

# 2026 BENEFITS OPEN ENROLLMENT



Your Benefits. Your Choice.

# It's Open Enrollment!

October 27<sup>th</sup> – November 7<sup>th</sup>

- One time each year you can make changes for any reason
- Switch to a different plan
- Add or drop coverage
- Add or drop dependents
- Re-enroll in flexible spending accounts (FSAs)
- This is an active enrollment, which means every employee must go through the enrollment process in Workday. Failure to complete the OE process will result in no coverage for the duration of the 2026 plan year, unless you experience a QLE.



# The State of the Healthcare Landscape

- Healthcare costs outpace inflation – medical trend is 7-8% and Rx trend is 11-15%
- Million-dollar claims are up 50% over the past four years
- More Americans have multiple chronic conditions
- Gene therapies and specialty drugs are treating rare conditions, but increasing the cost of care
- Expensive treatments and drugs are becoming standard practice



# What's Changing for 2026?

- Dropping the Cigna HDHP 1650 medical plan (other three plans remain)
- Telehealth on the Cigna HDHP 3000 will no longer be subject to the deductible; you will only need to pay your coinsurance of 20% for telehealth visits
- Dental and Vision coverage moving to Ameritas
- Two vision networks to choose from – VSP and EyeMed
- HSA administration moving to Fidelity
- FSA administration moving to UMB
- Supplemental health moving to The Hartford
- Supplemental dental through Aflac terminating
- IRS indexed maximum changes to HSAs, Healthcare FSAs, DCFSAs and commuter programs; pending 401(k)



# Why Ameritas?

We marketed our dental and vision plans this year and looked at multiple carriers, including Delta Dental. The decision was made to move both the dental and vision plans to Ameritas.

- **Premiums:** Ameritas dental premiums are 3% lower than current Unum premiums and 23% lower than Delta Dental's proposed premiums. Vision premiums are staying the same.
- **Dental Network:** Ameritas has an additional 12% of DDC's dental providers in-network. This is comparable to Delta Dental's Premier network (and greater than their PPO network), but without the balance billing, making it more affordable for you and your family. If your provider is still out of network, Ameritas will proactively outreach to try to add them to their network.
- **Vision Network:** Ameritas lets you choose between two of the nation's largest networks – VSP Choice, which is your current network through MetLife, or EyeMed Insight.
- **Fusion Benefit:** If you enroll in one of the dental plans through Ameritas, you can use up to \$100 of your dental annual maximum towards vision expenses.
- **ID cards:** Ameritas will print and mail both dental and vision ID cards.



## Why The Hartford?

We marketed the accident, critical illness and hospital indemnity plans this year and looked at the market's leading carriers.

- **Premiums:** The Hartford supplemental health plan premiums are, on average, between one-third ( $1/3$ ) and one-half ( $1/2$ ) the price of the current Aflac plans. The Hartford hospital indemnity plan offers simplicity in the form of 4-tier rates instead of the age-banded rates with the Aflac plan, making these plans far more affordable.
- **Benefits:** The Hartford offers richer benefits, including higher reimbursements on the accident and hospital indemnity plans, more coverage amount options on the critical illness plan and more covered illnesses on the critical illness plan. There are no additional riders to elect, all the benefits are included in the plans already.

# Who's Eligible For Benefits?

## Employees

- Full-time employees working 30 or more hours per week
- The Hartford's supplemental plans requires 20 or more hours per week
- Employees with variable hours/seasonal schedules may be eligible—refer to benefits guide

## Dependents

- Spouse or domestic partner
- Biological, adopted or stepchildren up to age 26
- Domestic partner's children are eligible up to age 26
- Disabled dependent children of any age
- Children named in a support order (QMCSO)
- Some plans have different eligibility rules – see enrollment guide for additional requirements

# Changing Your Benefits

Outside of open enrollment, you can change your benefits if you experience a qualifying life event such as:

- Marital status
- Number of dependents or dependent eligibility
- Employment that affects eligibility (you or dependents)
- Residence that affects access to network providers
- Health coverage due to spouse's employment
- Eligibility for Medicare or Medicaid



**You have 30 days to submit enrollment changes and supporting documentation of your Qualifying Life Event to DDC's Benefits Team**



# Enrolling for Benefits

Enrollment is required for 2026 benefits.

Note: failure to participate in OE will result in no coverage for the 2026 plan year.

## Workday Benefits Portal

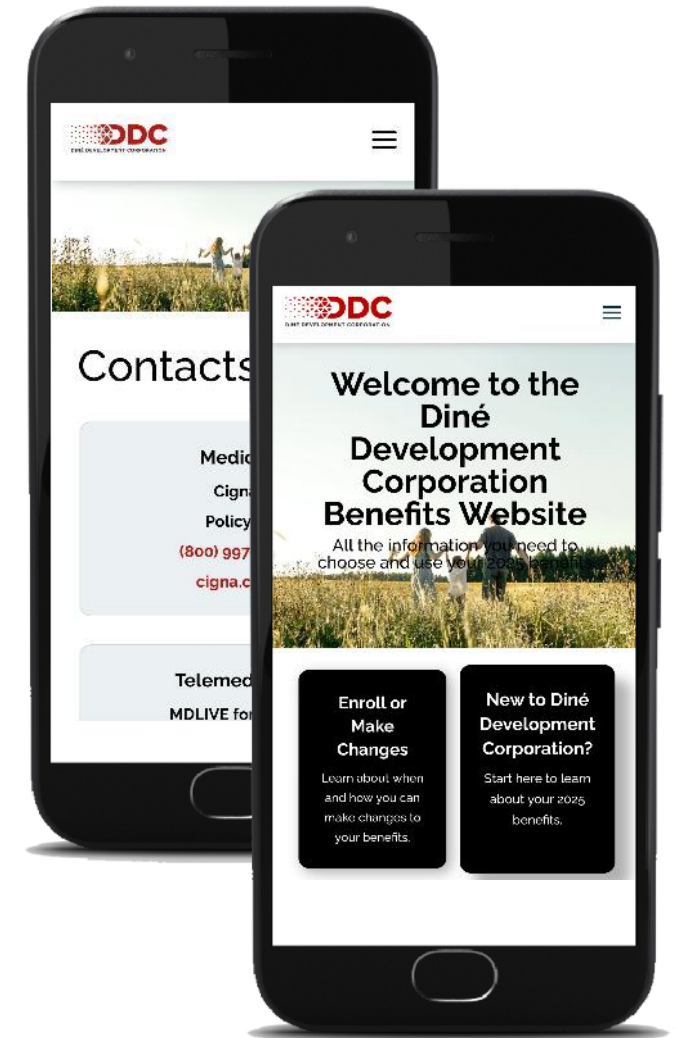
[Workday.com](https://workday.com)

Detailed enrollment instructions are available in the open enrollment email sent out October 27<sup>th</sup>

# MyBenefits.Life®

All your 2026 benefits information in one place—at home, at work or on the go

- Benefit details and documents
- Plan contact information
- Enrollment information
- [ddc.mybenefits.life](https://ddc.mybenefits.life)



# Need Help With Your Benefits?

## Get help from an Alliant Benefit Advocate

- General benefit questions
- Eligibility and coverage changes
- Finding a network provider
- Claim or billing issues, in some cases

### Email

[benefitsupport@alliant.com](mailto:benefitsupport@alliant.com)

### Phone

(800) 489-1390

### Hours

5 a.m.–5 p.m. (Pacific Time)  
Monday–Friday



## HEALTHCARE

Medical Insurance

Dental Insurance

Vision Insurance

Healthcare Account(s)



# Medical Plans

- Cigna OAP 500
- Cigna OAP 1000
- Cigna HDHP 3000

## Medical coverage includes:

- Preventive and emergency care
- Doctor visits
- Prescription drugs



# Which Plan Is Right for You?

	Cigna OAP 500 Cigna OAP 1000	Cigna HDHP 3000
Plan type	PPO	HDHP
Out-of-network coverage?	Yes	Yes
Primary Care Physician (PCP) required?	No	No
Other Features	<ul style="list-style-type: none"> <li>• You must meet a deductible</li> <li>• You pay higher monthly premium</li> <li>• Flexibility to see any provider</li> <li>• Compatible with tax-free flexible spending account (FSA)</li> <li>• You pay more out-of-network</li> <li>• No referrals required</li> </ul>	<ul style="list-style-type: none"> <li>• You must meet a higher deductible</li> <li>• You pay lower monthly premium</li> <li>• Flexibility to see any provider</li> <li>• Compatible with tax-free health savings account (HSA)</li> <li>• You pay more out-of-network</li> <li>• No referrals required</li> </ul>

# Medical Plan Comparison\*

	Cigna OAP 500	Cigna OAP 1000	Cigna HDHP 3000
Annual Deductible	<b>Individual:</b> \$500 <b>Family:</b> \$1,000	<b>Individual:</b> \$1,000 <b>Family:</b> \$3,000	<b>Individual:</b> \$3,000 <b>Family:</b> \$6,000
Annual Out-of-Pocket Maximum	<b>Individual:</b> \$6,000 <b>Family:</b> \$12,000	<b>Individual:</b> \$6,000 <b>Family:</b> \$12,000	<b>Individual:</b> \$6,550 <b>Family:</b> \$13,100
Primary Office Visit	\$40	\$30	20% after deductible
Specialist Office Visit	\$80	\$60	20% after deductible
Emergency Room	\$500	\$500	20% after deductible
Outpatient Surgery	0% after deductible	20% after deductible	20% after deductible
Hospitalization	0% after deductible	20% after deductible	20% after deductible
Most Other Services	0% after deductible	20% after deductible	20% after deductible

\*In-network amounts only — refer to your summary plan description or [DDC.MyBenefits.Life®](#) for full plan details.  
Individual Deductible within a Family is \$3,400 for the Cigna HDHP 3000 plan

# Prescription Plan Comparison\*

	Cigna OAP 500	Cigna OAP 1000	Cigna HDHP 3000
Rx Deductible	None	None	Combined with Medical
Out-of-Pocket Maximum	Combined with Medical	Combined with Medical	Combined with Medical
Generic	30-day: \$15 90-day: \$38	30-day: \$15 90-day: \$38	30-day: 20% after deductible 90-day: 20% after deductible
Preferred Brand Name	30-day: \$35 90-day: \$88	30-day: \$35 90-day: \$88	30-day: 20% after deductible 90-day: 20% after deductible
Non-Preferred Brand Name	30-day: \$60 90-day: \$150	30-day: \$60 90-day: \$150	30-day: 20% after deductible 90-day: 20% after deductible

\*In-network amounts only — refer to your summary plan description or [DDC.MyBenefits.Life®](#) for full plan details.  
30-day can only be filled at retail. 90-day can be filled at retail or through mail order.



# Plan Cost Scenario Comparison

## Jaime: Employee Only Coverage

Jaime had very few services throughout the year. She had her annual checkup (fully covered), had two sick visits, and filled one generic antibiotic.

Based on the allowed cost assumptions, Jaime spends the least on medical care on the Cigna OAP 1000; but has the lowest per paycheck premium deductions on the Cigna HDHP 3000. If Jaime considers her out-of-pocket spend on the plan, her per paycheck deductions, and DDC’s HSA contribution, the Cigna HDHP 3000 is the most affordable plan for her with approximately \$1,852 in savings over the Cigna OAP 1000.

Allowed Cost Assumptions*	
Sick Visit	\$180
30-day Generic Prescription	\$30

	Cigna OAP 500	Cigna OAP 1000	Cigna HDHP 3000
Annual Checkup	No Charge	No Charge	No Charge
(2) Sick Visits	\$80	\$60	\$360
Generic Prescription	\$15	\$15	\$30
Deductible Met?	No	No	No
Total Claims Cost	\$95	\$75	\$390
DDC HSA Contribution	\$0	\$0	\$1,200
Total Cost with HSA Seed	\$95	\$75	\$0
Annual Payroll Deductions	\$10,895	\$10,404	\$8,627
Total Annual Cost	\$10,990	\$10,479	\$8,627

\*Assumptions are based on in-network services only

# Plan Cost Scenario Comparison

## Alex: Family Coverage

Alex covers his spouse and three young children. They each go for their annual checkup. Between the five of them, they have six sick visits, four generic prescriptions, and one 3-day hospital stay.

Based on the allowed cost assumptions, Alex and his family spend the least on medical care on the Cigna OAP 500; but he has the lowest per paycheck premium deductions on the Cigna HDHP 3000. If Alex considers his out-of-pocket spend on the plan, his per paycheck deductions, and DDC’s HSA contribution, the Cigna HDHP 3000 is the most affordable plan for him with savings of approximately \$1,118 over the Cigna OAP 500.

Allowed Cost Assumptions\*

Sick Visit	\$180
30-day Generic Prescription	\$30
Hospital Stay Per Night	\$5,000
Physician Fees Per Night	\$200

	Cigna OAP 500	Cigna OAP 1000	Cigna HDHP 3000
(4) Annual Checkups	No Charge	No Charge	No Charge
(6) Sick Visits	\$240	\$180	\$1,080
(4) Generic Prescriptions	\$60	\$60	\$120
(3) Hospital Facility Fees	\$1,000	\$5,400	\$6,840
(3) Hospital Physician Fees	\$0	\$120	\$120
Deductible Met?	Yes	Yes	Yes
<b>Total Claims Cost</b>	<b>\$1,300</b>	<b>\$5,760</b>	<b>\$8,160</b>
DDC HSA Contribution	\$0	\$0	\$1,400
<b>Total Cost with HSA Seed</b>	<b>\$1,300</b>	<b>\$5,760</b>	<b>\$6,760</b>
<b>Annual Payroll Deductions</b>	<b>\$31,597</b>	<b>\$30,173</b>	<b>\$25,019</b>
<b>Total Annual Cost</b>	<b>\$32,897</b>	<b>\$35,933</b>	<b>\$31,779</b>

\*Assumptions are based on in-network services only

# Dental Plans

- Ameritas Dental Base Plan
- Ameritas Dental Buy-up Plan

## **Covers four types of care:**

- Preventive care — checkups, cleanings
- Basic care — x-rays, fillings, simple extractions
- Major care — root canals, bridges, crowns, dentures
- Orthodontia — for children and adults

# Dental Plan Comparison\*

	Ameritas Dental Base Plan	Ameritas Dental Buy-up Plan
Annual Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Annual Plan Max	\$2,000	\$2,500
Diagnostic & Preventive	0%	0%
Basic Services	20% after deductible	20% after deductible
Major Services	50% after deductible	50% after deductible
Orthodontia	Not Covered	50% \$1,500 lifetime max Child and Adult
Carryover Benefit	During each benefit year, if a member has at least one dental claim and their total dental claims are \$750 or less, \$400 will automatically carry over to the next year's annual maximum. If a member only sees in-network dentists during the plan year, they will earn an additional \$200 in carryover benefit. Each covered family member receives their own carryover benefit. The maximum amount of carryover benefit you can accumulate is \$1,200.	
Fusion Benefit	If you don't use the full dental annual plan maximum in any given plan year, you can apply up to \$100 to help pay for vision expenses such as eye exams, glasses, or contacts.	

\*In-network amounts only — refer to your summary plan description or [DDC.MyBenefits.Life®](https://ddc.mybenefits.life) for full plan details.

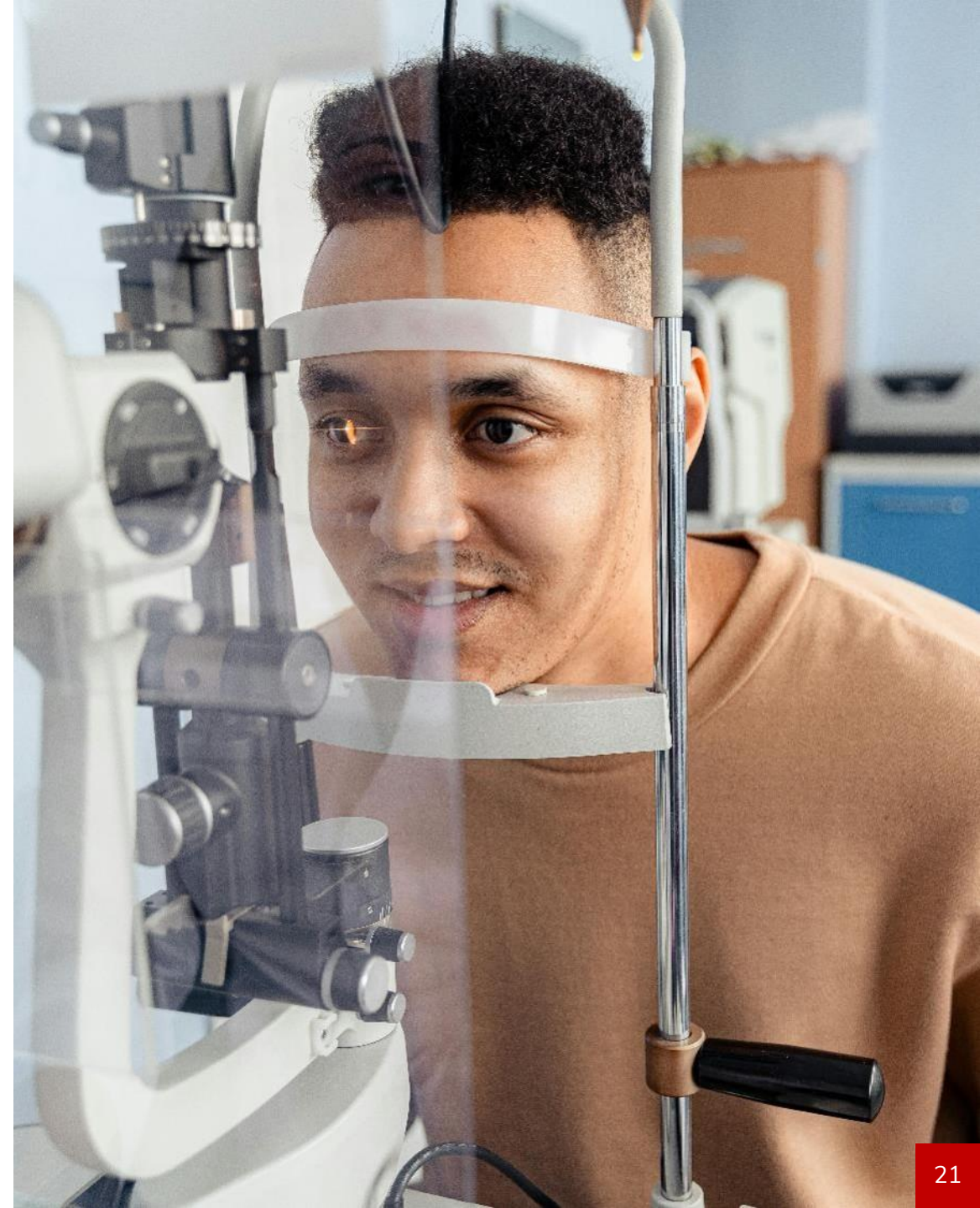


# Vision Plans

- Ameritas VSP Vision Plan
- Ameritas EyeMed Vision Plan

## Plus these extra benefits:

- “Second pair” discount for computer glasses, reading glasses, or prescription sunglasses
- Discounts on LASIK and PRK



# Vision Plan Comparison\*

Employees choose between the two vision networks. Whichever network you choose will be the network for both you and any covered dependents for that plan year.

		Ameritas VSP Vision Plan VSP Choice Network	Ameritas EyeMed Vision Plan EyeMed Insight Network
Exam Copay	Coverage	\$20	\$20
	Frequency	1 per 12 months	1 per 12 months
Materials Copay	Coverage	\$20	\$20
Frames	Coverage	Covered in full up to \$130 after \$20 materials copay + 20% off remaining balance	Covered in full up to \$130 after \$20 materials copay + 20% off remaining balance
	Frequency	1 per 12 months	1 per 12 months
Lenses	Coverage	<b>Single Vision:</b> 100% after \$20 materials copay <b>Bifocal:</b> 100% after \$20 materials copay <b>Trifocal:</b> 100% after \$20 materials copay	<b>Single Vision:</b> 100% after \$20 materials copay <b>Bifocal:</b> 100% after \$20 materials copay <b>Trifocal:</b> 100% after \$20 materials copay
	Frequency	1 per 12 months	1 per 12 months
Contacts	Coverage	Covered in full up to \$130 (instead of eyeglasses)	Covered in full up to \$130 + 15% off remaining balance (instead of eyeglasses)
	Frequency	1 per 12 months	1 per 12 months

\*In-network amounts only — refer to your summary plan description or [DDC.MyBenefits.Life®](#) for full plan details.

# Healthcare Accounts

Health savings account (HSA)

Flexible spending account (FSA)

Dependent Care FSA

Parking & Transit FSA



# Health Savings Account (HSA)

## Five reasons to consider the HSA

1. Personal savings account for healthcare expenses—office visits, labs, dental, vision, prescriptions, and more.
2. Tax-free contributions, expenses, earnings (No minimum balance required).
3. Use for spouse and tax-dependent children even if not on your health plan.
4. No cap on your account balance.
5. Extra retirement savings! After 65, use HSA for healthcare expenses (tax-free) or regular living expenses (taxable).



**Bonus! DDC helps you save!**

Administered by Fidelity



# Health Savings Account (HSA)

## IRS Annual Contribution Limit (including DDC contributions)

- Individual Coverage: \$4,400 per year
- Family Coverage: \$8,750 per year
- Contribute an additional \$1,000 per year if age 55 or older

### DDC Annual Contributions

Individual Coverage: \$1,200

Family Coverage: \$1,400

\*DDC contributions are made on a per pay period basis. In order to be eligible for the full annual amount you must be enrolled in the Cigna HDHP 3000 plan the entire 2026 plan year.

# Health Savings Account (HSA)

Is it right for me? It is if you ...

- Are enrolled in the Cigna HDHP 3000
- Want to save on taxes
- Want to pay for healthcare services with tax-free dollars and build a healthcare fund for the future
- Are not someone's tax dependent
- Are not enrolled in Medicare, Medicaid or Tricare
- Your spouse does not have a general-purpose healthcare flexible spending account (FSA)



Check out the easy guide for more details!

# Healthcare Flexible Spending Account (FSA)

## 5 reasons to consider the FSA

**USE IT OR LOSE IT**

\$680 rollover limit

1. Tax-free account for healthcare expenses
2. Pay for eligible healthcare expenses—office visits, lab tests, dental and vision care, prescriptions, over-the-counter medicines
3. If you or your spouse are enrolled in an HSA, you have the option to contribute to a Limited Purpose FSA, which is used to pay for eligible dental and vision expenses only
4. Use for spouse and tax-dependent children even if they are not covered by your health plan
5. Funded by pre-tax paycheck contributions—up to \$3,400 per year
6. Funds available on first day of plan year

# Healthcare Flexible Spending Account (FSA)

**Administered by UMB**

You must re-enroll every year during open enrollment.

Is it right for me? It is if you ...

- Want to save on taxes and healthcare expenses
- Can estimate the healthcare expenses you expect your family to have from January 1, 2026, through December 31, 2026
- Limited-purpose FSA is available for employees enrolled in the HSA and can be used to reimburse dental and vision expenses only

# What Expenses Are Allowed for an HSA or FSA?

## Common Eligible Expenses

- Abortion
- Acupuncture
- Alcohol/drug addiction
- Ambulance
- Artificial limb
- Artificial teeth\*
- Bandages
- Birth control pills
- Body scan
- Braille books/  
magazines
- Breast pumps/lactation  
supplies
- Breast reconstruction after  
mastectomy
- Chiropractor
- Coinsurance/copays
- Condoms
- Contact lenses/solution
- Crutches
- Deductibles
- Dental treatments\*
- Diagnostic services
- Eye exams\*
- Eyeglasses\*
- Eye surgery\*
- Fertility enhancement
- Guide dog or service  
animal
- Hearing aids/batteries
- Hospital services
- Insulin
- Laboratory fees
- Menstrual products
- Over-the-counter and  
prescription medicines
- Oxygen
- Pregnancy test kit
- Psychiatric care
- Sterilization
- Surgery (non-cosmetic)
- Therapy
- Transplant
- Wheelchair
- X-ray

## Common Ineligible Expenses

- Childcare
- Controlled substances
- Cosmetic surgery
- Dance lessons
- Diapers
- Funeral expenses
- Health club dues
- Household help
- Illegal treatments
- Maternity cloths
- Medicines from other countries
- Nutritional supplements
- Personal-care items
- Surrogacy
- Teeth whitening

Please refer to the [IRS Publication 502](#) for a full list of eligible expenses

\*allowed for HSA owners enrolling in limited purpose FSA (dental and vision only)



# Dependent Care Flexible Spending Account (FSA)

## How it works

- Funded by pre-tax contributions from your paycheck—up to \$7,500 per household per year
- Election is binding unless you have a change in status
- FSA and/or dependent care tax credit?  
Talk to a tax advisor
- Use it or lose it: No rollover! No spending on healthcare FSA!

### 3 reasons to consider the dependent care FSA

- You pay for preschool, day care, before/after school programs, and/or summer day camp so you and your spouse can work.
- You have children under 13 and/or adult dependents who need day care.
- You want to save on taxes.
- **Note:** You must re-enroll every year for the UMB dependent care FSA.

# Parking & Transit FSA

The UMB transportation savings account has flexible options:

- Pre-tax contributions/purchases
- Contribute up to \$340 per month for parking or transit expenses
- Submit claims and get reimbursed
- Manage account at [umb.com](http://umb.com)
- Cancel future deductions if your commuting needs change without a qualifying event



**Is it right for me? It may be, if you ...**

- want to save on taxes
- have out-of-pocket commuting expenses (public transportation, vanpool, parking)



A photograph of three people laughing and interacting in a lush, green outdoor setting. On the left, a woman with dreadlocks is partially visible, smiling. In the center, a man with glasses and a beard, wearing a yellow shirt and a tan jacket, is laughing heartily. On the right, a man with a beard, wearing a blue button-down shirt, is also laughing and pointing towards the man in the center. The background is filled with large, green tropical plants and hanging lights.

ENGAGE WITH YOUR HEALTH

The right care at the right time

Preventive care

Health-enhancing programs

# Know Where To Go

Type	Appropriate for	Access	Cost
<b>Nurseline</b>	Quick answers from a trained nurse, home care advice	24/7	\$0
<b>Online visit</b>	Minor illnesses and conditions (colds, allergy, rash), mental health issues	24/7	\$
<b>Office visit</b>	Preventive and routine medical care (illness, injuries, physical and mental health)	Office Hours	\$\$
<b>Urgent care, Walk-in clinic</b>	Conditions that are not life-threatening but require prompt attention (cuts, sprains, flu)	Varies, up to 24/7	\$\$
<b>Emergency room</b>	Life-threatening conditions requiring immediate medical expertise (heart attack, stroke, difficulty breathing)	24/7	\$\$\$\$



# Alternative Facilities

Need	Alternative	Features	Average Savings (In-Network)
<b>Surgery</b>	Ambulatory Surgery Center (ASC)	<ul style="list-style-type: none"> <li>• Same-day surgeries</li> <li>• Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more</li> <li>• Held to same safety standards as hospitals</li> </ul>	Up to 50% over hospital
<b>Physical Therapy</b>	Physical therapy center	<ul style="list-style-type: none"> <li>• Recovery after an injury or surgery</li> </ul>	40 to 60% over hospital
<b>Sleep Study</b>	Home testing	<ul style="list-style-type: none"> <li>• Diagnoses sleep apnea and other conditions</li> <li>• Cost often covered by insurance if medically necessary</li> </ul>	Approx. \$4,500
<b>Infusion Therapy</b>	Home or outpatient infusion therapy	<ul style="list-style-type: none"> <li>• Intravenous injections, or epidurals</li> <li>• Delivered by licensed infusion therapy provider</li> <li>• Maintain normal lifestyle and comfort</li> </ul>	Up to 90% over hospital



# Preventive Care

Preventive care is covered at 100%\*, for in-network providers

- Preventive care = annual exam and lab tests to monitor health and detect potential issues
- Not all exams and tests are considered preventive
- Check with your health plan if you have questions

## Typical Screenings for Adults

- |                               |                             |
|-------------------------------|-----------------------------|
| • Blood pressure              | • Mammogram                 |
| • Cholesterol                 | • OB/GYN screening          |
| • Diabetes                    | • Prostate cancer screening |
| • Colorectal cancer screening | • Testicular exam           |
| • Depression                  |                             |

\*Claim must be coded as preventive by your provider.



# Prescription Drugs

## Money-saving tips

- Always ask your doctor if a generic drug is available.
- Check the plan's formulary (approved drug list). Visit the plan website or call Member Services.
- Ask about 90-day mail order supply for maintenance medications.





## VOLUNTARY BENEFITS

Whole Life Insurance

Supplemental Health Insurance

Pet Insurance

TRICARE Supplemental Coverage



# Whole Life Insurance through MassMutual

- Guaranteed level premiums
- Guaranteed Issue up to \$100K
- Simplified guarantee issue up to \$250K
- Guaranteed increases in cash-value
- Guaranteed death benefit
- Permanent and portable coverage
- Potential for dividends
- Chronic Care benefit included



# Accident Insurance through The Hartford

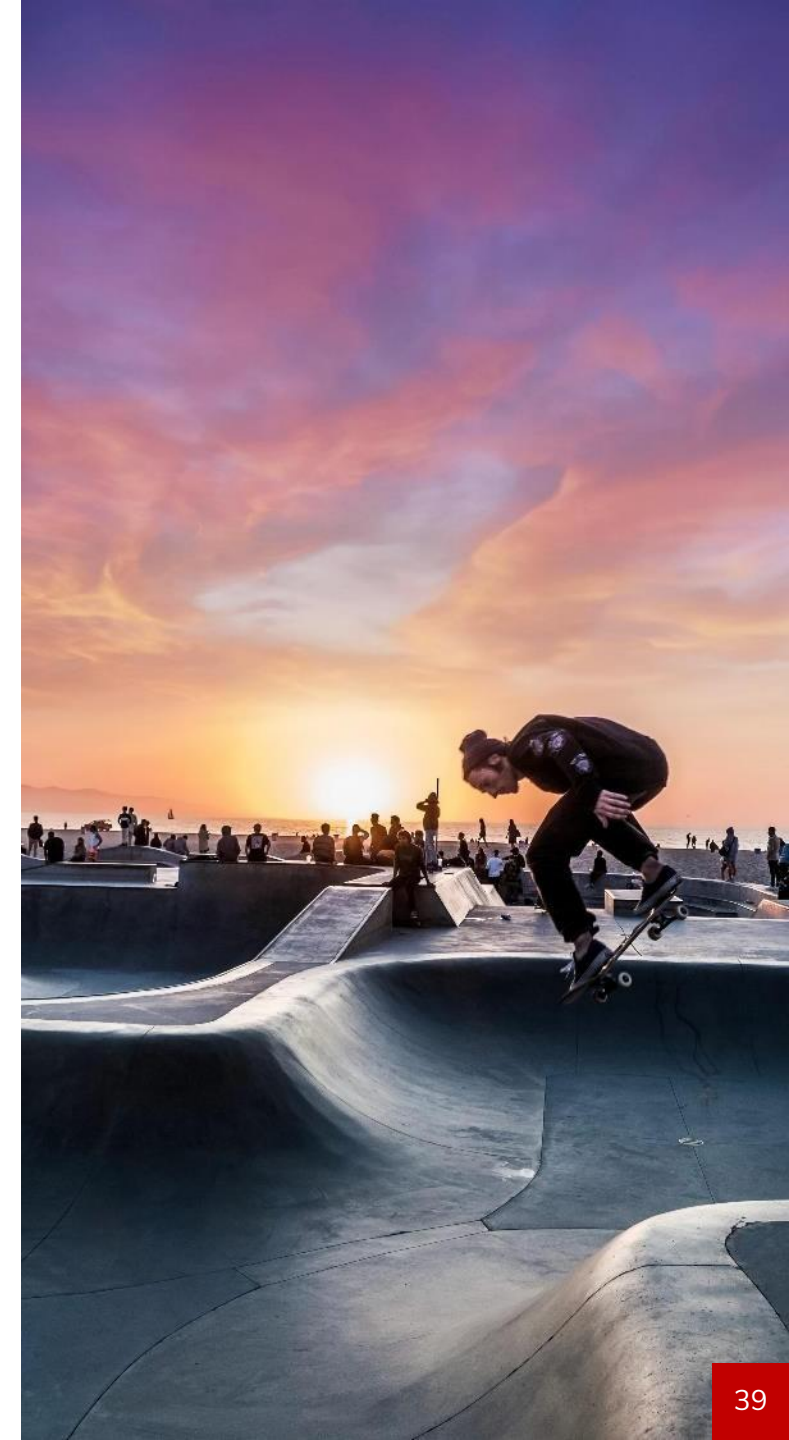
Provides benefits for a wide range of common injuries and services.

Benefits can be used however you see fit!

## Covered Injuries and Services Include

- Broken bones
- Burns
- Emergency Room Visits
- Concussions
- Eye injuries
- Hospitalization
- Lacerations
- Physical therapy
- Follow-up care
- and more!

**\$100 Health Screening Benefit** Per Person, Per Year – Payable for preventive screenings and immunizations





# Accident Insurance

## Benefits paid by The Hartford Accident Base Plan

Ambulance	\$300
Emergency Room	\$250
Major Diagnostic Testing	\$300
Concussion	\$200
Physician Follow-up Treatment	\$50
Organized Sports Rider	25% Increase

**Total** **\$1,375**

## Benefits paid by The Hartford Accident Buy-up Plan

Ambulance	\$400
Emergency Room	\$500
Major Diagnostic Testing	\$500
Concussion	\$250
Physician Follow-up Treatment	\$150
Organized Sports Rider	25% Increase

**Total** **\$2,250**



Meet Margie

Margie’s son Kyle is on the soccer team at school. He fell and hit his head during a game and suffered a concussion. If Margie and Kyle were enrolled in the accident insurance, she would receive payment from The Hartford based on the plan they were enrolled in.

# Critical Illness Insurance through The Hartford

Fills a financial gap if you experience a serious illness such as cancer, heart attack, stroke, dementia and severe infectious diseases.

Lump-sum benefit immediately upon diagnosis of a covered condition.

Use the benefit as you see fit!

## Benefit Election Options

Employee: \$10,000, \$20,000 or \$30,000

Spouse and Children: 50% of employee's election

**\$50 Health Screening Benefit Per Person, Per Year –**  
Payable for preventive screenings



# Critical Illness Insurance

## Benefits paid by The Hartford Critical Illness Plan

Cancer	\$20,000
Total	\$20,000



Meet Mike!

45 years old

Elected \$20,000 of coverage

Diagnosis: Cancer



# Hospital Indemnity Insurance through The Hartford

Enhances your current medical coverage

Benefit available for hospital admission and stays

Use the benefit as you see fit!

Benefits paid by The Hartford Hospital Indemnity Plan	
Hospital Admission	\$1,000
Hospital Confinement	\$150 per day, up to 360 days
Hospital ICU Confinement	\$300 per day, up to 30 days— does not pay in addition to hospital confinement

**\$50 Health Screening Benefit Per Person, Per Year**  
– Payable for preventive screenings

# Hospital Indemnity Insurance

## Benefits paid by The Hartford Hospital Indemnity Base Plan

Hospital Admission	\$1,000
Hospital Confinement (2 days)	\$300
Newborn Routine Hospital Care	\$150
<b>Total</b>	<b>\$1,450</b>

## Benefits paid by The Hartford Hospital Indemnity Buy-up Plan

Hospital Admission	\$2,000
Hospital Confinement (2 days)	\$300
Newborn Routine Hospital Care	\$150
<b>Total</b>	<b>\$2,450</b>



Meet Joan!

Admitted to hospital to give birth to her daughter, then confined to hospital for additional two days. If Joan was enrolled in this plan, she would receive payment from the Hartford based on the plan she enrolled in.



# Health Screening Benefit

Get up to \$200 for keeping up with your preventive care.

- Enroll in the accident, critical illness and/or hospital indemnity plan.
- You and each of your enrolled dependents are eligible for health screening benefits under each plan you are enrolled in.
- Submit claims for covered health screenings to receive the benefit.
- No limits to the number of children covered under these plans.

## Benefit Schedule

### Accident Insurance

You	\$100
Spouse	\$100
Two Children	\$200

### Critical Illness

You	\$50
Spouse	\$50
Two Children	\$100

### Hospital Indemnity

You	\$50
Spouse	\$50
Two Children	\$100

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Total	<b>\$800</b>
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# Pet Insurance and Discount Plans

Save money on vet bills

Protection through Total Pet Plan\* or Wishbone Pet Insurance

- Helps cover expensive medical bills if your pet becomes ill or injured

Additional Pet Insurance Plans are Available through DDC's Life Balance Portal.

\* Total Pet Plan is a discount plan



# TRICARE Supplemental Coverage through Selman and Co.

- Supplements all 3 retiree TRICARE plans (PRIME, Select, Retired Reserve)
- If a claim was covered under primary TRICARE but left a cost, this may cover the difference
- Covers the same physicians and pharmacies your primary TRICARE uses
- Greater access to civilian providers
- Guaranteed issue (no medical forms to complete and no pre-existing condition limitation)







## FINANCIAL WELLNESS

Is it time for a financial wellness checkup?

- Alliant Medicare Solutions

# Turning 65? Understand Your Medicare Options

Choosing the right healthcare option is an important decision when you reach age 65

- No-cost service for you, family members, and friends
- Alliant Medicare Solutions can help you with:
  - Your Medicare plan options
  - How Medicare works with your existing coverage
  - Enrolling for Medicare



Give us a call!  
(877) 888-0165





WELLBEING & BALANCE

EAP

Mental Health Resources

LifeBalance



# Employee Assistance Program

The Ability Assist EAP through The Hartford is free for you and your household members.

- Help with emotional health, substance use disorder, parenting/childcare needs, financial coaching, legal consultation, and eldercare resources.
- Unlimited phone access 24/7.
- In-person or video counseling for short-term issues; up to 3 visits per occurrence per year.
- Unlimited access to website resources.



## CONTACT THE EAP

Phone:

(800) 964-3577

Website:

[guidanceresources.com](https://guidanceresources.com)

# Mental Health Resources

In-Network Mental Health Services*		
	Outpatient	Inpatient
<b>Cigna OAP 500</b>	<b>Office Visit:</b> \$80 office visit <b>Other Outpatient Services:</b> 0% coinsurance (deductible waived)	0% after deductible
<b>Cigna OAP 1000</b>	<b>Office Visit:</b> \$60 office visit <b>Other Outpatient Services:</b> 20% coinsurance (deductible waived)	20% after deductible
<b>Cigna HDHP 3000</b>	20% after deductible	20% after deductible



## Mental Health Services with MD Live Through Cigna

Video or phone consult with a provider anywhere, any time.  
To learn more and set up your account, go to [myCigna.com](https://myCigna.com).

\*Refer to your summary plan description or [DDC.MyBenefits.Life](https://DDC.MyBenefits.Life)® for out-of-network coverage.



## Additional Resources

- Headspace Care through Cigna
- Meru Health through Cigna
- Talkspace through Cigna
- Travel Assist with Identity Theft Support through The Hartford
- FamilySource, LegalConnect, and FinancialConnect through The Hartford
- HealthChampion Health Care Navigation through The Hartford
- Funeral Planning and Will Preparation through The Hartford
- Bereavement support through The Hartford
- Identity Theft through Cigna

# Well-Being Discounts

LifeBalance works like an online coupon book, offering discounts at thousands of participating businesses nationwide, such as:

- Fitness studios
- Online retailers
- Sporting goods stores
- Amusement parks
- Movie theaters
- Hotels
- Ski resorts
- Pet Benefits



Never get so busy making a living that you never make a life!

**Member Services**

(888) 754-5433

[info@LifeBalanceProgram.com](mailto:info@LifeBalanceProgram.com)



# Enrollment Checklist

Open enrollment begins on October 27<sup>th</sup> and ends on November 7<sup>th</sup>.

This is an active Open Enrollment, which means you must enroll in benefits to be covered for the 2026 plan year.



# Additional Housekeeping Items

- HSA Account Opening:
  - You are now able to log into Fidelity.com and open your HSA.
  - Please be aware that Fidelity may reach out to you to verify your personal information if you do not pass the initial Customer Identification Process (CIP) that is required when opening a new bank account.
  - If your account is not open by January 1, you may not receive the DDC HSA contribution or your chosen contribution for the January pay periods.
- HSA Balance Transfer:
  - DDC will transfer your existing HSA balance to Fidelity and close your Admin America HSA if you complete the required form by January 31.
  - You can choose to keep your existing funds in your Admin America HSA, but a service fee of \$1.95 per month will be withdrawn from your account.
  - There will be a blackout period where employees will not have access to these funds. That blackout period will start on January 1 and is expected to last around 10-12 weeks.

# Additional Housekeeping Items

- FSA Run-out and Rollover:
  - Admin America will administer the 90-day run-out period (ending March 31, 2026) for the healthcare, limited purpose and dependent care accounts.
  - If you have any remaining funds in your healthcare or limited purpose FSA after the end of the run-out period, up to \$660 of those funds will be rolled over into your 2026 FSA with UMB.
  - There will be a brief blackout period (generally around 2 weeks) at the end of the run-out period while we transfer the rollover funds from Admin America to UMB. You will not have access to your rollover funds until after the end of that blackout period.

# Additional Housekeeping Items

- Supplemental Health and Dental Plan Portability:
  - If you currently have voluntary accident, cancer, critical illness, hospital indemnity or supplemental dental through Aflac, you will be given the opportunity to port your coverage and pay premiums directly to Aflac.
  - Your premiums will not change.
  - Aflac will reach out to you directly before the end of the year with information on how to port your coverage. You can also contact Aflac at 800-992-3522.







Thank you for watching!