2027 BENEFITS GUIDE



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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 sustain a great benefits program while controlling our costs and minimizing plan disruption. For 2027, medical, dental and vision remain with Anthem (the DHMO is through UHC), and life and disability remain with Guardian – plus a new low-cost Apex-MEC medical option and a new Oswald Benefits Concierge.

This brochure offers high-level information 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

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

Your benefit elections are effective January 1, 2027. Our benefits plan year is January 1, 2027 – December 31, 2027.



If you are not making changes, no action is required – your current benefits roll over into 2027. The HSA and FSAs require a new annual election. FSA carryover: up to $680 of 2026 funds into 2027; up to $700 of 2027 funds into 2028.

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 Savings Account (HSA) and/or the Health Care, Dependent Care 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 7th – December 18th, 2026, with your benefit choices being effective January 1, 2027. Our benefits plan year is January 1, 2027 – December 31, 2027.

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

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 can choose between two medical plan options – the Anthem HDHP with HSA and the Apex-MEC Plus Advantage plan – both of which include prescription drug coverage. Please refer to the following pages for medical plan benefits. ID cards will be mailed to your home address; electronic copies can also be downloaded via the Anthem mobile app, Sydney. Anthem Dental and Vision cards will be mailed home and can also be downloaded via the Sydney app.

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.

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:

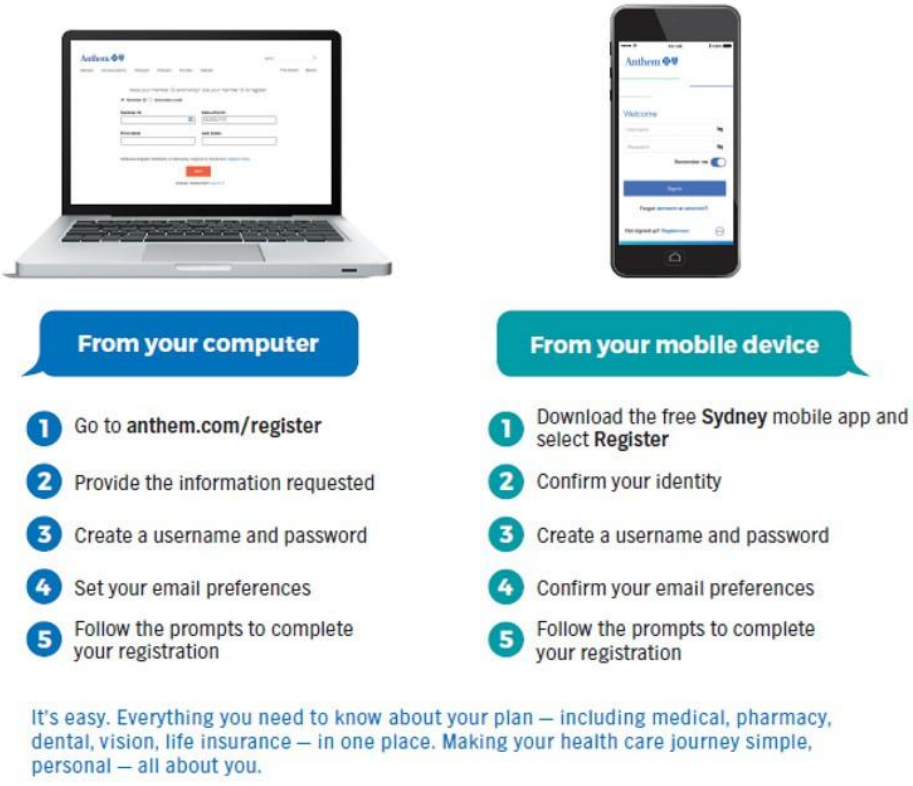
- What type of care are you searching for? Medical
- What state do you want to search in? Enter state where you are seeking care
- What type of plan do you want to search with? Medical (Employer-Sponsored)
- Select a plan / network: National PPO (BlueCard PPO)

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

	Anthem HDHP w/ HSA	Apex-MEC Plus Advantage
Semi-Monthly Rates		
Employee Only	$122.87	$14.76
Employee & Spouse	$296.12	$29.78
Employee & Child(ren)	$210.85	$29.07
Family	$381.89	$43.57

You've got quick access to your health care!

Register on anthem.com or the Sydney mobile app.



MEDICAL
BENEFITS

2027 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 US.HR@dg3.com or visit www.mydg3benefits.com for detailed plan summaries.

	High-Deductible Health Plan w/ HSA	
	In-Network	**Out-of-Network**
Services		
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 Visit	0% after Deductible	30% after Deductible
Inpatient Visit	0% after Deductible	30% after Deductible
Outpatient Visit	0% after Deductible	30% after Deductible
Emergency Room	0% after Deductible	Covered as In-Network
Urgent Care	0% after Deductible	30% after Deductible
Rx Retail Pharmacy		
Tiers 1 – 4 (see page 8)	0% Level 1 / 10% other, after Deductible	50% after Deductible
Rx Home Delivery (CarelonRx Pharmacy)		
Tiers 1 – 4 (see page 8)	0% after Deductible	Not Covered

To lessen the impact of the deductible, DG3 provides a Health Reimbursement Arrangement (HRA). Once you pay the first $2,700 of the deductible for single coverage or $5,400 for employee plus one or more dependents, you can submit eligible medical and prescription claims – up to $3,500 for single or $7,000 for employee plus one or more dependents – to be reimbursed by the HRA.

Claim forms can be found at www.mydg3benefits.com or by contacting Human Resources. To submit for reimbursement, complete the claim form and send it, along with your corresponding Explanation of Benefits, to the email address on the form.

Prescription drug coverage: see page 8 for details on your pharmacy benefits.



PRESCRIPTION
DRUG BENEFITS

Prescription drug coverage is included with the Anthem High Deductible Health Plan and is managed by CarelonRx, Anthem's pharmacy benefit manager. Use your Anthem ID card at the pharmacy – your prescription costs count toward your deductible and out-of-pocket maximum, and eligible prescriptions can be reimbursed through the DG3 HRA.

Where You Fill Your Prescription	Retail (up to 30-day supply)	Home Delivery (up to 90-day supply)
Preventive drugs (PreventiveRx list)	$0 – no deductible	$0 – no deductible
Level 1 pharmacy	0% after deductible	0% after deductible
Other in-network pharmacy	10% after deductible	Not available
Out-of-network pharmacy	50% after deductible	Not covered

Cost sharing is the same for all four drug tiers. Level 1 pharmacies and CarelonRx Pharmacy home delivery give you the lowest cost – find a Level 1 pharmacy in the Sydney Health app or at anthem.com.

Your Drug List: Essential Drug List

Tier	Typically includes
Tier 1	Generic drugs – lowest cost
Tier 2	Preferred brand and non-preferred generic
Tier 3	Non-preferred brand and generic
Tier 4	Preferred specialty (brand and generic)

Drugs not on the list are not covered unless your doctor requests and receives approval. Anthem updates the list quarterly and will notify you if a drug you take is removed or moved to a higher tier. View the current list at **anthem.com/pharmacyinformation** or in the Sydney Health app.

Prior Authorization & Step Therapy

Some drugs require approval from Anthem before they're covered (prior authorization), have quantity limits, or require you to try another drug first (step therapy). These are noted on the drug list. Your doctor starts the request – and the Oswald Benefits Concierge can help you follow up.

Preventive Drugs at No Cost

Drugs on Anthem's PreventiveRx list are covered at $0, before you meet the deductible. This includes ACA preventive medications and, for HSA plans, certain drugs used to manage chronic conditions – for example, some medications for high blood pressure, high cholesterol and diabetes. Check the list to see if your medication qualifies.

Home Delivery & Specialty Drugs

- **CarelonRx Pharmacy home delivery:** 90-day supplies of medications you take regularly, with free standard shipping. Set it up in Sydney Health or at anthem.com; allow about two weeks for your first order.
- **CarelonRx Specialty Pharmacy:** for medications that treat complex, long-term conditions and may need special handling. Many require prior authorization.

Ways to Save

- Use a Level 1 pharmacy or home delivery to pay 0% after the deductible
- Ask your doctor whether a generic or lower-tier drug is right for you
- Use the Price a Medication tool in Sydney Health to compare costs by pharmacy
- Pay your share with your HSA – tax-free

How DG3 Helps With Prescription Costs

- You pay the first $2,700 (single) or $5,400 (family) of the deductible – your HSA can cover this.
- The DG3 HRA reimburses the next $3,500 / $7,000 of eligible medical and Rx claims.
- After that, Rx is 0% at Level 1 pharmacies and home delivery.

Questions About a Prescription?

Anthem Pharmacy Member Services: call the number on your Anthem ID card.

Oswald Benefits Concierge: 216-206-6798 or mybenefits@oswaldcompanies.com – help with prior authorizations, denied claims and HRA reimbursements.

MEDICAL OPTION 2

APEX-MEC PLUS ADVANTAGE

New for 2027: a low-cost medical option. Apex-MEC Plus Advantage is a Minimum Essential Coverage (MEC) plan administered by Tres Health on the PHCS nationwide network. It includes Globe Life hospital indemnity and group term life coverage.

Benefits	You Pay	Limit
PREVENTIVE & VIRTUAL CARE		
Preventive care (in-network, non-hospital facility)	$0	ACA preventive services
MDLive 24/7 telemedicine & behavioral health	$0	Unlimited – you & family
PHCS NATIONWIDE NETWORK		
Primary care visit	$20 copay	3 visits per year
Specialist visit	$50 copay	3 visits per year
Urgent care	$50 copay	3 visits per year
Diagnostic X-ray and lab	$50 copay	5 tests per year
CT scan / MRI (outpatient only)	$200 copay	1 scan per year
PRESCRIPTION DRUGS (CIGNA RX)		
Generic medications	$0 copay	—
Tier 1 medications (FDA-approved)	10% coinsurance	—

Included: Globe Life Coverage

- **Hospital indemnity:** $250 per day in the hospital or ICU, up to 60 days per year – paid to you.
- **Group term life:** Employee $10,000 • Spouse $5,000 • Child $2,500.
- Also includes MedWatch member advocacy and identity theft protection.

Important to Know

- A limited benefit plan – not major medical coverage. Hospital stays and surgery are not covered like the Anthem plan.
- No out-of-pocket maximum for costs the plan doesn't cover.
- Not HSA-eligible – no DG3 HSA or HRA dollars.

Semi-Monthly Rates

Employee Only: $14.76
Employee & Spouse: $29.78
Employee & Child(ren): $29.07
Family: $43.57

Questions or Finding Care

Tres Health member portal: member.tres.health
MDLive: mdlive.com/treshealth
Benefits Concierge: 216-206-6798

DENTAL
BENEFITS

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.

	High Plan		Low Plan		UHC DHMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Services					
Deductible (Single/Family)	$25/$75		$50/$150		$0/$0
Preventive Care	100%		100%		Fixed copays – see DHMO schedule
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	$1,500	
Annual Max Benefit	$1,500		$1,500 in-network / $1,000 out-of-network		
Network	Anthem Dental Complete Network				UHC National Select Managed Care
Semi Monthly Rates					
Employee Only	$23.45		$26.60		$5.05
Employee & Spouse	$41.71		$29.33		$10.15
Employee & Child(ren)	$39.64		$24.33		$8.73
Employee & Family	$72.62		$54.06		$18.12



VISION
BENEFITS

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 eyeglass lenses once every 12 months and frames once every 24 months. The plan also covers all or part of the cost of contacts (instead of glasses) once every 12 months.



	Anthem	
	In-Network	**Out-of-Network**
Services		
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	
Frames	24 Months	
Semi-Monthly Rates		
Employee Only	$1.88	
Employee & Spouse	$3.58	
Employee & Child(ren)	$3.78	
Employee & Family	$5.89	

HEALTH
SAVINGS ACCOUNT

What is an HSA?

Health Savings Accounts (HSA) are a tax-advantaged medical savings account available to those who enroll in the Anthem High Deductible Health Plan (HDHP). 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	2027
Single	$4,500
Family	$9,000
Catch-up Contribution (Age 55+)	$1,000

DG3 Contribution	2027 - Annual
Employee	$500.00
Family	$1,000

Examples of Qualified Medical Expenses

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

FSA

FLEXIBLE SPENDING ACCOUNTS

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 $3,500. 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.
- Carryover (Health Care and Limited Purpose FSA): up to $680 of unused 2026 funds carries over into 2027, and up to $700 of unused 2027 funds will carry over into 2028. Any amount above the carryover limit is forfeited.
- 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.

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

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 by 35% at age 70 and by 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 up to $400,000. Guarantee issue $200k
- To purchase for your spouse in $5k increments up to $200,000 (not to exceed 100% of your amount). Guarantee issue $30k
- To purchase for your child(ren) from birth to age 26: $10k. Guarantee issue $10k
- Benefit reduces by 35% at age 70 and by 50% at age 75. All coverage terminates at retirement.

Evidence of insurability required for those who previously waived coverage during initial enrollment period. Please reference your Guardian summary for more information.

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

Supplemental & Dependent Life Rates – monthly per $1,000, including AD&D

	Rates/$1,000 (Monthly)	
Employee & Spouse Life	**Age**	**Employee**
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).	Under 30	$0.093
	30-34	$0.117
	35-39	$0.129
	40-44	$0.141
	45-49	$0.201
	50-54	$0.298
	55-59	$0.540
	60-64	$0.818
	65-69	$1.555
	70-74	$2.510
	75+	$2.510
Child(ren) Life	$0.90 per month for $10,000 of coverage (includes AD&D). One premium covers all eligible children.	



VOLUNTARY LONG-TERM **DISABILITY**

Guardian Voluntary Long-Term Disability is employee-paid coverage that protects you financially if you cannot work for an extended period because of an illness or injury that is not work-related.

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**
Under 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 and older	$0.985



EMPLOYEE ASSISTANCE **PROGRAM**

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: guidanceresources.com (or the GuidanceNow app)
- Organization web ID: Guardian (first-time users must register)
- Call: 1-855-239-0743 (TRS: dial 711)
  Available 24/7.



CONTACTS

FIND THE ANSWERS YOU NEED

Benefit	Provider	Website	Phone
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: (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	Guardian (GuidanceResources)	guidanceresources.com	1-855-239-0743 (web ID: Guardian)
Apex-MEC Plus Advantage	Tres Health	member.tres.health	Use number on your ID card
Apex-MEC Hospital Indemnity & Life	Globe Life	GlobeLifeGroupBenefits.com	Use number on your ID card
Benefits Concierge	Oswald	mybenefits@oswaldcompanies.com	216-206-6798


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