITS

ID THEFT PROTECTION – LIFELOCK

LifeLock Identity Theft Protection helps proactively safeguard your personal information and alerts you of potential threats. When Life Lock detects suspicious activity within their network, they notify members before the damage is done. LifeLock detection is different than traditional credit monitoring and offers a comprehensive set of features to protect against identity theft. As the industry leader, LifeLock provides peace of mind with proactive protection. You need to provide a valid email address to enroll in this benefit.

ID THEFT SERVICE FEATURES

- Proactive Protection
- Credit Application Alerts
- Lost Wallet Protection
- Address Change Verification
- Black Market Website Surveillance
- Reduced Pre-Approved Credit Card Offers
- Award-Winning Member Service 24/7/365
- \$1 Million Total Service Guarantee

EMPLOYEE CONTRIBUTIONS

You will receive post-tax deductions on the first two pay dates each month

IDENTITY THEFT

Employee Only	\$4.25
Employee/Child(ren)	\$8.49
Employee/Spouse	\$7.43
Family	\$11.68

AUTO & HOME INSURANCE – FARMERS INSURANCE

Farmer's Auto & Home's group insurance program (previously through Metlife) is available to you as a voluntary benefit. You have access to groups discounts on auto and home insurance. For additional information about Farmer's Auto & Home group insurance program, including an insurance review and free quotes, call 800-438-6381. To make the most accurate comparisons, please have your current policy information available.

ELECTRONIC W-2s

The advantages of electronic delivery of W-2s are that:

- Your W-2 form is available in January and you have 24/7 access. This means faster tax return!
- Your W-2 won't be lost because of an incorrect address.
- You can print your W-2 at any time without contacting anyone.
- Your W-2 remains available to you online, even if your employment with Dungarvin ends.

HOW TO ACCESS YOUR W-2 ELECTRONICALLY

- If you are registered to access your pay stubs online, there is nothing more you need to do. You will receive an email at the address you entered when registering when your W-2 is available.
- If you are not registered to access your pay stubs online, you will need to sign up for an ADP iPay account to access your W-2 electronically. Contact your local HR department for instructions on obtaining an account.



A Marsh & McLennan Agency LLC Company

Dungarvin's Insurance Broker

Navigating your benefit
selections can be a
complicated process...



GRAHAM COMPANY SERVICE LINE

...Our Employee Benefits Service Line is here to help!



Call our toll-free line regarding help with:

Eligibility Questions

Claims Questions

Understanding Coverage

1-888-842-1488 (TOLL FREE)

Graham-Benefits@MarshMMA.com

Service line is staffed Monday through Friday.
Available from 9:00 AM to 5:00 PM EST.

Employees that have inquiries related to claim payment, coverage explanations and eligibility are encouraged to call the Graham Company, Dungarvin's insurance broker. The Graham Company provides a **callcenter to assist employees with inquiries** related to your insurance coverage. The service line is staffed Monday through Friday from 9:00 AM to 5:00 PM EST at **1-888-842-1488**. Additionally, employees have the option to contact the Graham Company service line by emailing Graham-Benefits@MarshMMA.com.

THE GRAHAM COMPANY

1-888-842-1488 | Graham-Benefits@MarshMMA.com

CARRIER CONTACTS

HEALTH BENEFITS

BENEFIT	PROVIDER	CONTACT #	WEBSITE
Medical	HEALTHSCOPE/ PHCS Provider Search	844-600-0920	www.healthscopebenefits.com www.multiplan.com/webcenter/portal/ProviderSearch
Prescription Drug	Optum	800-807-5996	Optumrx.com
Medical & Rx ADVOCACY	ELAP	800-977-7381	www.ELAPservices.com Balancebills@elapservices.com
Telemedicine (UMR)	Teladoc	1-800-835-2362	Teladoc.com
Telemedicine (Voluntary)	New Benefits	800-800-7616	mybenefitswork.com/login
Dental	Delta Dental	800-448-3815	www.deltadentalmn.org
Vision	Ameritas VSP	Vision Perfect: 800-487-5553 Vision Focus VSP: 800-877-7195	Ameritas.com vsp.com
Health Savings Account Flexible Spending Accounts (Health and Dependent Care)	Benefit Resource (BRI)	Customer Service: 800-473-9595 24/7 Automated Quick Balance: 877-342-0825	benefitresource.com
Life Insurance	The Hartford	888-563-1124	www.thehartford.com


VOLUNTARY BENEFITS

BENEFIT	PROVIDER	CONTACT #	WEBSITE
Supplemental Life Insurance	The Hartford	888-563-1124	www.thehartford.com
Short Term Disability	UNUM	1-800-635-5597	www.unum.com/employees
Accident, Critical Illness, and Hospital Indemnity Insurance	Voya	800-955-7736	Presents.voya.com/EBRC/Home/Dungarvin
Whole Life Insurance	UNUM	1-800-635-5597	www.unum.com/employees
Pet Benefits	Pets Best	888-913-7387	https://www.petbenefits.com/c ontact

CARRIER CONTACTS (CONTINUED)

ADDITIONAL BENEFITS

BENEFIT	PROVIDER	CONTACT #	WEBSITE
Rx Mail Order	Rx 'n Go	888-697-9646	Rxngo.com
Orthobiologics Benefit	Regenexx	888-525-3005	https://regenexx.com
IDENTITY THEFT	LIFELOCK	800-607-9174	Eb_service@nortonlifelock.com
ELECTRONIC W-2s	iPay	Contact your local HR Department	Contact your local HR Department
HOME & AUTO INSURANCE	FARMERS INSURANCE	800-438-6381	www.farmers.com
TRAVEL ASSISTANCE	The Hartford	800-243-6108 (US) 202-828-5885 (Out-US)	Email: assist@imglobal.com
EMPLOYEE ASSISTANCE PROGRAM (EAP)	The Hartford/Ability Assist	800-964-3577	www.guidanceresources.com Company Code: HLF902 Company Name: ABILI
EMPLOYEE CUSTOMER SUPPORT	ELAP	800-977-7381	www.ELAPservices.com
	GRAHAM COMPANY	1-888-842-1488	Graham-Benefits@MarshMMA.com
	DUNGARVIN HR	1-800-967-2791	ncohr@dungarvin.com

 1(888) 842-1488

 www.grahamco.com

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