DEXTER®

Together is Better

2027 Benefits Guide

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Important Medicare Information

If you and/or your dependents have Medicare, or will be eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage.

This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary plan descriptions for these programs. If there is a conflict between this guide and the official plan documents, the plan documents will govern. The benefits outlined in this document are not applicable to CBA employees. Dexter reserves the right to modify or terminate any of the described benefits at any time and for any reason. The descriptions of these benefits are not a guarantee of current or future employment or benefits. For information about the specific plans available to you, please contact Human Resources.

WELCOME TO YOUR 2027 BENEFITS!

THE DEXTER BENEFITS PROMISE

OUR FOCUS

Care Coordination – Keeping you, your providers, and your insurance aligned.

Prevention – Supporting your health before issues arise.

Quality Care – Connecting you with trusted resources and information.

Second Opinions – Empowering you to make confident care decisions.

Bill Review – Catching costly errors before they impact your wallet.

Time Savings – Minimizing stress, delays, and confusion.

WHAT THIS MEANS FOR

More Choice – You choose the doctors and services that fit your life.

Strong Support – A dedicated team ready to help solve problems.

Less Hassle – Fewer delays, less paperwork, and clearer answers.

Better Health – Tools and guidance to stay well and catch issues early.

Lower Costs – Fair pricing and bill reviews that help you save.

WHAT'S NEW FOR 2027

WELCOME

At Dexter, we strive to provide benefits that support you and your family. We encourage you to take full advantage of the benefits and resources available to you so you can make the most of your benefits package.

Earlier this year, we introduced Quantum Health to help guide employees through the health care system and to provide price protection for health care services.

We understand that getting comfortable with a new process can take time and we truly appreciate the efforts you're making to get up to speed on Quantum Health. It's important for you to know that help is a call or click away.

The Care Coordinators at Quantum Health are your personal guides for navigating your medical plan. They can help you:

- Understand your medical benefits and how the plan works
- Find the right care and providers for your needs
- Answer questions about your coverage and next steps
- Connect with Imagine360 to help ensure you're not paying more for care than the plan allows
- Navigate the health care system with greater confidence

We encourage you to review this guide and become familiar with the benefits and resources available to you and your family. Making the most of your benefits starts with knowing what's available and where to go for support.

Your hard work and dedication make a difference every day, and we're grateful for all you do for Dexter.

Open Enrollment: October 26 — November 6, 2026

Your current coverage will roll over to 2027. If you want to make benefit changes, add or remove dependents, or contribute to a Flexible Spending Account (FSA) or Health Savings Account (HSA), make your elections by November 6.

See page 6 for enrollment instructions!

WHAT'S NEW FOR 2027

ANNUAL CONTRIBUTION LIMITS INCREASED:

- **Health Savings Account (HSA):** $4,500/individual and $9,000/family
- **Flexible Savings Account (FSA):** FSA limits are based on current IRS guidance and are subject to change.

FSA and HSA Elections

Your current coverage rolls over to 2027, except for FSA and HSA contribution elections. If you want to make benefit changes, or contribute to an FSA or HSA, enroll by November 6.

Free Money in Your HSA

Take advantage of the HSA contributions available from Dexter! To receive them, you simply need to be actively contributing to your HSA:

- **Contribute by January 1** to qualify for Dexter's February contribution.
- **Contribute by July 1** to qualify for Dexter's August contribution.

Be sure your HSA contributions are active by these dates so you can receive the contributions available to you.

ELIGIBILITY

YOU:

As an active full-time employee working at least 30 hours per week, you are eligible for benefits.

YOUR DEPENDENTS:

You may enroll your eligible dependents in many of the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse (opposite-sex or same-sex)
- Your biological, adopted, or stepchildren up to age 26, or children of any age, if incapable of self-support due to mental or physical disability

Visit the benefits microsite for additional plan details, helpful resources, and more at **benefits.dextergroup.com**

ENROLLING & MAKING CHANGES

The benefit choices you make when you first become eligible are in effect for the remainder of the plan year. It's important to review your benefit options and choose the best coverage for you and your family.

You have three opportunities to enroll in or make changes to your benefits:

1	Within 30 days of your eligibility date
2	During the annual open enrollment period
3	Within 30 days of a qualifying life event

QUALIFYING LIFE EVENTS

Life changes and your benefits can, too. Certain events allow you to update your coverage or add new dependents. You have **30 days** from the date of the event to submit your benefit changes and provide the required verification documents.

Event Type	Documentation Required
Marriage	Marriage certificate
Divorce or Legal Separation	Divorce decree or legal separation papers
Birth of a Child	Birth certificate
Adoption or Legal Guardianship	Adoption papers or court guardianship documents
Death of a Dependent	Death certificate
Loss or Gain of Other Health Coverage	Employer or insurer documentation
Employment Status Change	Employer documentation showing status change
Relocation	Proof of relocation (employer letter, utility bill with new address, lease/mortgage)
Medicare or Medicaid Eligibility Change	Proof of eligibility or termination letter
Qualified Medical Child Support Order	Court order documentation

BEFORE YOU ENROLL

As you review your benefit guide to learn about your options, ask yourself these questions:

1	**Who should I cover?** Review your coverage options for all dependents who meet eligibility requirements. You are required to provide proof of eligibility for any new dependents added to your coverage.
2	**How much did I spend on health care last year?** Consider your past expenses and current budget to select plans with the coverage you need at an affordable price.
3	**Do I need more, or less, health coverage?** Are you having a baby? Considering a surgery? Currently in treatment for a chronic condition? Estimate the level of care you may need in the upcoming year.

HOW TO ENROLL

- **Log in to ADP** at workforcenow.adp.com or on the ADP mobile app. (Don't have an account yet or forgot your password? Contact MyLife Advisors at **855-547-8508**.)
- **Review** your mailing address and phone number and make any updates so you don't miss out on valuable information throughout the year.
- **Click Start Enrollment**, which may appear in a pop-up or can be found on the My Benefits menu.
- **Review your coverage options** and follow the prompts to elect or waive coverage.
- **Review your dependents and beneficiaries** by clicking Manage Dependents. If you need to make changes, click Add dependent or beneficiary.
- **Confirm your choices** to make sure they reflect the coverage you've selected for 2027.
- **Submit your elections** by clicking Yes. On the enrollment page, you will find a confirmation message.
- **Print or save a record of your enrollment.** Keep record of your enrollments for future reference

Reminder

Your current coverage rolls over to 2027, except for FSA and HSA contribution elections. If you want to make benefit changes, or contribute to an FSA or HSA, enroll by November 6.

Forgot Your ADP Login?

Email or call **MyLife Advisors**

MyLifeAdvisor@adp.com

855-547-8508 M-F, 8:00 a.m. to 11:30 p.m. EST

THE BENEFIT BASICS

Health insurance can be confusing. Check out these common terms to better understand how your coverage works.

ANCILLARY
These are services that support primary care. Examples include lab tests, X-rays, MRIs, physical therapy, and home health care. These services assist in diagnosing, treating or managing health conditions.

COST FOR COVERAGE
The amount you pay biweekly or weekly for health insurance, often called a "paycheck premium."

OPEN NETWORK
You can see almost any doctor or hospital you choose. If a provider doesn't agree with the plan's payment, your Quantum Health team will work on your behalf to resolve it.

COINSURANCE
A percentage of the cost you split with insurance (example: you pay 20%, insurance pays 80%).

DEDUCTIBLE
What you pay before insurance starts sharing the cost. (Copays don't count toward this amount.)

OUT-OF-POCKET MAXIMUM
Once you reach this amount, insurance covers 100% of eligible costs for the rest of the year.

COPAY
A flat fee you pay for a particular type of service (example: $25 for a doctor visit) with a PPO plan.

EXPLANATION OF BENEFITS (EOB)*
A statement that shows how your benefits were applied to a provider's claim. It also shows what the plan paid and what you owe the provider. An EOB is not a bill.

PRICE PROTECTION*
These are built-in safeguards to ensure you don't overpay for care. Every claim is reviewed to catch errors or overcharges, and payments are based on the fair price of the service.

COST AT TIME OF SERVICE
The amount you pay when you get care, like visiting the doctor or picking up a prescription.

FACILITY
These are physical locations where medical services are delivered, including hospitals, clinics, and surgery centers.

PROFESSIONAL
This term includes medical professionals such as doctors, nurses, and specialists who provide direct care to patients.

Always compare your EOB to any provider bill you receive. If they don't match, call Quantum Health for support.

Questions? Call Quantum Health

If you have questions about a bill, EOB, or insurance term, Quantum Health can help!
Call a Care Coordinator at **844-460-2840** M-F, 8:30 a.m. - 10 p.m. ET.

PAYCHECK PREMIUMS

YOUR COST FOR COVERAGE FOR 2027

MEDICAL/RX
NATIONAL PLAN (ANTHEM/RIGHTWAY)
LOCAL PLAN (PARKVIEW/RIGHTWAY)

Coverage	Weekly paycheck premium		Bi-weekly paycheck premium	
	Wellness	Non-Wellness	Wellness	Non-Wellness
CDHP $3,500				
Employee only	$18.58	$35.88	$37.15	$71.77
Employee + spouse	$38.02	$72.63	$76.03	$145.27
Employee + child(ren)	$33.40	$50.71	$66.80	$101.41
Employee + family	$53.71	$88.33	$107.43	$176.66
CDHP $2,000				
Employee only	$34.31	$51.61	$68.61	$103.23
Employee + spouse	$70.27	$104.89	$140.54	$209.77
Employee + child(ren)	$62.50	$79.81	$125.01	$159.62
Employee + family	$100.13	$134.74	$200.26	$269.49
PPO $850				
Employee only	$65.36	$82.67	$130.73	$165.34
Employee + spouse	$133.94	$168.56	$267.88	$337.11
Employee + child(ren)	$119.96	$137.27	$239.93	$274.54
Employee + family	$191.75	$226.36	$383.49	$452.72

DENTAL (DELTA DENTAL)

Coverage	Weekly paycheck premium		Bi-weekly paycheck premium	
	Low Plan	High Plan	Low Plan	High Plan
Employee only	$5.37	$6.48	$10.74	$12.96
Employee + spouse	$11.20	$13.34	$22.41	$26.68
Employee + child(ren)	$13.48	$19.36	$26.96	$38.71
Employee + family	$20.85	$28.46	$41.69	$56.93

VISION (VSP/XP HEALTH)

Coverage	Weekly paycheck premium		Bi-weekly paycheck premium	
	VSP	XP Health	VSP	XP Health
Employee only	$1.73	$1.65	$3.46	$3.30
Employee + spouse	$2.59	$2.48	$5.19	$4.96
Employee + child(ren)	$2.74	$2.64	$5.47	$5.29
Employee + family	$4.33	$4.13	$8.66	$8.26

See next page for additional benefit premiums.

PAYCHECK PREMIUMS

YOUR COST FOR COVERAGE FOR 2027

ACCIDENT INSURANCE (UNUM)

Coverage	Weekly paycheck premium	Bi-weekly paycheck premium
Employee only	$1.03	$2.07
Employee + spouse	$2.18	$4.36
Employee + child(ren)	$2.70	$5.39
Employee + family	$3.84	$7.68

HOSPITAL INDEMNITY INSURANCE (UNUM)

Coverage	Weekly paycheck premium	Bi-weekly paycheck premium
Employee only	$2.73	$5.45
Employee + spouse	$8.03	$16.06
Employee + child(ren)	$5.50	$11.00
Employee + family	$10.80	$21.61

CRITICAL ILLNESS INSURANCE (UNUM)

Coverage level for employee or spouse	Weekly paycheck premium							
	Age							
	<30	30-39	40-49	50-59	60-64	65-69	70-74	75+
$10,000	$0.30	$0.58	$1.36	$4.52	$6.62	$9.92	$15.28	$21.25
$20,000	$0.60	$1.15	$2.72	$9.05	$13.25	$19.85	$30.55	$42.51
	Bi-Weekly paycheck premium							
$10,000	$0.60	$1.15	$2.72	$9.05	$13.25	$19.85	$30.55	$42.51
$20,000	$1.20	$2.31	$5.45	$18.09	$26.49	$39.69	$61.11	$85.02

LEGAL INSURANCE (METLAW)

Coverage	Weekly paycheck premium	Bi-weekly paycheck premium
Employee only	$4.85	$9.69

IDENTITY THEFT INSURANCE (AURA)

Coverage	Weekly paycheck premium	Bi-weekly paycheck premium
Employee only	$1.96	$3.92
Employee + family	$3.81	$7.62

VOLUNTARY LIFE AND AD&D INSURANCE (UNUM)

Coverage	Weekly paycheck premium per $1,000											
	Age											
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee or spouse*	$0.020	$0.020	$0.025	$0.028	$0.037	$0.055	$0.095	$0.156	$0.245	$0.372	$0.616	$0.976
Child(ren)*	$0.016											
	Bi-Weekly paycheck premium per $1,000											
Employee or spouse*	$0.040	$0.040	$0.051	$0.056	$0.074	$0.110	$0.190	$0.312	$0.490	$0.744	$1.232	$1.952
Child(ren)*	$0.032											

**You must cover yourself to purchase Voluntary Life for your spouse and/or child(ren).*

YOUR 2027 HEALTH CARE EXPERIENCE

Dexter works with trusted partners behind the scenes to make sure you get the care you need, at the right place, and at the right price.

QUANTUM HEALTH: AVAILABLE TO ALL EMPLOYEES

Quantum Health is your first call for health care guidance and benefits questions. This is your personal resource for health care help, whether you're trying to choose a doctor, schedule an appointment, find community resources, figure out a bill, or understand a diagnosis.

PRICE PROTECTION

Your medical plan has built-in price protection to make sure you don't overpay for care. Quantum Health will work with Imagine360 to make sure your claims don't go over your plan's allowable limits. That saves you and Dexter money. If a provider sends you a bill that goes over your out-of-pocket responsibility as shown on your Explanation of Benefits, your Quantum Health Care Coordinator will help. Be sure to notify your Care Coordinator as soon as possible if you have a question about a bill. They'll connect you with an advocacy expert at Imagine360 who will work on your behalf to resolve the bill with your provider.

Quantum Health is there for you, even if you don't know where to begin. With this service you'll have help navigating your Imagine360 plan every step of the way.

Learn more about Imagine360 Price Protection.

YOUR HEALTH CARE STARTS WITH QUANTUM HEALTH!

Connect with a Care Coordinator

Download the Quantum Health app by scanning the QR code.

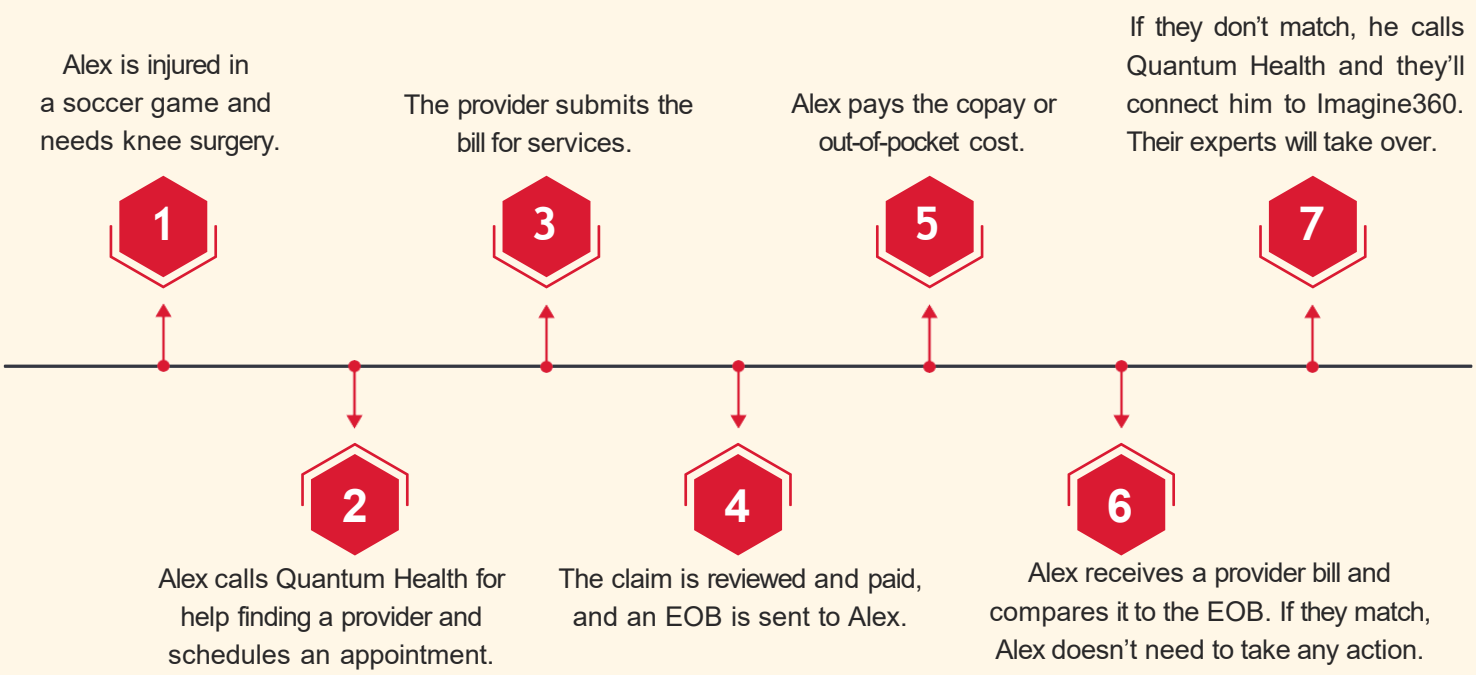
Visit **DexterHealthHub.com**.

Add Quantum Health to your contacts. Call the number on the back of your Quantum Health ID card or **844-460-2840**.

YOUR 2027 HEALTH CARE EXPERIENCE

CALL QUANTUM HEALTH FIRST!

For health concerns that are not true emergencies, call Quantum Health. Their Care Coordinators can save you time and money for the care you need. Here's an example:



UNDERSTANDING PRICE PROTECTION

When it comes to paying for care, your health plan uses price protection. That means instead of using a specific provider network, your plan pays all providers based on a set price for each medical service.

This approach helps keep costs fair and transparent—for both you and Dexter. But it also means some providers may not recognize your coverage right away.

What to say when you go to a provider

When scheduling or arriving for your appointment, it's important to let them know that your medical plan doesn't use a provider network. Here's what you should say:

> *"I don't have a provider network, but my plan pays providers directly based on fair, industry-standard rates. If you have any questions about billing or need help verifying my benefits, please call the Quantum Health Care Coordinators."*

You can also show your medical ID card—it has all the information your provider needs to contact your Care Coordinators.

Your Medical ID Card

Be sure to present your medical ID card to your health care providers when you are receiving health care services. If the provider has questions, they can call the phone number on the ID card.

National Plan Members: Bring Both Medical ID Cards

National plan members receive two medical ID cards: one for professional services and one for facility services. Please present both cards whenever you receive care.

YOUR 2027 HEALTH CARE EXPERIENCE

WHERE TO GO FOR CARE

Knowing where to go for care can save you time, money, and hassle. Our health care resources offer a range of care options to address any medical issues you may encounter. **Remember to save the Emergency Room for true emergencies.**

Quantum Health	Telehealth	Primary Care Provider	Urgent Care Center	Emergency Room
Quantum Health is your first stop for care coordination. **844-460-2840**	Virtual (TextCare)	Virtual (TextCare) or In-Person	In-Person	In-Person
	No cost	Low cost	Mid cost	High cost
	Low wait time	Low wait time	Mid wait time	High wait time
	Best for minor illnesses, prescriptions, and limiting exposure	Best for preventive care and chronic condition management	Best for conditions needing prompt attention, like sprains or stitches	Only for life-threatening emergencies, such as a heart attack or broken bones, and triage care

FREE VIRTUAL PRIMARY CARE

Health care resources are literally at your fingertips with TextCare, through One-to-One. Simply send a text message to **574-227-5490** to connect with your dedicated provider. Video chat and phone calls are also available. Dexter provides this resource to your household at no cost to you.

Scan the QR code below to add TextCare to your contacts on your smartphone or tablet today so it's ready when you need it. You'll have fast access to medical care 24/7 for urgent and acute needs, chronic conditions, and routine medications.

Your TextCare provider will text or video chat with you to understand your health concern and determine next steps, such as:

- Recommending you to your primary care physician or an urgent care where you can be examined fully, receive a diagnosis and be treated for acute or complex issues.
- Following up after your visit to check on your condition and evaluate symptoms.
- Submitting prescriptions for medication to a pharmacy of your choice.
- Reviewing imaging and lab results.
- Referring you to high-quality, high-value specialists, if needed.

TextCare Contact Card

Did You Know?

TextCare is also available to help you complete your annual preventive wellness exam. Earn your $900 (employee only) or $1,800 (employee + spouse) wellness credit!

YOUR 2027 HEALTH CARE EXPERIENCE

PREVENTIVE CARE, AT NO COST TO YOU

Your annual medical and dental checkups are covered in full when you use in-network providers. Preventive visits can catch illnesses early and keep you and your family on track. Here are some services included in our medical plans:

Annual Physicals
Yearly checkups to assess overall health and catch health issues early.

Routine Screenings
Includes blood pressure, cholesterol, and other age-based tests.

Recommended Immunizations
Vaccines like flu, tetanus, Covid, and more, based on your age and needs.

Well-Child Check-Ups
Covers growth, development, and recommended childhood vaccines.

Preventive Care
Includes mammograms, prostate exams and other screenings.

Colorectal Screenings
Colon cancer screenings recommended, beginning at age 45.

PROTECT YOUR SMILE

Beyond keeping your smile healthy, dental visits can uncover early signs of serious health conditions: diabetes, high blood pressure, and even heart disease. Take advantage of what your dental plan offers and schedule your FREE preventive visit today.

Annual Benefit	Find a Provider	Low Plan	High Plan
Dental Exam	deltadentalin.com	Free*	Free*

**With in-network provider.*

EYES ON PREVENTION

Preventive vision care helps catch problems early and keep your eyes healthy. Even if you don't wear glasses, regular exams can spot issues like glaucoma and signs of other chronic conditions. With more time spent on screens, eye strain and vision issues are on the rise, giving you one more reason to schedule your exam today!

Annual Benefit	VSP	XP Health
Vision Exam	$20*	Free*
Find a Provider	vsp.com	xphealth.co/dexteraxle

**With in-network provider.*

Did You Know?
High blood pressure often has no noticeable symptoms. Early detection during an annual physical can identify it before serious problems like heart disease or stroke develop.

QUANTUM HEALTH CAN HELP!

Connect today with Quantum Health to schedule regular preventive care, including screenings and preventive wellness visits. Dexter's partnerships make it easier than ever to take care of yourself and those you care about. From free checkups to virtual care and wellness support, small steps today can lead to big rewards tomorrow, for your health, your wallet, and your peace of mind.

Be Proactive	Get Regular Care	Catch Problems Early	Feel Better
Take the first step toward your health by making it a priority. Don't wait for symptoms to start.	Stay informed about your risk factors and schedule FREE annual checkups, screenings, and vaccines.	Preventive screenings help detect health issues when they're easiest to treat, saving lives, time, and costs.	Maintaining your health helps you feel better, so you have energy for what matters most: family, goals, and life.

YOUR 2027 HEALTH CARE EXPERIENCE

QUALIFY FOR THE 2028 WELLNESS CREDIT

If you complete an annual preventive wellness exam by **September 30, 2027**, you will receive a credit to your medical paycheck premium as shown on **page 8**.

HOW MUCH CAN YOU SAVE?

When you complete your preventive wellness exam, you will pay less from your paycheck for medical coverage.

Coverage	Employee Only	Employee + Spouse
Annual Premium Credit	Up to $900	Up to $1,800

How to Earn the Credit

Earning the wellness credit is simple; you (and your covered spouse, if applicable) must complete a FREE annual preventive wellness exam to earn any credit, either in person with your Primary Care Physician (PCP) or with a virtual PCP, through TextCare.

Complete Your Preventive Wellness Exam		
In-Person Primary Care Physician	OR	**TextCare**
Contact your provider directly.		Text **574-227-5490**.

Need Help Finding a PCP?

Don't have a doctor yet? A Quantum Health Care Coordinator can help you find the right one.

Call **844-460-2840**.

QUESTIONS ABOUT THE PREVENTIVE WELLNESS EXAM?

What do I need to do prior to my appointment?

It's important to understand your health history and health information. You'll also need to know your height, weight, current health status, a list of medicines you take, your preferred pharmacy, and a list of all care providers you use.

What happens during an annual preventive wellness exam?

The doctor will ask you health-related questions, perform or guide you through a physical exam, answer your questions, and provide personalized health recommendations.

Will I pay anything for this visit?

No. If your visit is coded as a preventive service, it's covered at 100%. You can confirm with your provider ahead of time that it's covered.* If blood work is required, there may be an associated cost depending on the type of tests ordered.

Does my spouse also need to complete an annual preventive wellness exam?

Yes. If your spouse is covered under your Dexter health plan, they must complete a wellness exam by September 30, 2027 to help you qualify for the 2028 wellness credit.

**The wellness exam is covered under Current Procedural Terminology (CPT) codes 99385-99395, 99395-99397, and G0438-G0439.*

Get the Exam in Your Schedule!

Complete your Preventive Wellness Exam in person or via TextCare by September 30, 2027, to qualify for the 2028 Wellness Credit.

***Note:** Preventive wellness exams under Dexter plans are covered per calendar year and not every 365 days.*

WEIGHT MANAGEMENT, DIABETES CARE, DIGESTIVE HEALTH

Quantum Health | 844-460-2840 | DexterHealthHub.com

Dexter partners with Digbi Health to help you take a more personalized approach to your health. The program provides support for conditions such as obesity, Type 2 diabetes, high blood pressure, high cholesterol, and digestive health concerns. Using insights about your biology and lifestyle, Digbi creates a plan tailored to your unique needs and goals.

If you qualify, you'll receive personalized insights and support through at-home genetic and gut microbiome testing, tailored meals, a mobile app and lifestyle tracker, physician and health coach support, and a 14-day continuous glucose monitor.

There is no cost for you to participate, but you and/or your covered dependents (age 18 or older) must be enrolled in a medical plan and meet one of the following criteria:

- BMI of 30 or higher
- BMI of 25–29 with a related health condition
- Type II diabetes
- Ongoing GI issues like IBS, GERD, NAFLD, and others

Digbi Health also provides a medically supervised pathway for members interested in GLP-1 medications, which are paid for by the member.

Ready to get started? Contact Quantum Health to access your Digbi Health benefits.

PLANNED SURGERY & CANCER SUPPORT

Carrum Health Centers of Excellence (COE) | 888-855-7806 | **carrum.me/dexter**

If you, your spouse, or covered dependents (ages 18+) ever need surgery or cancer care, Carrum Health can help by connecting you with the top surgeons and cancer specialists in the country. Covered procedures include: knee, hip, shoulder, spine, and heart surgeries, cancer care, and more.

And thanks to Dexter, most of the costs are covered,[1] so you'll be able to focus on your recovery, not on paying bills.

HOW DOES CARRUM HEALTH WORK?

Coordinate with Carrum Health	+	Receive surgery/care at a certified COE	+	Access enhanced benefits	=	You get high-quality care at a lower cost!

[1]Individuals enrolled in a PPO plan can access Carrum Health benefit free of charge. Individuals in a CDHP must first meet the IRS minimum deductible, but coinsurance will be waived.

Important Note: Carrum Health is the preferred provider of bariatric (weight loss) surgery, total joint replacement surgery, and spinal surgeries. Anyone enrolled in a Dexter National medical plan will be required to go through Carrum Health for these types of surgeries. If you get one of these surgeries outside of Carrum, it will not be covered by Dexter. **Note:** Carrum Health is not available in a Parkview Local Plan. Find available providers at **Parkview.com/signaturecaredirectory**.

Questions about Carrum Health? Call a Quantum Health Care Coordinator at **844-460-2840** for assistance.

Stressed? Not Getting Enough Sleep? Relationship Issues?
Our Employee Assistance Program (EAP) is available to all employees, 24/7, to help with confidential and professional guidance at no cost to you. Call: **866-799-2485** / Email: answers@HealthAdvocate.com / Web: HealthAdvocate.com/DexterEAP Registration code: DEXTEREAP

MEDICAL COVERAGE

At Dexter, we understand the importance of good health as the foundation for a productive life at home and at work. That is why we offer three medical plan options.

Questions about your Medical plan options?

Call a Quantum Health Care Coordinator at **844-460-2840** for assistance.

WHICH MEDICAL PLAN IS RIGHT FOR YOU?

When deciding which medical plan is right for your needs, it is important to consider the total cost of coverage. This includes what you pay in premiums and what you pay for services out of your pocket.

Things to Consider	CDHP $3,500	CDHP $2,000	PPO $850
Paycheck Premium What you pay each pay period to have medical coverage.	Lowest	Mid-range	Highest
Deductible What you pay out of pocket before your plan helps.	Highest	Mid-range	Lowest
Copays Fixed amounts you pay for certain visits or prescriptions.	No (Pay full cost of care until the deductible is met, excluding preventive exams and maintenance prescriptions)	No (Pay full cost of care until the deductible is met, excluding preventive exams and maintenance prescriptions)	Yes
Annual Preventive Wellness Exams A routine check-up focused on keeping you healthy by detecting and preventing health problems.	No cost	No cost	No cost
HSA-Eligible (Page 25) A tax-free savings account used to pay medical costs.	Yes	Yes	No
Health Care FSA-Eligible (Page 24) A tax-free account you use within the year on medical costs.	Yes (Limited Purpose FSA)	Yes (Limited Purpose FSA)	Yes

MEDICAL COVERAGE

CONSUMER DIRECTED HEALTH PLAN (CDHP) WITH HSA: TWO PLANS IN ONE

Our CDHP with HSA plans are one of the most valuable resources we offer. They provide a flexible way to manage health care expenses, combining comprehensive coverage with the ability to contribute to an HSA (and get FREE money—up to $1,000 annually—from Dexter!) to use for eligible medical costs.

CDHP	HSA
This is your main health plan. It's typical medical coverage, but with a few key differences: • You pay the full cost for care until you reach your deductible. • Then, you split costs with the plan (coinsurance). • If you reach the plan's out-of-pocket maximum, your healthcare costs will be covered in full for the rest of the plan year.	This account helps you cover those higher early costs, until you hit your deductible (and beyond!): • You can invest tax-free money for medical expenses and Dexter contributes, too! • Your HSA funds help you meet your deductible when the plan starts sharing costs. • Unused funds roll over and earn interest.

Free Preventive Care	Pay for Medical Care	Share the Cost	Plan Pays 100%
In-network preventive care is always covered at 100%.	You pay 100% of your costs until you meet the deductible.	You and the plan share the cost for care through coinsurance.	If you reach the out-of-pocket max, your plan pays 100% of your cost for care.

WHAT ARE THE ADVANTAGES?

1	You'll pay **lower monthly premiums** than with most other plans.
2	Enjoy **tax savings** on HSA contributions, investment earnings, and withdrawals.
3	You **own the HSA**, so your money goes with you if you change jobs or retire.
4	**Unused funds roll over** every year; you can spend or save money in the HSA.

LIVELY DECISION SUPPORT TOOL – LIVELY IQ

The Lively Support Tool makes it easier to understand and use your benefits. Powered by AI, it works behind the scenes and through a 24/7 tool to give you quick, accurate help when you need it.

Here's what it can do for you:

Answer Questions 24/7	Ask questions about your benefits and get clear, simple answers.
Provide Plan Details	LivelyIQ pulls information directly from your plan documents.
Compare Plans	Compare plans and costs by estimating out-of-pocket costs based on your expected healthcare needs.

NATIONAL MEDICAL PLAN COMPARISON

The following medical plans are available to all eligible Dexter employees.

Plan Features	CDHP $3,500	CDHP $2,000	PPO $850
	In-Network	In-Network	In-Network
Dexter Annual HSA Contribution Individual/Family	$250 / $500	$500 / $1,000	N/A
	You pay:	You pay:	You pay:
Annual Deductible Individual/Family	$3,500 / $6,000	$2,000 / $4,000	$850 / $2,550
Annual Out-of-Pocket Maximum Individual/Family	$6,000 / $12,000	$5,250 / $10,500	$3,600 / $7,200
Preventive Care	$0	$0	$0
TextCare Telemedicine Virtual Visit	$0	$0	$0
Primary Care	20%[1]	20%[1]	$25
Specialist			$50
Lab & X-ray			20%[1]
Urgent Care			$50
Emergency Room			$300 (emergency) $500 (non-emergency)
Outpatient Hospital			20%[1]
Inpatient Hospital			
Outpatient Mental Health			

[1]*After the plan deductible has been met.*

Important: If you or a covered dependent need bariatric, spine, or joint surgery, you must receive care through the Carrum Network. Call **888-855-7806** or visit **carrum.me/dexter**. Note, Carrum Health is not available for Dexter employees enrolled in the Local Parkview Plans. Access available providers at **Parkview.com/signaturecaredirectory**.

For CDHP $3,500 and PPO $850, if you have other family members on the plan, each family member must meet the individual deductible until the overall family deductible has been met.

For CDHP $2,000, if you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.

Not Sure Which Plan Is Right For You?
Call a Care Coordinator:
844-460-2840 M-F, 8:30 a.m. –10 p.m. ET.

For non-emergencies, like flu symptoms, rashes, sprains, and bronchitis, connect quickly with a doctor through TextCare at **574-227-5490**.

See the next page for additional medical plan comparison information.

LOCAL MEDICAL PLAN COMPARISON

If you're an eligible Dexter employee located in **Indiana**, you can choose from the following medical plans. Dexter's National Plan does not include coverage for non-emergency services provided at Parkview Hospital, so Dexter has a direct contract with Parkview Hospital. If you plan to use the Parkview Hospital, please note the coverages are not as generous as other health systems.

Plan Features	CDHP $3,500		CDHP $2,000		PPO $850	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
	In-Network		In-Network		In-Network	
Dexter Annual HSA Contribution Individual/Family	$250 / $500		$500 / $1,000		N/A	
	You pay:		You pay:		You pay:	
Annual Deductible[2] Individual/Family	$3,500 / $6,000	$4,500 /$9,000	$2,000 / $4,000	$3,000 / $6,000	$850 / $2,550	$1,850 / $3,700
Annual Out-of-Pocket Maximum Individual/Family	$6,000 / $12,000	$8,500 / $14,500	$5,250 / $10,500	$7,750 / $13,000	$3,600 / $7,200	$6,100 / $9,700
Preventive Care	$0	$0	$0	$0	$0	$0
TextCare Telemedicine Virtual Visit	$0	$0	$0	$0	$0	$0
Primary Care	20%[1]	30%[1]	20%[1]	30%[1]	$25	30%[1]
Specialist	20%[1]	30%[1]	20%[1]	30%[1]	$50	30%[1]
Lab & X-ray	20%[1]	30%[1]	20%[1]	30%[1]	20%[1]	30%[1]
Urgent Care	20%[1]		20%[1]		$50	
Emergency Room	10%[1]		20%[1]		$300	
Outpatient Hospital	20%[1]	30%[1]	20%[1]	30%[1]	20%[1]	30%[1]
Inpatient Hospital	20%[1]	30%[1]	20%[1]	30%[1]	20%[1]	30%[1]
Outpatient Mental Health	20%[1]	30%[1]	20%[1]	30%[1]	20%[1]	30%[1]

[1]*After deductible.*

[2]*Tier 1 (Parkview) and Tier 2 (Other Select Hospitals) deductibles cross accumulate.*

Find Your Provider's Tier

Tier 1: Parkview Network

Parkview Hospitals

Tier 2: Other Select Hospitals

Select hospitals, including Adams Memorial Hospital, Cameron Hospital, Cincinnati Children's Hospital, Logansport Memorial Hospital, Reid Health

MEDICAL PLAN COMPARISON

If you're an eligible Dexter employee located in **Indiana**, you can choose from the following medical plans.

PLAN DIFFERENCES BASED ON YOUR LOCATION

To ensure our members have access to quality care at a fair price we have developed National and Local Networks. Employees in Indiana have the choice of selecting the National or the Local Plan. Please read the Network Details to understand what providers are included in the Plan offerings.

Plan	National Plan	Local Plan
Eligible	All[1]	Indiana
Provider Network		
Professional / Ancillary	**Anthem** anthem.com/find-care	**Parkview Health** Parkview.com/signaturecaredirectory
In or Outpatient Hospital / Facility	**Open Access**	
Surgery Center of Excellence	Carrum Health connects you with top surgeons and cancer specialists. You must use Carrum Health for bariatric surgery, total joint replacement surgery, and spinal surgery.	Carrum Health is not available for Dexter employees enrolled in the Local Parkview Plans. Access available providers at Parkview.com/signaturecaredirectory.
Facility Services Network Details	Open Access providers, also called out-of-network providers, don't have set prices with the Dexter Plan. To make sure you don't pay too much, the Dexter Plan uses Price Protection (this doesn't apply to non-emergency services at Parkview Health).	Tier 1: Access to Parkview Health Tier 2: Access to Adams Memorial Hospital, Cameron Hospital, Cincinnati Children's Hospital, Logansport Memorial Hospital, Reid Health.
Number of ID Cards	**2 ID Cards:** One card for professional / ancillary / Rx Second card for in or outpatient hospital / facility / Rx	One Card for professional / ancillary / in- or outpatient hospital / facility / Rx
Important Details	All cards will contain Quantum Health and pharmacy details for you, your physicians and pharmacies.	
Could a provider charge me more than the difference between what they billed and what the plan paid?	Yes, if you ever get a bill and aren't sure about it, the Quantum Health Team is ready to help you. They'll work to fix the issue so you don't pay more than you should.	

[1]*Excluding employees in Dallas/Tyler Texas*

Have Questions About Your Medical Plan Options?

Call a Quantum Health Care Coordinator at **844-460-2840** for assistance.

PRESCRIPTION DRUGS

PRESCRIPTION DRUGS

Rightway | 833-742-0298 | joinrightway.com/rx

All of Dexter's medical plans include prescription drug coverage.

Looking for the formulary? You can find it at joinrightway.com/rx.

Plan Features[1]	CDHP $3,500	CDHP $2,000	PPO $850
	In-Network	In-Network	In-Network
Prescription Drugs: Retail (up to a 30-day supply)			
Does Deductible Apply?	Yes	Yes	N/A
Maintenance Medicine	Deductibles may be waived	Deductibles may be waived	N/A
Generic	$10[2]	$10[2]	$10
Preferred Brand	$35[2]	$35[2]	$35
Non-Preferred Brand	$70[2]	$70[2]	$70
Specialty	20% up to $200[2]		20% up to $200

[1]Rx out-of-pocket maximums in the Local Indiana Parkview Plan aggregate to the Parkview out-of-pocket maximum.
[2]After the plan deductible has been met.

SAVINGS AT THE PHARMACY

Rightway offers a more personalized way to manage your prescriptions, with an easy-to-use app and expert support from licensed pharmacists and pharmacy technicians. Rightway's experts can:

- Help you understand your prescription drug coverage.
- Contact your provider to obtain prior authorization.
- Enroll you in medication cost-savings programs.
- Coordinate mail-order and specialty prescriptions.
- Switch you to a cost-effective generic or biosimilar drug when appropriate.
- Answer questions about medication administration and side effects.

MAIL ORDER PRESCRIPTIONS THROUGH RIGHTWAY

Rightway offers convenient and low-cost prescriptions through Walgreens Mail Service and Mark Cuban Cost Plus Drugs. Sign up for mail order prescriptions and get a 90-day supply of your prescriptions for less. Getting started is easy!

1. Set up your mail order account at joinrightway.com/rx.
2. Sign up with Walgreens or Cost Plus Drugs and transfer your prescription.
3. Check to see whether Walgreens or Cost Plus Drugs is the best choice. They may vary on the availability of specific medications and copay amounts.
4. Place your order! Sign up for refills to keep things simple.

Filling Your Prescription

You should use your Rightway ID information when filling your prescription at your pharmacy. Your Rightway ID can be found on your medical ID card, or you can always find it in the Rightway Healthcare app.

Need help?

Call **844-460-2840** or send a message through your online Rightway account.

DENTAL

DENTAL COVERAGE

Delta Dental of Indiana | 800-524-0149 | **deltadentalin.com**

Did you know good dental care improves your overall health? Our dental plans help you maintain a healthy smile through regular preventive dental care and offer coverage to fix problems early.

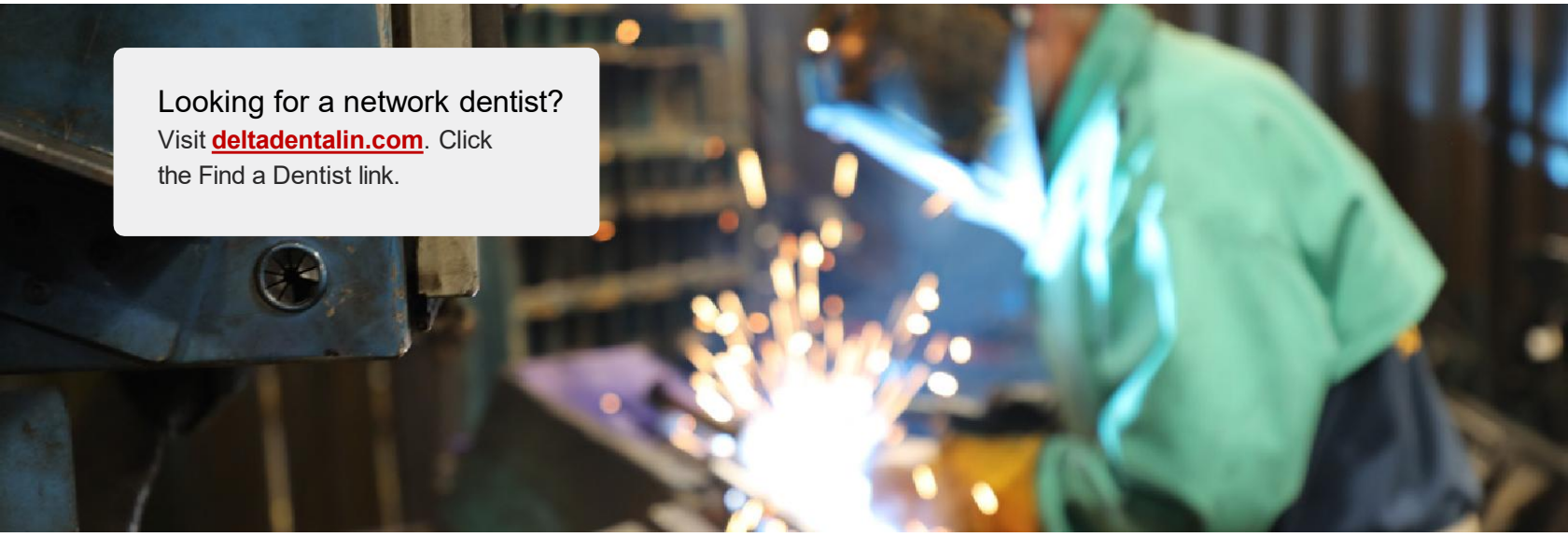
Plan Features	Low Plan	High Plan
	In-Network[1]	In-Network[1]
Calendar Plan Maximum (excludes orthodontia)	$1,500 / individual	$3,000 / individual
Orthodontia Lifetime Maximum	Not covered	$3,000 / individual
	You pay:	**You pay:**
Annual Deductible Individual/Family (waived for Preventive Services)	$50 / $150	$50 / $150
Preventive Services (exams, cleanings, x-rays)	$0	$0
Basic & Restorative Services (fillings, extractions, root canals)	20%	Deductible only
Major Services (dentures, crowns, bridges)	50%	50%
Orthodontia (adults and children)	Not covered	50%

[1]*Out-of-network coverage is available. See plan details for more information.*

Ignoring the Dentist?

Regular check-ups can do more than make your smile brighter. Dental exams are a chance to catch health concerns early, such as diabetes, gum disease, and certain cancers. Preventive care is exactly that—health care to help you prevent serious illnesses.

Schedule your routine dental exam today!



Looking for a network dentist?
Visit **deltadentalin.com**. Click the Find a Dentist link.

VISION

VISION COVERAGE

VSP | 800-877-7195 | **vsp.com**

XP Health | 888-974-3020 | **xphealth.co/dexteraxle**

Regular eye exams help keep your vision clear and your eyes in good health. Don't forget, you'll save money by visiting in-network providers. To find an in-network provider near you, visit your plan's website. You have two vision plan options available, through VSP and XP Health.

Plan Features	VSP Plan	XP Total Vision Care Plan
	In-Network[1]	In-Network[1]
	You pay:	You pay:
Exam every 12 months	$20	$0
Frames every 12 months	$25, then 20% discount on amount above $180 allowance[2]	800+ frames for $0 (including lenses) Other frames up to 75% off
Lenses every 12 months		
Single Vision	$25	$0
Bifocal Trifocal	$25	$0
Progressive	$25	$0
	$95-$175	$95 (for highest tier quality)
Contact Lens Exam every 12 months	Up to $60	10% discount
Contact Lenses every 12 months (in lieu of lenses and frames)	Amount above $180 allowance	$225 off the listed price on average (in addition to glasses, so you get both)

[1]Out-of-network coverage is available. See plan details for more information.

[2]$100 allowance at Walmart, Sam's Club, or Costco

LOOKING FOR A NETWORK DOCTOR?

VSP: Download the VSP Vision Care app and go to the Find a Doctor page. You'll find a VSP provider near you.

XP Health: Visit **xphealth.co/dexteraxle** and go to the Vision Care section. Click on *My Program* and then click *Find a Provider*.

DIGITAL TRY-ON VIA XP HEALTH

XP Health makes it easy to find the perfect eyewear for your needs. Do a quick digital face scan and answer a few questions to get personalized frame recommendations. Visit **xphealth.co/dexteraxle**.

Save on Additional Pairs with VSP

The VSP Plan offers a 20% discount for additional glasses and sunglasses, including lens options, when provided by a VSP doctor within 12 months of your last eye exam.

FINANCIAL BENEFITS: FSAs

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Lively | 888-576-4837 | livelyme.com

FSAs offer a smart way to stretch your dollars by setting aside pre-tax dollars to pay for eligible health care and dependent care expenses. Each year, you must elect the annual amount you want to contribute to each account. Your contributions will be deducted pre-tax from your paycheck which helps reduce your taxable income.

	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Who's Eligible to Contribute?	Employees enrolled in the PPO $850	Employees enrolled in the CDHP $3,500 or CDHP $2,000	All benefits-eligible employees
Annual Contribution Limit[1]	$3,400	$3,400	$7,500 ($3,750 if married and filing separately)
Eligible Expenses[2]	Medical, dental, and vision deductibles, copays, and coinsurance	Dental and vision expenses only	Daycare for children under age 12, disabled children, and dependent adults
Availability of Funds	The full annual amount you elect is available on your plan effective date	The full annual amount you elect is available on your plan effective date	Be reimbursed up to the amount available in your account
Payment Options	Debit card or reimbursement	Debit card or reimbursement	Debit card or reimbursement
Services Deadline	12/31/27	12/31/27	12/31/27
Rollover Allowance[1]	You may roll over $680 of unused funds into the 2028 plan year	You may roll over $680 of unused funds into the 2028 plan year	None
Reimbursement Deadline	3/31/28	3/31/28	3/31/28
Unused Funds	Unused funds above rollover	Unused funds above rollover	Unused funds are forfeited

[1] FSA limits are based on current IRS guidance and are subject to change.
[2] *Refer to IRS Publication 502 and 503 for a complete list of eligible expenses.*

Learn more about eligible expenses.

FSA RULES TO KEEP IN MIND

FSAs offer many tax advantages, but are subject to IRS rules:

- The IRS has a strict "Use It or Lose It" rule. At the end of the calendar year, any remaining funds over the rollover amount will be forfeited.
- Once you enroll, you can only change your pre-tax contribution amount if you experience a qualified status change.
- Each account functions separately. You cannot transfer funds from one FSA to another.

Attention Working Parents

A Dependent Care FSA lets you set aside pre-tax dollars to help pay for daycare, preschool, after-school programs, and even summer day camps.

FINANCIAL BENEFITS: HSA

HEALTH SAVINGS ACCOUNT (HSA)

Lively | 888-576-4837 | **livelyme.com**

If you enroll in the CDHP $3,500 Plan or CDHP $2,000 Plan, you may be eligible to open an HSA through Lively. An HSA makes it easy to pay for eligible health care expenses not covered by your medical, dental, or vision plan—now and in the future.

HSA FUNDING

Your Contributions

When you enroll in an HSA, you can contribute pre-tax dollars from your paycheck up to the annual IRS maximums to pay for eligible health care expenses.

Dexter's Contributions

Dexter will also contribute to your HSA twice during the year (February and August). To receive them, you simply need to be actively contributing to your HSA:

- **Contribute by January 1** to qualify for Dexter's February contribution.
- **Contribute by July 1** to qualify for Dexter's August contribution.

HSA contributions cannot exceed the annual IRS maximums.

Medical Plan	Annual Dexter's Contribution	Maximum Employee Contribution	2027 IRS Contribution Limit	Additional Catch-up Contribution for 55+
CDHP $3,500 Individual	$250	$4,250	$4,500	$1,000
CDHP $3,500 Family	$500	$8,500	$9,000	
CDHP $2,000 Individual	$500	$4,000	$4,500	
CDHP $2,000 Family	$1,000	$8,000	$9,000	

Keep in Mind

You must be enrolled in a qualified high-deductible health plan, such as one of our CDHPs.

- You cannot be covered under another non-qualified health plan, including your spouse's Health Care FSA.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Questions? Refer to IRS Publication **969** for a complete list of eligible expenses and HSA rules.

Learn more about eligible expenses.

FINANCIAL BENEFITS: HSA

BENEFITS OF AN HSA

	If you contribute any dollar amount to the HSA, Dexter contributes FREE money to your account!
	You can set aside tax-free money to pay for out-of-pocket health care expenses.
	Paying for qualified expenses and earnings on the account are tax-free. Just use your Lively debit card.
	An HSA is your bank account. If you leave the company, the account goes with you.
	All unused funds roll over year to year.
	HSAs can make a great retirement savings account for health care.

HSA Investment Opportunities

When your account balance reaches $3,000, you can invest your contributions with no access fee. The account can grow, much like a 401(k) plan.

If you'd like to start investing your account, but your balance is under $3,000, you can pay a $24 annual access fee through Lively to begin investing.

Call Lively at **888-576-4837** for details.

FINANCIAL BENEFITS: DEXTER-PAID PROGRAMS

Beneficiary Basics

The person you select as your beneficiary will receive your coverage amount if you pass away.

- Visit ADP to review your beneficiary designation periodically to ensure it reflects your current wishes.
- You may change your beneficiary anytime.

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Unum | 800-445-0402 | **unum.com**

As an eligible employee, you are automatically enrolled in Basic Life and AD&D. **Dexter provides this coverage at no cost to you.**

Classification	Basic Life & AD&D Insurance
Non-Union Hourly	$50,000
Salaried	1.5x your base annual salary (up to a maximum of $1,000,000)

Note: Coverage exceeding $50,000 is considered imputed income. This means any amount over $50,000 must be included as income and will be subject to Social Security and Medicare taxes, which may be reflected in your paycheck.

Designate Your Beneficiary

Log into ADP or contact MyLife Advisors at **855-547-8508**, Monday-Friday from 8:00 a.m. - 11:30 p.m. ET to add or update your beneficiaries.

FINANCIAL BENEFITS: DEXTER-PAID PROGRAMS

SHORT-TERM DISABILITY (STD)

Unum | 866-868-6737 | unum.com

STD coverage provides you with a portion of income replacement if you are unable to work due to a non-work-related illness or injury. **Dexter provides this coverage at no cost to you.**

Your coverage level is based on your employment classification (non-union hourly or salaried) and years of service. STD benefits may be offset by benefits you receive from the state-mandated disability plans in California, New Jersey, New York, Rhode Island, or the Commonwealth of Puerto Rico.

STD		
Classification	< 5 years service	5+ years service
Non-Union Hourly	60%	100% for first 4 weeks, then 60%
Salaried	66.67%	100% for first 8 weeks, then 66.67%

LONG TERM DISABILITY (LTD)

Unum | 866-868-6737 | unum.com

LTD pays you a portion of your earnings if you cannot work for an extended period due to a disabling illness or injury. **Dexter provides this coverage at no cost to you.**

You will continue to receive benefits if you meet the definition of disability or reach Social Security Normal Retirement Age. Benefits are reduced by other sources of disability income you may qualify for such as Social Security and Workers' Compensation.

LTD	
Classification	Percent (%) of Base Pay
Non-Union Hourly	60% - Up to $5,000/month maximum
Salaried	66.67% - Up to $20,000/month maximum

PARENTAL LEAVE

You are eligible for parental leave after 12 months of employment. Dexter offers two weeks of parental leave paid at 100% to give you time to bond with your new baby. The benefits begin on day one of your approved leave and are paid concurrently with the applicable short-term disability benefits. Contact your local Dexter HR Representative for more information.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Health Advocate | 866-799-2485 | answers@HealthAdvocate.com
www.healthadvocate.com Registration code: DEXTEREAP

When you need help with work, home, personal, or family issues, our EAP offers beneficial programs and services at no cost to you. You, your dependents, and household members are eligible to receive confidential guidance to help with many life challenges.

Lasting Changes Can Start with Health Advocate's dCBT Program:

Address emotional and behavioral issues by changing your thinking and habits anytime, anywhere with Health Advocate's Digital Cognitive Behavioral Therapy (dCBT) program. This self-paced tool offers practical resources and daily inspiration
to help you make meaningful and lasting behavior change.

Free Counseling

Receive up to 6 free in-person sessions with a licensed counselor.

24/7 Support

Get round-the-clock access to professional counselors.

Daily Life

Get resources to help balance work, health, family, and your to-do list.

Family Resources

Access support and referrals for parenting, child, and elder care.

Financial & Legal

Utilize expert consultations and tools for budgeting and legal matters.

FINANCIAL BENEFITS: 401(k)

401(K) RETIREMENT PLAN

Schwab | 800-724-7526 | workplace.schwab.com

Being ready for retirement is an important part of financial wellness. To help you save for the future, Dexter offers a 401(k) plan through Schwab.

ELIGIBILITY

Full-time or part-time Dexter employees: You are eligible to participate in the 401(k) plan, make contributions, and receive employer matching immediately after hire.

Union employees: You are eligible to participate in the 401(k) immediately after hire, and can receive employer matching contributions after one year of service.

401(K) CONTRIBUTIONS

Dexter will match 100% of each dollar you contribute up to 4% of your salary (for non-union employees only[1]). Personal contributions may be pre-tax or post-tax (Roth) or a combination of both, up to the annual IRS maximum. The funds are deposited into your account through convenient payroll deductions.

[1]Union employees are eligible for a 25% match up to 6% after one year of service. Union employees are not eligible to receive Safe Harbor profit sharing.

Safe Harbor Profit Sharing

Non-union employees will receive 3% Safe Harbor profit sharing after one year of service.

Manage Your Account Online Anytime

You may enroll in the 401(k) plan, designate beneficiaries, and allocate your asset distribution at any time. You do not need to wait for annual open enrollment to make contribution changes.

Helpful 401(k) Tips

- ☑ **Start early.** Begin saving as soon as possible to grow your retirement account.
- ☑ **Get the match.** Contribute enough to receive Dexter's full matching contributions.
- ☑ **Grow over time.** Start with what works for your budget and increase your contribution as you're able.
- ☑ **Make it a habit.** Set aside money for retirement regularly.
- ☑ **Stay the course.** Understand investment returns may fluctuate.
- ☑ **Let it sit.** Avoid penalties by leaving funds in your 401(k) until retirement.
- ☑ **Take it with you.** If you change jobs, you can roll over your retirement account.

Contribution Limits

The IRS allows annual tax-free contributions up to…

Age 18-49	Age 50-59	Age 60-63	Age 64+
$24,500	$32,500	$35,750	$32,500

Designate Your 401(k) Beneficiary

Visit workplace.schwab.com, sign in, and designate your 401(k) beneficiary. You can also call **800-724-7526**, Monday-Friday from 8:00 a.m. - 10:00 p.m. ET to add or update your beneficiaries.

FINANCIAL BENEFITS: VOLUNTARY PLANS

VOLUNTARY LIFE AND AD&D INSURANCE

Unum | 800-445-0402 | **unum.com**

In addition to Basic Life and AD&D, you may buy Voluntary Life and AD&D coverage at discounted rates. The chart describes the amounts of coverage you can buy for yourself, your spouse, and your child(ren) on a post-tax basis.

Benefit Features	Voluntary Life and AD&D Options		
	Employee	Spouse*	Dependent Child(ren)*
Coverage Options	$10,000 increments	$5,000 increments	<14 days: $1,000 >14 days: increments of $2,000
Maximum	Up to the lesser of $1.25 million or 5x your base annual earnings	Up to the lesser of $250,000 or 50% of employee coverage amount	$10,000
Guaranteed Issue Amount	$200,000	$50,000	
Guaranteed Issue Period	Within 30 days of benefits eligibility		

**You must cover yourself to purchase Voluntary Life for your spouse or child(ren).*

WHAT IS EOI?

Evidence of Insurability (EOI) is the process of providing health information to qualify for certain types of insurance coverage. If you elect voluntary Life and AD&D coverage above the guaranteed issue limit or after the guaranteed issue period, you will be required to submit a health questionnaire (in some cases, a physical exam may be required). Your questionnaire will be reviewed by the carrier, and you will be notified of their decision directly.

FINANCIAL BENEFITS: VOLUNTARY PLANS

PERSONAL PROTECTION BENEFITS

Unum | 800-635-5597 | **unum.com**

You can purchase these personal protection benefits through Unum.

ACCIDENT INSURANCE

This plan pays a benefit for a covered accident, and the benefit amounts depend on the type of injury and treatment received. Whether you break a bone or experience a more serious injury, you can use the money for medical bills, monthly expenses and other bills that you may have while you recover.

CRITICAL ILLNESS INSURANCE

The out-of-pocket costs of a serious illness can be significant, even with medical insurance. To help offset these costs, critical illness insurance provides extra financial protection, paying a lump sum directly to you if you are diagnosed with a covered condition. Covered conditions include heart attack, cancer, stroke, and more.

HOSPITAL INDEMNITY INSURANCE

In the event of a hospital stay, even the best health insurance plan can leave you owing thousands of dollars in unpaid medical bills. With hospital indemnity insurance, the plan pays cash directly to you based on the type of facility and the number of days you stay. The payment can be used to help pay medical bills or even pay for everyday expenses.

ADDITIONAL VOLUNTARY BENEFITS

Identity Guard	MetLife Legal Plan	Pets Best Pet Insurance
Get credit monitoring, fraud support, and one-on-one help from a case manager if your identity is stolen. Call **855-443-7748** or visit **identityguard.com**.	Get affordable legal help for you and your family, including consultations, document help, and tools to create wills and more. Call **800-821-6400** or visit **metlife.com**.	Covers unexpected vet bills and routine care like vaccines, cleanings, and wellness exams. Call **877-738-7237** or visit **petsbest.com/DEXPETS**.

YOUR BENEFIT CONTACTS

Visit the benefits microsite for additional plan details, helpful resources, and more at **benefits.dextergroup.com**

Benefit	Vendor	Phone	Website/Email
Quantum Health (Available to all Dexter employees)	Quantum Health	844-460-2840	DexterHealthHub.com
Virtual Primary Care	TextCare	574-227-5490	Download the App
Surgery/Cancer Care	Carrum Health	888-855-7806	carrum.me/dexter
Prescription Drug	Rightway	888-665-1678	joinrightway.com/rx
Employee Assistance Program (EAP)	Health Advocate	866-799-2485	healthadvocate.com Registration code: DEXTEREAP
Dental	Delta Dental of Indiana	800-524-0149	deltadentalin.com
Vision	VSP XP Health	800-877-7195 888-974-3020	vsp.com xphealth.co/dexteraxle
Health Savings Account (HSA)	Lively	888-576-4837	support@livelyme.com
Flexible Savings Account (FSA)	Lively	888-576-4837	support@livelyme.com
401(k) Retirement	Schwab	800-724-7526	workplace.schwab.com
Life & AD&D	Unum	800-445-0402	unum.com
Disability & Leave	Unum	866-868-6737	portal.unum.com
Accident, Critical Illness & Hospital Indemnity	Unum	800-635-5597	unum.com
Legal	MetLife	800-821-6400	metlife.com
ID Theft	Aura	855-443-7748	identityguard.com
Pet Insurance	Pets Best	877-738-7237	petsbest.com/dexpets

This communication highlights some of your Dexter benefit plans. These benefit plans do not apply to CBA employees. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Dexter reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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