

2021

BENEFITS GUIDE

DG3 NORTH AMERICA, INC.
EMPLOYEE BENEFITS
UPDATED FOR JANUARY 1, 2021



The information in this document is a guide of how to access your benefits and provide a high-level overview. For further detail, please see the benefit summaries and plan documents, or feel free to reach out to Human Resources.

DG3 North America, Inc. employees that work 30 or more hours a week are eligible for benefits on their date of hire. Benefits are available for employees and their eligible dependents. Please see Human Resources to confirm your eligibility and offerings.

DG3 North America, Inc. benefits are administered on a calendar-year basis, and all plans are effective January 1st of each year. An annual open enrollment period is offered to allow you to enroll in benefits, make changes or add eligible dependents without requiring a Qualifying Event. Once your selection has been made, it will remain in effect until December 31 of the upcoming benefit year. A Qualifying Event such as, but not limited to, divorce, marriage, birth or adoption must be reported to the carriers and the Human Resources office within 30 days of the event.





TABLE OF CONTENTS

2021 Message	1
Medical Insurance	2
Dental Insurance	6
Vision Insurance	8
Life/AD&D Insurance	9
Long Term Disability Insurance	10
Wellness	11
Your Benefits Resources	12

2021

MESSAGE FROM DG3 NORTH AMERICA

DG3 North America, Inc. is committed to providing our employees with a benefits program that is both comprehensive and competitive. Our benefits program offers health care, dental, vision, basic life, voluntary life and voluntary long-term disability coverage to our employees and their families. This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage that is right for you. Benefits information can also be found at www.mydg3benefits.com.

We are happy to announce that all carriers and benefit plans through 2021. In addition, your Medical payroll deductions will decrease starting January 1, 2021! Due to high utilization, there will be a slight increase in the Dental (Active & Passive) payroll deduction. All other payroll deductions (Vision, DHMO and voluntary options) will remain the same, no change!

If you have any questions, please contact Human Resources.

Thank you for your cooperation during this open enrollment period.

Sincerely,

DG3 North America, Inc.



MEDICAL INSURANCE

United Healthcare

FREEDOM NETWORK

Who is Eligible and When?

Open Enrollment is November 16th – December 16th with your benefit choices being effective January 1, 2021. Our benefits plan year is January 1, 2021 – December 31, 2021.

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 2021.

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 November 16th – December 16th with your benefit choices being effective January 1, 2021. Our benefits plan year is January 1, 2021 – December 31, 2021.

Dependent Eligibility

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as your legal spouse 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.

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.

Employee Assistance Program

Through the Employee Assistance Program (EAP) offered through your Guardian coverage, you and eligible members of your household have 24/7 access to confidential counseling to help you address issues such as relationship struggles, drug and alcohol abuse, financial hardship, and general stress or depression. Many issues can be addressed directly with an EAP professional; in some cases, you may be referred to other resources. The EAP is available 24 hours, 7 days a week by calling 1-800-386-7055 or emailing eapcounselor@ibhcorp.com. Visit www.ibhworklife.com (Password:wlm70101) for more information.

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.

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.



MEDICAL BENEFITS

United Healthcare

FREEDOM NETWORK

MEDICAL BENEFITS SCHEDULE

The information below is a summary of medical coverage only. Please contact United Healthcare Freedom Network at www.oxfordhealth.com or contact the HR Department at 201-793-5235 or US.HR@dg3.com for detailed plan summaries. Any deductibles and copays shown in the chart below are amounts for which you are responsible.

BENEFIT	HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT	
	IN NETWORK	OUT OF NETWORK
Annual Cost Sharing		
Deductible (single/family)	\$2,500/\$5,000	\$4,000/\$8,000
Coinsurance	10%	30%
Out-of-Pocket Maximum (single/family)	\$4,000/\$8,000	\$6,000/\$12,000
Lifetime Maximum		
Individual/Family	N/A	N/A
Physician Services		
Preventive	No Charge	30% after deductible
Doctor's office visit	10% after deductible	30% after deductible
Specialist office visit	10% after deductible	30% after deductible
Emergency Services		
Urgent Care	10% after deductible	30% after deductible

BENEFIT	HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT	
Emergency Room Copay (Waived if Admitted)	10% after deductible	30% after deductible
Hospital Services		
Hospitalization (Inpatient per admission)	10% after deductible	30% after deductible
Lab Services	10% after deductible	30% after deductible
X-Ray Services	10% after deductible	30% after deductible
Prescription Drugs		
<i>Retail (30-day supply)</i>		
General	\$5 copay after deductible is met	Covered at participating pharmacies only
Preferred Brand	\$30 copay after deductible is met	Covered at participating pharmacies only
Non-preferred brand	\$60 copay after deductible is met	Covered at participating pharmacies only
<i>Mail Order (90-day supply)</i>		
General	\$10 copay after deductible is met	Covered at participating pharmacies only
Preferred Brand	\$60 copay after deductible is met	Covered at participating pharmacies only
Non-preferred brand	\$120 copay after deductible is met	Covered at participating pharmacies only
Contributions		
	Employee Monthly Contributions	Employee Semi-Monthly Contributions
Employee Only	\$110.63	\$55.32
Employee + Spouse	\$232.66	\$116.33
Employee + Children	\$193.05	\$96.52
Family	\$337.64	\$168.82

Note: Deductibles, copays and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary and Reasonable charges apply for all out-of-network benefits.

VOLUNTARY DENTAL BENEFITS

United Healthcare

DHMO – SELECT MANAGED CARE NETWORK

PPO – NATIONAL OPTIONS PPO30



DENTAL BENEFITS SCHEDULE

BENEFIT	DHMO PLAN	
	IN NETWORK	OUT OF NETWORK
Annual Cost Sharing		
Deductible (single/family)	\$0/\$0	N/A
Preventive Services	No Charge	N/A
Basic Services	Discounted, see benefit schedule	N/A
Major Services	Discounted, see benefit schedule	N/A
Orthodontia Lifetime Maximum	Discounted, see benefit schedule	N/A
Contributions	Employee Monthly Contributions	Employee Semi-Monthly Contributions
Employee Only	\$7.85	\$3.92
Employee + Spouse	\$15.77	\$7.89
Employee + Children	\$13.57	\$6.78
Family	\$28.16	\$14.08

BENEFIT	PPO – LOW PLAN- ACTIVE	
	IN NETWORK	OUT OF NETWORK
Annual Calendar year Maximum	\$1,500	\$1,000
Calendar Year Deductible (Single/Family)	\$50/\$150	\$50/\$150
Preventive Services	No Charge	No Charge
Basic Services	10% after deductible	25% after deductible
Major Services	40% after deductible	50% after deductible
Orthodontia (Children Up to Age 19)	50% coinsurance	50% coinsurance
Orthodontia Lifetime maximum	\$1,500	\$1,500

BENEFIT	PPO – LOW PLAN - ACTIVE	
Contributions	Employee Monthly Contributions	Employee Semi-Monthly Contributions
Employee Only	\$45.11	\$22.55
Employee + Spouse	\$49.74	\$24.87
Employee + Children	\$41.25	\$20.63
Family	\$91.28	\$45.64

BENEFIT	PPO – HIGH PLAN - PASSIVE	
	IN NETWORK	OUT OF NETWORK
Annual Calendar year Maximum	\$1,500	\$1,500
Calendar Year Deductible (Single/Family)	\$25/\$75	\$25/\$75
Preventive Services	No Charge	No Charge
Basic Services	20% after deductible	20% after deductible
Major Services	40% after deductible	40% after deductible
Orthodontia (Up to Age 19)	50% coinsurance	50% coinsurance
Orthodontia Lifetime maximum	\$1,500	\$1,500
Contributions	Employee Monthly Contributions	Employee Semi-Monthly Contributions
Employee Only	\$50.94	\$25.47
Employee + Spouse	\$90.21	\$45.11
Employee + Children	\$85.70	\$42.85
Family	\$157.02	\$78.51

VOLUNTARY VISION BENEFITS

United Healthcare



VISION BENEFITS SCHEDULE

BENEFIT	IN NETWORK	OUT OF NETWORK REIMBURSEMENTS (COPAYS DO NOT APPLY)
Professional Fees		
Exam – once every 12 months	\$20 copay	Up to \$40
Materials		
Copay	\$20	\$20
Single Lenses	Paid in Full after copay	Up to \$40
Lined Bifocal Lenses	Paid in Full after copay	Up to \$60
Lined Trifocal Lenses	Paid in Full after copay	Up to \$80
Lenticular Lenses	Paid in Full after copay	Up to \$80
Frames	\$150 Allowance	Up to \$45
Elective contacts	Up to 6 boxes of disposable contacts	Up to \$105
Service Frequency		
Exams		12 months
Lenses		12 months
Frames		24 months
Contributions		
	Employee Monthly Contributions	Employee Semi-Monthly Contributions
Employee Only	\$4.65	\$2.33
Employee + Spouse	\$8.84	\$4.42
Employee + Children	\$9.31	\$4.66
Family	\$14.53	\$7.27



ADDITIONAL INSURANCE & BENEFITS

LIFE / AD&D

VOLUNTARY LIFE

VOLUNTARY LONG-TERM

DISABILITY



LIFE / AD&D - GUARDIAN

No Change. Please reference your Guardian Kit or visit www.mydg3benefits.com for more information.



VOLUNTARY LIFE AD&D & LONG- TERM DISABILITY - GUARDIAN

No Change. Please reference your Guardian Kit or visit www.mydg3benefits.com for more information.

WELLNESS BENEFITS



DG3 is proud to offer voluntary wellness programs and services through our United Healthcare partnership!

Begin your journey to managing your health with Rally, available through www.oxfordhealth.com

We are happy to offer Rally, which may help you improve your health, available through oxfordhealth.com. This online, interactive experience is designed to make it easy to help you understand healthy behaviors and take any needed steps to help you live a healthier life.

With UHC's array of wellness opportunities, we hope to help you make conscious choices to impact your wellbeing, health, and safety. Please reference www.mydg3benefits.com for more information



INSURANCE CONTACTS QUICK REFERENCE



MEDICAL

UnitedHealthcare Freedom Network
24-hour support Customer Service: **866-414-1959**
www.oxfordhealth.com
Oxford for Members – 800-444-6222
Oxford for Providers – 800-666-1353

DENTAL

UnitedHealthcare
DHMO – Select Managed Care Network PPO – National Options
PPO30 Customer Service: **866-414-1959** www.uhcdental.com

VISION

UnitedHealthcare
Customer Service: **800-638-3120**
www.uhcvision.com

LIFE INSURANCE & LONG-TERM DISABILITY

Guardian
Customer Service: **1-888-482-7342**
www.guardiananytime.com

GUARDIAN EAP – WORKLIFE MATTERS

The EAP is available 24 hours, 7 days a week.
Call **1-800-386-7055** or email eapcounselor@ibhcorp.com.
Visit www.ibhworklife.com for more information
USERNAME: matters
PASSWORD: wlm70101