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2027 Open Enrollment

Monday, November 2 to Friday, November 13, 2026

Review your options and make any changes for January 1, 2027.

Scan to enroll

This is a passive enrollment. If you don't make changes, your current elections continue for 2027. FSA elections don't carry over. **Make changes online by 10:59 pm CST or by phone by 4:00 pm CST on Friday, November 13.** You'll receive a Confirmation Statement by email when you finish.

All medical enrolled members will receive new ID cards. Show them at your first 2027 visit.

How to Enroll

Online: visit dahmesbenefits.com

- First-time users: click Get Started Now and create your account.
- Returning users: click Log In. Use Forgot your password? if needed.
- Click Begin Enrollment and follow the prompts.

By phone: call 866-429-3326. A Benefits Specialist will confirm your information, review your options, and submit your changes.

What's New for 2027

- No changes to medical, dental, or vision plan designs.
- Veracity is the new pharmacy benefits partner and utilizes ProCare as the pharmacy benefit manager. SmartChoice pharmacies have the lowest copays.
- TextCare replaces Doctor On Demand. Text (320) 228-4072 anytime for $0 per visit.
- CANARX and ElectRx are ending. Using them now? Call the Benefits Service Center.
- Higher HSA limits: $4,500 Employee Only and $9,000 Family, including the Dahmes match.
- **Healthcare FSA limit: 2027 IRS limits to be announced.**

2027 Medical Rates (Bi-Weekly)

Tier	PPO 3000	HSA 5500
Employee Only	$0.00	$0.00
Employee + Spouse	$206.80	$190.61
Employee + Child(ren)	$144.12	$132.83
Family	$381.85	$351.95

Dental, vision, and voluntary life rates don't change for 2027. Full rates are in the 2027 Benefits Guide.

Reminders

- Make a new FSA election for 2027 if you want to participate.
- You can start, stop, or change HSA contributions during the year.
- Review your dependents and life insurance beneficiaries.
- After November 13, you can change elections only with a qualifying life event. Contact the Service Center within 30 days (60 days for Medicaid or CHIP events).

Questions? Dahmes Benefits Service Center
866-429-3326 | help@dahmesbenefits.com
Mon to Thu 7am to 5pm CST | Fri 7am to 4pm CST

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2027 Benefits Guide

BENEFITS FOR THE 2027 PLAN YEAR

Dahmes Benefits Service Center
866-429-3326 | help@dahmesbenefits.com | dahmes.zevobenefits.com
www.dahmesbenefits.com

Scan to enroll

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Welcome to Your Dahmes Benefits

This guide provides an overview of the benefits Dahmes Stainless offers its eligible employees and their dependents for the 2027 plan year. You'll find plan details, costs, and contact information for every program throughout the guide.

Official plan documents, policies, and certificates of insurance include details, conditions, maximum benefit levels, and benefit restrictions. These documents govern your benefits program, and if there is any conflict, the official documents prevail. Information in this guide isn't a guarantee of benefits.

Whatever your needs may be, we encourage you to start with the Dahmes Benefits Service Center. The team can answer your questions, help you compare plans, complete your elections, and provide copies of the official plan documents.

Dahmes Benefits Service Center

Your first call for any benefits question

866-429-3326

help@dahmesbenefits.com | dahmes.zevobenefits.com

Monday to Thursday: 7am to 5pm CST | Friday: 7am to 4pm CST

www.dahmesbenefits.com

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2027 Medical, Dental, and Vision Rates

All amounts are your bi-weekly payroll deduction.

Medical Plan Premiums

Tier	PPO 3000	HSA 5500
Employee Only	**$0.00**	**$0.00**
Employee + Spouse	$206.80	$190.61
Employee + Child(ren)	$144.12	$132.83
Family	$381.85	$351.95

Employee + Child(ren) includes all children.

Dental Plan Premiums

Tier	Delta Dental
Employee Only	$0.00
Employee + Spouse	$11.41
Employee + 1 Child	$16.83
Family	$33.01

Vision Plan Premiums

Tier	DeltaVision
Employee Only	$2.75
Employee + Spouse	$5.50
Employee + 1 Child	$6.60
Family	$9.89

Choosing the HSA 5500?
Dahmes matches your HSA contributions up to $40 per pay period ($1,040 per year). You must elect an HSA and contribute as well, to receive the match. See page 12.

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2027 Voluntary Life Rates

Employee and Spouse Voluntary Life + AD&D

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

Child Voluntary Life

Coverage	Bi-Weekly Cost
$10,000 (to age 23)	$0.97

How to estimate your cost

Divide your coverage amount by 1,000, then multiply by the bi-weekly rate for your age.

Example: $100,000 of coverage at age 42 is 100 x $0.14 = $14.00 bi-weekly.

Spouse rates are based on the employee's age. Rates are rounded for illustration. Final premiums are calculated during enrollment.

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Medical Plans

Dahmes offers two medical plans administered by Health Plans, Inc. (HPI). Both plans use the UnitedHealthcare Choice network of providers.

PPO 3000

Copays for everyday care

- First-dollar coverage for office visits, urgent care, and prescription drugs through copays.
- Lowest prescription copays at SmartChoice pharmacies.
- For most other services, you pay the deductible and coinsurance until you reach the out-of-pocket maximum.
- Copays don't count toward your deductible; they count only toward your out-of-pocket maximum.
- Eligible for the Healthcare FSA.

HSA 5500

Lowest premiums, HSA eligible

- A High Deductible Health Plan (HDHP) that lets you contribute to a Health Savings Account (HSA).
- All services, including pharmacy, are subject to the deductible, except certain preventive maintenance drugs. There are no copays.
- Once you meet the deductible, in-network services are covered at 100% for the rest of the year.
- You aren't required to open an HSA, but contributing lowers your taxable income and earns the Dahmes match.

Preventive care is covered at 100% in-network on both plans. Your provider must code the visit as preventive for it to be covered with no cost share.

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Medical Plan Comparison

UnitedHealthcare Choice Network	PPO 3000 In-Network	HSA 5500 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)	Up to $3,750 ($7,500 for families)
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 AND OTHER CARE		
Emergency Room	$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 per person per year	Deductible, then 0% coinsurance, up to $5,000 per person per year
PHARMACY (VERACITYRX)		
34-Day Supply SmartChoice pharmacy	Tier 1: $20 | Tier 2: $50 Tier 3: $100 (no deductible)	Deductible, then covered at 100%
34-Day Supply StandardChoice	Tier 1: $40 | Tier 2: $70 Tier 3: $120 (no deductible)	Deductible, then covered at 100%
90-Day Supply SmartChoice retail only	Tier 1: $50 | Tier 2: $125 Tier 3: $250 (no deductible)	Deductible, then covered at 100%
90-Day Supply Mail order	Tier 1: $50 | Tier 2: $125 Tier 3: $250 (no deductible)	Deductible, then covered at 100%
Specialty VeracityRx specialty support	Not covered under the pharmacy plan	Not covered under the pharmacy plan

Call Garner before you seek care and save $3,750 to $6,850 per year. Refer to the SBC or SPD for out-of-network benefits.

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Garner: Find the Best Doctors

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

The best doctors are often the least expensive. Missed diagnoses, unnecessary surgeries, and poor outcomes are costly. When you use a Garner-recommended doctor, you get better care, costs drop for you and Dahmes, and Dahmes reimburses your eligible out-of-pocket medical bills.

How it works

1. Get a recommendation from Garner before you visit the provider.
2. Visit the provider Garner recommends.
3. Garner reimburses your eligible out-of-pocket medical bills.

Get started

getgarner.com/signup
Email: concierge@getgarner.com
Phone: 866-761-9586

HSA 5500 members

The Garner benefit starts once you've paid $1,750 ($3,500 for families) out of pocket, the 2027 IRS minimum deductible for an HSA-qualified plan.

Tip for All Members: When searching for providers in Garner, remember to “Add to Care Team” to associate the provider with your profile once you have chosen your provider.

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Health Savings Account (HSA)

If you enroll in the HSA 5500 plan, you can open and contribute to an HSA. An HSA lets you set aside tax-free money for medical, dental, vision, and pharmacy expenses. The money is yours to keep, even if you change plans or leave Dahmes.

Dahmes match: When you contribute through payroll, Dahmes matches your contribution up to $40 per pay period ($1,040 per year). You must contribute to receive the Dahmes contribution.

$4,500	$9,000	$1,000
Employee Only 2027 IRS limit	Family 2027 IRS limit	Catch-up age 55 and older

The IRS limit includes both your contributions and the Dahmes contribution. For example, an Employee Only participant receiving the full $1,040 match can contribute up to $3,460.

New and existing participants receive a Summit Mastercard Smart Card by mail, along with emails about next steps. If you enroll mid-year, your IRS limit may be prorated; ask the Benefits Service Center for details.

Summit (CDS)
Your HSA administrator

Online portal: cds.summitfor.me

- Employer Code: DSTAIN
- Participant ID: your SSN

Questions? 320-214-2909, 8am to 5pm CST, or benefits@cdscpa.com

Mobile app: search "DataPath Summit" or "Mobile Summit" in the App Store or Google Play.

- TPA ID/TPA Code: 10193

You must enroll in the online portal before you can enroll in the app.

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Flexible Spending Accounts (FSA)

FSAs let you pay for eligible out-of-pocket costs with pre-tax dollars. Because your contributions come out of your paycheck before taxes, you don't pay income tax on that money, and reimbursements are tax-free.

Healthcare FSA

2026 Limit: $3,400
2027 Limit: IRS Max (not yet announced)

Deductibles, copays, coinsurance, prescriptions, over-the-counter drugs, dental, and vision expenses.
Cannot be elected with the HSA5500 Plan

Limited Purpose FSA

2026 Limit: $3,400
2027 Limit: IRS Max (not yet announced)

Dental and vision expenses only, so you can keep your HSA eligibility.
Available only with the HSA 5500 plan.

Dependent Care FSA

Up to $7,500 per year

Day care, after-school, and program fees for children under age 13, and certain adult day care expenses.
Eligible only if you (and your spouse, if married) are working, looking for work, a full-time student, or disabled.

Debit card

Healthcare and Limited Purpose FSA participants receive a debit card to pay at the time of service. If a provider doesn't accept the card, pay and submit a claim. Dependent Care FSA reimbursement is by claim form.

Use it or lose it

Claims must be incurred by December 31, 2027. Dahmes lets you roll over up to **$680 (2026 Limit; 2027 Limit to be announced, but will follow the IRS Max)** of unspent funds to the next year. Any balance above that amount is forfeited.

Keep your receipts

IRS rules require documentation for most expenses. Provide receipts promptly when asked. The FSA plan year runs January 1 to December 31. Contact CDS with questions.

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Dental

With Delta Dental of Minnesota, you can see any dentist. Choosing a dentist in the Delta Dental PPO or Delta Dental Premier network lowers your out-of-pocket costs, and your discount is greatest in the PPO network. Premier network providers can balance bill up to the maximum allowable fee. Find a dentist at DeltaDentalMN.org/members.

Delta Dental PPO + Premier Network	Coverage
Calendar Year Deductible	$50 Individual $150 Family
Calendar Year Maximum	$1,500
Orthodontia Lifetime Maximum Children age 8 up to age 19	$1,000
Preventive Services (Type A) Exams, cleanings, X-rays, fluoride, space maintainers, periodontal maintenance	100%, not subject to annual deductible (Lifetime Preventive Deductible applies*)
Basic Services (Type B) Fillings, sealants, root canals, periodontal treatment, anesthesia, emergency palliative treatment	80% after deductible
Major Services (Type C) Crowns, extractions and oral surgery, bridges, dentures, relines and repairs	55% after deductible
Orthodontia Dependent children age 8 up to age 19	50%, no deductible

*A $50 Lifetime Preventive Care Deductible is collected at your first preventive visit billed under the Dahmes Delta Dental MN plan.

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Vision

Dahmes offers vision coverage through DeltaVision, using the EyeMed Insight network. You can visit any provider, but participating providers maximize your benefits. Find a provider at DeltaDentalMN.org/deltavision under Search for an Eye Doctor.

Frequency: one lens or contact benefit and one set of frames every 12 months.

Materials-only coverage. Your routine eye exam is covered through your Dahmes medical plan.

Vision Benefit	In-Network	Out-of-Network
LENSES		
Single | Bifocal | Trifocal or Lenticular	$10 copay	Up to $30 | $50 | $70
Standard Progressive	$75 copay	Up to $50
Premium Progressive (Tier 1 | 2 | 3)	$95 | $105 | $120 copay	Up to $50
Standard Polycarbonate (to age 19)	Covered in full	Up to $32
FRAMES		
Any available frame at provider location	$150 allowance, then 20% off balance	Up to $50
CONTACTS (in lieu of eyeglass lenses)		
Conventional	$150 allowance, then 15% off balance	Up to $130
Disposable	$150 allowance	Up to $130
Medically Necessary	Covered in full	Up to $210
Laser Vision Correction (U.S. Laser Network)	15% off retail or 5% off promotional price	Not covered

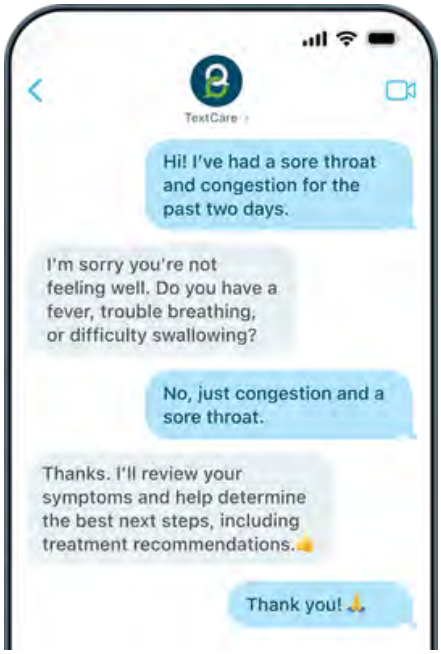
Out-of-network amounts are reimbursement maximums. Refer to the Benefit Summary for complete plan details.

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TextCare: Your Care Team by Text

textcare

Your healthcare team is just one text away.



TextCare provides 24/7 healthcare for you and your household via text, a secure app, phone, or video chat. Use it when you feel sick, have an urgent concern, need help managing a chronic condition, or just have a health question.

Your care team can recommend next steps, prescribe medication when appropriate, send prescriptions to your pharmacy, and refer you to high-quality, low-cost providers and specialists.

Text anytime

(320) 228-4072

Your care team responds within 5 minutes. No appointment needed.

Available 24/7/365

Text, call, video chat, or use the secure app.

$0 per visit

Prescriptions, labs, referrals, and in-person care may cost extra.

Real people

A dedicated team of health care professionals.

Use TextCare when you...

- Wake up feeling sick
- Need care after hours
- Have a health concern
- Need a referral
- Have a child with a fever
- Aren't sure where to start
- Need care now
- Need a prescription or refill

Urgent care or the ER?

Text TextCare first. Your care team can help you decide where to go and may save you a long trip to the ER. For a medical emergency, call 911 or go to the nearest ER.

Who can use it? All Dahmes Stainless medical plan participants and enrolled dependents

Is my information private? Yes. TextCare is managed by One to One Health, which follows HIPAA. Dahmes doesn't see your health information.

Save the TextCare number to your phone

Download the TextCare app

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HPI Online Tools and Pathways Concierge

Manage your plan with My Plan

24/7 access to your plan and account details

Register in minutes

1. Go to the website on the back of your member ID card.
2. Visit the Members section and click Get Registered.
3. Enter your information to create a username and password.

Dependents need the five-digit home ZIP code and the last four digits of the employee's Social Security number.

- Review claims
- Check benefits
- Access your prescription plan
- Search the provider network
- Download a claims report
- Request claim reimbursements
- View, print, or order ID cards
- View or print tax forms
- Find a Primary Care Provider

Pathways Concierge

Healthcare can be confusing. Pathways is here to help at no cost.

Call with questions about:

- Finding a doctor or hospital
- Your benefit plan
- A bill or a claim
- Copays and when you'll pay them
- The cost of a procedure
- Ancillary benefits
- Your condition, prescriptions, or care plan (speak with a nurse)

Pathways can also help with:

- Scheduling appointments and transportation
- Learning about your health condition
- Preparing for surgery
- Finding lower-cost care options
- Matching you to a provider by distance, cost, and quality

Your information is confidential and never shared without your permission. MedWatch, part of the HPI family of companies, provides these services and may reach out to help you. Call Monday to Friday, 8am to 8pm ET, at the number on your member ID card.

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VeracityRx Pharmacy Benefits

Starting January 1, 2027, VeracityRx by OneVeracity manages pharmacy benefits for both Dahmes medical plans. Show your HPI medical ID card at the pharmacy; it includes your VeracityRx information, so there's no separate pharmacy card.

SmartChoice

Best value: independent and grocery store pharmacies. Your lowest copays, and the only retail option for 90-day fills.

StandardChoice

CVS, Target, and Walgreens. You can still fill here, but member cost-share will be higher and there are no 90-day retail fills.

Prescription Drugs	PPO 3000 Tier 1 / Tier 2 / Tier 3	HSA 5500
34-day, SmartChoice	$20 / $50 / $100	Deductible, then 100% covered
34-day, StandardChoice	$40 / $70 / $120 (no deductible)	Deductible, then 100% covered
90-day retail SmartChoice only	$50 / $125 / $250	Deductible, then 100% covered
90-day mail order	$50 / $125 / $250	Deductible, then 100% covered
Specialty	Not covered under the pharmacy plan	Not covered under the pharmacy plan

HSA 5500: the deductible is waived for certain preventive maintenance drugs. Retail fills are up to a 34-day supply.

Choose generic when you can. If a generic is available and you choose the brand-name drug, you pay the brand copay plus the cost difference. That extra cost doesn't count toward your out-of-pocket maximum. **The pharmacy plan doesn't cover weight-loss medications.**

Check before you fill

Prices can vary a lot. Use the VeracityRx app or member portal to compare real-time prices, find the lowest-cost pharmacy, and get savings alerts.

888-388-8228 (24/7)
Rxhelp@OneVeracity.com (weekdays, 8am to 6pm ET)

VeracityRx app

Member portal

OneVeracity.com/members

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VeracityRx Programs

Specialty medication support

- Specialty medications aren't covered under the pharmacy plan. You must enroll in VeracityRx specialty support to get them.
- A dedicated pharmacy specialist coordinates with your provider and pharmacy, helps with approvals, and works to prevent delays.
- If your prescription is a specialty drug, the pharmacy will be told it isn't covered at retail. Enroll with VeracityRx and the team will take it from there.
- To enroll, go to OneVeracity.com/members and complete the enrollment form. A specialist will contact you.

Sample of specialty medications (list may change)

Actemra
Acthar
Adempas
Afinitor
Amjevita
Aubagio
Cosentyx
Dupixent
Envarsus XR
Epidiolex
Firazyr
Gilenya
Haegarda
Humira (biosimilars)
Humira CF (biosimilars)
Ilaris
Ingrezza
Jynarque
Kuvan
Lenvima
Olumiant
Orgovyx
Rebif
Rydapt
Stelara
Taltz
Tobi Podhaler
Vumerity
Zelboraf
Zenpep

Personal Importation: eligible brand-name meds for $0

- Eligible medications are imported safely from Canada and shipped to your home for $0, up to a 90-day supply.
- Enroll at OneVeracity.com/members. A specialist contacts you within 24 to 48 business hours, and your provider sends a new prescription to the partner pharmacy.
- Medications ship in 7 to 10 days. Participation is optional.

Important: if you take an eligible medication and don't enroll, you may pay up to 50% of its cost at a retail pharmacy.

Sample of eligible medications (list may change)

Anoro Ellipta
Arnuity Ellipta
Atripla
Basaglar KwikPen
Biktarvy
Brilinta
Breo Ellipta
Cabometyx
Cimzia
Combivent Respimat
Descovy
Dulera
Eliquis
Enbrel
Farxiga
Imbruvica
Invokamet
Isentress
Janumet XR
Januvia
Jardiance
Juluca
Kesimpta
Mekinist
Myrbetriq
Omnaris
Orencia
Otezla
Ovar
Ozempic
Prezcobix
Promacta
Pulmozyme
Rexulti
Rinvoq
Silenor
Skyrizi
Spiriva Respimat
Tafinlar
Tagrisso
Tivicay
Toujeo SoloStar
Tradjenta
Trelegy Ellipta
Tremfya
Trintellix
Trulicity
Victoza
Xarelto
Xeljanz

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Employee Assistance Program (EAP)

Ability Assist® Counseling Services through The Hartford, by ComPsych®
Professional counseling for financial, legal, and emotional issues, available 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.

Call toll-free, anytime

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

Support for:

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

Estate Guidance®

Create a customized, legally binding online will. Licensed attorneys are available online if needed.

Beneficiary Assist®

Help for you or your loved ones with emotional, financial, and legal issues after a loss. Includes unlimited phone contact and five face-to-face sessions.

Online at guidanceresources.com

Hundreds of health topics and resources for child care, elder care, attorneys, and financial planners. First-time users click Register.

1. Organization Web ID: HLF902
2. Company Name (bottom of the personalization page): ABILI
3. Select Ability Assist program, then create your own confidential username and password.

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Nox Sleep Care and the Zelis App

Nox Sleep Care (formerly SleepCharge)

- Your Sleep Centers of Excellence provider. Nox Sleep Care coordinates every step of your sleep health journey, from testing to treatment, for conditions such as sleep apnea and insomnia, covered under one annual cost per treatment.
- A no-cost teleconsult with a board-certified sleep doctor
- Easy at-home sleep testing, if needed
- Short wait times and a dedicated care team for your questions



SleepCharge is now Nox Sleep Care, effective 1/1/2027...continue enjoying the same quality, services, and products you have become accustomed to!

Have a PAP device? If you own it, you may be able to keep using it; call the Nox team. If you rent, Nox will help you return it and start with a new device. Most members with recent test records won't need a new sleep study.

Book your free appointment at noxsleepcare.com/dahmes or call 877-615-7257
For members and dependents (18+) enrolled in a Dahmes Stainless health plan. Not available to retirees age 65 or older.

Zelis Mobile App (formerly Medxoom)

Access your ID cards and benefits from your smartphone, or visit member.zmemberconnect.com/login. Register using your Social Security number and date of birth. Review your profile by selecting your name in the upper right corner.

Features
- Medical/Rx ID card
- Claims history
- Explanation of Benefits
- Deductible and out-of-pocket
- Links to program vendors

App Store

Google Play

The Zelis app is available only to members enrolled in a Dahmes medical plan.

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Life Insurance

Basic Life and AD&D

Employer-paid, no cost to you

$50,000

Includes Accidental Death and Dismemberment (AD&D). Coverage reduces at age 65 and older.

Voluntary Life Insurance

Buy additional coverage for yourself and your family through The Hartford. You must elect coverage for yourself to elect coverage for your spouse. Spouse rates are based on the employee's age. Child coverage (as long as student status is retained) is available for children up to age 23.

Employee coverage includes AD&D, which pays in the event of accidental death or loss of limbs, speech, hearing, and more. AD&D isn't included with spouse or child coverage. Refer to the Certificate of Coverage for details.

Voluntary Life Options

Coverage For	Amounts Available
Employee	$10,000 increments up to the lesser of 5 times annual earnings or $500,000
Spouse	$5,000 increments up to $150,000, not to exceed 50% of the employee election
Child(ren), 15 days to age 23	$10,000

Some elections require Evidence of Insurability (EOI) approved by The Hartford before coverage begins.

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Disability Insurance

Dahmes pays the full cost of Short Term Disability and Long Term Disability coverage through The Hartford. Disability coverage replaces part of your income if you can't work because of a non-work-related illness or injury.

Short-Term Disability applies only to employees working outside Minnesota. Minnesota employees are covered by Minnesota Paid Leave (see next page). Long-Term Disability applies to all employees.

Short Term Disability

Feature	Benefit
Weekly Benefit	66.7% of weekly earnings
Maximum Weekly Benefit	$1,500
Waiting Period	Day 1 for accidents; day 8 for illnesses
Benefit Duration	Up to 13 weeks

Long Term Disability

Feature	Benefit
Monthly Benefit	60% of monthly earnings
Maximum Monthly Benefit	$5,000
Waiting Period	90 days; benefits begin when Short Term Disability ends
Benefit Duration	To Social Security Normal Retirement Age
Pre-existing Condition Limitation	3/12: a disability in your first 12 months of coverage isn't covered if it results from a condition treated or with symptoms in the 3 months before coverage began

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Minnesota Paid Leave

Employees who work in Minnesota are covered by Minnesota Paid Leave (MN PFML), a state-mandated program that pays part of your earnings when you need time away from work for a qualifying family or medical reason.

Leave types

- Medical leave: your own serious health condition, or medical care related to pregnancy.
- Bonding leave: time with a child after birth, adoption, or foster placement.
- Family care leave: caring for a family member with a serious health condition, or a family member who is a military member.
- Safety leave: seeking medical attention, victim services, counseling, relocation, or legal advice due to domestic abuse, sexual assault, or stalking of you or a family member.
- Qualifying exigency leave: needs arising from a military member's active duty or notice of active duty, such as child care, financial or legal arrangements, counseling, military events, rest and recuperation time, or arrangements after the member's death.

Am I eligible?

Yes, if you work in Minnesota as a covered individual and earned at least 5.3% of Minnesota's average annual wage (rounded down to the nearest $100) in your base period, typically the four most recent completed calendar quarters before leave.

Do I need to enroll?

No. Eligible employees are enrolled automatically.

How much would I receive? Weekly benefit:

- 90% of your average weekly wage (AWW) up to 50% of the state average weekly wage (SAWW)
- plus 66% of AWW above 50% of the SAWW, up to 100% of the SAWW
- plus 55% of AWW above 100% of the SAWW
- up to a maximum of the SAWW

How do I file a claim?

Email newclaim@thehartford.com or call 888-301-5615. Follow up at Gbinformationupload@thehartford.com. Claim forms are on The Hartford portal.

DAHMES

Contacts

Benefit	Provider	Phone	Website or Email
Enrollment and Questions	Dahmes Benefits Service Center	866-429-3326	dahmes.zevobenefits.com help@dahmesbenefits.com
Medical	Health Plans, Inc. (HPI)	Number on your ID card	Website on your ID card
Pharmacy	VeracityRX	888-388-8228 (24/7)	OneVeracity.com/members Rxhelp@OneVeracity.com.
Medical Concierge	Garner	866-761-9586	getgarner.com/signup
Virtual Care	TextCare	Text (320) 228-4072	mytextcare.com
Mobile App	Zelis	888-599-9934	member.zmemberconnect.com/login
HSA and FSA	Summit (CDS)	320-214-2909	cds.summitfor.me benefits@cdscpa.com
Sleep Health	Nox Sleep Care	877-615-7257	noxsleepcare.com/dahmes
Dental	Delta Dental of Minnesota	1-800-448-3815	DeltaDentalMN.org/members
Vision	DeltaVision	1-800-448-3815	DeltaDentalMN.org/deltavision
EAP	The Hartford, by ComPsych	800-964-3577	guidanceresources.com (Web ID: HLF902)
Life, Disability, and MN Paid Leave	The Hartford	888-301-5615 (MN PFML claims)	newclaim@thehartford.com

Questions about your benefits?

Call the Dahmes Benefits Service Center

866-429-3326

help@dahmesbenefits.com
Monday to Thursday: 7am to 5pm CST | Friday: 7am to 4pm CST

This guide is a general summary of your benefit options. For specific details, refer to each plan's Summary Plan Description (SPD). Every effort has been made to ensure this document accurately represents the benefits offered. If there are any discrepancies between this document and the SPD, the SPD will prevail.

Legal Notices

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, 2026. 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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Legal Notices (continued)

GEORGIA – Medicaid	INDIANA – Medicaid
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	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**

Legal Notices (continued)

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

Legal Notices (continued)

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	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
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	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)
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, 2026, 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 5/31/2029)

Legal Notices (continued)

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** 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.