

DINÉ DEVELOPMENT CORPORATION

Employee
Benefits Guide

2024

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The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Benefits Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately summarize and simplify your benefits, discrepancies and/or errors are always possible. In the case of a discrepancy between the Benefits Guide and the actual plan documents, the actual plan documents will prevail, guide at any time. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Benefit Guide, contact the Benefits Administrator.



Welcome

As your employer, we value your contribution to our organization.

This guide describes your benefit choices and coverages provided to you as an employee of Diné Development Corporation. It will help you and your families learn more about the benefits and make an informed decision about your benefits package.

Our efforts will continue to include an employee benefits program that is affordable and comprehensive.

Action Required!

You have 10 days from day of hire to complete your enrollment, but if you wait until last day, you might have to pay missing contributions. Please complete your 2024 Benefit Enrollment in Jamis' Employee Self-Service portal as soon as possible, to prevent missing contributions and enrollment delays.

What is changing for 2024?

- We are staying with Cigna for the health coverage and continuing our 4 plans.
- We are staying with the Hartford for Life and Disability & increasing to \$150,000
- We are lowering the STD waiting period to 7 days & increasing the weekly benefit up to \$3000
- We are adding Mass Mutual Whole Life available guaranteed issue up to \$150,000
- Benefits eligibility will be first day of employment.
- You may cover your Domestic Partner in medical, dental, vision & voluntary life coverage.

Eligibility and Enrollment

When Coverage Begins

You are eligible to enroll in benefits if you are a full-time employee scheduled to work at least 30 hours or more per week. Benefits are available to you and your eligible dependents on first day of employment.

When Coverage Ends

Medical, dental and vision benefits end on the last day of the month in which your employment with DDC ends. Life, AD&D and (Short Term and Long Term) Disability will end on your last date of employment.

Covered Dependents

If you elect coverage, your dependents are also eligible, and they include:

- Your legal spouse
- Domestic partner
- Your children up to age 26, regardless of student, marital, or tax-dependent status (including stepchildren, foster children, legally adopted children, children placed with you for adoption or children for whom you are the legal guardian.)
- Your dependent children of any age who are legally disabled

You may be required to provide proof of eligibility for your dependents such as a copy of a birth certificate, marriage certificate, court order, or any other qualifying legal document.

When to Enroll

You can enroll for benefits or change your benefit elections during the following times:

- Within 10 days of your initial eligibility date (as a newly hired employee)
- During the annual benefit open enrollment period
- Within 30 days of experiencing a Qualifying Event

Eligibility and Enrollment

Open Enrollment refers you the Opportunity to:

- Change plans
- Enroll in benefits
- Cancel benefits
- Add or remove dependents to your benefits

(Eligible dependents are your legal spouse/domestic partner and dependent children)

Any changes that you make during Open Enrollment will go into effect on January 1, 2024.

Mid-Year Benefits Changes

Outside of your annual Open Enrollment period, you may be eligible to make certain benefit changes during the middle of the year. Please refer to your Summary Plan Description (SPD) for specifics, but examples of when you might be able to make mid-year changes are:

- Marriage or Divorce
- Birth, Death or Adoption
- Changes in Eligibility Status
- Birth of a child, adoption, placement for adoption or legal guardianship
- You, your spouse/domestic partner, or your dependents experience a change in employment status that affects benefits eligibility, including termination or new employment.
- Judgments or Orders: resulting from a divorce, legal separation or change in legal custody such as a Qualified Medical Child Support Order (QMCSO)
 - (60 days) The loss of coverage or determination of eligibility for a premium assistance subsidy under a Medicaid plan or a state Child Health Insurance Program (CHIP)



Medical Plans and Programs

Diné Development Corporation partners with Cigna to offer employees the choice of four medical plans:

- Cigna OAP 500
- Cigna OAP 1000
- Cigna HSA 3000
- Cigna HSA 1600

You can only select one of these options when you select medical coverage. It is important to understand the differences between them because coverage can only be changed during annual open enrollment or as the result of a qualifying event.

Cigna OAP

- Convenient copays for physician office visits and prescriptions. Pay these amounts for each visit without requiring deductible first. These copays apply to your Out-of-Pocket Maximum for the calendar year.
- Other services require you to pay the negotiated amount until the deductible is met for the calendar year. After the deductible is met, you pay coinsurance until you reach the Out-of-Pocket Maximum.
- Preventive Care is covered at no charge.

Cigna HSA Plan

- There are no copays on this plan. Instead, you pay the negotiated amount of each service until the deductible is met for the calendar year. After the deductible is met, you pay coinsurance until you reach your Out-of-Pocket Maximum.
- Preventive Care is covered at no charge. Preventive Generic Prescriptions are covered at 100% no deductible.
- Employees enrolled in this plan may open a Health Savings Account (HSA) with Admin America.
- You may contribute pre-tax contributions and use the savings to pay for qualified medical expenses as defined by **IRS Section 213 (d)** (i.e., office visits, prescriptions, dental care, vision, etc.) for you and your dependents.

If you enroll in the HDHP plan, Diné Development Corporation will contribute \$50.00/single employee and \$58.33/employee + one per pay period towards your HSA Account.

**IRS 2024
Annual
Maximum
Contribution**

\$4,150 Individual
\$8,300 Family
+\$1,000 Catch-up for
ages 55+

To be eligible to contribute to a health savings account (HSA), you must meet the following criteria:

- You must be covered by a high deductible health plan
- You can't be claimed as a dependent
- You or your spouse/domestic partner cannot be participating in a full purpose flexible spending account
- You cannot be covered under another plan
- You cannot be covered under TRICARE

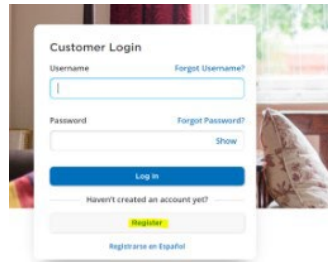
Visit <https://adminamerica.com/services/hsa> for more information

Medical Plans and Programs (Continued)

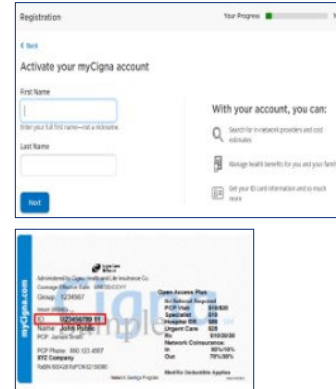


Steps to Register on myCigna*

- Access: myCigna.com, and Click "Register"



- Activate account by following prompted steps



For illustrative purposes only.

- myCigna App:
- Download myCigna app from Apple store or Google play store



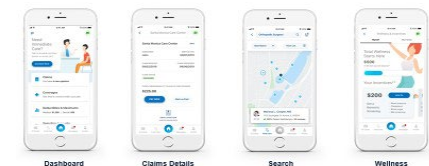
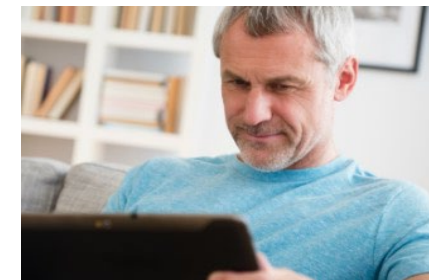
*Cust

Your online home for assessment tools, Register on myCigna.com

- + Find in-network doctors, dentists and medical services
- + View ID card information
- + Review your coverage
- + Manage and track claims
- + Order refills or speak with a Home Delivery pharmacist
- + Use our Price a Medication Tool to compare real-time drug pricing specific to your plan¹
- + Compare cost and quality information for doctors and hospitals
- + Access a variety of health and wellness tools and resources
- + Sign up to receive alerts when new plan documents are available



Track your account balances and deductibles
Download the myCigna[®] App and access your account with just a fingerprint on any compatible device.²



1. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. 2. Please refer to your phone's manufacturer for your phone's specific capabilities. The downloading and use of the myCigna app is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual myCigna features may vary depending on your plan and individual security profile.

Medical Plans and Programs (Continued)



We're here 24/7/365¹



By phone – 1.866.494.2111

- Call anytime day or night for live customer service
- Ask for a Spanish-speaking representative or speak with us in your preferred language – interpreter service is available in more than 200 languages
- Speak with a clinician anytime, day or night, through the 24-hour Health Information Line

myCigna – online or app

- Find doctors, hospitals and facilities with cost and quality information
- Access useful tools to help you:
 - Review your coverage
 - Select the paper-less Explanation of Benefits option if you prefer
 - Manage and track claims
 - Track account balances and deductibles, and sign up for email notifications
 - Find quality of care information for common procedures and treatments
 - Get Claims and Balances statements on demand to view claim history and account transactions
 - Submit a request to be reimbursed from your health account²
 - Price and compare medications



Not yet enrolled in a Cigna Plan?

1. Go to Cigna.com
2. Select 'Find a Doctor, Dentist or Facility'
3. Input the network you plan to enroll to find out if your provider is in-network

1. For medical, pharmacy and dental benefits. 2. Available for Cigna Choice Fund® health reimbursement account (HRA) and flexible spending account (FSA) plans only.



Medical Plans and Programs (Continued)



MDLIVE

Convenient virtual care that works for you, and with you

The personalized health care you need, without the travel or the waiting room

Cigna has partnered with MDLIVE[®] to offer a suite of convenient virtual care options. Connect with video or phone to MDLIVE's national network of board -certified doctors, dermatologists, psychiatrists and therapists.



1. Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older. 2. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours. Confidential, unpublished property of Cigna. Use and distribution limited solely to authorized personnel. © 2022 Cigna



Primary Care

Preventive care, routine care and specialist referrals



Behavioral Care

Talk therapy and psychiatry from the privacy of home



Urgent Care

On-demand care for minor medical conditions



Dermatology²

Fast, customized care for skin, hair and nail conditions



Medical Benefits



Cigna OAP 500

<u>Plan Provisions</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Annual Deductible	\$500 Individual / \$1,000 Family	\$6,000 Individual / \$12,000 Family
Annual Out of Pocket Maximum (Includes Deductible)	\$6,000 Single / \$12,000 Family	\$13,700 Single / \$27,400 Family
Coinsurance	100%	80%
PCP/OB/Gyn Office Visit	\$40 Copay, and plan pays 100%	Plan Pays 80% after deductible
Specialist Office Visit	\$80 Copay, and plan pays 100%	Plan Pays 80% after deductible
Telehealth	\$40 Copay	Not Covered
Inpatient Hospital Services Outpatient Hospital Services	Cigna pays 100% after deductible is met	Plan Pays 80% after deductible
Preventive Care	Plan pays 100%	Plan Pays 80% after deductible
Emergency Care	\$500 Copay, and plan pays 100%	\$500 Copay, and plan pays 100%
Urgent Care	\$75 copay, and plan pays 100%	Plan Pays 80% after deductible
Prescription Drug	Tier 1 - \$15 / Tier 2 - \$35/ Tier 3 - \$60	Plan pays 50% after deductible
Retail (per 90 days supply)	Tier 1 - \$38 / Tier 2 - \$88 / Tier 3 - \$150	Not Covered



Medical Benefits



Cigna OAP 1000

Plan Provisions	In-Network	Out-of-Network
Annual Deductible	\$1,000 Individual / \$3,000 Family	\$6,000 Individual / \$12,000 Family
Annual Out of Pocket Maximum (Includes Deductible)	\$6,000 Single / \$12,000 Family	\$13,700 Single / \$27,400 Family
Coinsurance	80%	60%
PCP/OB/Gyn Office Visit	\$30 Copay, and plan pays 100%	Plan Pays 60% after deductible
Specialist Office Visit	\$60 Copay, and plan pays 100%	Plan Pays 60% after deductible
Telehealth	\$30 Copay	Not Covered
Inpatient Hospital Services Outpatient Hospital Services	Cigna pays 80% after deductible is met	60% after deductible
Preventive Care	Plan pays 100%	Plan pays 60% after deductible
Emergency Care	\$500 Copay, and plan pays 100%	\$500 Copay, and plan pays 100%
Urgent Care	\$75 copay, and plan pays 100%	Plan Pays 60% after deductible
Prescription Drug	Tier 1 - \$15 / Tier 2 - \$35/ Tier 3 - \$60	Plan pays 50% after deductible
Retail (per 90 days supply)	Tier 1 - \$38 / Tier 2 - \$88 / Tier 3 - \$150	Not Covered



Medical Benefits



Cigna HSA 3000

<u>Plan Provisions</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Annual Deductible	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family
Annual Out of Pocket Maximum (Includes Deductible)	\$6,550 Single / \$13,100 Family	\$13,100 Single / \$26,200 Family
Coinsurance	80%	60%
PCP/OB/Gyn Office Visit	Plan pays 80% after deductible	Plan Pays 60% after deductible
Specialist Office Visit	Plan pays 80% after deductible	Plan Pays 60% after deductible
Telehealth	Plan pays 80% after deductible	Not Covered
Inpatient Hospital Services Outpatient Hospital Services	Plan pays 80% after deductible	Plan Pays 60% after deductible
Preventive Care	Plan pays 100%	Plan pays 60% after deductible
Emergency Care	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent Care	Plan pays 80% after deductible	Plan Pays 60% after deductible
Prescription Drug	Plan pays 80% after deductible	Plan Pays 60% after deductible
Retail (per 90 days supply)	Plan pays 80% after deductible	Not Covered

Medical Benefits



Cigna HSA 1600

Plan Provisions	In-Network	Out-of-Network
Annual Deductible	\$1,600 Individual / \$3,200 Family	\$3,200 Individual / \$6,400 Family
Annual Out of Pocket Maximum (Includes Deductible)	\$6,550 Single / \$13,100 Family	\$13,100 Single / \$26,200 Family
Coinsurance	100%	80%
PCP/OB/Gyn Office Visit	Plan pays 100% after deductible	Plan Pays 80% after deductible
Specialist Office Visit	Plan pays 100% after deductible	Plan Pays 80% after deductible
Telehealth	Plan pays 100% after deductible	Not Covered
Inpatient Hospital Services Outpatient Hospital Services	Plan pays 100% after deductible	Plan Pays 80% after deductible
Preventive Care	Plan pays 100%	Plan pays 80% after deductible
Emergency Care	Plan pays 100% after deductible	Plan pays 80% after deductible
Urgent Care	Plan pays 100% after deductible	Plan Pays 80% after deductible
Prescription Drug	Plan pays 100% after deductible	Plan Pays 80% after deductible
Retail (per 90 days supply)	Plan pays 100% after deductible	Not Covered

Dental



Diné Development Corporation partners with MetLife to provide Dental coverage. You can still receive care from any licensed dentist, but your benefits may differ and your out-of-pocket costs could be higher with a non-network dentist. When you utilize the PPO network of providers, you will experience significant savings with no balance billing. At your appointment, just tell them you have MetLife.

Register online at www.metlife.com/mybenefits under “Diné Development Corporation” and sign up for the My Dental Benefits to:

- Find a dentist
- View your benefits
- Check average dental costs in your area

You can also update your delivery preference for dental benefit statements (EOBs) and go paperless!

Here is a brief summary of the MetLife Dental Plan. The coinsurance amounts listed reflect what the plan will pay. Please refer to the official plan document for additional information on coverage and exclusions.

Do you need a service that may cost more than \$250?
 Ask your dentist to submit a predetermination of benefits to MetLife so both you and the dentist can know exactly what will be covered and how much it will cost.

Dental Plan	In/Out-of-Network
Deductible	\$50 Individual \$150 Family
Calendar Year Maximum Benefit	\$2,000 In-Network \$1,500 Out-Of-Network <i>per individual</i>
Type I – Diagnostic/ Preventive Services <i>Routine Cleanings and Exams, Bitewing X-Rays, Space Maintainers and Sealants</i>	100%
Type II - Basic Services <i>Fillings, Extractions, Endodontics, Periodontics, Anesthesia</i>	80% after deductible
Type III - Major Services <i>Onlays, Crowns, Implants, Prosthetics (Bridges, Dentures)</i>	50% after deductible
Orthodontia Child to age 19	50% up to \$1,500 Lifetime Maximum

International Dental Travel Assistance

When you and your covered dependents enroll in the MetLife dental plan, you are automatically enrolled in the International Dental Travel Assistance program. This program can assist with immediate dental care while traveling internationally until you can see your regular dentist. With just one phone call, you will be connected to a multilingual assistance coordinator that will gather all the necessary information to ensure you receive the care you need from a dental provider who has been carefully selected based upon strict criteria. Coverage will be considered under your Out-of-Network benefits so please remember to hold on to all receipts to submit a dental claim when you return. If you are in the U.S. and planning an international trip: Call (888) 558-2704 If you are traveling internationally: Call collect +1(312) 356-5970



Vision



Diné Development Corporation partners with MetLife (utilizing VSP's Choice Network) to offer employees a vision plan. This plan provides coverage through thousands of provider locations across the U.S. participating in the VSP Choice network. It is your choice to use a provider contracted with the VSP Choice network. However, your out-of-pocket expenses will be significantly lower if you use an Insight Network provider.

If you are enrolled in the MetLife vision plan, create an account on www.metlife.com/mybenefits (register under "Diné Development Corporation") to view your In-Network coverage, find the VSP Choice network doctor who is right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have MetLife.

Find a Vision Provider
 Visit www.metlife.com/mybenefits and choose
 "PPO Network" or call 855-638-3931

Benefit	Choice In-Network Providers	Out-of-Network Reimbursement
Eye Exams Once every 12 months	\$20 Copay	Up to \$45
Standard Lenses Once every 12 months Single, Bifocal, Trifocal, Lenticular	\$20 Copay	Up to \$30-\$100
Frames Once every 12 months	\$130 allowance after \$20 copay	Up to \$70
Contact Lenses Once every 12 months	Fitting and evaluation: Covered in full Elective lenses: \$130 allowance Necessary lenses: Covered in full after eyewear copay.	Up to \$105-\$210
Laser Vision Correction Procedures	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Glasses & Sunglasses	Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.	



Flexible Spending Accounts

Diné Development Corporation offers a Flexible Spending Account (FSA) through AdminAmerica. This helps you pay for a variety of out-of-pocket health care and/or dependent care expenses with pre-tax dollars. These accounts are 100% funded by you through payroll deductions. Please note these plans are regulated by IRS Guidelines and receipts are required. These are “use it or lose it” plans, so plan accordingly for yearly expenses. You may choose to participate in one or all FSA options. Below are the 2023 maximum contribution limits:

Health Care (Full Purpose FSA / Limited Purpose FSA)

Annual Maximum: \$3,200

- You do not need to be enrolled in a Diné Development Corporation medical plan to participate, in the Full Purpose FSA. If you are enrolled in the HDHP HSA Medical Plan you can enroll in the Limited Purpose FSA. The Limited Purpose FSA can be used for IRS qualified dental or vision expenses.
- Pay for **qualified medical expenses** as defined by **IRS Publication 502**
- Can be used for you and/or an eligible dependent; even if they are not covered on your medical plan.
- Your annual contribution is available on day one of the plan.
- Active participants can carry over up to \$640 in unused money at the end of the plan year to be used to reimburse expenses incurred in the following plan year. The carry-over does not count toward the Annual Maximum Limit.

FSA Store

FSAstore.com is an e-commerce store completely focused on serving customers with FSAs. They sell a large selection of FSA eligible items that can be purchased online using an FSA card or major credit card, provide an FSA Learning Center, a comprehensive FSA Eligibility List, and an FSA Blog updated daily.

Dependent Care (DCA)

Annual Maximum: \$5,000 (Single or Married/Joint tax return) | \$2,500 (Married/ separate returns)

- Pay for qualified childcare or elder care expenses; [click here](#) for more information.
- Covers eligible dependents up to age 13; disabled individuals at any age; and/or elderly parents.
- Unlike Health Care FSA, your annual DCRA funds are not available upfront. Funds are only accessible as they are deposited with each payroll deduction. You must have a balance in the account to use the funds.
- This account is use it or lose it; unused funds will be forfeited at the end of the year or upon separation from Diné Development Corporation.

Commuter Benefit

Parking Reimbursement \$315 per Month

Transit Reimbursement Account \$315 per Month

Please visit AdminAmerica.com for more information.

Life Insurance - Hartford



LIFE and AD&D INSURANCE: PROTECTING WHAT MATTERS

Coverage Type	Plan Details	Guaranteed Issue
Basic Life and AD&D	<ul style="list-style-type: none"> \$150,000 	<ul style="list-style-type: none"> All Coverage is Guaranteed Issue and paid for by your Employer
Employee Supplemental Life	<ul style="list-style-type: none"> \$10,000 increments up to a maximum benefit of the lesser of 5x earnings or \$500,000 	<ul style="list-style-type: none"> \$150,000
Spouse Supplemental Life	<ul style="list-style-type: none"> \$5,000 increments to the lesser of 50% of the approved Employee Supplemental Life election or \$100,000 	<ul style="list-style-type: none"> \$50,000
Child(ren) Supplemental Life	<ul style="list-style-type: none"> \$10,000 increments \$250 benefit for ages 15 days to 6 months 	<ul style="list-style-type: none"> All coverage is Guaranteed Issue

Additional Benefits for Basic Life Members - Hartford

ABILITY ASSIST COUNSELING SERVICES WITH HEALTHCHAMPION HEALTHCARE NAVIGATION ASSIST*

- Unlimited 24/7 phone access
- 3 face-to-face visits
- Unlimited telephonic consultations for financial, legal and work-life concerns
- Immediate access to master's and doctoral level clinicians
- Assessment/referral to short-term counseling
 - ✓ Risk assessment
 - ✓ Issue identification/prioritization
 - ✓ Referral to GuidanceExpert provider
 - ✓ Cross-referrals to other FamilySource, LegalConnect, FinancialConnect or HealthChampion



*Your employer must enroll you in Disability coverage or if a voluntary plan, you must elect coverage to access Ability Assists

*Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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Additional Benefits for Basic Life Members - Hartford



ABILITY ASSIST – ADDITIONAL RESOURCES SERVICES

- ✓ **FamilySource** – personal convenience services for needs like childcare, elder care, education , etc.
- ✓ **LegalConnect** –telephonic access to staff attorneys to answer general legal questions, for example like family law, ID theft, custody.
- ✓ **FinancialConnect** – offers unlimited telephone access to on - staff financial advisors/professionals for things like budgeting, debt, credit, tax issues, retirement planning etc.
- ✓ **HealthChampion** – offers employees and dependents Health Care Navigation support if disabled or diagnosed with a critical illness. Specialists that will assist with a variety of both administrative and clinically related concerns.

*Your employer must enroll you in Disability coverage or if a voluntary plan, you must elect coverage to access Ability Assist.
*Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

Additional Benefits for Voluntary Life Members - Hartford



FUNERAL CONCIERGE*

Support available 24/7, 365 days a year

- Pre-planning and preservation of final wishes
- Beneficiary support with funeral arrangements and pricing comparisons
- To access, call **866-854-5429** or visit: www.everestfuneral.com/Hartford; Use code: HFEVLC



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Disability - Hartford

Diné Development Corporation partners with Hartford to provide active, eligible employees Short-Term and Long-Term Disability at no cost.

Short-Term Disability

Short-Term Disability coverage is designed to replace a portion of your base weekly earnings if you are unable to work due to a non-work-related short-term illness or injury and are under physician care.

Short-Term Disability insurance provides weekly payments to you if you are disabled, under approved physician care, and unable to perform one or more of the material duties of your regular job. Benefits can begin paying after the **7-day** elimination period.

The benefit pays **60%** of your **base pre-disability weekly earnings** up to a maximum of **\$3,000** per week. This benefit could be reduced by other sources of income; please review the policy and ask HR for details.

Weekly benefits may continue if you remain disabled for **up to 12 weeks**.

Long-Term Disability

Long-Term Disability is designed to pick up where Short-Term Disability left off if you continue to be unable to work and under physician care.

Long-Term Disability insurance provides monthly payments to you if you are disabled, under approved physician care, and unable to perform one or more of the material duties of your regular job. Benefits can begin paying after the **90-day** elimination period.

The benefit pays **60%** of your **base pre-disability monthly earnings** up to a maximum of **\$10,000** per month.

If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age (SSNRA) or 24 months, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.

Pre-Existing Conditions

The Long-Term Disability plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.

Disability Provisions

- You must be actively at work on the effective date of your disability coverage, or coverage will be postponed until you return to work.
- This plan does not cover disabilities that are the result of self-inflicted injury, war or the act of war, commission of a crime or participation in a riot.
- Maternity is covered as any other illness. **(Examples: 6 weeks for normal delivery, 8 weeks for C-section)**
- If you leave the company for any reason, your coverage will terminate on the same day in which your employment ends.

Group Whole Life: A lifetime of benefits

Building out the “whole” picture

- Lifelong guarantees
- Insurance protection that helps provide a “safety net” for tomorrow with family coverage options
- Innovative features for financial well-being today
- Chronic Care Benefit¹
- Tax advantages – Tax Deferred Growth of Cash Value and generally provides an income tax-free death Benefit
- Dividend eligible²



¹ The Chronic Care Benefit is available if the insured has been diagnosed by a Qualified Medical Practitioner as having a chronic illness. The Chronic Care Benefit is neither long term care insurance nor nursing home care insurance. Chronically ill is generally defined as: being permanently unable to perform, without substantial assistance, at least two Activities of Daily Living (ADLs) (eating, toileting, transferring, bathing, dressing, and continence) due to loss of functional capacity; or Requires Substantial Supervision to protect the Insured from threats to health or safety due to permanent Severe Cognitive Impairment. State Variations apply. Not available in MA.

² Dividends are not guaranteed. The certificate is eligible to receive dividends beginning on the second anniversary.

WI1602



Key features: A lifetime of benefits

Access to financial resources today and protection for those that count on them tomorrow

THE GUARANTEES



Guaranteed level premium




Guaranteed increases in cash-value




Guaranteed death benefit

FLEXIBILITY AND SIMPLICITY




Permanent and Portable for life. You own the coverage




Simple Application


VALUE-ADD FEATURES




Chronic Care Benefit ^{1,3}



Dividend eligible⁴



Terminal Illness Benefit ^{2,3}



Optional riders

¹ The Chronic Care Benefit is available if the insured has been diagnosed by a Qualified Medical Practitioner as having a chronic illness. Having a chronic illness is generally defined as: being permanently unable to perform, without substantial assistance, at least two Activities of Daily Living (ADLs) (eating, toileting, transferring, bathing, dressing, or continence)) (in NY, for a period of 90 consecutive days) due to loss of functional capacity; or requires Substantial Supervision to protect the Insured from threats to health or safety due to permanent Severe Cognitive Impairment. In North Carolina and Washington, generally, Chronic Illness is any medical condition that requires continuous confinement in an Eligible Institution, where the Insured is expected to remain there for the rest of their life. In New York, generally, the Insured requires continuous care for the remainder of the Insured's life in an Eligible Facility or at home.

² The Terminal Illness Benefit is available if the insured has been diagnosed by a Qualified Medical Practitioner as having a terminal illness. The Terminal Illness Benefit is neither long term care insurance nor nursing home care insurance. Terminally ill is generally defined as: generally diagnosed with an illness that will result in death within 12 months (24 months in some states). State Variations apply.

³ Certificate owners who have exercised the Terminal Illness Benefit cannot use the Chronic Care Benefit. However, the Terminal Illness Benefit will still be available on the remaining face amount after a Chronic Care Benefit payment has been made. Accelerating the payment of your certificate death benefit under either the Accelerated Death Benefit for Terminal Illness or the Accelerated Death Benefit for Chronic Illness may affect your eligibility for public assistance programs and may be taxable. Consult with your tax advisor when accelerating these benefits.

⁴ Dividends are not guaranteed. The certificate is eligible to receive dividends beginning on the second anniversary.

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Product features

- Benefits on individual policies are **paid directly to policyholders.**
- Coverage is **portable.**
- Historical **rate stability.**
- **Covers entire family.**
- **No coordination of benefits**
- Individual policies are **guaranteed renewable.**
- **Streamline** Claims process (**Wellness Benefits**)



Aflac pays you directly to help cover your out-of-pocket and daily living expenses!!

Please complete the interest/waiver QR Code for Aflac and Mass Mutual to be entered into a raffle!!

4 Coverage Options

- **Hospital**

- *Short stay, confinement, diagnostic exams, surgical..etc.

- **Accident**

- *ER/Urgent Care, confinement, surgical, annual wellness..etc.

- **Cancer**

- *Initial Diagnosis, treatment, travel, skin cancer, annual wellness.. etc.

- **Critical Illness**

- *Initial Diagnosis, intensive care, building benefit, lump sum option..etc.





Make sure your business stays your business

Stay secure with fraud protection, available through Aflac

No one wants to go through the hassle, expense and time of dealing with fraud. But you can protect yourself. Your employer and Aflac have teamed up to provide an easy way to help reduce your risk of becoming the next victim — at no cost to you.

Fraud protection is now available to you as part of your employer's benefits package.

Aflac Fraud Protection, powered by EZShield, helps bring you greater security for better peace of mind. Here's how:



Restore

Certified resolution specialist

- Fully managed restoration services.
- One-on-one dedicated care.

End2End DefenseSM 32-step recovery process

- For lost/stolen wallet, breached data, fraud or ID theft.
- Designed to discover, isolate and prevent future fraud.

24/7 live support



Secure

Online identity vault

- Encrypted digital storage for personal and account information, vital documents, images and other data.
- A secure mobile app for on-the-go access to manage your identity.
- Password manager.

Expert protection tips and timely news

- Email alerts if your information is discovered on black market websites.
- Monthly activity report emails detailing your account status and protection tips.
- Breach alert emails to make you aware of recent breaches and scams.



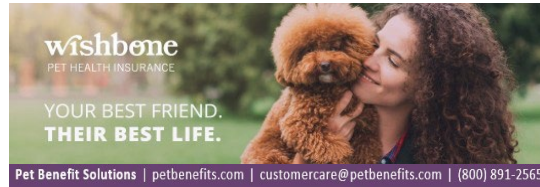
Monitor

Dark web monitoring

- Baseline fraud exposure report of your personal information on black market websites.
- Daily monitoring for personal information (stored in your online identity vault) sold on black market websites.

Pet Insurance - AFLAC

Wishbone Pet Insurance



Dine Development Corporation is offering Wishbone Pet Insurance to employees.

Nobody wants to imagine their pet getting sick or injured - but when it comes to your pet's health, it's best to expect the unexpected.

Enroll in pet health insurance from Wishbone and receive 90% reimbursement on your pet's veterinary care. With a low deductible of \$250, protecting your pet's health and your finances has never been easier!

Wishbone Pet Insurance is accepted at any vet in the U.S., including emergency hospitals. Once you file a claim, expect to be reimbursed via mailed check in 5 business days or less. It's that easy!

Get a quote & enroll at www.petbenefits.com/land/ddc-dine

Wishbone Pet Insurance is a pet health insurance program administered by Odie Pet Insurance Marketing, Inc. and is underwritten by Clear Blue Insurance Group. Claims are processed by a third-party administrator, PrimeOne Insurance Co. Please visit <https://www.wishboneinsurance.com/terms-and-conditions> for more information.

POLICYHOLDERS ENJOY:

- Optional Routine Care Plans
- Fast Claims Processing
- Easy-to-Use Member Account
- No Waiting Periods on Accidents or Illnesses
- Lost Pet Recovery Service from **ThePetTag**
- 24/7 Pet Telehealth from **AskVet**



Premiums

Diné Development Corporation participates in a Section 125 plan allowing for your medical, dental and vision payroll contributions to be deducted on a pre-tax basis. This actually lowers your taxable income therefore you pay less in taxes.

These costs are based on a per pay period deduction (24 pay periods).

	OAP 500	OAP 1000	HDHP 1600	HDHP 3000	Dental	Vision
	Employee	Employee	Employee	Employee	Employee	Employee
Employee Only	\$107.41	\$95.04	\$74.76	\$58.29	\$4.18	\$.86
Employee + Spouse/DP	\$241.68	\$213.85	\$168.21	\$131.14	\$11.78	\$1.72
Employee + Child(ren)	\$225.57	\$199.59	\$157.00	\$122.40	\$11.78	\$1.45
Employee + Family	\$311.50	\$275.62	\$216.81	\$169.03	\$11.78	\$2.40

Contact Information



Contact your Benefits Consultants at JS Benefits Group, Inc. with any plan design questions or claim issues. They are there to assist you with any plan issues. 1-877-355-6070



Lisa Reed
lreed@jsbenefitsgroup.com



Kate Gryn
kgryn@jsbenefitsgroup.com



Kelly Steinke
ksteinke@jsbenefitsgroup.com

Benefit	Carrier Name	Phone Number	Website
Medical	Cigna	1-800-997-1654	www.cigna.com
Dental	MetLife	1-800-275-4638	www.metlife.com/mybenefits
Vision	MetLife (with the VSP Choice Network)	1-800-275-4638	www.metlife.com/mybenefits
Life Insurance and Disability	Hartford	1-860-547-5000	www.thehartford.com
HSA, FSA & Transportation	Admin America	1-800-366-2961	www.adminamerica.com
Employee Assistance Program (EAP)	Hartford	1-800-964-3577	www.guidanceresources.com
Whole Life Insurance	Mass Mutual	1-800-272-2216	www.massmutual.com
Hospital, Accident, Cancer	AFLAC	1-800-992-3522	www.aflac.com

Required Notices

Federal regulations require Diné Development Corporation

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as "protected health information" (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan's HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan's Notice of Privacy Practices that describes the Plan's policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact Human Resources or the medical plan directly.

Women's Health And Cancer Rights Act

Diné Development Corporation medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce symmetrical appearance
- Prostheses and treatment of physical complications resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

Individual Coverage Mandate

Effective January 1, 2014, Federal law requires that you have Health Care coverage, or you may be subject to an income tax penalty. You can enroll in **Diné Development Corporation** health plan, or you may want to consider visiting www.healthcare.gov for information on health plans available through the Healthcare Marketplace

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on www.insurekidsnow.gov, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Required Notices (Continued)

Federal regulations require Diné Development Corporation

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Benefits Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately summarize and simplify your benefits, discrepancies and/or errors are always possible. In case of a discrepancy between the Benefits Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Benefit Guide, contact the Benefits Administrator.