



DAHMES

2026 New Hire Benefits Guide

BENEFITS FOR THE 2026 PLAN YEAR

SCAN TO ENROLL



Please contact the **Dahmes Benefits Service Center** at **866-429-3326** or access **dahmes.zevobenefits.com** to enroll in your benefits for 2026.

INTRODUCTION

This guide provides an overview of Dahmes' 2026 benefits offerings and the Enrollment process. You'll find important benefits resources and contact information throughout the guide.

Whatever your needs may be, you're encouraged to start your experience with the Dahmes Benefits Service Center.



DAHMES

Dahmes Benefits Service Center

866-429-3326

help@dahmesbenefits.com

Monday - Thursday: 7am - 5pm CST, Friday: 7am - 4pm CST

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How to Enroll

Benefits Enrollment – Online or By Phone

ENROLL ONLINE

Step 1:

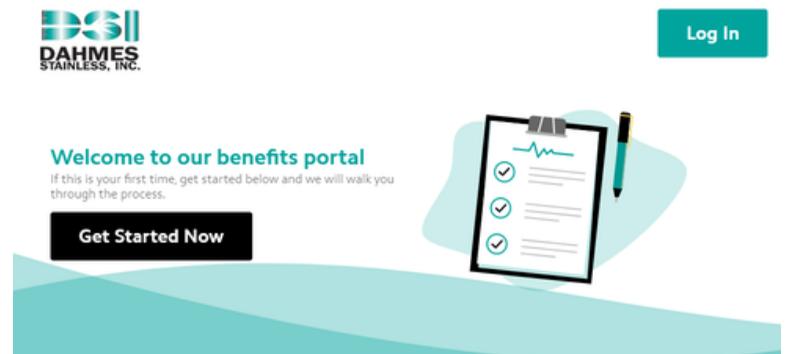
Visit dahmes.zvobenefits.com to access your enrollment.



Step 2:

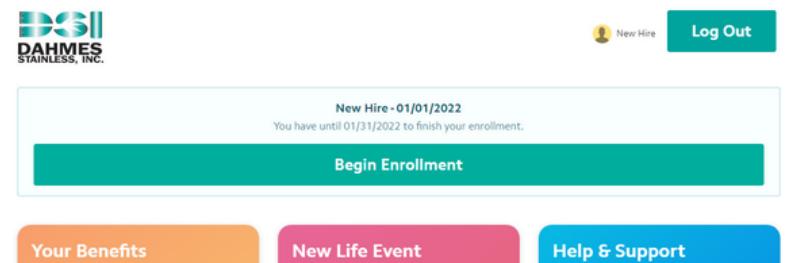
First-time users: Click on “Get Started Now” and enter your personal information to create your account.

Returning users: Click on “Log In” and enter your email address and password. Click the “Forgot your password?” link if you can’t remember.



Step 3:

Once you’ve logged in, you’ll be able to complete your enrollment by clicking “Begin Enrollment” and following the prompts.



ENROLL BY PHONE

Call the Dahmes Benefits Service Center at **866-429-3326** to complete your enrollment by phone. You’ll speak with a Benefits Specialist who will confirm your personal information, review your plan options, and submit your elections for 2026.

Medical Plan Premiums

Bi-Weekly Payroll Deduction		
Tier	PPO	HSA
Employee Only	\$0.00	\$0.00
Employee / Spouse	\$198.85	\$183.28
Employee / Child***	\$138.57	\$127.72
Family	\$367.16	\$338.41

***Includes all Children

Dental Plan Premiums

Coverage Level	Bi-Weekly Payroll Deduction
Employee Only	\$0.00
EE + Spouse	\$11.41
EE + 1 Child	\$16.83
Family	\$33.01

Vision Plan Premiums

Coverage Level	Bi-Weekly Payroll Deduction
Employee Only	\$2.75
EE + Spouse	\$5.50
EE + 1 Child	\$6.60
Family	\$9.89

Voluntary Life Insurance Rates

Voluntary Life + AD&D Rates		
Age	Monthly Rate per \$1,000	Bi-weekly Rate per \$1,000
0 - 24	\$0.169	\$0.08
25 - 29	\$0.169	\$0.08
30 - 34	\$0.177	\$0.08
35 - 39	\$0.214	\$0.10
40 - 44	\$0.297	\$0.14
45 - 49	\$0.435	\$0.20
50 - 54	\$0.620	\$0.29
55 - 59	\$0.980	\$0.45
60 - 64	\$1.523	\$0.70
65 - 69	\$2.342	\$1.08
70 - 74	\$3.855	\$1.78
75+	\$6.610	\$3.05

Child Voluntary Life Deductions	
To Age 23	\$10,000
Bi-Weekly	\$0.97

Disclaimer: Note that rates are rounded for purposes of illustration. Final premiums are calculated during enrollment.



Employee Assistance Program (EAP)



Ability Assist[®] Counseling Services through The Hartford by **ComPsych**[®]

Employees receive professional counseling for financial, legal and emotional issues, 24/7/365. Includes unlimited phone access and three face-to-face emotional counseling sessions per occurrence per year. Services are also available to spouses and dependent children.

For access over the phone,
simply call toll-free

800-96-HELPS
(800-964-3577)

Visit guidanceresources.com to access hundreds of personal health topics and resources for child care, elder care, attorneys, or financial planners. If you're a first time user, click on the **Register** tab.

1. In the organization Web ID field, enter: **HLF902**
2. In the Company Name field at the bottom of personalization page, enter: **ABILI**
3. After selecting "**Ability Assist program**," create your own confidential username and password.

Ability Assist[®] Counseling Services for:

- Job pressures
- Relationship/marital conflicts and divorce
- Stress, anxiety and depression
- Substance abuse
- Child and elder care referral services
- Getting out of debt
- Managing a budget

Estate Guidance[®] (online will preparation)

A service that helps employees protect their family's future by creating a customized and legally binding online will. Online support is also available from licensed attorneys, if needed.

Beneficiary Assist[®] Services that provide compassionate expertise to help employees or their loved ones cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals, as well as five face-to-face sessions.

Medical

Dahmes is proud to offer two medical plans administered by **Health Plans, Inc. (HPI)** for the 2026 plan year. HPI offers excellent customer care and utilizes the **United Healthcare Choice network** of providers. You may choose between the PPO 3000 Plan and the HSA 5500 Plan.

The **PPO 3000 plan** offers first dollar coverage for services like office visits, Urgent Care visits, and prescription drugs. For most other services, you are responsible for a deductible and coinsurance until you meet your out-of-pocket maximum. Please be aware that copays do not count towards your deductible, only your out-of-pocket maximum. Preventive care is always covered at 100% before the deductible.

The **HSA 5500 plan** is a High Deductible Health Plan (HDHP) which qualifies participants to contribute to a Health Savings Account (HSA). If you elect the HSA plan, you are not required to open or contribute to a Health Savings Account (HSA), however, those who do contribute to an HSA will reduce their taxable income and be able to pay for medical, dental, vision, and prescription expenses federal income-tax-free. See the Health Savings Account (HSA) page for more information - including how to receive up to \$40 per pay period in employer contributions. This plan has the lowest premiums and highest deductible. All services, including pharmacy, are subject to the deductible and coinsurance, and there are no copays with this plan. Once you meet your deductible/out-of-pocket maximum, all INN services will be covered at 100% for the remainder of the year.

Please note that your provider must code Preventive Care as Preventive, for it to be covered at 100% with no member cost share. Preventive care is only covered at 100%, In-Network.



Medical Concierge

Find the BEST doctors in your area

Garner is a free benefit that helps you find the highest quality doctors while saving you up to \$6,850 in costs from that care.

It is always a good idea to confirm which providers you have linked to your Garner profile. This can be done via the Garner app, by going to **Settings and then the Approved Providers section.**

How does Garner deliver on both lower costs and better healthcare?

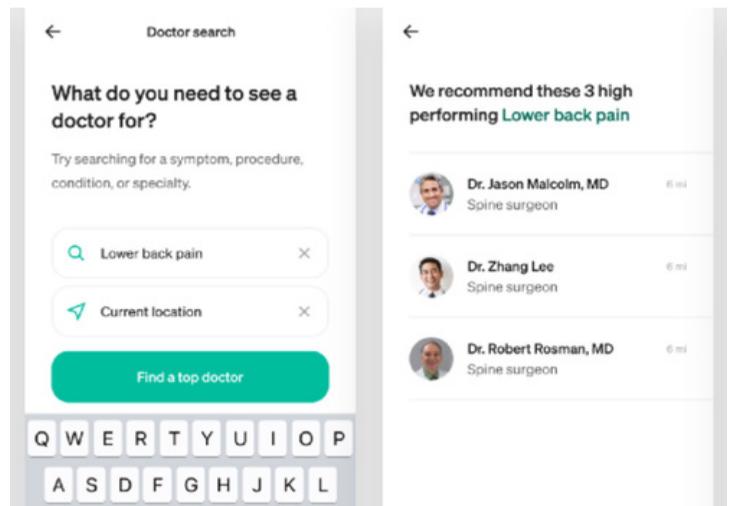
Contrary to popular opinion, the best doctors are often the least expensive. Missed diagnoses, unnecessary surgeries, and bad health outcomes are expensive. By setting you up with the best doctors, you not only get better care, but the cost is also lower for both you and Dahmes. As a result, Dahmes covers your medical bills when you use Garner.

Visit getgarner.com/signup to get started.

- Email conciierge@getgarner.com or
- Call 866-761-9586 to locate the top doctors in your area

How does it work?

- A member must use Garner to get a recommendation **before** visiting the provider.
- Visit the provider recommended by Garner, and the member will be reimbursed for their eligible out-of-pocket medical bills.
- For those on the HSA plan, the Garner benefit starts once you've paid \$1,700 (\$3,400 for families) out-of-pocket, which is required by the IRS.



	PPO 3000	HSA 5500
United Healthcare Choice Network	In-Network	In-Network
Deductible	Single: \$3,000 Family: \$6,000	Single: \$5,500 Family: \$11,000
Out-of-Pocket Maximum	Single: \$6,850 Family: \$13,700	Single: \$5,500 Family: \$11,000
Garner Reimbursement	Up to \$6,850 (\$13,700 for families) for going to a Garner provider	Up to \$3,800 (\$7,600 for families) for going to a Garner provider
Coinsurance (You Pay)	20% after deductible	0% after deductible
OFFICE VISITS		
Preventive Care	Covered at 100%	Covered at 100%
Primary Care Visit	\$50 copay	Covered at 100% after deductible
Specialist Visit	\$85 copay	Covered at 100% after deductible
EMERGENCY CARE		
Emergency Room Care	\$750 Copay; Waived if Admitted	Covered at 100% after deductible
Ambulance	\$250 Copay	Covered at 100% after deductible
Urgent Care	\$75 Copay	Covered at 100% after deductible
FERTILITY		
	Deductible, then 50% coinsurance up to \$5,000 maximum per person, per year	Deductible, then 0% coinsurance up to \$5,000 maximum per person, per year
PHARMACY		
30 Day Supply	Tier 1: \$20 Copay Tier 2: \$50 Copay Tier 3: \$100 Copay (deductible does not apply to Tiers 1 - 3)	Deductible, then Covered at 100% (Tiers 1 - 3)
Specialty <i>Maxor Specialty or PaydHealth Only</i>	Deductible, then 20% coinsurance	Deductible, then Covered at 100%
90 Day Supply (Retail or Mail Order)	\$50 copay (Tier 1) \$125 copay (Tier 2) \$250 copay (Tier 3) (deductible does not apply)	Deductible, then Covered at 100% (Tiers 1 - 3)

Call Garner before you seek care, and save \$3,800 - \$6,850 per year!

***Please refer to SBC or SPD for Out-of-Network Benefits.

See a doctor now, wherever you are.

Access to a licensed professional at your fingertips

It's fast and easy

- Connect virtually with a physician in minutes¹
- Video visits held online or through the mobile app
- Pay only your office visit/PCP-level cost share
- Referrals are not required
- Paperless prescriptions are sent directly to your pharmacy²

Medical Urgent Care Visits

Doctors can diagnose, treat and write prescriptions for many conditions, including:

- Coughs/colds/flu
- Sore/strep throat
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health
- Sports injuries

PPO 3000: \$25 Copay
HSA 5500: Deductible then covered at 100%

Behavioral Health Visits³

Psychologists support you using talk therapy, while psychiatrists will also look for biological imbalances and can prescribe medicine as part of a treatment plan.⁴

¹ Availability more limited during overnight hours.

² Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

³ Doctor On Demand is not meant for crisis or emergency mental health situations. If you are experiencing a crisis or emergency, call 911 or go to your nearest emergency room. Psychology visits are typically available within 48 hours to one week and psychiatry visits are typically available within 2-3 weeks.

⁴ Doctor on Demand psychiatrists can prescribe medications when necessary for treatment; however, Doctor On Demand does not prescribe any controlled substances. In these cases, alternatives with less potential for abuse and dependence may be offered.

dr+ on demand



How it works

1. Download the app on your mobile device or access doctorondemand.com/health-plans-inc
2. Create your account and enter insurance (choose Health Plans, Inc.) and pre-consult information.
3. Complete a questionnaire of current symptoms and medical history.
4. Pay cost-share via app or website.
5. Consult with a Doctor On Demand board certified provider.
6. Receive email follow up after the visit to share with your PCP, or request that it be sent directly to your PCP.

The details of your consultation will not be forwarded to your PCP without your consent.



or web video visits at
doctorondemand.com/health-plans-inc

doctorondemand.com/health-plans-inc



Scan code to download the Doctor On Demand app



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Have questions about Doctor On Demand? Contact Member Support at 800-997-6196 or support@doctorondemand.com.

For questions about your plan benefits or eligibility, contact HPI Customer Service at the phone number or website on the back of your member ID card.

hpi

Manage your plan online With My Plan

24/7 access to your plan and account details



Register in Minutes!

- 1 Go to the website listed on the back of your member ID card (it will be at the top)
- 2 Visit the **Members** section and click the link to **Get Registered**
- 3 Enter your information to create your username and password

If you are a dependent, be sure to have the five-digit home ZIP Code and the last four digits of the employee's (plan subscriber's) social security number.

Access all of your account details* in one secure location anytime, anywhere!

- Review your claims
- Check your benefits
- Access your prescription drug plan
- Search your provider network
- Download a report of your claims
- Request claim reimbursements
- View, print or order your member ID card
- View or print applicable tax forms
- Find a Primary Care Provider (PCP)
- View your health spending account details



On your mobile device!

** You will have access to details applicable to your plan. Please note, not all of the items listed above apply for all plans.*



Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.

hpi

Pathways Concierge

Healthcare can be confusing— *we're here to help*

The Concierge team knows all about your benefits and can help you with anything healthcare related. Our services are part of your benefit plan—so we'll never charge you for our help.

Give us a call with any questions you have about:

- Finding a doctor or hospital
- Your benefit plan
- A bill or a claim
- Your co-pay amounts and when you'll pay them
- The costs you'll pay for a procedure
- Assistance with ancillary benefits
- Your medical condition, prescriptions or care plans—you can speak directly to a nurse



We can also help you with things like:

- Scheduling appointments and transportation
- Teaching you about your health condition
- Preparing for your upcoming surgery
- Finding other care options that will cost you less
- Matching you to a provider based on distance from you, cost, and quality

Don't worry, your information is completely confidential and secure, which means we'll never share it with anyone without your permission first.

Just one more thing to know:

MedWatch is the name of the company that provides these services. They're part of the Health Plans, Inc. (HPI) family of companies, and they may reach out to you to help you with your healthcare needs.



How do I contact my concierge?
Call Monday-Friday 8am-8pm ET at the phone number listed on the back of your member ID card





DAHME

All medications are required to be filled through VytOne (the PBM) first as a first fill to ensure that all plan design criteria are met. If you cannot get a medication through the plan because you do not meet the criteria, you will not be able to get it through this program.

\$0 COPAY PRESCRIPTION SAVINGS PROGRAM!

Dahmes Stainless, Inc. has teamed up with CANARX to offer eligible employees and their dependents a **FREE** mail order prescription program. This benefit allows you to obtain a 90-day supply of select **BRAND-NAME** medications for **ZERO COPAY!**

Benefits of joining the CANARX program:

- ✓ \$0 COPAY
- ✓ FREE BRAND-NAME MEDICATIONS
- ✓ DELIVERED RIGHT TO YOUR MAILBOX
- ✓ ONLINE REFILLS! EASY & WORRY FREE

ENROLLING IS AS EASY AS 1-2-3!

01



**FILL OUT THE
ONLINE
ENROLLMENT FORM**

02



**UPLOAD YOUR
GOVERNMENT
ISSUED PHOTO I.D.**

03



**INCLUDE YOUR
PRESCRIBER'S
INFORMATION**

Need some help? Give CANARX a call at 1-866-893-6337.

Signing up only takes a few minutes, go to www.canarx.com and enter your WebID: **DAHME**



Scan here to enroll today!
canarx.com | 1-866-893-6337



Already enrolled? Scan here to access your online refills!





SAVE BIG ON YOUR PRESCRIPTIONS!

ORAL MEDICATIONS/PILLS
TOPICAL/CREAMS/OINTMENTS
INHALERS/EYE MEDICATIONS



CANARX is a voluntary international mail order prescription program that is available to eligible employees and their dependents of **Dahmes Stainless, Inc.** This benefit allows you to obtain a 90-day supply of select **BRAND-NAME** medications for **ZERO COPAY**.

Brand-name medications, in the original factory-sealed manufacturer's packaging, are delivered **DIRECT TO YOUR MAILBOX** from certified pharmacies in Canada, the United Kingdom and Australia. **YOU PAY NOTHING** thanks to the savings **CANARX** brings to your plan.

Why Choose CANARX?

- ✓ \$0 Copay
- ✓ 300+ **FREE** Brand-Name Medications
- ✓ Easy Online Refills
- ✓ No Additional Costs
- ✓ Fully Insured



DAHMES

WebID: DAHMES

How It Works:

Getting started is easy. Visit canarx.com/plan-login, enter your **WebID** to view eligible medications, and complete your enrollment online.

After you upload your ID, our friendly customer service representatives will contact you to help complete the next steps.

For more information, visit canarx.com
or call 1-866-893-6337.



Your employer offers you and your eligible dependents access to brand-name medications, shipped right to your doorstep. No copay, coinsurance, or deductible! Medications are sourced from licensed brick and mortar pharmacies in Canada, the UK, Australia, and New Zealand. Save big and earn more!

All medications are required to be filled through VytOne (the PBM) first as a first fill to ensure that all plan design criteria are met. If you cannot get a medication through the plan because you do not meet the criteria, you will not be able to get it through this program.

Here's a Sample of Eligible Medications:			
Stelara	Skyrizi	Taltz	Humira
Ozempic	Enbrel	Rinvoq	Basaglar
Cosentyx	Fiasp	Simponi	Xtandi
Xifaxan	Baqsimi	Trulance	Entyvio
Toujeo SoloStar	Soliqua	Creon	Benlysta
Tremfya	Myfembree	Actemra	and more!

Get Started in 3 Easy Steps

- 1** Call ElectRx at **(855) 353-2879**.
Have your current medication list and any medical or allergy questions ready.
- 2** Have your doctor send your prescription to:

<p>Escribe</p> <p>Mail: A&M Pharmacy – NCPDP: 2338514 8282 Woodward Ave., Detroit, MI 48202 Fax: (313) 875-2869</p>	<p>ElectRx</p> <p>Fax: (833) 353-2879</p>
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- 3** Your prescriptions will arrive at your door in **10-15 business days, at no cost to you**. After that, you'll get automatic refill reminders to make it even easier.

FREE medication. Convenient access.
Delivered to your door.



Questions?

Call **(855) 353-2879**.

Save Big. Stay Healthy.



DAHME

Prescription Drug Mail Order Program



Dahmes Stainless, Inc. is pleased to offer you the opportunity to get **FREE** brand-name and specialty medications through our partnership with ElectRx. This benefit is part of your employer-sponsored prescription drug program and is provided through the Personal Importation (PI) Program.

With this program, eligible brand-name medications are sourced from trusted brick-and-mortar pharmacies in Canada, New Zealand, Australia, and England—the same pharmacies local residents use.

All eligible medications are **\$0 cost to you**; there is no deductible, no copay, and no coinsurance. They're **FREE!** To qualify, your medication must be covered by your employer's plan and have been filled at least once.

Get Started in 3 Easy Steps

- | | | |
|---|---|--|
| 1 | Call ElectRx at (855) 353-2879.
Have your current medication list and any medical or allergy questions ready. | |
| 2 | Have your doctor send your prescription to: | |
| | Escribe
Mail: A&M Pharmacy – NCPDP: 2338514
8282 Woodward Ave., Detroit, MI 48202
Fax: (313) 875-2869 | ElectRx
Fax: (833) 353-2879 |
| 3 | Your prescriptions will arrive at your door in 10–15 business days, at no cost to you. After that, you'll get automatic refill reminders to make it even easier. | |

All medications are required to be filled through VytOne (the PBM) first as a first fill to ensure that all plan design criteria are met. If you cannot get a medication through the plan because you do not meet the criteria, you will not be able to get it through this program.



Questions?
Call **(855) 353-2879**.

Save Big. Stay Healthy.



Health Savings Account (HSA)

If you elect the HSA Medical Plan, you will have the opportunity to open and contribute to a Health Savings Account. An HSA allows you to set aside tax-free funds for medical, dental, vision, and pharmacy expenses. If you choose to contribute to an HSA via payroll deduction, **Dahmes will match your contribution up to \$40 per pay period (\$1,040 per year). You must contribute to your HSA account, in order to receive the Dahmes employer contribution.** New and Existing participants will receive a Summit Mastercard Smart Card in the mail, as well as emails notifying you of next steps.

In 2026, you can contribute up to \$4,400* to your HSA if you're enrolled in Employee Only medical coverage, or up to \$8,750* for Family coverage. Employees age 55 and older may contribute an additional \$1,000 per year in "catch up" contributions. *These limits do not factor in your employer's contribution.

To setup your Summit Online Portal for the first time, go to: <https://cfs.summitfor.me/>, and follow the instructions. There is also a mobile app. Search for "DataPath Summit or Mobile Summit" in the Google Play or Apple App Store, and select the Summit image (shown above) and download. From there, to register, you will need TPA ID/TPA Code: 10193.

The Employer Code for the online portal is DSTAIN. The Participant ID is the employee's SSN#. The TPA code for the app is 10193. Participants must enroll in the online portal before they can enroll in the app

If you have any questions regarding your Summit account or card, please call 320-214-2909 between 8 am and 5 pm CST or email benefits@cfsdcpa.com

Flexible Spending Accounts (FSA)

There are three types of Flexible Spending Accounts (FSA's) available to you: **Healthcare FSA** (medical, dental, vision, pharmacy, and other related expenses), **Dependent Care** (primarily dependent day care expenses), and **Limited Purpose FSA** (dental and vision expenses only). All three accounts allow you to pay for out-of-pocket costs with pre-tax dollars. Because you do not receive the amount of your FSA contributions in your paycheck, you do not pay income tax on this money. Plus, the reimbursements are tax-free.

Healthcare FSA

You can contribute up to \$3,400 during 2026 into a Healthcare FSA. Eligible Healthcare FSA expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs (no prescription required), dental, and vision expenses. The Healthcare FSA is only available to employees who elect the PPO 3000 plan.

HSA Plan Members

The limited purpose FSA can only be used for dental and vision expenses. This account is only available to employees who elect the HSA 5500 Plan.

Dependent Care FSA

The Dependent Care FSA enables you to pay for certain dependent care expenses using before-tax dollars. You may contribute up to \$7,500 in a Dependent Care FSA. Eligible dependent care expenses include day care / after-school / program fees for children up to age 13 and certain adult day care expenses. It's important to note that expenses are only tax-deductible if both parents are working, actively looking for work, a full-time student, or disabled.

Other Account Features

HCFSAs and LPFSAs participants receive a debit card which allows for expenses to be paid at the time of service, eliminating the reimbursement process. The funds are debited from the account and paid to the provider's office or pharmacy. When the debit card is not accepted, you are required to pay for the expense and submit a claim for reimbursement. Dependent Care FSA reimbursement is done via a claim form. Contact CDS for additional details.

Use It or Lose It

Claims must be incurred by December 31, 2026, to be eligible for reimbursement for 2026. Dahmes will permit you to roll over up to \$680 of unspent FSA funds in your account to the next year. Any remaining balance over \$680 is retained by your employer and forfeited by you.

IRS regulations require appropriate documentation to ensure your claims are valid expenses. You will be asked to provide receipts as documentation for most expenses. Retain receipts and provide them promptly upon request.

The FSA plan year is January 1 through December 31.



YOUR GUIDE TO

The SleepCharge Program for Dahmes



SleepCharge can help you enhance your health and well-being.

- Gain access to board-certified physicians and specialists who are dedicated to improving your sleep.
- We virtually evaluate and treat sleep apnea through our telehealth platform, so you get the personalized care you need while saving time and money.
- We have something for everyone. Even if you aren't diagnosed with sleep apnea, you still gain access to the Sleep Life Learning Center, our self-paced library of sleep education and relaxation modules.
- Continuous care is important to us. We're with you at every step of your journey to better sleep and always available to answer your questions.

Get Started

Begin by taking the Sleep Checkup to learn more about your current sleep health and get a personalized report that highlights potential areas for improvement.

sleepcharge.com/dahmes



SleepCharge
877-615-7257
sleep@sleepcharge.com



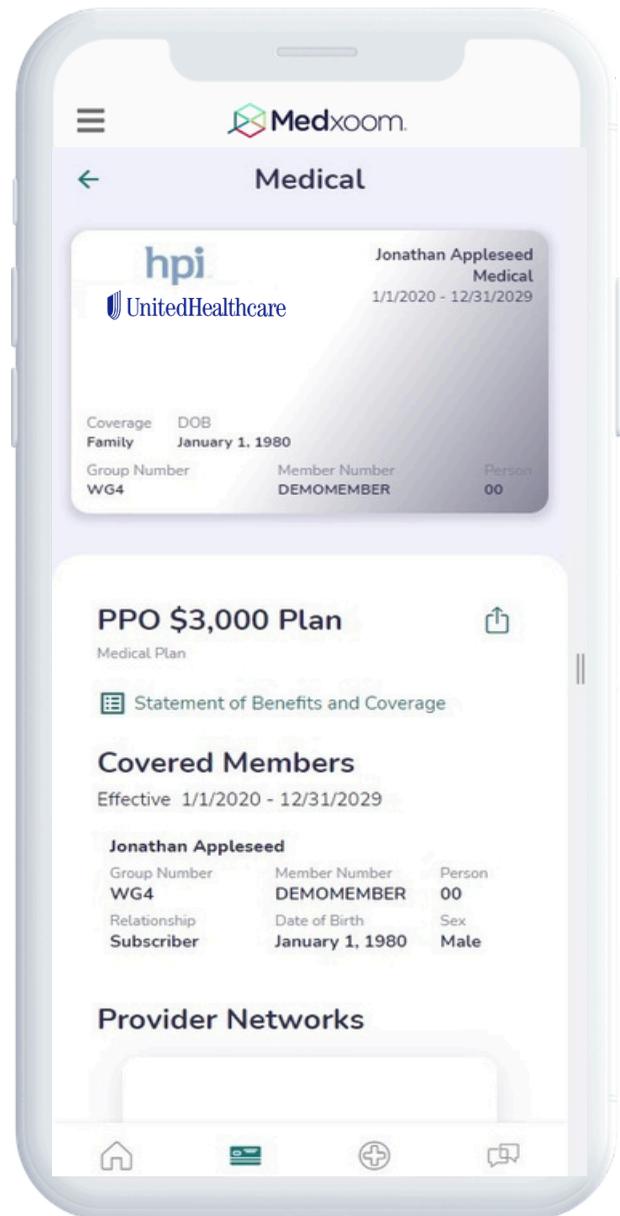
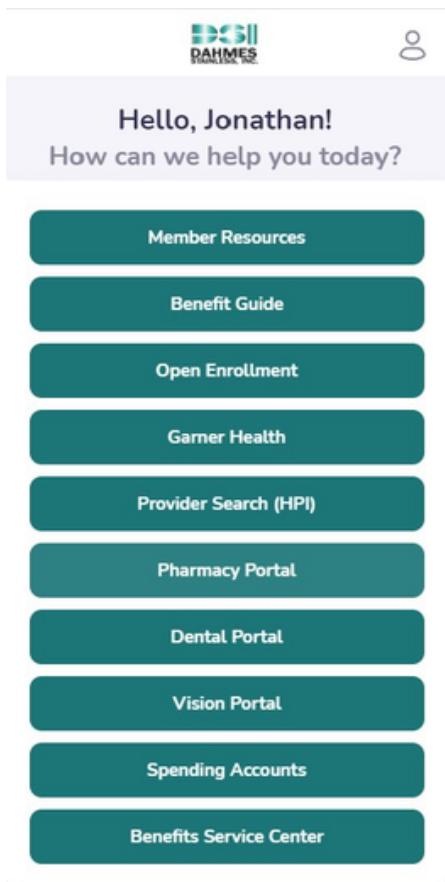
Medxoom

Now you can take advantage of your benefits directly from your smartphone. Access your ID cards and find what you need, when you need it. Your benefits will be right at your fingertips when you download the Medxoom app or visit member.medxoom.com for online access.

- Open the app and register using your social security number and date of birth (don't worry, your information is kept private and secure)
- Review your profile information by clicking your name in the upper right hand corner

Features:

- Medical/Rx Insurance ID Card
- Claims history
- Explanation of Benefits (EOB)
- Deductible & Out-of-Pocket
- Links to program vendors:



The Medxoom App is only available to members enrolled in the Dahmes medical plans.

Dental

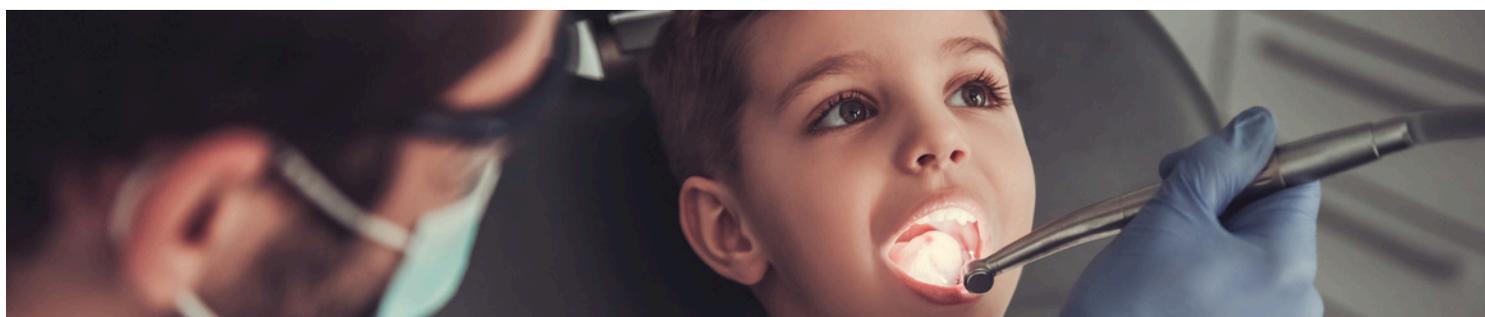


Delta Dental of Minnesota

With Delta Dental of Minnesota, you can see any dentist of your choosing. If you choose a dentist in the Delta Dental PPO or Delta Dental Premier network, you will ensure lower out-of-pocket costs. You can locate in-network providers by visiting www.DeltaDentalMN.org/members and selecting “Find a Dentist” – You can select either Delta Dental PPO or Delta Dental Premier as the network. While you have the option to choose between providers in both the PPO and Premier networks, your discount will be greater when using a provider in the PPO network. Premier Network providers can balance bill members up to the maximum allowable fee.

Delta Dental PPO + Premier Network	
Calendar Year Deductible	\$50 Individual / \$150 Family
Calendar Year Maximum	\$1,500
Orthodontia Lifetime Maximum (Children age 8 up to age 19)	\$1,000
Coverage	
Preventive Services (Type A)	100%, Not subject to Annual Deductible, but Lifetime Preventive Deductible applies**
Exams	
Cleanings	
X-rays	
Flouride	
Space maintainers	
Periodontal maintenance (cleanings following therapy)	
Basic Services (Type B)	80%, after deductible
Fillings	
Sealants	
Endodontics (root canals)	
Periodontal maintenance (treatment of gum disease)	
Anesthesia (when medically necessary)	
Emergency palliative treatment	
Major Services (Type C)	55%, after deductible
Crowns and crown repair	
Extractions and dental surgery	
Bridges	
Dentures	
Relines and repairs to bridges, implants, and dentures	
Orthodontia Services (Dependent Children age 8 up to age 19)	50%, no deductible

**A \$50 Lifetime Preventive Care Deductible will be collected on your first preventive visit billed under the Dahmes Delta Dental MN plan.



VISION

Vision



The vision plan is Materials Only coverage. Your eye exam will run through your Dahmes medical plan

Dahmes offers Vision insurance through DeltaVision, which allows you to visit any vision provider you choose. Using participating DeltaVision providers will help you to maximize your benefits. The DeltaVision plan utilizes the EyeMed Insight network. You can find participating EyeMed Insight Network providers by going to: www.DeltaDentalMN.org/deltavision, scrolling down to “Search for an Eye Doctor,” and entering your zip code.

Frequency Limitations: The plan limits each participant to 1 covered contact lens or eyeglass lens benefit in a 12-month period, and 1 set of frames every 12 months.

Vision Summary of Benefits	In-Network	Out-of-Network
Lenses		
Single	\$10 copay	up to \$30 reimbursement
Bifocal		up to \$50 reimbursement
Trifocal or Lenticular		up to \$70 reimbursement
Options		
Standard Progressive	\$75 copay	up to \$50 reimbursement
Premium Progressive (Tier 1)	\$95 copay	
Premium Progressive (Tier 2)	\$105 copay	
Premium Progressive (Tier 3)	\$120 copay	
Standard polycarbonate (to age 19)	Covered in full	up to \$32 reimbursement
Frames		
Any available frame at provider location	\$150 allowance then 20% off remaining balance	up to \$50 reimbursement
Contacts (in lieu of eyeglass lenses)		
Conventional	\$150 allowance 15% discount off remaining balance	up to \$130 reimbursement
Disposable	\$150 allowance	up to \$130 reimbursement
Medically necessary	Covered in full	up to \$210 reimbursement
Laser vision correction , Lasik or PRK U.S. Laser Network	15% off retail price or 5% off promotional price	-

*Please refer to the Benefit Summary for complete plan details.



Life Insurance



Basic Life Insurance (Employer-Paid)

Dahmes provides **\$50,000** in basic life insurance at no employee cost. This employer paid benefit also includes Accidental Death and Dismemberment (AD&D) coverage. Age reduction applies for employees 65 and older.

Voluntary Life Insurance

You may elect voluntary life insurance for yourself and your dependents to supplement the basic life benefit. Employee coverage is available up to the lesser of 5 times your annual salary or \$500,000. Spouse life coverage is available up to 50% of the employee election. You must insure yourself to elect coverage for your spouse. Spouse voluntary life rates are based on employee age. Child life insurance is available for children who maintain student status up to age 23.

Employee coverage also includes Accidental Death and Dismemberment (AD&D) which pays in the event of death or loss of limbs, speech, hearing and more caused by an accident. (Refer to the Certificate of Coverage for details.) AD&D Coverage is not included with Spouse or Child Coverage.

	Voluntary Life Options	New Hire Guaranteed Issue
Employee	\$10,000 increments to a maximum of the lesser of 5 times annual earnings or \$500,000	\$100,000
Spouse	\$5,000 increments up to \$150,000 not to exceed 50% of the employee election (based on employee age)	\$25,000
Child(ren) 15 days to age 23	\$10,000	\$10,000

Disability Insurance



Dahmes pays for the full cost of both Short Term Disability and Long Term Disability coverage. **The Short Term Disability product listed below is ONLY for employees working outside the state of Minnesota.** Long Term Disability applies to all employees. Disability coverage provides an income replacement benefit in the event that you are unable to work due to a non-job-related illness or accident.

Short Term Disability	
Weekly Benefit Amount	66.7% of weekly earnings
Maximum Weekly Benefit	\$1,500/week
Waiting Period	Benefits begin on day 1 for accidents and day 8 for illnesses
Benefit Duration	up to 13 weeks

Long Term Disability	
Monthly Benefit Amount	60% of monthly earnings
Maximum Monthly Benefit	\$5,000
Waiting Period	90 days - Benefits begin upon exhaustion of Short Term Disability for accident and sickness
Benefit Duration	To Social Security Normal Retirement Age
Pre-existing Condition Limitation	A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.

*NEW MINNESOTA STATE PAID LEAVE

Effective January 1, 2026 – All employees who work in the state of Minnesota only will fall under the new Minnesota Paid Leave Benefit (MN PFML).

This program is a state mandated Family and Medical Leave benefit that pays you a portion of your earnings if you need to be away from work due to a family or medical leave event.

Family and Medical Leave benefits include:

- Medical leave for the employee's own serious health condition or medical care related to pregnancy.
- Bonding leave is time off for a biological, adoptive or foster parent to spend time with a child in connection with the birth, adoption or placement of that child.
- Family care leave is time off to care for a family member with a serious health condition or to care for a family member who is a military member.
- Safety leave is time off to seek medical attention, victim services, counseling, relocation or legal advice due to domestic abuse, sexual assault or stalking of the employee or a family member.
- Qualifying exigency leave is time off due to a military member's active-duty service or notice of active duty, including caring for the family member's child or dependent, making financial or legal arrangements for the family member, attending counseling, attending military events or ceremonies, spending time with the family member during a rest and recuperation leave or following return from deployment, or making arrangements after the death of the military member.

You're eligible if you're working in MN as a covered individual under the MN Paid Leave Law and you earned at least 5.3% of MN's average annual wage rounded down to the nearest \$100 in the base period, which typically is the four most recent completed calendar quarters before your first day of leave.

Am I eligible?

You're eligible if you're working in MN as a covered individual under the MN Paid Leave Law and you earned at least 5.3% of MN's average annual wage rounded down to the nearest \$100 in the base period, which typically is the four most recent completed calendar quarters before your first day of leave.

How much coverage would I have?

Dahmes provides MN PFML coverage that pays you a benefit as follows:

- Weekly benefit calculation:
- 90% of your average weekly wage (AWW), up to 50% of the state's average weekly wage (SAWW); plus
- 66% of your AWW exceeding 50% of the SAWW, up to 100% of the SAWW; plus
- 55% of your AWW exceeding 100% of the SAWW;
- Up to a maximum of the SAWW.

When can I enroll?

As an eligible employee, you're automatically enrolled for MN PFML coverage through Dahmes; you don't have to enroll.

How do I file a claim?

File A Claim at: newclaim@thehartford.com

Follow up: Gbinformationupload@thehartford.com

Claim forms will be available on the Hartford portal. Complete the claim application and then send to the above email for claim creation. Or if you prefer to call, you may start a claim by calling: 888-301-5615.

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 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 of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
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	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, 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</p>	<p>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</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>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</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>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: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>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</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>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</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>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</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid and CHIP</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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 January 31, 2024, 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, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income. ¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact help@dahmesbenefits.com .

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the “minimum value standard,” the health plan must also provide substantial coverage of both inpatient hospital services and physician services.



This guide is a general summary of your benefit options. For specific details, you may refer to each plan's Summary Plan Description (SPD).

Every effort has been made to ensure that this document accurately represents the benefits being offered.

However, if there are any discrepancies between the terms in this document and the terms in the SPD, the SPD will prevail.