DG3 North America, Inc.

2025 Benefits Guide









Dear Employees:

Every year, DG3 markets our benefit plans and compares it to benchmarking data from other companies in similar market sizes, geographic area and industry to ensure that we are offering our employees the most competitive benefits package to take care of our most valuable asset, you and your families.

Ultimately, we want to ensure that in both the short and long-term, we sustain a great benefits program while controlling our costs and mitigate any plan disruption. We have decided to move the medical, dental, and vision plan offerings to Anthem, and the life and disability offerings to Guardian.

This brochure offers high-level informaton regarding your benefit plans, for more detail please refer to the detailed summaries which can be found at www.mydg3benefits.com

Sincerely,

DG3 North America, Inc.

Benefits designed with a focus on **YOU**.

- A choice of cost-effective health plans for YOU
- Programs to help YOU be healthy
- Resources and tools to help YOU manage your health
- Education so YOU can be a smart healthcare consumer
- An all-in comprehensive benefits package for YOU

Visit the Benefits Hub for more information:

www.mydg3Benefits.com

- ✓ Benefits overviews/summaries
- ✓ Quick access to online enrollment system
- ✓ Carrier contact page

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Benefit Highlights

DG3 is committed to offering you a benefit package that includes competitive, quality benefit plans.

This guide provides information which will assist you in choosing the right options that meet your individual and family needs. We encourage you to share this information with your spouse and/or eligible dependents.

It is important that you take time to review your benefit choices and take the required action to make your benefit selections.

Benefits Eligibility

Open Enrollment is December 9th – December 20th with your benefit choices being effective January 1, 2025. Our benefits plan year is January 1, 2025 – December 31, 2025.

If you are not making changes and wish to maintain your current benefit elections, then no action is required. Your current benefits will roll over into 2025. The FSA requires an annual election, the max roll over amount is \$660.

If you want to make changes/enroll to the below; you must see HR to complete the necessary enrollment forms:

- Enroll/change your medical, dental, or vision coverage for next year.
- Contribute to the Health Care, Dependent Care and/or Limited Purpose Flexible Spending Accounts (FSAs.)
- Change your life insurance, accidental death, and dismemberment (AD&D) insurance or long-term disability insurance choices.

Enrollment Periods

New Employees As a new employee of DG3 North America, Inc., you become eligible for benefits on your date of hire and must enroll within 7 days to have coverage for the rest of the plan year. You may also need to enroll for the next plan year's benefits during the annual enrollment period.

Open Enrollment As a benefits-eligible employee, you can enroll in or make changes to your benefit plans during our annual open enrollment period. Open enrollment is December 2nd – December 12th with your benefit choices being effective January 1, 2025. Our benefits plan year is January 1, 2025 – December 31, 2025.

Dependent Eligibility You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as your legal spouse, domestic partner, and eligible children who reside in your household and depend primarily on you for support. This includes: your own children, legally adopted children, stepchildren, a child for whom you have been appointed legal guardian, and/or a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) requiring you or your spouse to provide coverage.

Medical, Dental, and Vision Plan Dependent Coverage You may cover your eligible dependent children up to age 26, regardless of marital or student status (this does not include spouses of adult children). Dependent coverage will cease for your covered dependent children at the end of the month in which an eligible dependent reaches age 26.

COVERING DEPENDENTS? You will be required to provide proof of eligibility for any new dependent you want to add to your coverage. You will receive information about eligibility and documentation requirements after you enroll. The carriers may conduct a dependent eligibility audit at any time.









HSA





DISABILITY

LIFE

Benefits Eligibility Continued

. Making Changes During the Year

Choose your benefits carefully. Medical, dental, vision, and flexible spending account contributions are made on a pre- tax basis and IRS regulations state that you cannot change your pre-tax benefit options during the year unless you have a qualified life event. **Qualified life events include:**

- Marriage or divorce;
- Death of your spouse, or dependent;
- Birth or adoption of a child;
- Your spouse terminating or obtaining new employment (that affects eligibility for coverage);
- You or your spouse switching employment status from full-time to part-time or vice versa (that affects eligibility for coverage);
- · Significant cost or coverage changes; or
- Your dependent no longer qualifies as an eligible dependent.

You must notify and submit any applicable forms and/or documentation to the Benefits Administrator at US.HR@dg3.com within 30 days of the event. The Benefits Administrator will review your request and determine whether the change you are requesting is allowed. Only benefit changes which are consistent with the qualified life event are permitted.

Paying for Your Benefits

Some benefits are provided to you at no cost. The cost of other benefits, such as medical, is shared by you and DG3 North America, Inc. Additional benefits, such as dental, vision, and supplemental life insurance are paid for by you at discounted group rates. Having benefit options available means you can build a benefits program that meets your needs and your lifestyle.

Medical Benefits

DG3 North America, Inc. seeks to provide the best possible medical benefits at a reasonable cost. Employees are provided with a medical plan option that includes prescription drug coverage. Please refer to the chart on the next page for medical plan benefits. DG3 North America, Inc. seeks to provide the best possible medical benefits at a reasonable cost. Employees are provided with a medical plan option that includes prescription drug coverage. Please refer to the chart on the next page for medical plan benefits. ID cards will be mailed to your home address, electronic copies can also be download via the Anthem mobile app, Sydney. Anthem Dental and Visions cards will be mailed home, they can also be downloaded via the Mobile App, Sydney.

In-Network Advantage

Within some of the medical, dental and vision plans, you have the freedom to use any provider. However, when you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use a provider who is outside of the network, you may be responsible for paying for the difference between the Usual, Customary and Reasonable (UCR) charges and what the provider charges. You also may need to submit claim forms.













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Your Health *Matters*

Medical Plan Provider Search & Payroll Deductions ANTHEM

How to search for a provider in the Anthem Network:

To find in network providers, please visit www.anthem.com. Click the blue bar labeled "Find a Doctor / Find Care". Choose "Search as a Guest" and then enter the below responses to the drop-down questions:

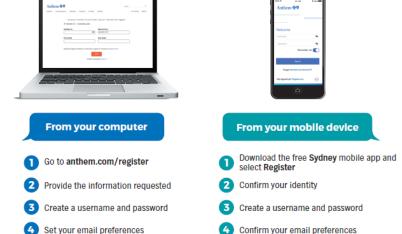
- What type of care are you searching for? Medical
- What state do you want to search in? Enter state where you are seeking care
- What type of plan do you want to search with? Medical (Employer-Sponsored)
- Select a plan / network: National PPO (BlueCard PPO)

Please contact Anthem, the HR Department at 201-793-5235 or <u>US.HR@dg3.com</u> or log visit <u>www.mydg3benefits.com</u> for detailed plan summaries.

SEMI-MONTHLY Rates	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
High Deductible Health Plan w/ HSA	\$95.84	\$230.98	\$164.46	\$297.87

You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.



It's easy. Everything you need to know about your plan — including medical, pharmacy, dental, vision, life insurance — in one place. Making your health care journey simple, personal — all about you.

Follow the prompts to complete

your registration

Follow the prompts to complete

your registration





Website: www.anthem.com Mobile App: Sydney App

2025 High Deductible Health Plan with Health Savings Account

Allows you to minimize the premium you pay from your paycheck while saving for the future with pre-tax contributions to a Health Savings Account. The information below is a summary of medical coverage only. Please contact Anthem, the HR Department at 201-793-5235 or <u>US.HR@dg3.com</u> or log visit <u>www.mydg3benefits.com</u> for detailed plan summaries.

Services	In-Network	Out-of-Network
Deductible (Single/Family)	\$6,200/\$12,400	\$18,600/\$37,200
Annual Out-of-Pocket Maximum	\$6,900/\$13,800	\$20,700/\$41,400
Coinsurance	0% after Deductible	30% after Deductible
Preventive Care	No Charge	30% after Deductible
Primary Care / Specialist Visits	0% after Deductible	30% after Deductible
Inpatient Visit	0% after Deductible	30% after Deductible
Outpatient Services	0% after Deductible	30% after Deductible
Emergency Room	0% after Deductible	30% after Deductible
Urgent Care	0% after Deductible	30% after Deductible
Rx Retail		
Generic / Preferred /Non-Preferred	0% after Deductible	50% after Deductible
Rx Mail Order		
Generic / Preferred /Non-Preferred	0% after Deductible	50% after Deductible

For 2025 the deductible will increase to \$6,200 for singles and to \$12,400 for family. To lessen the impact on employees, DG3 is offering a Health Reimbursement Arrangement (HRA). Once you meet the deductible of \$2,500 for single or \$5,000 for employee plus one or more dependents you can submit eligible claims (\$3,700 for single or \$7,400 for employee plus one or more dependents) to be reimbursed by the Health Reimbursement Account.

Claims forms can be found at www.mydg3benefits.com or by contacting Human Resources. As a reminder, to submit for reimbursement you must complete the claim form provided and submit, along with your corresponding explanation of benefits, to the email address on the form.

Essential Formulary Link: https://www.anthem.com/oh/pharmacy-information/drug-list-formulary





Website: www.anthem.com
Mobile App: Sydney App

2025 Plan Options:

Dental Preferred Provider Organization (PPO) Plan is used for the Anthem High and Low Plans and a DHMO for the UHC plan offering. Anthem PPO plans both cover preventive, basic, major dental care, as well as orthodontia for dependent children only. You can use any dentist of your choosing, but your costs will be less with an in-network provider. For the UHC DHMO though UHC, you must select a primary care dentist that is in the Select Managed Care Network.

Services	HIGH PLAN		LOW PLAN		UHC DHMO
	In-Network	Non-Network	In-Network No	n-Network	In-Network Only
Deductible (Single/Family)	\$25/	\$75	\$50/\$150		\$0/\$0
Preventive Care	100	0%	100%		0%
Basic Care	90%	80%	80%	70%	
Major Care	60%	50%	50%	50%	
Orthodontia	50%	50%	50%	50%	Discounted, see benefit schedule
Lifetime Orthodontia Max	\$1,500	\$1,500	\$1,500	\$1,000	Somedate
Annual Max Benefit	\$1,500 \$1,500				
Network	Essential Choice and Complete Network			UHC National Select Managed Care	

SEMI-MONTHLY Rates	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
High Plan	\$22.77	\$40.50	\$38.48	\$70.50
Low Plan	\$25.82	\$28.48	\$23.62	\$52.49
UHC DHMO	\$4.41	\$8.86	\$7.62	\$15.82







Website: www.anthem.com Mobile App: Sydney App

2025 Plan Option:

Frames

When you select vision coverage, you and your covered dependents may receive an eye examination once per calendar year. In addition, the plan covers all or part of the cost of either eyeglasses and frames once every other year. The plan also covers all or part of the cost of contacts once every year.

Services	In-Network	Out-of-Network	
Routine Eye Exam / Material Copay	\$20/\$20	Up to \$42	
Single Lenses	Paid in full after Copay	Up to \$40	
Bifocal Lenses	Paid in full after Copay	Up to \$60	
Trifocal Lenses	Paid in full after Copay	Up to \$80	
Frames	\$150 allowance	Up to \$45	
Elective contacts	\$150 allowance	Up to \$105	
Non-elective (medically necessary) Contacts	Covered in full once every calendar year	Up to \$210	
Service Frequency			
Exams	12 Months		
Lenses	12 Months		

SEMI-MONTHLY Rates	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Anthem	\$1 9 9	¢2 5Ω	\$2.79	\$5.80

\$3.58

\$1.88

24 Months

\$3.78



\$5.89



HSA



What is an HSA?

Health Savings Accounts (HSA) are a tax-advantaged medical savings account available to those who enroll in the Consumer Driven Health Plan (CHDHP). The funds you invest are not subject to most taxes. The growth of the invested amount is not taxed and when the funds are distributed, no tax penalties are incurred when applied to qualifying expenses. The funds you contribute to your HSA are yours to keep and can be used not only for medical expenses, but for retirement expenses as well.

Great Benefits For You

Convenience - Paying for expenses from your HSA is as easy as using a debit card.

Choice - Pay for qualified expenses from your HSA or save your HSA money and pay out-of-pocket.

Control - You decide how the money is spent and you have the freedom to keep it if you change jobs or retire.

Triple-Tax Savings

Tax-Free Deposits - Even if you don't itemize deductions, you don't pay federal income tax on contributions.

Tax-Free Savings - You keep any money you don't spend and it grows tax-free. No use-it-or-lose-it.

Tax-Free Withdrawals - There's never tax on withdraws to pay for qualified expenses.

IRS Contribution Limits	2025 - Annual
Single	\$4,300
Family	\$8,550
Catch-up (55+)	\$1,000

DG3 Contribution	2025 - Annual
Single	\$500
Family	\$1,000

Examples of Qualified Medical Expenses

hiropractors Maternity
ontact lenses expenses N
rutches homes
ental fees Optometrist
entures Orthodontia

equipment Prescription
drugs Psychiatric care
Therapy treatments
(prescribed) Transportation
(for medical care)
Vision correction
surgery (e.g., LASIK)
Vitamins (if
prescribed)
Wheelchairs

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FSA



Website: www.wexinc.com

What is an FSA?

Flexible Spending Accounts (FSA) provide you with an important tax advantage that can help you pay health care expenses on a pretax basis. By anticipating your family's health care and dependent care costs, you can actually lower your taxable income and that means you get to keep more of what you earn.

There are two types of FSA's that allow you to make deductions to pay for qualified medical expenses. The Health Care FSA allows any qualified medical expense, and the Limited Purpose FSA allows ONLY dental and vision expenses. If you are enrolling in the HSA-qualified medical plan, the Limited Purpose FSA is the only option you have available since other qualified medical expenses can be paid for by using your HSA.

To determine if a Health Care or a Limited Purpose FSA makes sense for you, estimate your eligible expected expenses for you and (if applicable) your dependents for the calendar year. This amount could be your annual election as long as it doesn't exceed the allowed contribution maximum of \$3,300. The amount you elect is available to you at the beginning of the plan year, regardless of how much you have contributed via payroll deduction.

Please review the following information so you are aware of the rules applied to the Health Care FSA and the Limited Purpose FSA plans. This is only a brief summary. More information is available in the Summary Plan Description (SPD).

Important points to remember:

- You may elect to contribute the maximum amount even if your spouse is also contributing to an FSA at his or her workplace.
- The Limited Purpose FSA reimburses you ONLY for qualified dental and vision expenses not covered by insurance, like co-pays and deductibles.
- The Health Care FSA allows any qualified medical expense to be reimbursed.

Dependent Care Flexible Spending Account

- For the child and elder care expenses you incur, which allows you and your spouse (if applicable) to be gainfully employed.
- Elections are available as the funds accumulate through payroll deductions.
- Expenses must be for a dependent you can claim on your tax return, who is under age 13, or physically or mentally incapable of caring for him or herself.
- 2025 Maximum contribution limit is \$5,000, per household.

Can my election be changed during the year?

After you enroll, you can't change the amount you contribute for the year, because your election stays in effect during the entire plan year (January 1 through December 31). However, if you have a "Qualified Life Event" you may change the amount of your contribution, but the change must be consistent with the event. Find out more about qualifying life

events at <u>www.wexinc.com</u> 11





Website: www.guardianlife.com

Basic Life Insurance

We know you want to protect your loved ones in case of life's uncertainties. DG3 offers Basic Term Life Insurance and Accidental Death & Dismemberment (AD&D) coverage at no cost to you. You may purchase additional, supplemental coverage to increase your coverage amounts.

At no cost to you, Basic Life Insurance gives you:

- Coverage of 1.5x your base salary up to \$500,000.
- AD&D coverage as part of your life insurance
- The ability to convert to an individual policy if you leave the company
- Possible waiver of premiums if you become disabled
- Possible accelerated death benefit if you are diagnosed with a terminal disease
- Benefit reduces to 65% at age 70; 50% at age 75. All coverage terminates at retirement.

If you purchase Supplemental Life AD&D for yourself, your spouse and dependents, you get:

- To purchase in \$10k increments to the lesser of 5x salary or \$500k. Guarantee issue \$200k
- To purchase for your spouse in \$5k increments to a max of \$250k. Guarantee issue \$30k
- To purchase for your child(ren) 6mo to 26 years \$10k. Guarantee issue \$10k
- Benefit reduces by 65% @ age 70, 50% @ age 75. All coverage terminates at retirement.

Evidence of insurability required for those who previously waived coverage during initial enrollment period. Please reference your New York Life summaryy for more information.

Don't forget to designate a beneficiary for employee life insurance.

Semi-Monthly cost per \$1,000 of coverage. Rates based on Employee Age.				
	Age	Employee		
	< 25	\$0.040		
	25-29	\$0.047		
	30-34	\$0.059		
Employee & Spouse Life	35-39	\$0.065		
Insurance Rates are based	40-44	\$0.071		
on volume of coverage and age as of January 1 of the	45-49	\$0.101		
plan year. Employee basic and supplemental life	50-54	\$0.149		
includes Accidental Death	55-59	\$0.270		
and Dismemberment coverage (AD&D).	60-64	\$0.409		
	65-69	\$0.778		
	70+	\$1.255		
Child(ren) Life	\$0.045 pe	hly cost is er \$1,000 of and all eligible		

Supplemental Life and AD&D and Dependent Life Rates

dependent children are

included in the cost.





DISABILITY

Website: www.guardianlife.com

VOLUNTARY LONG-TERM DISABILITY (LTD)

You may purchase LTD coverage up to 60% of your annual salary, with a maximum monthly benefit of \$10,000. There is a pre-existing condition clause of 3/12.

A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.

You are eligible for LTD benefits after 90 days and approval. Benefits may continue until your recovery, retirement, you reach Social Security normal retirement age or death, or are offset by other disability benefits, including Social Security, state disability and Workers' Compensation.

It is your responsibility to submit a claim and make sure your physician has submitted necessary documentation to, Guardian and to follow up with Guardian with questions on your claim.

Monthly rates per \$100 of covered payroll.		
Age	Employee	
< 25	\$0.065	
25-29	\$0.093	
30-34	\$0.186	
35-39	\$0.259	
40-44	\$0.389	
45-49	\$0.548	
50-54	\$0.590	
55-59	\$0.790	
60-64	\$0.985	
65-69	\$0.991	
70-74	\$1.143	
75+	\$0.020	















Website: www.uprisehealth.com

EMPLOYEE ASSISTANCE PROGRAM (EAP) | UPRISE HEALTH

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

Guidance Resources is here with help for life's issues

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services

How to Access

Visit: www.uprisehealth.com

Access code: worklife

Call: 1.800.386.7055

24-hour crisis help available.

Regular office hours:

Monday-Friday 6am-5pm PST.

CONTACTS

Find the answers you need

Benefit	Provider	Website	Phone Number
Medical/Rx	Anthem	www.anthem.com	Use number on the back of your ID Card
Dental – PPO High and Low	Anthem	www.anthem.com	
Dental – DHMO	UHC	www.myuhc.com	(800) 445-9090
Vision	Anthem	www.anthem.com	1-866-723-0515
Life AD&D	Guardian	www.guardianlife.com	1-888-482-7342
Long-Term Disability	Guardian	www.guardianlife.com	1-888-482-7342
Health Savings Account	HSA Bank	www.hsabank.com	English: <u>(800) 357-6246</u> <u>(414)</u> <u>978-5294</u> Spanish: <u>(866) 357-6232</u>
Flexible Spending Account	WEX	www.wexinc.com	<u>1-833-CALL-WEX</u>
COBRA	WEX	www.wexinc.com	<u>1-833-CALL-WEX</u>
Uprise Health (EAP)	Guardian	www.uprisehealth.com	1.800.386.7055















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