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graphics group



Virtual Open Enrollment!

All of your benefit information will be available on the virtual Open Enrollment Meeting site www.mydg3benefits.com including:

- Benefit Guide
- Plan Summaries
- Informational Videos
- Carrier Resources
- Carrier contact
- And more!





Open Enrollment: December 9TH – December 20th

Only those making changes need to complete an enrollment form. If you are not making any changes no action is needed.

Those enrolled in the FSA and HSA need to make a new annual election.

Open Enrollment happens once per year and is the only time you can make changes to your plans without some type of Qualifying Event. If you do experience a Qualifying Event during the year, be sure to notify HR within 30 days.

Choose wisely & be sure you don't miss the deadline!

2025 Highlights & Summary

Medical Plan:

- Moving from Cigna to Anthem!

Ancillary Benefits:

- Dental & Vision benefits now offered through Anthem!
- Voluntary Life & Disability Benefits now offered through Guardian!



Anthem High Deductible Health Plan | Health Savings Account

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>

How to Find a Provider

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)**

Who is eligible for an HSA?

In order to be eligible to make pre-tax contributions to a Health Savings Account, individuals must:

- Be covered under an HDHP on the first day of the month that the account is established and the first day of the month in which deposits are made.
- Not also be covered under any other health plan that is not an HDHP. Certain types of limited benefit plans may be ok, such as a cancer policy, automobile policy or a fixed daily benefit policy (hospital indemnity).
- **Not be entitled to benefits under Medicare.**
- Not be claimed as a dependent on another person's tax return.



Don't leave
money
on the **TABLE** for the IRS

HSA Accounts are established through HSA Bank!

- Please reach out directly to HSA Bank should you have any questions regarding your existing account and/or establishing a new account.

HSA Bank

www.hsabank.com

English: [\(800\) 357-6246](tel:8003576246) | [\(414\) 978-5294](tel:4149785294)

Spanish: [\(866\) 357-6232](tel:8663576232)

2025 HSA Contribution Limits

Annual Contribution Rules

2025 Limit:

\$4,300 for individuals &
\$8,550 for families*

Additional Funding

Those 55 years of age or higher, but not entitled to Medicare benefits, can fund an additional \$1,000/year “catch-up” contribution!

Amount of Funding

Contributions above the annual limit are subject to income taxes and a 20% penalty

In 2025, DG3 **will contribute \$500 to all Singles & \$1,000 for all Families** into your HSA (assuming you meet the eligibility requirements.)

The annual limits are inclusive of the contribution from DG3

Dental Options | Anthem & UHC

Services	ANTHEM HIGH PLAN		ANTHEM LOW PLAN		UHC DHMO
	In-Network	Non-Network	In-Network	Non-Network	In-Network Only
Deductible (Single/Family)	\$25/\$75		\$50/\$150		\$0/\$0
Preventive Care	100%		100%		0%
Basic Care	90%	80%	80%	70%	Discounted, see benefit schedule
Major Care	60%	50%	50%	50%	
Orthodontia	50%	50%	50%	50%	
Lifetime Orthodontia Max	\$1,500	\$1,500	\$1,500	\$1,000	
Annual Max Benefit	\$1,500		\$1,500		
Network	Essential Choice and Complete Network		Essential Choice and Complete Network		UHC National Select Managed Care



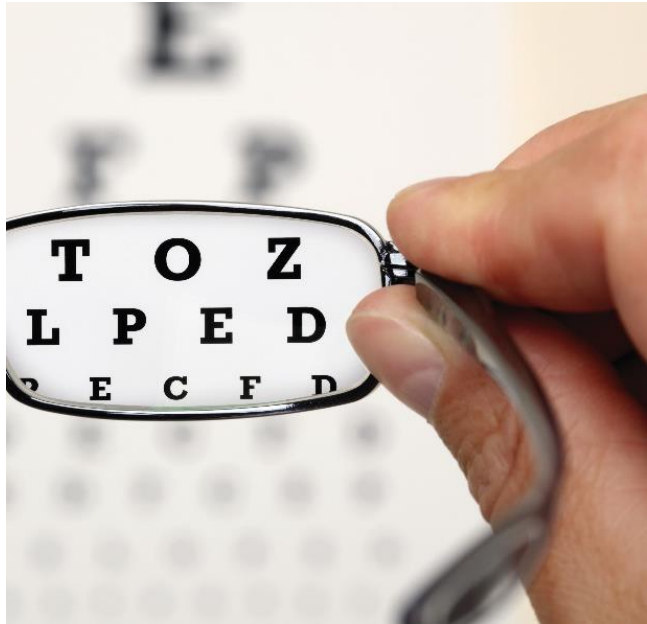
To find a Dentist by name or location, go to www.anthem.com or call dental customer service at the number listed on the back of your ID Card.

You'll save money when you visit a dentist in your plan network because Anthem Blue Cross and Blue Shield and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing and may bill you for the difference between what Anthem pays them and what the dentist usually charges.

The DHMO benefits schedule can be downloaded at www.myuhc.com or www.mydg3benefits.com

Vision | Anthem Blue View Vision

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
Exams	12 Months	
Lenses	12 Months	
Frames	24 Months	



Blue View Vision benefits

Plenty of choices with Blue View Vision, you can get your eye care and eyewear just about anywhere: **More doctors and locations.** With over 36,000 eye doctors at more than 27,000 locations, you're sure to find an eye care professional that's close to home or work. And you can even buy eyewear at a location that's different from your eye doctor.

Blue View Vision has one of the nation's largest vision networks. You can access independent optometrists, ophthalmologists and opticians, 1-800 CONTACTS, and convenient national optical retailer stores including LensCrafters, Pearle Vision and Target Optical. Many of these stores have night-time and weekend hours, so you can go when it makes sense for you. To find an in-network provider near you, use the Find a Doctor tool on www.anthem.com.

Employee Contributions | Semi-Monthly

Medical, Dental & Vision

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

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

Vision SEMI-MONTHLY Rates	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Anthem	\$1.88	\$3.58	\$3.78	\$5.89

Flexible Spending Account – WEX



Health Care & Limited Purpose Flexible Spending Account

- For your family's predictable out-of-pocket medical expenses.
- Full election is available on day 1 of the plan year.
- Annual election is taken out of each paycheck in equal installments throughout the plan year
- Once you make your election, you cannot change it.
- 2025 annual maximum election amount is \$3,300.
- Can not be enrolled in the HSA
- Max roll over the HCFSA and LFSA is \$660.

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 election limit is \$5,000, per household.

Eligible health care expenses include, but are not limited to:

- Deductibles, coinsurance and co-payments
- Prescription drugs and vaccinations including co-payments
- Vision Care
- Dental Expenses
- Chiropractor's care and treatment
- Hearing Care

Eligible dependent care expenses include, but are not limited to:

- Day care center, nursery school, summer day camp, or before/after school program that meets state and local requirements.
- Babysitters inside or outside the home as long as they are not your legal dependents.
- Overnight camps and kindergarten are NOT eligible.

Basic Life Insurance | Guardian

- DG3 offers Basic Term Life Insurance and Accidental Death & Dismemberment (AD&D) coverage at no cost to you!
- Coverage of 1.5x your base salary up to \$1,000,000 with a minimum amount of \$5,000.
- AD&D coverage as part of your life insurance
- The ability to convert to an individual policy if you leave the company
- Possible accelerated death benefit if you are diagnosed with a terminal disease
- Benefit reduces by 65% @ age 70, 50% @ age 75. All coverage terminates at retirement.

Please make sure to update your beneficiary if necessary, during open enrollment or throughout the year



A Word about EOI

WHAT IS EOI?

- **EOI (Evidence of Insurability):** Required for most voluntary benefit plans after an initial enrollment period.
- Late entrants into a plan must provide EOI at annual enrollment and for life status events.
- EOI is typically a form with medical questions that you must answer and return to Guardian. Guardian underwriting reviews and determines if coverage is approved or not.
- If you elect coverage that requires EOI, Guardian Life will mail you information and instructions on how to complete the EOI.
- If you purchase coverage over a guaranteed issue amount at your initial enrollment, your payroll deduction will only reflect the guaranteed issue amount, until we receive approval from Guardian for the full amount.

Voluntary Life AD&D | Guardian

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

- Employee: \$10k increments to the lesser of 5x salary or \$500k. Guarantee issue \$200k
- Spouse: \$5k increments to a max of \$250k. Guarantee issue \$30k
- Child(ren) \$10k benefit. Guarantee issue \$10k.
- Benefit reduces by 65% @ age 70, 50% @ age 75. All coverage terminates at retirement.



Voluntary Long-Term Disability | Guardian

- You may purchase LTD coverage up to 60% of your annual salary, with a maximum monthly benefit of \$10,000.
- 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 should you have any questions regarding your claim.



Anthem Resources



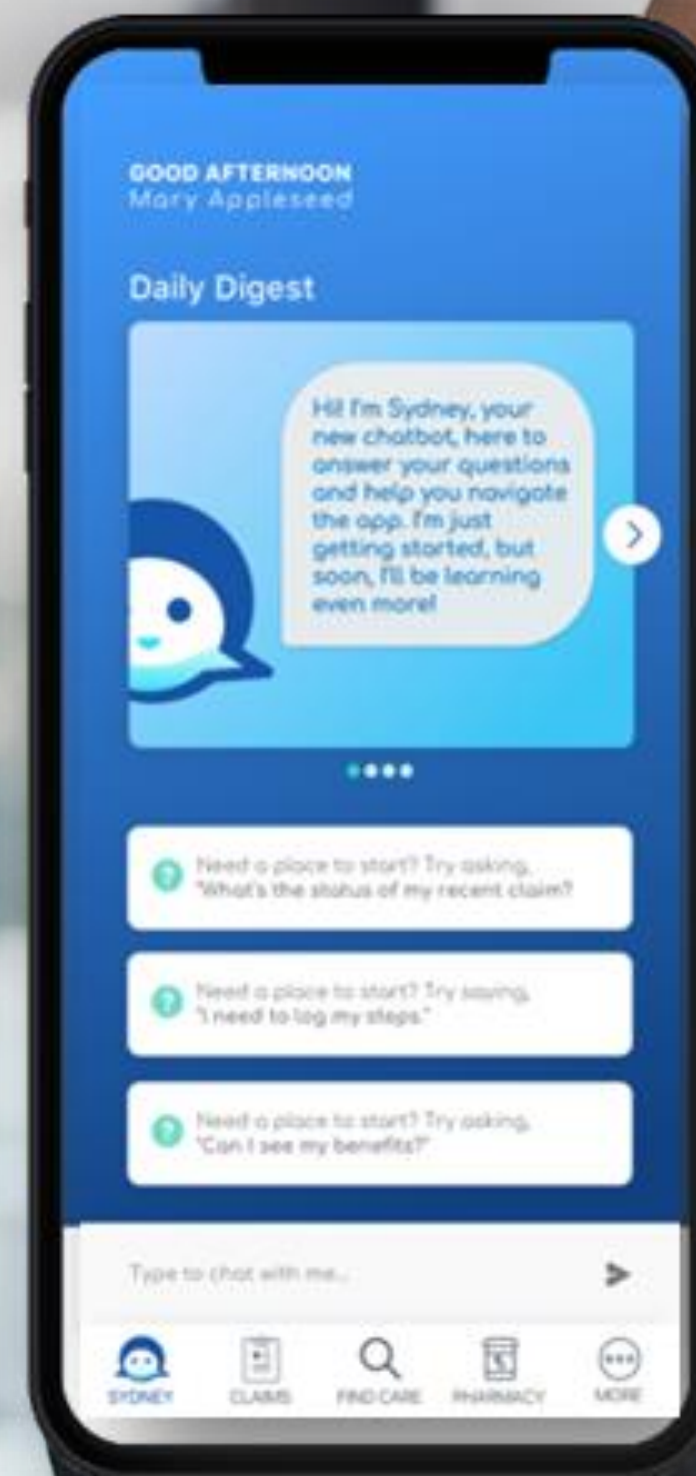
Sydney Health mobile app

Download Sydney Health and register on the app to take full advantage of your Anthem plan.

You can see your:

- Medical benefits and spending accounts.
- Integrated pharmacy benefits.
- Integrated dental, vision, life and disability benefits.
- Integrated clinical programs along with well-being tools and resources.
- Care providers in one location through the My Care Team feature.

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LiveHealth Online Virtual Care

Connect with care anywhere

- Telehealth appointments on your mobile phone, tablet, or computer with a camera.
- Board-certified doctors are available 24/7 for advice, treatment, and prescriptions.
- See a licensed therapist or psychiatrist. Appointments are available 7 days a week and usually cost the same as an in-person visit.
- It costs less than or equal to an in-person office visit. \$59 on either plan while satisfying your deductible.

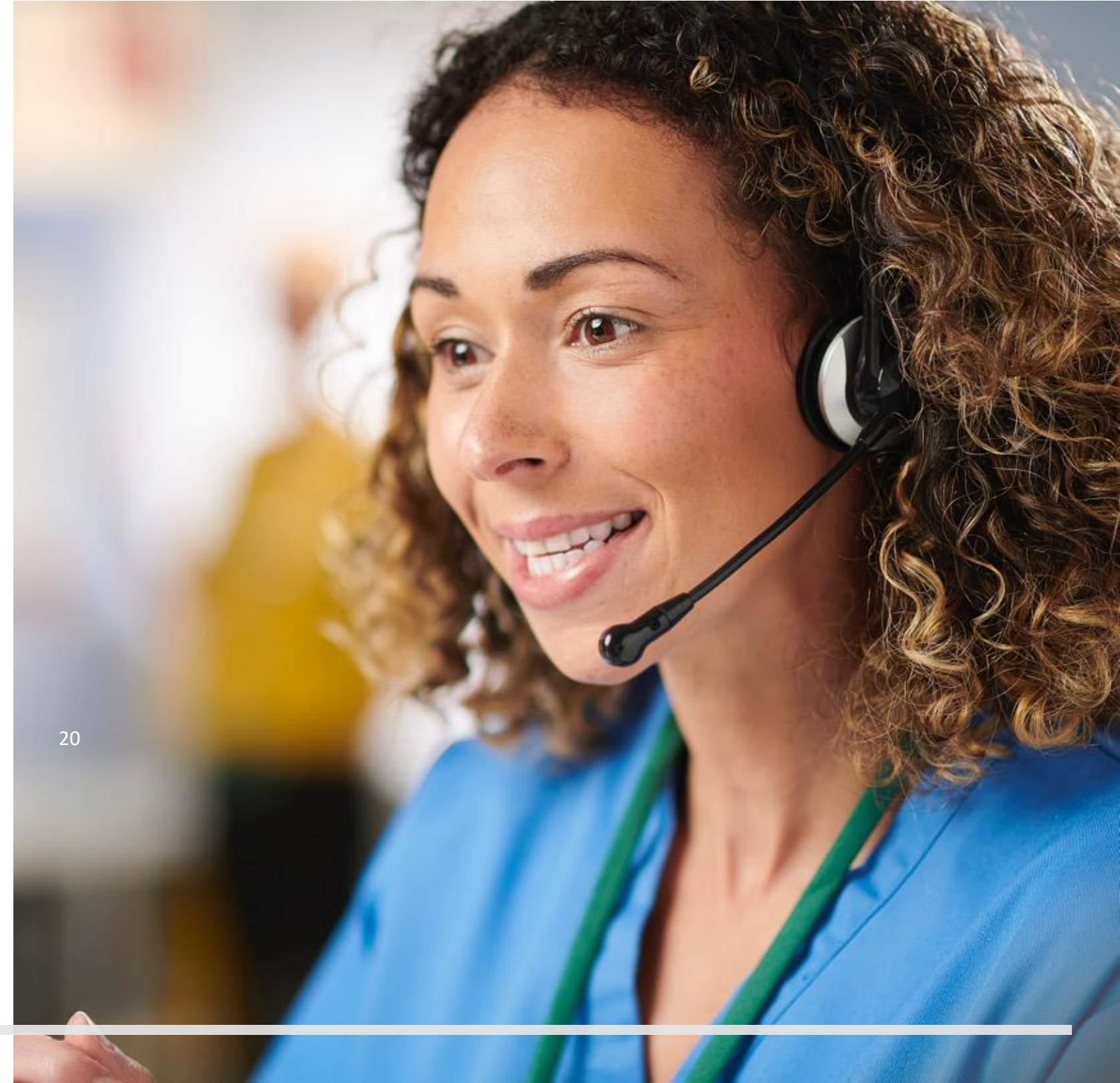
To make a Live Health Online Virtual Care appointment, in your Anthem account, choose **Virtual Visit With A Provider** under *Care*.



24/7 Nurse Line

Registered nurses answer
your health questions.

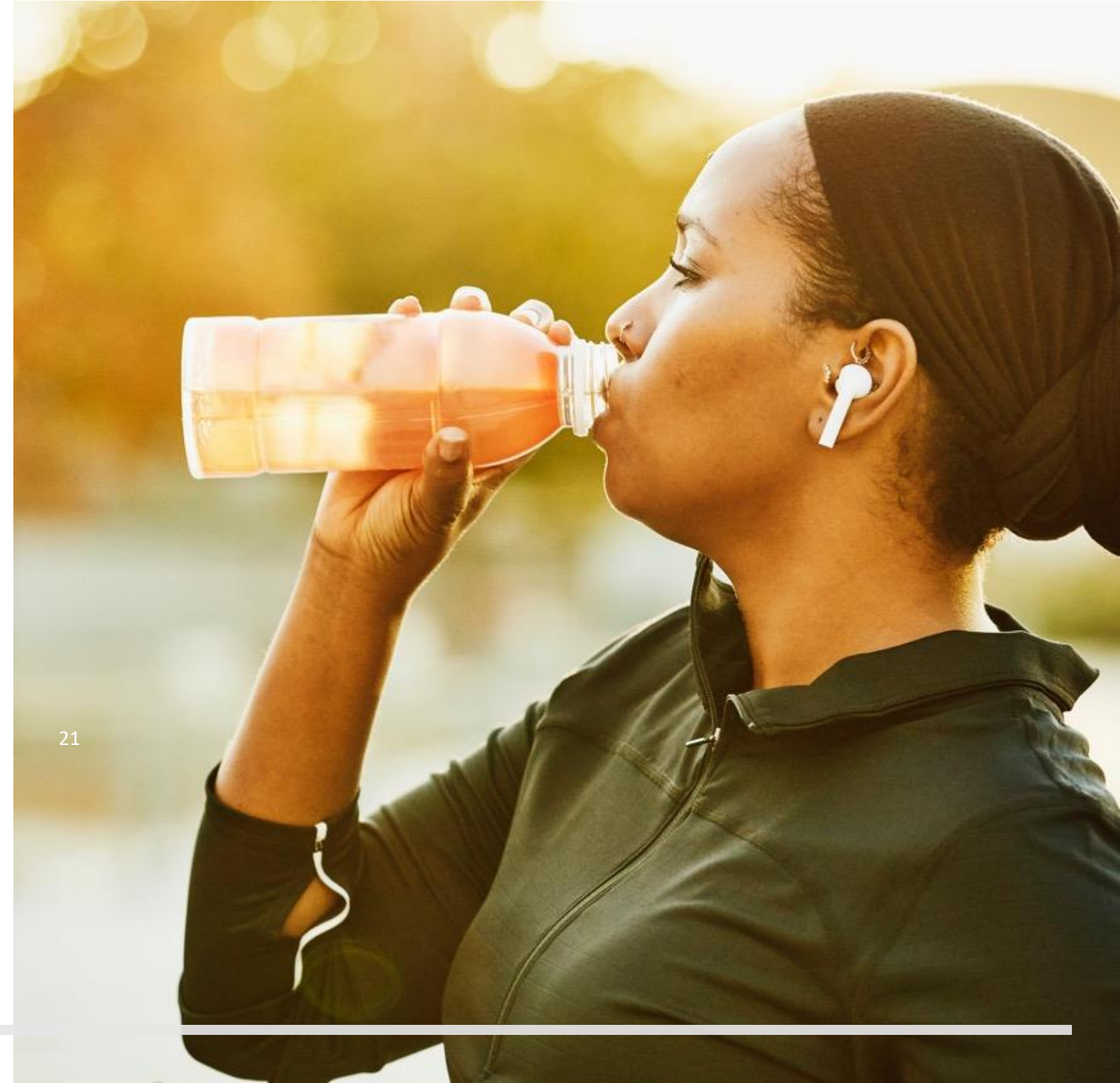
Phone number is on the
back of your ID card.



Special Offers

Visit **anthem.com** and
choose **Discounts** to:

Save money on glasses,
weight-loss programs, gym
memberships,
and vitamins.



What do I need to do now?



1. For additional information on your benefits, visit the www.mydg3benefits.com
2. If you would like to speak with an Oswald Benefits Counselor with any questions about your benefits, please reach out to mybenefits@oswaldcompanies.com
3. **Only those making changes need to complete an enrollment form. If you are not making any changes no action is needed.**
4. Don't miss out – the Open Enrollment window closes on December 20th