

DG3 North America, Inc.

2024 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 stay with CIGNA

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.

What's **New** for 2024?

We've spent time evaluating the benefits package to assure that we're continuing to offer the programs & protection that you & your family need

We are making some additions to our benefits plans in 2024 so that we can continue to improve service, contain costs and offer more options for your health, wellness and financial security.

Medical Insurance: CIGNA

For 2024 the Deductible will increase from \$2,500 to \$6,000 for singles and from \$5,000 to \$12,000 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 (\$3,500 for single or \$7,000 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.

Dental, Vision: CIGNA, no change.

Life and Disability: NY Life, no change.

Benefits Eligibility

Open Enrollment is December 6th – December 20th with your benefit choices being effective January 1, 2024. Our benefits plan year is January 1, 2024 – December 31, 2024.

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 2024. The FSA requires an annual election, the max roll over amount is \$610.

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 6th – December 20th with your benefit choices being effective January 1, 2024. Our benefits plan year is January 1, 2024 – December 31, 2024.

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.



MEDICAL



DENTAL



VISION



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. ID cards with your CIGNA group and member numbers will be mailed to your home as soon as your eligibility information is recorded in CIGNA's system. If you are making changes new CIGNA ID cards will be sent in unmarked envelopes; however, they will read **IMPORTANT PLAN INFORMATION** on the outside. Each covered member within your family will receive an ID card. You will need to begin using your new CIGNA ID cards for services received on or after 1-1-2024. If you are not making any changes to your current CIGNA medical benefits, then you will NOT receive a new ID card.

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



DENTAL



VISION



HSA



DISABILITY



LIFE

Your Health *Matters*



Medical Plan Payroll Deductions

CIGNA

Medical SEMI-MONTHLY Rates	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
High Deductible Health Plan w/ HSA	\$88.75	\$186.36	\$168.63	\$266.26



MEDICAL



Website: www.cigna.com

Mobile App: My Cigna App

2024 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 Cigna, the HR Department at 201-793-5235 or US.HR@dg3.com or log visit www.mydg3benefits.com for detailed plan summaries.

Services	In-Network	Out-of-Network
Deductible (Single/Family)	\$6,000/\$12,000	\$6,000/\$12,000
Annual Out-of-Pocket Maximum	\$7,000/\$14,000	\$14,000/\$28,000
Coinsurance	20% after Deductible	40% after Deductible
Preventive Care	No Charge	40% after Deductible
Primary Care / Specialist Visits	20%/20% after Deductible	40%/40% after Deductible
Inpatient Visit	20% after Deductible	40% after Deductible
Outpatient Services	20% after Deductible	40% after Deductible
Emergency Room	20% after Deductible	20% after Deductible
Urgent Care	20% after Deductible	20% after Deductible
Rx Retail		
Generic / Preferred /Non-Preferred	Deductible, then \$5/\$30/\$60	40% after Deductible
Rx Mail Order		
Generic / Preferred /Non-Preferred	Deductible, then \$10/\$60/\$120	N/A

For 2024 the deductible will increase from \$2,500 to \$6,000 for singles and from \$5,000 to \$12,000 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 (\$3,500 for single or \$7,000 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.

The drug formulary is called Cigna Advantage 3-Tier Prescription Drug List.

Mail Order: Express Scripts Pharmacy®, our home delivery pharmacy, is a convenient option if you're taking a medication on a regular basis to treat an ongoing health condition. Express Scripts Pharmacy, which is a Cigna company, is one of the country's largest home delivery pharmacies.

Use the myCigna® App or website to manage your medications.

- See which medications your plan covers. You can also see which tier they're covered on.
- Use Price a Medication to determine your medication costs and to see if there are lower cost alternatives available.
- See your pharmacy claims and coverage details.
- Connect to your Express Scripts online account. There, you can:
 - Refill your prescriptions and/or request anew prescription from your doctor
 - Check your order status and track your order
 - Sign up for automatic refills (if your medication is eligible)
 - View your order history
 - Update your profile information (shipping address and phone number, payment information, allergies and/or health conditions, how you'd like to be contacted)
 - Pay your bill online

The above is a high-level overview of benefits; please refer to the Certificate & SPD for final confirmation of coverage



DENTAL



Website: www.cigna.com
Mobile App: My Cigna App

2024 Plan Options:

Dental Preferred Provider Organization (PPO) Plan is used for the Cigna High and Low Plans and a DHMO for the UHC plan offering. Cigna 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	Cigna HIGH PLAN		Cigna 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%	60%	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	Cigna DPPO Advantage				UHC National Select Managed Care

SEMI-MONTHLY Rates	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Cigna High Plan	\$21.94	\$39.02	\$37.08	\$67.93
Cigna Low Plan	\$19.75	\$21.78	\$18.06	\$39.97
UHC DHMO	\$4.12	\$8.28	\$7.12	\$14.78





VISION



Website: www.cigna.com
Mobile App: My Cigna App

2024 Plan Option:

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 \$45
Single Lenses	Paid in full after Copay	Up to \$32
Bifocal Lenses	Paid in full after Copay	Up to \$55
Trifocal Lenses	Paid in full after Copay	Up to \$65
Frames	\$150 allowance	Up to \$83
Elective contacts	\$150 allowance	Up to \$120
Non-elective (medically necessary) Contacts	Covered in full once every calendar year	Up to \$210

Service Frequency

Exams	12 Months
Lenses	12 Months
Frames	24 Months

SEMI-MONTHLY Rates	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Cigna	\$2.71	\$5.16	\$5.44	\$8.48





CIGNA Medical Plan Provider Search Instructions

Medical, Dental, and Vision.

Easy access to your benefits coast-to-coast

Regardless of where you live or travel in the U.S., you will be able to access your benefits through CIGNA's Open Access Plus (OAP). As before, if you choose to receive care through a network physician or hospital, you will pay less than if you had chosen a provider outside of the OAP network.

With CIGNA's provider directory you can quickly find participating physicians and hospitals in your area, view detailed information about the physicians, view maps and directions to their offices. You can confirm the network status of your physician and other providers by accessing their online directory. (Prior to your enrollment with CIGNA, you would search the network directory through the "guest" option.)

Step 1 Visit cigna.com , then Click on Employer or School and enter your address, city or zip code

Step 2 Choose Doctor by type, name or search health facility for Medical, Dental or Vision.

Step 3 *Continue as a guest.*

Select a plan/network:

Medical: Open Access Plus, OA Choice Fund OA Plus;

Dental: Total Cigna DPPO (Cigna DPPO Advantage and Cigna DPPO)

Network; Vision: Cigna Vision Serviced by EyeMed

Step 4 Search based on type of provider or facility, locations near you or by a provider's name

Step 5 View your results and find out about their training, languages spoken, provider location and phone number



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 withdrawals to pay for qualified expenses.

IRS Contribution Limits	2024 - Annual
Single	\$4,150
Family	\$8,300
Catch-up (55+)	\$1,000

DG3 Contribution	2024 - Annual
Single	\$500
Family	\$1,000

Examples of Qualified Medical Expenses

Acupuncture	Doctor's fees	Oxygen/oxygen equipment
Alcoholism treatment	Drug addiction recovery	Prescription drugs
Ambulance	Dyslexia language training	Psychiatric care
Artificial limbs	Eyeglasses and examination fees	Therapy treatments (prescribed)
Braces	Hearing aid and batteries	Transportation (for medical care)
Childbirth preparation classes (mother)	Home modifications for handicapped	Vision correction surgery (e.g., LASIK)
Chiropractors	Insulin	Vitamins (if prescribed)
Contact lenses	Laboratory fees	Wheelchairs
Crutches	Maternity expenses	X-rays
Dental fees	Nursing homes	
Dentures	Optometrists	
Diagnostic fees	Orthodontia	
	Orthopedic shoes	



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 \$3,200. 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.
- 2024 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 www.wexinc.com



LIFE



Website: www.newyorklife.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 summary for more information.

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

Supplemental Life and AD&D and Dependent Life Rates

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
35-39	\$0.065
40-44	\$0.071
45-49	\$0.101
50-54	\$0.149
55-59	\$0.270
60-64	\$0.409
65-69	\$0.778
70+	\$1.255

Employee & Spouse Life

Insurance Rates are based on volume of coverage and age as of January 1 of the plan year. Employee basic and supplemental life includes Accidental Death and Dismemberment coverage (AD&D).

Child(ren) Life

The monthly cost is \$0.045 per \$1,000 of coverage and all eligible dependent children are included in the cost.



DISABILITY



Website: www.newyorklife.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.

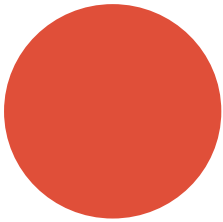
You are eligible for LTD benefits after 90 days and approval. Benefits may continue until your recovery, retirement, you reach Social Security normal retirement age or death, or are offset by other disability benefits, including Social Security, state disability and Workers' Compensation.

It is your responsibility to submit a claim and make sure your physician has submitted necessary documentation to NY Life, and to follow up with NY Life 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





EAP

EMPLOYEE ASSISTANCE PROGRAM (EAP) | GUIDANCE RESOURCES

Guidance Resources is here with help for life's issues

Employee Assistance Program: Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Employee Assistance Program provides a maximum of three sessions, per issue, per year.

Guidance Resources: When you need information quickly to help handle life's challenges, you can visit guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

Well-being Coaching: Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

Family Source: Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

Contact Info:

Employee Assistance and
Wellness Support 24/7



Phone: (800) 344-9752



Website: guidanceresources.com
Web ID: NYLGBS

CONTACTS

Find the answers you need

Benefit	Provider	Website	Phone Number
Medical/Rx	Cigna	www.cigna.com	Use number on the back of your ID Card
Dental – PPO High and Low	Cigna	www.cigna.com	
Dental – DHMO	UHC	www.myuhc.com	
Vision	Cigna	www.cigna.com	
Life AD&D	NY Life	www.newyorklife.com	
Long-Term Disability	NY Life	www.newyorklife.com	
Health Savings Account	HSA Bank	www.hsabank.com	English: (800) 357-6246 (414) 978-5294 Spanish: (866) 357-6232
Flexible Spending Account	WEX	www.wexinc.com	1-833-CALL-WEX
COBRA	WEX	www.wexinc.com	1-833-CALL-WEX
Employee Assistance Program	Guidance Resources	www.guidanceresources.com	800-344-9752





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