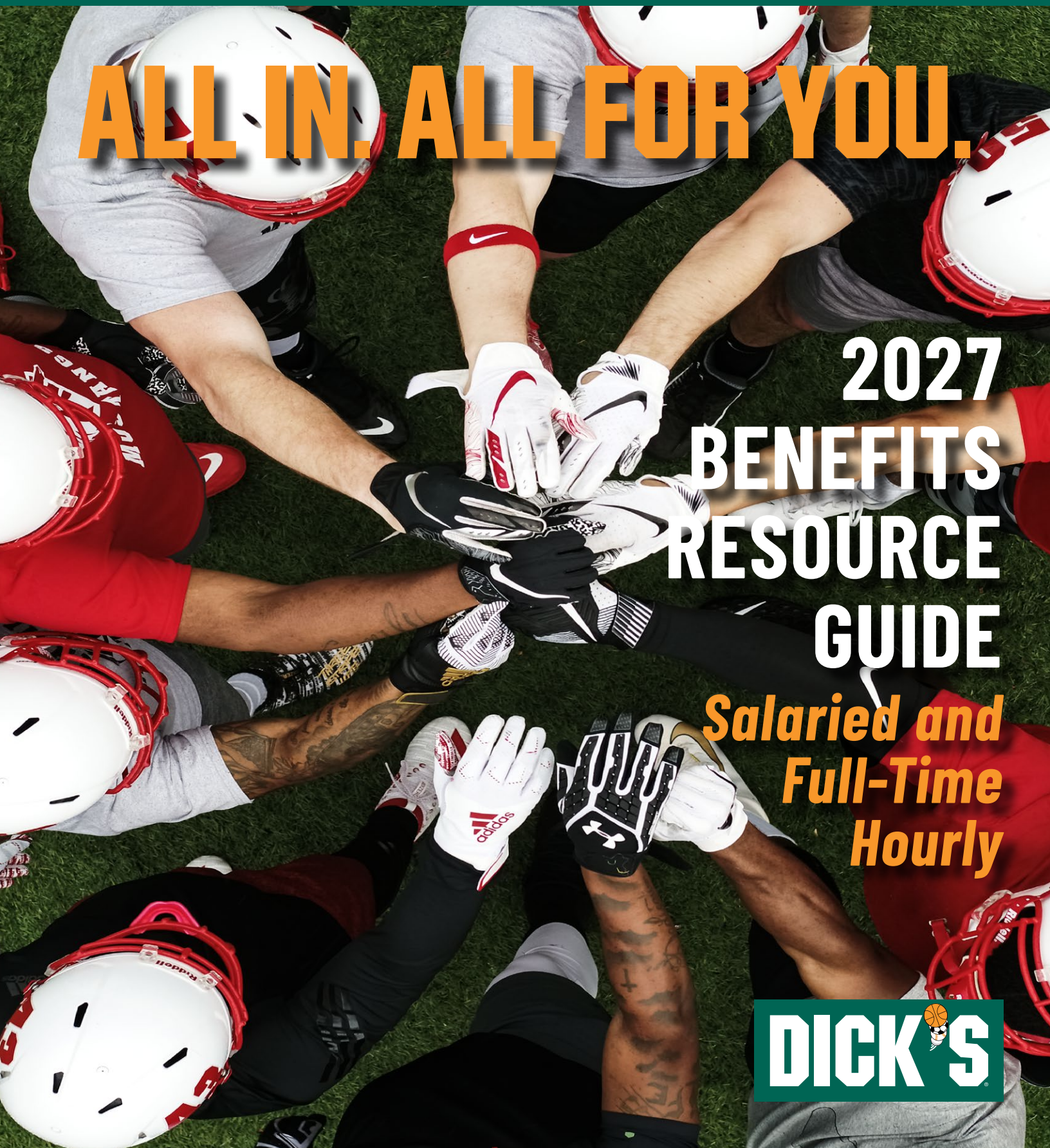
BENEFIT *Your Life*



ALL IN. ALL FOR YOU.

2027 BENEFITS RESOURCE GUIDE

Salaried and Full-Time Hourly

DICK'S

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. See the compliance section for more details. Some other key notices include CHIPRA, HIPAA Privacy, and Notice of Coverage Options (Marketplace Notice). If you have any questions, please reach out to the contact listed on the back cover of this guide.

So Glad You're Part of the Team!

Our compensation and benefit programs are designed with our Teammates' needs in mind. DICK'S Sporting Goods believes it is important to offer highly competitive, equitable, inclusive, and comprehensive benefits in order to attract, retain, and support the best and brightest talent in the industry. This book provides a brief description of the benefits available to you. To access benefits and learn more, visit BenefitYourLifeResources.com and register today!*

Enrollment Rules – Please Read Carefully!

Benefits you MUST ACTIVELY ENROLL IN after satisfying your 30-day waiting period. All elections [except 401(k)] must be completed within 31 days after completing 30 days of continuous full-time service

Benefit	Additional Information
Medical Insurance Prescription Drug Coverage	4 Plan Offerings – (1) Physical or Digital ID Card for Medical; Enrollment includes Prescription Drug coverage through Evernorth Express Scripts – (1) Physical or Digital ID Card for Rx.
Health Reimbursement Account (HRA) Health Savings Account (HSA)	Automatically enrolled into the HRA when enrolling in the Core HRA Plan; an HRA debit card will be issued by Inspira Financial. Option to enroll in an HSA upon enrolling in the Base or Buy-up HSA plans; HSA card will be issued by Inspira Financial.
Flexible Spending Accounts (FSAs)	Health Care FSA - available if enrolling in the Core HRA or Traditional PPO Plans through DSG; also available to Teammates not enrolled in DSG medical as long as they aren't contributing to an HSA(Health Savings Account). Dependent Daycare FSA - Teammates are eligible regardless of medical enrollment status and may be used on eligible day care and elder-care expenses. Limited Purpose FSA - available if enrolled in the Base or Buy-Up HSA plans; eligible for use for dental and vision expenses only.
Dental Insurance	2 Plan Offerings; (1) ID Card
Vision Insurance	2 Plan Offerings; No ID Card
Supplemental Accident Insurance	4 levels of coverage offered, depending on how many dependents you have enrolled
Supplemental Cancer/ Critical Illness Insurance	Spousal/Domestic Partner and Dependent Child coverage also offered; Social Security Number for dependents may be required.
Supplemental Hospital Care Insurance	4 levels of coverage offered, depending on how many dependents you have enrolled
Supplemental Life Insurance and Supplemental AD&D	Supplemental Life and AD&D insurance elections for 1x salary up to 7x salary; Spousal/Partner and Dependent Life Insurance options
Optional Long-Term Disability	Available to salaried teammates with salaries greater than $120k. Voluntary Long Tem Disability for FT Hourly: 60% of your average monthly base earnings (monthly maximums and earnings restrictions apply)
401(k)	Automatically vested with no waiting period for both teammate contributions and Company Match for Teammates 18 years of age or older

Benefits AUTOMATICALLY provided by DSG

Benefit	When Am I Eligible?	Additional Information
Life Insurance	Automatically enrolled in DSG-paid benefits after satisfying a 30-day eligibility waiting period	Coverage is 1x annual salary; be sure to enter beneficiary information during enrollment in bswift
Accidental Death & Dismemberment (AD&D) Insurance	Automatically enrolled in DSG-paid benefits after satisfying a 30-day eligibility waiting period	Coverage is 1x annual salary; beneficiary information entered for life insurance will be applied to AD&D insurance
Short-Term Disability	Automatically enrolled in DSG-paid benefits after satisfying a 30-day eligibility waiting period	Teammates are automatically enrolled in a company-paid short-term disability benefit. After a one-week waiting period, approved benefits replace 70% of your income. Vacation time may be used during the waiting period. Because teammates pay taxes on the employer-paid premium, approved disability benefits are received tax-free and are not subject to federal, state, or local income taxes.

** This Benefits Book provides an overview of your benefits. It covers the key features of the plans. If a conflict occurs between this material and the official plan documents that define the programs, the plan documents will govern. Nothing in this Book is intended to be a promise or guarantee of employment or continued employment with the Company. The Company at all times reserves the right to amend, modify, suspend, or terminate the teammate benefits it offers its teammates. You do not have a vested right to any of the teammate benefits (although you may have a vested right to certain pension benefits to the extent specifically provided for in the applicable plan documents). This right of the Company to amend, modify, suspend or terminate teammate benefits cannot be changed by any representation to the contrary, even if such representation is made by a Company representative.*

WHEN SHOULD I ENROLL?

As a regular salaried or full-time hourly teammate, you are eligible for benefits after 30 days of continuous full-time service. You have **31 days from your benefits eligibility date** to make benefit elections. Your benefits will become effective after 30 days of continuous full-time service.

If you do not enroll as described above, you may only enroll if you experience a life event change, an employment status change (part time to full time) or during Annual Enrollment (for benefits effective the following January 1).

If you make benefit elections after your benefit effective date, you will be charged for any missed premiums on your next paychecks.

DEPENDENT ELIGIBILITY

Once you are eligible to enroll in the Plan, you may cover your dependents as well. Your eligible dependents include:

- Your legal spouse (for federal income tax purposes)
- Your domestic partner (must meet all eligibility requirements, which can be found at benefityourliferesources.com), and if your spouse or domestic partner has coverage available through their employer and chooses to enroll in the DSG medical plan, you will pay a spousal surcharge. See **page 9** for more details.
- Your children until the end of the month in which they turn age 26 including:
  - Children;
  - Stepchildren;
  - Adopted children and children placed with you for adoption;
  - Children for whom you are appointed legal guardian or foster parent;
  - Domestic partner's child(ren) only if you cover your domestic partner;
  - Adult children who are physically or mentally disabled and dependent on you for support and incurred such disability prior to attaining age 26.

To be eligible for coverage, proof that dependents meet the above criteria is required at the time of enrollment.

HOW DO I ENROLL?

BSWIFT MOBILE APP

YOU CAN ACCESS THE PLATFORM ANYTIME VIA DESKTOP OR MOBILE APP (AVAILABLE IN THE APPLE STORE AND GOOGLE PLAY STORE).

BSWIFT ENROLLMENT PORTAL

ACCESS YOUR BENEFITS PORTAL AT DSGBENEFITS.BSWIFT.COM OR THROUGH WORKDAY USING SINGLE SIGN-ON. BE SURE TO BOOKMARK THE LINK FOR QUICK AND EASY ACCESS!

COMPANY	COMPANY ID
DICK'S SPORTING GOODS	DSG
GOLFWORKS	GW
GAMECHANGER	GC

PASSWORD = DATE OF BIRTH (MMDDYYYY)

You are required to provide documents to verify your dependents in order for them to receive coverage. Their coverage will not be effective until these documents are received and approved. To upload these documents, log into bswift and access your employee file where you can find a list of accepted documents.

If you are unable to access the Benefits Enrollment page or have difficulties enrolling, contact Benefits at 1.800.690.7655, x3012, option 5 or benefits@dcsg.com

VISIT BENEFITYOURLIFERESOURCES.COM

Visit **benefityourliferesources.com** for detailed instructions on how to enroll

LIFE EVENT CHANGES

MAKING A CHANGE TO YOUR COVERAGE

Your benefits elections may be changed during the plan year only if you experience a life event or employment status change such as:

- Marriage, divorce, or legal separation
- Dissolution of domestic partnership
- Death of a spouse, domestic partner or a dependent
- Birth
- Adoption or placement for adoption or foster care of a child
- Termination of employment (or commencement of employment) of a spouse
- Dependent child losing eligibility for health care coverage
- Switching from full-time to part-time status by the teammate*/spouse
- Significant change in health coverage that is attributable to the spouse's employment

The change in benefits that you elect must be consistent with the type of status change. If a status change occurs outside of the Annual Enrollment Period and you wish to change your benefits, you must follow the instructions on the next page to complete a Life Event. You will be required to supply the appropriate supporting documentation. The Life Event must be completed **within 31 days of the event**, or you will have to wait until the next Annual Enrollment period. You are not permitted to change plans (for example, move from Core HRA Plan to Traditional PPO Plan) mid-year.

Please note: If your benefit change results in increased coverage (for example, changing from single to family medical coverage), a back charge may be deducted from your pay to cover the new premium rate.

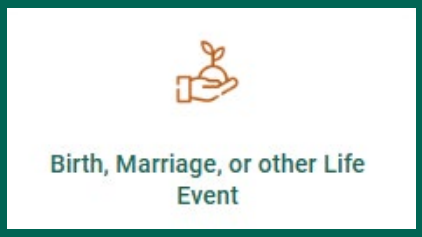
If you are not familiar with the appropriate documentation that is required, contact **Benefits at 1.800.690.7655, x3012 (option 5) or email** benefits@dcsg.com.

*Under ACA, converting to part-time will not allow you to drop your medical coverage. However, if you gain coverage under a qualified medical plan, you may be able to revoke your coverage through the Company. Contact Benefits at **1.800.690.7655, x3012, option 5** or benefits@dcsg.com.

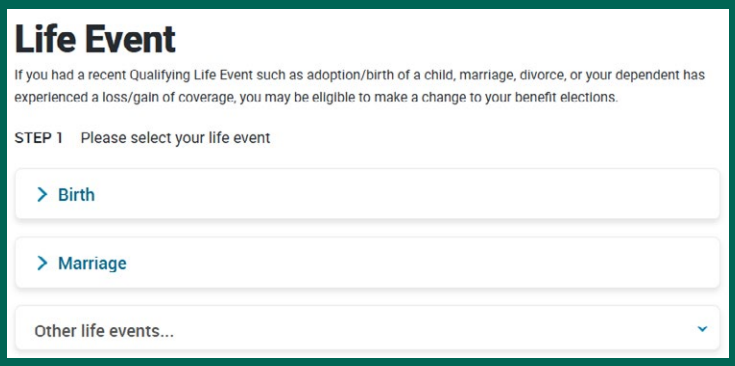
LIFE EVENT CHANGES

GO TO: **bswift**

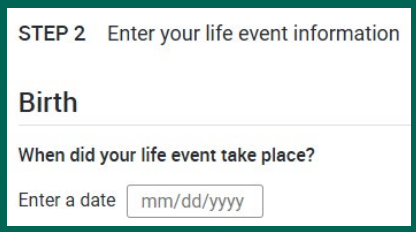
1 Once logged into bswift, under Common Actions, select Birth, Marriage or other Life Event



2 Select the correct event. Click "Other life events..." to see the full list



3 After your event is selected, enter the date of the event



4 Make your benefit elections. Changes must be consistent with the event.

5 Once your elections are completed, you are required to provide documentation verifying your event, along with dependent verification documents for any new dependents added. If you do not provide this documentation, your benefits will not be updated. To provide this documentation select Review My Files under common actions. Upload your document(s) there.

DO YOU NEED HELP?

NEED HELP CHOOSING A MEDICAL PLAN?
ASK EMMA !

NOT SURE HOW THE DENTAL PLAN WORKS?
ASK EMMA !

WANT MORE DETAILS ON THE FSAs?
ASK EMMA !

EMMA will help you understand the options that may best suit your (and your family's) needs.

ENROLL NOW >

Use EMMA to help you choose your health coverage.

CHECK OUT YOUR BENEFITS WEBSITE!

benefityourliferesources.com

No password or login required

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HEALTH BENEFITS

Cigna Medical

Four Medical Plans to Choose from

- Traditional PPO Plan
- Core HRA (Health Reimbursement Account) Plan
- Buy-up HSA (Health Savings Account) Plan
- Base HSA (Health Savings Account) Plan

SCAN ME FOR CIGNA NETWORK INFORMATION

With our medical plans, you get the appropriate care you need from the provider you select. When you or a covered dependent needs medical care, you can choose between two levels of health care services: In-Network or Out-of-Network. The networks are identical for all plans.

In-Network Care is care you receive from providers in the medical plan's network, which is called **"Cigna Open Access Plus." Out-of-Network Care** is care you receive from providers who are not in the medical plan's network. Even when you go outside the network, you will still be covered for eligible services. However, your benefits will be paid at a lower level. You may also be responsible for paying the difference between the provider's actual charge and the plan's allowed amount.

To understand the medical plans, you should understand these additional program and coverage terms:

- **COPAYMENT:** The fixed, up-front dollar amount you pay for certain covered expenses. Copayment amounts will apply toward the total maximum out of pocket.
- **DEDUCTIBLE:** The initial amount you must pay each benefit year for covered services before the plan begins to provide benefits.
- **COINSURANCE:** The percentage of eligible expenses you and the plan share.
- **TOTAL MAXIMUM OUT-OF-POCKET:** The amount you pay out of your pocket for eligible health care expenses before the plan begins to pay 100% for additional eligible expenses. The out-of-pocket limit includes copayments, deductibles, telemedicine charges, coinsurance amounts, and prescription drug expenses.
- ***NON-EMBEDDED DEDUCTIBLE (APPLIES ONLY TO BUY-UP HSA PLAN):** For plans with a non-embedded deductible, if you have an individual coverage tier, once you satisfy the individual deductible then you pay coinsurance up to the individual out-of-pocket maximum. Once the individual out-of-pocket is reached, the plan pays at 100%. For any tier other than individual (e.g., teammate & spouse, teammate & child[ren], or family), you and/or anyone in your family can satisfy the family deductible. For example, if you go into the hospital on day one and have a large hospital bill, you alone could satisfy the family deductible for the annual period. Once the family deductible is met by you and/or a combination of covered family members, then you would be responsible for coinsurance up until the family out-of-pocket is met.
- ****EMBEDDED DEDUCTIBLE:** For plans with an embedded deductible, if you have an individual coverage tier, once you satisfy the individual deductible then you pay coinsurance up to the individual out-of-pocket maximum. Once the individual out-of-pocket is reached, the plan pays at 100%. For any tier other than individual (e.g., teammate & spouse, teammate & child[ren], or family), once you or a covered member of the family reaches the individual deductible, that individual will pay coinsurance until the individual out-of-pocket is met and then the plan pays at 100% for that individual. The remaining covered family members as a whole or one covered family member could satisfy the remainder of the family deductible. Once the family deductible is met, coinsurance will apply up to the family out-of-pocket maximum before the plan pays at 100%. For example, if you go into the hospital on day one and have a large hospital bill, you could satisfy the individual deductible and then pay coinsurance up to the individual out-of-pocket maximum. The remainder of the family would then have to satisfy the rest of the family deductible (it could be one covered family member or more than one covered family member that satisfies the remaining family deductible). Once the entire family deductible is met by a combination of covered family members, then you would be responsible for coinsurance up until the family out-of-pocket is met.

It is important to assess your needs before deciding which plan to choose. The full cost of coverage is more than just your per-pay contribution. Remember to ask yourself:

What are my health care needs?
What are my family's health care needs?
If I need to use my medical coverage, how much will I pay out-of-pocket?

Refer to the plan design grid on **pages 14 – 17** to choose the option that best fits your health care needs and financial situation.

Spousal Surcharge

If your spouse or domestic partner has coverage available through their employer and chooses to enroll in the medical plan, you will pay an additional $100 per month ($46.15 per pay if you are paid biweekly). If your spouse or domestic partner is not employed or their employer does not offer medical coverage, you can continue to cover them with no additional surcharge above the applicable premium. This is for medical coverage only; there will be no cost share for dental and vision coverage.

The Spousal Surcharge for spouses and domestic partners who have other coverage available to them helps to control costs for all teammates. If you have any questions, please contact the Benefits Department at 1.800.690.7655, x3012 (option 5) or at Benefits@dcsg.com.

Garner Health with Traditional PPO & Core HRA Plans

Garner Health can help you save money on out-of-pocket medical expenses by utilizing top-quality providers (Primary Care and Specialists), to improve care quality while reducing overall health care costs. You can get reimbursed up to $2,000 for Single and $4,000 for Family by partnering with Garner Health.

Search & Select: Find & Select a Top Provider

Use the Garner app to find "Top Providers" (both Primary Care and Specialists) who have better patient outcomes as well as provide guidance and concierge support, and add your selections to your care team.

How Garner Works for You

Use a Garner Top Provider for eligible care. Pay your normal copays and out-of-pocket costs at the time of service. Receive reimbursement of eligible expenses, up to $2,000 per individual or $4,000 per family. Existing PCPs and providers treating ongoing conditions (e.g., cancer or maternity care) may be eligible through continuity-of-care provisions. Register with Garner and add your providers to activate eligible reimbursements. Track claims and reimbursements through the Garner app or by contacting Garner directly.

SCAN ME FOR GARNER APP INFORMATION

BEFORE YOU CHOOSE A MEDICAL PLAN, TAKE SOME TIME TO UNDERSTAND YOUR OPTIONS

You have the choice of FOUR medical plans. Each plan has a different deductible and out-of-pocket maximum. Two of the medical plans have an account that DSG contributes to, which you can use to cover eligible medical, prescription drug, dental, and vision expenses.

Prior to enrolling, you can determine if the doctors and facilities that you use are in the Cigna Open Access Plus network. Scan the QR code on page 8, call 1.877.999.4DSG, or go to https://hcpdirectory.cigna.com/web/public/consumer/directory > Click on "Employer or School" > Type in your address > Search for doctors by type, name, or facility.

Once enrolled in Cigna insurance, register at mycigna.com and download the mobile app to have access to care, claims, wellbeing programs, and more!

Pharmacy

If you enroll in any of our medical plans, Evernorth Express Scripts will provide your prescription drug benefits. Evernorth Express Scripts will make sure you're getting the most effective and safe medications for your condition. They'll contact you or your doctor if they see something that requires attention. Here are some key features of your pharmacy benefits.

Evernorth Express Scripts ID Card

You'll need to use your Evernorth Express Scripts ID card for prescription drugs. Once enrolled, a physical insurance card will be mailed to your home. You may also request ID cards by calling 1.800.766.4695. A digital version of the card can also be accessed on the **Evernorth Express Scripts** mobile app.

GLP-1 Medications

Effective January 1, 2027, DSG will exclude GLP-1 medications prescribed solely for weight loss. The EncircleRx program will remain applicable to eligible teammates and dependents prescribed for diabetes management.

Waste-Free Formulary

The Waste-Free Formulary helps keep prescription drug costs affordable by prioritizing medications that provide the same clinical benefits at a lower cost. Working with Evernorth Express Scripts, the program reviews medications on the
prescription drug formulary and identifies opportunities to remove unnecessary spending while maintaining safety, quality, and effectiveness.

How It Works

Sometimes two medications provide the same health benefit, but one costs significantly more than the other. The Waste-Free Formulary focuses on selecting lower-cost options that meet the same clinical standards whenever appropriate.

The program helps:

- Identify medications that cost more without providing additional clinical benefit
- Reduce unnecessary prescription drug spending
- Maintain safety and effectiveness as the top priority
- Improve the overall value of the prescription drug benefit

Supporting Members Through Changes

If a medication change is recommended, support is available to help make the transition as smooth as possible. Depending on the situation, the program may include:

- Continuation-of-therapy options for certain medications
- Formulary and coverage improvements
- Updates to prior authorization and quantity limit requirements
- Manufacturer savings programs when available
- Support for prescribers and clinical appeals when medically appropriate

If a prescription change affects you, you'll receive proactive communication before any changes occur. You'll also have access to:

- One-on-one consultations with a licensed pharmacist
- Personalized guidance on medication alternatives
- Help understanding your pharmacy benefits and coverage
- Answers to medication-specific questions and concerns

Generics

You always save more by asking your doctor to prescribe generic drugs. If no generic is available, ask your doctor to prescribe a brand-name drug on the formulary. To see if your medication is on the Evernorth Express Scripts formulary, visit express-scripts.com.

90-Day Maintenance

You will need a 90-day prescription for maintenance medications. Your medication can be filled through mail order, or at CVS or Walgreens pharmacies.

Extended Payment Program (EPP)

All teammates getting mail-order prescriptions have the ability to pay for prescriptions monthly versus having to cover the cost of the 90-day refill at one time. Contact Evernorth Express Scripts at 1.866.591.3880 or go to express-scripts.com to sign up for the EPP.

Accredo

Accredo is the Evernorth Express Scripts Specialty Pharmacy and is your source for specialty prescription drugs. Please be sure to let your doctor know that, in order to receive your specialty medication, you must order through Accredo. If you have any questions, you can call Accredo toll free at 1.800.803.2523. Trained pharmacists and nurses are available 24/7 for any questions about your therapy. Accredo is for specialty medications only.

Drug Quantity Management Program

This prescription drug program is designed to make sure the quantity of prescription drugs you receive is considered safe. If you are prescribed a prescription drug that's covered by this program, you will receive only the amount needed to last you a certain number of days. For instance, you would receive only 30 pills in one month for a medication that's prescribed to be taken once a day.

Prior Authorization Program

A prior authorization will be needed if you are prescribed a new medicine that is not on your formulary. To find out if your medicine requires a prior authorization, log in to express-scripts.com. Select "Price a Medication" from the drop-down menu under "Manage Prescriptions." After you look up a medicine's name, click "View coverage notes" or call the number on your member ID card. Your doctor can initiate a request for a prior authorization by calling Evernorth Express Scripts.

Step Therapy Program

This program is designed for people who regularly take prescription drugs to treat ongoing medical conditions such as arthritis, asthma or high blood pressure. Step one medications are generic drugs that provide the same health benefits as higher-cost, step two brand drugs. If a step one drug does not work for you, your doctor can request a prior authorization for a step two brand drug to determine if that will be covered by your plan. For more information on step therapy in your benefit plan, visit express-scripts.com or call the number on your member ID card.

EncircleRx Program

This program is specific to GLP-1 medications. To gain approval for a GLP-1 prescription, you must meet certain criteria. Once your doctor prescribes a GLP-1, you and your doctor will receive notification of the next steps to be taken. You will be instructed to enroll (at no cost to you) in Omada Health, a digital program with a health coach. Once enrolled, you will receive a digital scale, be asked to download the Omada mobile app, and will need to schedule an appointment with your new health coach. The goal is to equip you with all of the tools you need to successfully reach your health goals. Your doctor will be instructed to submit additional information, which will be occurring simultaneously as you are setting up your Omada Health membership.

HealthConnect 360

Patient Care Advocates (PCAs) at Evernorth Express Scripts may reach out to you via mail, email, phone or text to provide additional information about your prescription drug benefits. The goal of this program is to assist you with any questions you may have about your medications, to remove barriers and enable you to have access to the medications you need to manage conditions, and to make you aware of programs that you may be able to engage in at no additional cost to you.

After You Enroll

Your prescription drug insurance card can be accessed by registering at express-scripts.com. Once enrolled, a physical insurance card will be mailed to your home. You may also request ID cards by calling 1.800.766.4695. A digital version of the card can also be accessed on the **Evernorth Express Scripts** mobile app.

Using a participating, in-network provider or pharmacy will save you money. To find a participating provider or pharmacy:

- Visit the provider website: www.mycigna.com, call 1.800.CIGNA24 (24/7/365), or download the myCigna mobile app to access Cigna providers and a digital copy of your ID card. Network providers do not vary by plan.
- To speak directly with a dedicated DSG Cigna representative, **call** 1.877.999.4DSG.
- Visit www.express-scripts.com or download the Evernorth Express Scripts mobile app to access Evernorth Express Scripts pharmacies.

Omada Pre-Diabetes, Diabetes, and Hypertension Programs (Available to Cigna-Enrolled Teammates)

Take Omada's 1-minute health screening to see if you're eligible to participate in this program.
Visit www.express-scripts.com/healthsolutions.

You can access the program at no additional cost if you or your covered dependents (18 and older) are enrolled in DSG's medical plan offered through Cigna and are accepted into the program.

Your personal Omada coach will help you build healthy habits that last, helping you learn how to:

- EAT HEALTHIER — learn the fundamentals of making smart food choices
- INCREASE ACTIVITY — discover easy ways to move more and boost your energy
- OVERCOME CHALLENGES — gain skills that allow you to break barriers to change
- STRENGTHEN HABITS — zero in on what works for you and find lasting motivation
- STAY MOTIVATED AND ACCOUNTABLE — chat with your health coach and track your progress with the Omada app and gain a team of supporters and online community to help you reach your health goals

Effective January 1, 2027, DSG will exclude GLP-1 medications prescribed solely for weight loss. The EncircleRx program will remain applicable to eligible teammates and dependents prescribed for diabetes management.

Summary of In-Network Medical Coverage

	Cigna Traditional PPO In-Network (**embedded deductible – see pg 8)	Cigna Core HRA (Health Reimbursement Account) Plan In-Network (**embedded deductible – see pg 8)
Individual Deductible	$2,000	$3,500
Family Deductible	$4,000	$7,000
Coinsurance (the amount paid by the Plan)	80% after Deductible	80% after Deductible
Individual Maximum Out-of-Pocket	$4,500	$6,000
Family Maximum Out-of-Pocket	$9,000	$12,000
Garner Reimbursement	$2,000 individual / $4,000 family	$2,000 individual / $4,000 family
Primary Care Physician Office Visits	$25 Co-Pay (No Deductible)	$35 Co-Pay (No Deductible)
Specialist Physician Office Visits	$50 Co-Pay (No Deductible)	$70 Co-Pay (No Deductible)
Preventative Care Pediatric (Well Baby Care and Immunizations)	100% (No Co-Pay or Deductible)	100% (No Deductible)
Preventative Care Adult (Routine Physical Exams, Immunizations, and Routine Gynecological Exam, including a PAP test)	100% (No Co-Pay or Deductible)	100% (No Co-Pay or Deductible)
MDLive/Cigna Telehealth for Urgent Care, Primary Care, and Specialist Visits (e.g. dermatology)	100% (No Co-Pay or Deductible)	100% (No Co-Pay or Deductible)
MDLive/Cigna Telehealth for Mental/Behavioral Health	100% (No Co-Pay or Deductible)	100% (No Co-Pay or Deductible)
Emergency Room Service (Co-Pay waived if admitted)	80% after $250 Co-Pay (Deductible does not apply)	80% after $300 Co-Pay (Deductible does not apply)
Hospital Expenses (Inpatient)	80% after Deductible	80% after Deductible
Hospital Expenses (Outpatient)	80% after Deductible	80% after Deductible
Medical/Surgical Expenses (Except Office Visits)	80% after Deductible	80% after Deductible
Maternity (Facility and Professional Services)	80% after Deductible	80% after Deductible
Infertility Counseling, Testing, and Treatment through PROGYNY	80% after Deductible	80% after Deductible
Assisted Fertilization Procedures	80% after Deductible All fertility management counseling, testing, treatment and procedures are to be accessed with PROGYNY	80% after Deductible All fertility management counseling, testing, treatment and procedures are to be accessed with PROGYNY
Spinal Manipulations (Chiropractic Care)	$50 Co-Pay (No Deductible) (Limited to 50 days per Benefit Period)	$50 Co-Pay (No Deductible) (Limited to 50 days per Benefit Period)
Diagnostic Services (All Laboratory, X-Ray, and Diagnostic Tests)	80% after Deductible	80% after Deductible
Physical, Speech, and Occupational Therapy	$50 Co-Pay (No Deductible) (Limited to 120 days per Therapy)	$50 Co-Pay (No Deductible) (Limited to 120 days per Therapy)
Allergy Extracts and Injections	80% after Deductible	80% after Deductible
Mental Health (Inpatient)	80% after Deductible	80% after Deductible
Mental Health (Outpatient)	$25 Co-Pay (No Deductible)	$25 Co-Pay (No Deductible)
Substance Abuse (Inpatient)	80% after Deductible	80% after Deductible
Substance Abuse (Outpatient)	$25 Co-Pay (No Deductible)	$25 Co-Pay (No Deductible)
Evernorth Express Scripts Prescription Drug Non-Specialty Retail 30-day Supply (included with your medical plan)	$10 – Generic 30% ($40 – $170) 40% ($65 – $250)	$10 – Generic 30% ($40 – $170) 40% ($65 – $250)
Evernorth Express Scripts Prescription Drug Non-Specialty Mail Order, 90-day Supply	3x 30-day supply	3x 30-day supply
Specialty Retail Rx (30-day Supply) Specialty Mail Order Rx (30-day Supply)	10% up to $100 maximum – Generic 20% up to $250 maximum – Formulary 10% – Non-Formulary	10% up to $100 maximum – Generic 20% up to $250 maximum – Formulary 10% – Non-Formulary
FSA and/or LPFSA Eligible (see pages 43 – 45 for more information)	Yes, specific to the Health Care FSA	Yes, specific to the Health Care FSA
HSA or HRA Eligible (see pages 43 – 45 for more information)	No (You are not eligible for an HSA or HRA)	Yes – HRA only (DSG will contribute $250 for teammate only, $500 for all coverage tiers with dependents into your HRA each year you are enrolled. Continuous enrollment allows for rollover of funds to a maximum balance of $2,500/teammate only or $5,000/coverage tiers with dependents.)

Please see separate rate sheet for details on premium costs per pay.

Below is a comparison of all medical plan offering's plan designs in regards to "In-Network" benefits. **NOTE:** If you choose to get service from an out-of-network provider, the benefit levels will be significantly less or not covered at all. The deductibles and out-of-pocket maximums are also substantially higher for out-of-network services as well.

	Cigna Buy-up HSA (Health Savings Account) Plan In-Network (*non-embedded deductible – see pg 8)	Cigna Base HSA (Health Savings Account) Plan In-Network (**embedded deductible – see pg 8)
Individual Deductible	$1,750	$3,500
Family Deductible	$3,500	$7,000
Coinsurance (the amount paid by the Plan)	80% after Deductible	80% after Deductible
Individual Maximum Out-of-Pocket	$4,000	$7,000
Family Maximum Out-of-Pocket	$8,000	$14,000
Garner Reimbursement	$0 individual / $0 family	$0 individual / $0 family
Primary Care Physician Office Visits	$25 Co-Pay after Deductible	$25 Co-Pay after Deductible
Specialist Physician Office Visits	$50 Co-Pay after Deductible	$50 Co-Pay after Deductible
Preventative Care Pediatric (Well Baby Care and Immunizations)	100% (No Deductible)	100% (No Deductible)
Preventative Care Adult (Routine Physical Exams, Immunizations, and Routine Gynecological Exam, including a PAP test)	100% (No Deductible)	100% (No Deductible)
MDLive/Cigna Telehealth for Urgent Care, Primary Care, and Specialist Visits (e.g. dermatology)	100% after Deductible	100% after Deductible
MDLive/Cigna Telehealth for Mental/Behavioral Health	100% after Deductible	100% after Deductible
Emergency Room Service (Co-Pay waived if admitted)	80% after Deductible	80% after Deductible
Hospital Expenses (Inpatient)	80% after Deductible	80% after Deductible
Hospital Expenses (Outpatient)	80% after Deductible	80% after Deductible
Medical/Surgical Expenses (Except Office Visits)	80% after Deductible	80% after Deductible
Maternity (Facility and Professional Services)	80% after Deductible	80% after Deductible
Infertility Counseling, Testing, and Treatment through PROGYNY	80% after Deductible	80% after Deductible
Assisted Fertilization Procedures	80% after Deductible All fertility management counseling, testing, treatment and procedures are to be accessed with PROGYNY	80% after Deductible All fertility management counseling, testing, treatment and procedures are to be accessed with PROGYNY
Spinal Manipulations (Chiropractic Care)	80% after Deductible (Limited to 50 days per Benefit Period)	80% after Deductible (Limited to 50 days per Benefit Period)
Diagnostic Services (All Laboratory, X-Ray, and Diagnostic Tests)	80% after Deductible	80% after Deductible
Physical, Speech, and Occupational Therapy	80% after Deductible (Limited to 120 days per Therapy)	80% after Deductible (Limited to 120 days per Therapy)
Allergy Extracts and Injections	80% after Deductible	80% after Deductible
Mental Health (Inpatient)	80% after Deductible	80% after Deductible
Mental Health (Outpatient)	$25 Co-Pay after Deductible	$25 Co-Pay after Deductible
Substance Abuse (Inpatient)	80% after Deductible	80% after Deductible
Substance Abuse (Outpatient)	$25 Co-Pay after Deductible	$25 Co-Pay after Deductible
Evernorth Express Scripts Prescription Drug Non-Specialty Retail 30-day Supply (included with your medical plan)	Co-Pay structure AFTER deductible has been met. Then, Evernorth Express Scripts Prescription Drug Non-Specialty Retail 30-day Supply (included with your medical plan) $10 – Generic 30% ($40 – $170) 40% ($65 – $250)	Co-Pay structure AFTER deductible has been met. Then, Evernorth Express Scripts Prescription Drug Non-Specialty Retail 30-day Supply (included with your medical plan) $10 – Generic 30% ($40 – $170) 40% ($65 – $250)
Evernorth Express Scripts Prescription Drug Non-Specialty Mail Order, 90-day Supply	Co-Pay structure AFTER deductible has been met 3x 30-day supply	Co-Pay structure AFTER deductible has been met 3x 30-day supply
Specialty Retail Rx (30-day Supply) Specialty Mail Order Rx (30-day Supply)	AFTER deductible has been met 10% up to $100 max – Generic 20% up to $250 max – Formulary 10% – Non-Formulary	AFTER deductible has been met 10% up to $100 max – Generic 20% up to $250 max – Formulary 10% – Non-Formulary
FSA and/or LPFSA Eligible (see pages 43 – 45 for more information)	Yes, specific to the Limited Purpose FSA	Yes, specific to the Limited Purpose FSA
HSA or HRA Eligible (see pages 43 – 45 for more information)	Yes – HSA only (You can contribute up to $4,400 for teammate only and up to $8,750 for tiers of coverage including dependents. DSG will contribute $500 for teammate only and $1,000 for tiers of coverage with dependents.)	Yes – HSA only (You can contribute up to $4,400 for teammate only and up to $8,750 for tiers of coverage including dependents.)

Summary of Out-of-Network Medical Coverage

	Cigna Traditional PPO Out-of-Network (**embedded deductible – see pg 8)	Cigna Core HRA (Health Reimbursement Account) Plan Out-of-Network (**embedded deductible – see pg 8)
Individual Deductible	$4,000	$7,000
Family Deductible	$8,000	$14,000
Coinsurance	60% after Deductible	60% after Deductible
Individual Maximum Out-of-Pocket	$9,000	$12,000
Family Maximum Out-of-Pocket	$18,000	$24,000
Primary Care Physician Office Visits	60% after Deductible	60% after Deductible
Specialist Physician Office Visits	60% after Deductible	60% after Deductible
Preventative Care Pediatric (Well Baby Care and Immunizations)	60% after Deductible (Routine Physical Exams not covered)	Routine Physical Exams: not covered Immunizations: 60% after Deductible
Preventative Care Adult (Routine Physical Exams, Immunizations, and Routine Gynecological Exam, including a PAP test)	60% after Deductible (Routine Physical Exams not covered)	60% after Deductible (Routine Physical Exams: not covered)
Telemedicine	Not Covered	Not Covered
Emergency Room Service (Co-Pay waived if admitted)	80% after $250 Co-Pay (Deductible does not apply)	80% after $300 Co-Pay (Deductible does not apply)
Hospital Expenses (Inpatient)	60% after Deductible	60% after Deductible
Hospital Expenses (Outpatient)	60% after Deductible	60% after Deductible
Medical/Surgical Expenses (Except Office Visits)	60% after Deductible	60% after Deductible
Maternity (Facility and Professional Services)	60% after Deductible	60% after Deductible
Infertility Counseling, Testing, and Treatment through PROGYNY	Not Covered	Not Covered
Assisted Fertilization Procedures	Not Covered All In-Network services are through PROGYNY	Not Covered All In-Network services are through PROGYNY
Spinal Manipulations (Chiropractic Care)	60% after Deductible (Limited to 50 days per Benefit Period)	60% after Deductible (Limited to 50 days per Benefit Period)
Diagnostic Services (All Laboratory, X-Ray, and Diagnostic Tests)	60% after Deductible	60% after Deductible
Physical, Speech, and Occupational Therapy	60% after Deductible (Limited to 120 days per Therapy)	60% after Deductible (Limited to 120 days per Therapy)
Allergy Extracts and Injections	60% after Deductible	60% after Deductible
Mental Health (Inpatient)	60% after Deductible	60% after Deductible
Mental Health (Outpatient)	60% after Deductible	60% after Deductible
Substance Abuse (Inpatient)	60% after Deductible	60% after Deductible
Substance Abuse (Outpatient)	60% after Deductible	60% after Deductible
Evernorth Express Scripts Prescription Drug Program (included with your medical plan)	Not Covered	Not Covered
Evernorth Express Scripts Prescription Drug Mail Order	Not Covered	Not Covered
FSA and/or LPFSA Eligible (see pages 43 – 45 for more information)	Yes, specific to the Health Care FSA	Yes, specific to the Health Care FSA
HSA or HRA Eligible (see pages 43 – 45 for more information)	No (You are not eligible for an HSA or HRA)	Yes – HRA only (DSG will contribute $250 for teammate only, $500 for all coverage tiers with dependents into your HRA each year you are enrolled. Continuous enrollment allows for rollover of funds to a maximum balance of $2,500/teammate only or $5,000/coverage tiers with dependents.)

Please see separate rate sheet for details on premium costs per pay.

Below is a comparison of all medical plan offering's plan designs in regards to "Out-of-Network" benefits. **NOTE:** If you choose to get service from an out-of-network provider, the benefit levels will be significantly less or not covered at all. The deductibles and out-of-pocket maximums are also substantially higher for out-of-network services as well. For more details on in-network services, please refer to pages 14 – 15.

	Cigna Buy-up HSA (Health Savings Account) Plan Out-of-Network (**non-embedded deductible – see pg 8)	Cigna Base HSA (Health Savings Account) Plan Out-of-Network (**embedded deductible – see pg 8)
Individual Deductible	$3,500	$7,000
Family Deductible	$7,000	$14,000
Coinsurance	60% after Deductible	60% after Deductible
Individual Maximum Out-of-Pocket	$8,000	$14,000
Family Maximum Out-of-Pocket	$16,000	$28,000
Primary Care Physician Office Visits	60% after Deductible	60% after Deductible
Specialist Physician Office Visits	60% after Deductible	60% after Deductible
Preventative Care Pediatric (Well Baby Care and Immunizations)	Routine Physical Exams: not covered Immunizations: 60% (Deductible does not apply)	Routine Physical Exams: not covered Immunizations: 60% (Deductible does not apply)
Preventative Care Adult (Routine Physical Exams, Immunizations, and Routine Gynecological Exam, including a PAP test)	Routine Physical Exams: not covered Immunizations: 0% after Deductible Routine Gynecological Exam, including a PAP test: 60% (Deductible does not apply)	Routine Physical Exams: not covered Immunizations: 0% after Deductible Routine Gynecological Exam, including a PAP test: 60% (Deductible does not apply)
Telemedicine	Not Covered	Not Covered
Emergency Room Service (Co-Pay waived if admitted)	80% after Deductible	80% after Deductible
Hospital Expenses (Inpatient)	60% after Deductible	60% after Deductible
Hospital Expenses (Outpatient)	60% after Deductible	60% after Deductible
Medical/Surgical Expenses (Except Office Visits)	60% after Deductible	60% after Deductible
Maternity (Facility and Professional Services)	60% after Deductible	60% after Deductible
Infertility Counseling, Testing, and Treatment through PROGYNY	Not Covered	Not Covered
Assisted Fertilization Procedures	Not Covered All In-Network services are through PROGYNY	Not Covered All In-Network services are through PROGYNY
Spinal Manipulations (Chiropractic Care)	60% after Deductible (Limited to 50 days per Benefit Period)	60% after Deductible (Limited to 50 days per Benefit Period)
Diagnostic Services (All Laboratory, X-Ray, and Diagnostic Tests)	60% after Deductible	60% after Deductible
Physical, Speech, and Occupational Therapy	60% after Deductible (Limited to 120 days per Therapy)	60% after Deductible (Limited to 120 days per Therapy)
Allergy Extracts and Injections	60% after Deductible	60% after Deductible
Mental Health (Inpatient)	60% after Deductible	60% after Deductible
Mental Health (Outpatient)	60% after Deductible	60% after Deductible
Substance Abuse (Inpatient)	60% after Deductible	60% after Deductible
Substance Abuse (Outpatient)	60% after Deductible	60% after Deductible
Evernorth Express Scripts Prescription Drug Program (included with your medical plan)	Not Covered	Not Covered
Evernorth Express Scripts Prescription Drug Mail Order	Not Covered	Not Covered
FSA and/or LPFSA Eligible (see pages 43 – 45 for more information)	Yes, specific to the Limited Purpose FSA	Yes, specific to the Limited Purpose FSA
HSA or HRA Eligible (see pages 43 – 45 for more information)	Yes – HSA only (You can contribute up to $4,400 for teammate only and up to $8,750 for tiers of coverage including dependents. DSG will contribute $500 for teammate only and $1,000 for tiers of coverage with dependents.)	Yes – HSA only (You can contribute up to $4,400 for teammate only and up to $8,750 for tiers of coverage including dependents.)

OneImaging

OneImaging is a voluntary program available through your benefits to help you find and schedule medical imaging at a center for excellence, which have reduced member cost-shares. You are not required to use OneImaging, but it is a resource that can help you find lower-cost medical imaging services for yourself or a covered family member.

How OneImaging Can Help

By using OneImaging, you may save up to 80% on your out-of-pocket imaging costs. You will also have access to a nationwide network of more than 4,800 accredited imaging centers.

OneImaging can assist with:

- MRIs
- CT scans
- X-rays
- Ultrasounds
- Mammograms

The OneImaging Care Team can help you find a conveniently located imaging center, schedule an appointment that works with your schedule, coordinate your imaging exam, and support you throughout the process.

How to Get Started

After your health care provider orders an imaging exam, send the order to OneImaging using the option that is easiest for you:

- **Upload** the order to your OneImaging account.
- Ask your health care provider to **fax** the order to 1.305.448.6794.
- **Email** a photo of the order to order@oneimaging.com.
- **Text** a photo of the order to 1.833.619.0837.

You may want to activate your account before you need an imaging exam, so you are prepared when imaging is recommended for you or a covered family member. Visit www.OneImaging.com to activate your account or learn more. While OneImaging is not a resource you are required to use, using it could save you up to 80% on out-of-pocket costs for medical imaging services.

Lantern

DICK'S Sporting Goods has partnered with Lantern to offer real help and less stress in dealing with some of life's most challenging situations. One call can connect you to expert surgery, cancer and infusion care at little or no cost to you.

Surgery

The Lantern surgery benefit is offered by DICK'S Sporting Goods, connecting you to board-certified surgeons and personalized support at little to no out-of-pocket costs for eligible procedures. **In order to qualify for insurance coverage, some surgeries (bariatric, spine, and joint replacements — with defined exception rules) will require procedures be performed at a center for excellence (fyi: Centers for Excellence have reduced member cost-shares).** Let Lantern guide you from your first question to your full recovery, so you never have to navigate surgery alone.

Cancer

Lantern Cancer Care is part of your benefits from DICK'S Sporting Goods. It connects you to an Oncology Nurse Navigator, top cancer specialists and personalized guidance — all at no cost to you. From diagnosis to treatment and beyond, we help you navigate every step of your cancer journey.

Infusions

DICK'S Sporting Goods has partnered with Lantern to make infusion therapy simple, affordable and convenient. Whether you receive treatment in your living room or at a trusted infusion center, you'll save time and money while having a dedicated care team by your side every step of the way.

One call can change everything — call 833.907.1986 or visit lanterncare.com/for-members for more information. Once you become a member, you will receive a separate membership card just for Lantern.

Regennex

Another free and voluntary program available through your benefits, Regennex offers non-surgical treatment options for certain joint, muscle, tendon, ligament, spine, and bone conditions. The program helps connect eligible members with specialized providers and regenerative treatments that may help reduce pain, improve function, and potentially avoid surgery.

Common Conditions Treated

- Spine — bulging, collapsed or herniated disc; ruptured or torn disc; degenerative disc disease; disc extrusion; disc protrusion; back or neck nerve pain; hand, wrist, or elbow arthritis, tennis elbow, ulnar nerve entrapment, CMC joint arthiritis (thumb), carpal tunnel, trigger finger
- Knee — arthritis, meniscus tear, sprain or tear of ACL/PCL, sprain or tear of the MCL/LCL, tendinopathy, joint replacement alternative.
- Shoulder — arthritis, rotator cuff tears, labral tear, rotator cuff tendinosis, joint replacement alternative.
- Hip — arthritis, osteonecrosis, bursitis, labral/labrum tear, tendinopathy, joint replacement alternative.
- Ankle and/or Foot — arthritis, instability, bunions, ligament sprain or tear, plantar fasciitis, and Achilles tendinopathy

How the Program Works

Before any treatment is approved, Regennex conducts a clinical review to determine whether a non-surgical approach may be appropriate. The review considers your condition, medical history, previous treatments, and available conservative care options. Regennex works with your providers and its clinical team to evaluate whether regenerative treatments may be a suitable alternative to surgery.

Regennex uses established clinical guidelines and evidence-based criteria to help ensure treatments are medically appropriate. Decisions are focused on the right care for your condition and based on:

- Your specific condition and medical needs
- Published clinical research

- Regennex treatment data and outcomes
- Clinical review standards used throughout the health care industry

Learn more about Regennex at www.Regenexx.com.

Reclaim Health

Reclaim has partnered with Cigna to help you get the most value from your benefits. Using advanced technology, Reclaim continuously reviews health care claims to identify savings opportunities, billing errors, missed reimbursements, and other financial benefits you may be entitled to receive.

How Reclaim Health Helps You

Reclaim works behind the scenes to help ensure you are not paying more than you should for health care services. The program can identify:

- Medical claim errors or processing issues
- Incorrect provider bills
- Provider credits that may be owed to you
- Unclaimed Flexible Spending Account (FSA) reimbursements
- Eligible voluntary benefit claims that may have been missed
- Opportunities to reduce health care costs

Reclaim reviews 100% of health care claims 24 hours a day, 7 days a week, 365 days a year to identify potential savings and recovery opportunities, and all teammates and covered dependents enrolled in the group health plan are automatically enrolled in Reclaim Health. There is no additional cost, and no enrollment action is needed.

Reclaim Health helps make it easier to navigate your benefits, reduce unnecessary health care costs, and recover money that may otherwise be overlooked, helping you and your family get the most value from your benefits. Visit www.ReclaimHealth.com to learn more about optimizing every dollar spent on health care.

Hinge Health (Available to Cigna-Enrolled Teammates)

Get moving again from the comfort of your home. Hinge Health goes above and beyond traditional physical therapy to help you take control of back and joint pain. Join the thousands of people who have cut their pain by nearly 60% through easy-to-do, 15-minute exercise therapy sessions. If muscle, back, or joint issues are holding you back from everyday activities, Hinge Health can help. The benefit is available at no cost for medically-enrolled Teammates and their dependent spouses/partners who are 18 years of age or older.

Call 1.855.902.2777 or visit hinge.health/dickssporting to get expert treatment to conquer pain or limited movement, keep joints healthy and pain-free, or access Women's Pelvic Health Programs. We'll customize a care plan for your needs.

Hinge also provides a Womens' Pelvic Health Program. Click here then go to "Virtual Care" and scroll down to the "Women's Pelvic Health Program" section.

Here are some of the services that can be included:

- A free tablet and wearable sensors
- App-guided exercise therapy
- Support from your personal care team

Start conquering pain today without drugs or surgery!

SCAN ME!

If you have back or joint pain, Hinge Health can help! Scan the QR code below to get started.

Pelago Program (Available to Cigna-Enrolled Teammates)

Pelago is a leading digital clinic to help Teammates change substance use habits and offers innovative digital programs.Pelago has already helped 100,000+ people quit smoking, alcohol, and opioids as a result of their scientifically backed methods. Whether you're looking to cut back or quit altogether, Pelago helps create a custom plan for you.

Those who register will receive a starter pack that includes:

- Unlimited one-on-one coaching with a qualified Pelago Coach
- A mobile app personalized for you with optional programs for improving sleep, managing weight, stress, and more!
- A breath sensor to help you track progress
- Nicotine replacement therapy (nicotine patches and/or nicotine gum)
- Other medications (if part of your program)

Participation is 100% confidential — personal information will never be shared with your employer. More information on this program can be found at BenefitYourLifeResources.com.

Progyny: Family-Building Benefits

DSG is proud to offer on all medical plans infertility management and cryopreservation exclusively through Progyny. The benefit designs for these programs are inclusive and made to assist all those that are trying to build a family, whether it be a same-sex couple, opposite-sex couple, or single parent. For those going through IVF or other infertility treatments under DSG's existing medical plans, comprehensive transition services will be provided, ensuring that your treatments stay on track.

Offering birth and postpartum doula support and reimbursement, all full-time teammates, regardless of medical enrollment, can claim reimbursement for eligible expenses for doula, adoption, and surrogacy support. Reimbursement is eligible up to the established reimbursement limit for each category. Our partnership with Progyny will also include culturally sensitive, comprehensive adoption and surrogacy support. DSG currently provides adoption reimbursement and will begin offering surrogacy reimbursement through Progyny. Reimbursement programs will have annual, per child and/or lifetime limits. Program details are available at BenefitYourLifeResources.com.

Midi Health

DSG is excited to offer Midi Health — the premier virtual clinic focused on midlife care — as a teammate benefit.

Midi clinicians are midlife experts and connect the dots between patients' symptoms and health stories to guide them toward safe, effective solutions for a host of issues related to the hormonal changes of midlife, including weight gain, hot flashes, poor sleep, mood changes, brain fog, joint pain and more.

Midi offers:

- **Access to expert, empathetic clinicians —** Midi's team specializes in menopause care. They take the time to listen and know how changing hormones can affect both physical health and mental health, as well as quality of life.
- **Evidence-based, customized Care Plans —** Midi's holistic care protocols are defined by doctors with decades of experience in women's midlife health. Recommendations are personalized and may include prescription drugs, supplements and botanical remedies, wellness therapies, and lifestyle coaching.
- **Convenient telehealth video visits —** Midi is completely virtual and can meet you where you are (no more racing to appointments).
- **All the follow-ups you need to feel better,** plus 24/7 messaging.

Visits with Midi Health are covered as an in-network benefit for you and your enrolled dependents on DSG medical plans. Meet with a clinician who specializes in hormonal changes and get a personalized Care Plan to address perimenopause and menopause symptoms — all from the comfort of home.

Midi Health providers will incur out-of-pocket costs. Charges such as copays, deductibles and coinsurance will be billed through your insurance based on your individual plan.

For more information, or to book a visit, go to www.joinmidi.com/dsg.

Ayble Health

Ayble is comprehensive support for your digestive health journey. From nutrition to stress and everything in between, Ayble's expert care team will create a personalized plan based on your symptoms, goals, and lifestyle. Built by digestive health experts at Mayo Clinic and the Cleveland Clinic, Ayble is here to help you feel like you again.

Here's what you can expect with Ayble:

- Unlimited virtual visits and messaging with an Ayble expert care team including a doctor, dietitian, pharmacist and a health coach
- 1:1 nutrition coaching
- Guided relaxations to calm your mind and calm your gut
- Advice on medications and supplements, if needed
- Gut health tracker to pinpoint what's causing mystery symptoms once and for all
- Bloating and gas
- Grocery-finding tools and barcode scanner to remove the guesswork at the store

Enrolled in the Cigna Health Plan?

Ayble Health is provided at no cost to you and your covered dependents (18+) enrolled in the Cigna plan.

Not Enrolled in the Cigna Health Plan?

Ayble Health is available to teammates not enrolled in the Cigna plan at a 40% discount! Get started today at www.ayblehealth.com/dsg.

Oshi Health

Oshi Health is a virtual partner in gastrointestinal (GI) care that is provided at no cost to you and your covered dependents (18+) enrolled in a DSG medical plan. They provide a team of gastroenterologists, dietitians, and gut-brain specialists who work together to uncover the root causes of your symptoms and create a personalized treatment plan for a wide range of gastrointestinal conditions, which include:

- Acid reflux and GERD
- Irritable Bowel Syndrome (IBS)
- Crohn's disease
- Ulcerative colitis
- Small Intestinal Bacterial Overgrowth (SIBO)
- Bloating and gas
- Abdominal pain
- Nausea
- Diarrhea and constipation
- Undiagnosed or complex GI symptoms

More information is available on BenefitYourLifeResources.com and by visiting Oshihealth.com/dsg.

Hello Heart

Hello Heart provides you with an easy way to manage and understand your heart health at no cost if you and your eligible dependents (18+) are enrolled in a DSG medical plan, and have a history of high blood pressure, high cholesterol or are going through/have completed menopause.

With the Hello Heart app, you can:

- Track your blood pressure with a free Hello Heart monitor.
- Get insights based on your tracked cholesterol, medication, and weight.
- Access personalized digital coaching.
- Share private reports with your doctor.

With easy-to-follow metric tracking and personalized lifestyle tips, you can learn how to manage and improve your heart health. Visit www.helloheart.com for more information.

Delta Dental

At DSG, we understand that your dental health is directly related to your overall health. We offer two high-quality dental plans to ensure that you have the level of coverage that you need.

Base and Buy-up Dental Plans

To find an in-network Delta Dentist in your area, go to deltadentalins.com and choose "Find a Dentist." Then enter your location, select Delta Dental PPO network from the options provided, and tap "Find a dentist." Review, select, and call a dentist from the list provided to schedule an appointment. You will save the most by visiting a Delta Dental PPO dentist. If you didn't find a PPO dentist that fits your needs, try selecting the Delta Dental Premier network.

It's important to always ask your dentist if they are "in-network," as these networks are negotiated frequently. When a dentist is in-network, they have agreed to negotiated discounted rates. Out-of-network dentists will collect the appropriate deductible and coinsurance, and you may pay more if the dentist's charge is more than Delta's reimbursement amount. When you use a dentist who is not a Delta participating dentist, you may have to complete and submit a claim form to Delta for reimbursement.

Dental Pregnancy Benefit

To help you maintain your oral health, Delta Dental offers enhanced benefits once pregnancy is confirmed. Enhanced coverage during your pregnancy includes an additional exam as well as cleaning or periodontal procedures as needed.

Teledentistry

If you have a minor dental problem, virtual visits let you consult with a dentist right away. Virtual visits are covered the same as an exam in the dentist's office, but you may have out-of-pocket costs. **Your annual maximum and age/frequency limitations will also apply.** Visit www1.deltadentalins.com/members/virtual-dentistry.html for more information.

Summary of Dental Coverage

		Buy-up Plan	Base Plan
PLAN DETAILS (Your annual maximum and age/frequency limitations will also apply.)	Services that do not count towards annual maximum	IN-NETWORK COVERAGE (Coinsurance % represents how much the Plan covers; Out-of-Network is reimbursed at 90th percentile)	
CLASS 1 SERVICES (Do NOT count toward the Annual Maximum)			
Cleanings & Exams	X	100%	100%
All X-Rays	X		
Flouride Treatments	X		
Sealants	X		
Palliative Treatment (Emergency)	X		
Space Maintainers	X		
CLASS 2 SERVICES			
Basic Restorative (including white posterior composite)		80%	80%
Non-surgical Periodontics			
Repairs of Bridge, Crowns, Inlays, Onlays, Dentures			
Simple Extraction			
General Anesthesia/Nitrous Oxide/IV Sedation			
CLASS 2 & CLASS 3 SERVICES			
Endodontics		80%	50%
Surgical Periodontic			
Complex Oral Surgery			
Inlays, Onlays, and Crowns			
Periodontics: Occlusal adjustments			
Prosthetics (Bridges/Dentures)			
Oral Surgery: Surgical exposure to impacted or unerupted tooth, mobilization of erupted tooth or malpositioned tooth, placement device to facilitate eruption of impacted tooth			
Occlusal guards (Bruxism)			Not Covered
ORTHODONTIA			
Orthodontia: Diagnostic, Active and Retention treatment	X	50%	
Orthodontics includes Invisalign?	X	YES	
Does the plan cover Orthodontics for adults?	X	YES	NO
DEDUCTIBLES AND MAXIMUMS			
Deductible		$50 per member capped at $150/family (excludes items listed above that do not count towards annual maximum)	
Calendar Year Maximum		$2,000 per member	$1,500 per member
Orthodontics Lifetime Maximum		$2,000 per member	$1,000 per member
Lifetime Service Dollar Max for Nonsurgical TMJ Services		$5,000	
Out of Network Reimbursement		90th Percentile	

Please see separate rate sheet for details on premium costs per pay.

Vision

VSP Base and Buy-Up Plans

Plans include VSP LightCare Coverage. This allows you to use your frame and lens allowance toward non-prescription sunglasses or non-prescription, blue-light-filtering glasses.

Providing you with a choice of affordable vision plans so you can choose the plan that's right for you, Teammates will enjoy more value and the lowest out-of-pocket costs with VSP. You'll also get the best care from a VSP provider, including a WellVision Exam® — the most comprehensive exam designed to detect eye and health conditions. When it comes to Choice of Providers, the decision is yours to make — choose a VSP doctor, a participating retail chain, or any out-of-network provider. It's easy to find the perfect frame at a price that fits your budget. If you choose a frame valued at more than the plan's allowance, the difference you'll pay is based on VSP's preferred member pricing, so you'll still save money!

Using your VSP benefit is easy. Create an account at vsp.com. Once your plan is effective, review your benefit information. Find an eye care provider who's right for you. To find a VSP provider, visit vsp.com or call 1.800.877.7195. At your appointment, tell your provider that you have VSP. There's no ID card necessary. And VSP means more than just better vision. Check out the VSP Diabetic Eyecare Program and the VSP Hearing Aid Discount Program.

While it's always best to stay in-network, because you'll get higher reimbursement for the services and products you purchase, you can use an out-of-network provider, pay the provider, and then submit a claim through VSP for eligible reimbursement. If you return to the same VSP doctor who performed your last covered eye exam within 12 months of the date of your last exam, you will receive a 20% in-network discount on additional pairs of prescription glasses and sunglasses (lenses and a frame).

Discounts on Laser Vision Care

VSP offers a discount on PRK and LASIK surgeries through many of the nation's finest laser surgery facilities and doctors, available through contracted laser centers with benefits like:

- Discount average 15% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK and IntraLase. Discounts are only available from VSP-contracted facilities. Also, custom LASIK coverage (only available using wavefront technology with the microkeratome surgical device) and other LASIK procedures may be performed at an additional cost to the member
- VSP members won't pay more than $1,500 per eye for PRK, $1,800 per eye for LASIK and $2,300 per eye for Custom LASIK, Custom PRK or Bladeless LASIK. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP network doctor

Eyeconic

To stretch your benefit dollars, visit www.Eyeconic.com! Take advantage of featured frame discounts and shop all of the brands! Eyeconic.com also offers discounts on contact lenses throughout the plan year and gives you an opportunity to virtually try on different frame styles without leaving the comfort of your home.

Summary of Vision Coverage

	BASE PLAN	BUY-UP PLAN
FREQUENCIES	$20 EXAM / $50 MATERIALS	$10 EXAM / $25 MATERIALS
Examination	Every Calendar Year	Every Calendar Year
Lenses	Every Calendar Year	Every Calendar Year
Frames	Every Calendar Year	Every Calendar Year
BENEFITS WITH A VSP IN-NETWORK PROVIDER		
Exam	$20 Copay	$10 Copay
Contact Lens Examination	Up to $60 Copay	Up to $60 Copay
Essential Medical Eye Care	$20 Copay	$20 Copay
Retinal Screening	Up to $39	Up to $39
LENSES		
Single Vision/Lined Bifocal/Lined Trifocal/ Lenticular	$50 Copay	$25 Copay
ALLOWANCES		
Retail Frame Allowance	$145	$200
Featured Frame Allowance	$195	$250
Costco / Walmart Equivalent Frame	$80	$110
Elective Contact Lenses (in lieu of lenses/frames)	$120	$200
Necessary Contact Lenses	Covered in Full	Covered in Full
VSP Lightcare (in lieu of prescription glasses or contacts)	$145	$200
LENS ENHANCEMENT OUT-OF-POCKET COSTS		
Anti-Reflective Coating	$41–$85	Covered in Full
Polycarbonate Lenses	$35	Covered in Full
Standard Progressives	$0	Covered in Full
Premium / Custom Progressives	$95 –$175	$25 Copay
Tints / Photochromatic	$75	Covered in Full
UV Coating	$10	Covered in Full
Scratch Coating	$17	Covered in Full
All Other Discounted Lens enhancements	Average savings of 30% on lens enhancements	Average savings of 30% on lens enhancements
OUT-OF-NETWORK PROVIDER ALLOWANCES		
Examination	$45	$45
Single Vision / Lined Bifocal / Lined Trifocal	$30 / $50 / $65	$30 / $50 / $65
Progressive Lenses	$50	$50
Frames	$70	$70
Elective Contact Lenses (in lieu of lenses/frames)	$105	$105
Necessary Contact Lenses	$210	$210

Please see separate rate sheet for details on premium costs per pay.

Supplemental Accident Insurance through Cigna

Accident Insurance coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident.

Available Coverage

This Accidental Injury plan provides 24-hour coverage. The benefit amounts below will be paid regardless of the actual expenses incurred and are paid on a per-day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Also includes a once-per-year screening, wellness, or preventative care benefit of $50.

Summary of Accident Coverage

Initial & Emergency Care	Plan Benefit
Emergency Care Treatment	$200
Physician Office Visit (includes urgent care)	$200
Diagnostic Exam (x-ray or lab)	$100
Ground or Water Ambulance/Air Ambulance	$400/$1,600
Hospitalization Benefits	**Plan Benefit**
Hospital Admission	$1,000
Intensive Care Unit Admission	$1,000
Hospital Stay	$200
Intensive Care Unit Stay	$400
Fractures and Dislocations	**Plan Benefit**
Per covered surgically-repaired fracture	$200-$8,000
Per covered non-surgically-repaired fracture	$100-$4,000
Chip Fracture (percent of fracture benefit)	25%
Per covered surgically-repaired dislocation	$200-$6,000
Per covered non-surgically-repaired dislocation	$100-$3,000
Follow-Up Care	**Plan Benefit**
Follow-up Physician (or medical professional) Office Visit	$75
Follow-up Physical Therapy Visit	$75
Enhanced Accident Benefits	**Plan Benefit**
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	$600
Concussion	$150
Coma (lasting 7 days with no response)	$10,000
Sports Accident Benefit	**Plan Benefit**
Organized and Personal Sports Activity (Limited to 10 per year)	$50% of the qualified benefit
COST PER PAY	
Teammate	$1.61
Teammate + Spouse	$2.92
Teammate + Child(ren)	$3.73
Family	$5.05

* See your Certificate of Insurance for more information.

Supplemental Critical Illness Insurance through Cigna

Critical Illness Insurance coverage provides a condition-specific percentage of a fixed cash benefit upon the diagnosis of covered illnesses. See details about specific conditions covered and the percentage of coverage for each condition at BenefitYourLifeResources.com.

Available Coverage

Benefit amounts will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only, and there are terms, conditions, state variations, exclusions, and limitations applicable to these benefits. Features include: portability of the policy and a once-per-year screening, wellness, or preventative care benefit of $50.

Summary of Critical Illness Rates

NON-TOBACCO — Teammate					
AGES	$5,000	$10,000	$20,000	$25,000	$30,000
< 29	$.64	$1.28	$2.56	$3.20	$3.84
30 – 39	$.78	$1.56	$3.12	$3.90	$4.68
40 – 49	$1.17	$2.34	$4.68	$5.85	$7.02
50 – 59	$2.10	$4.20	$8.40	$10.50	$12.60
60 – 69	$3.50	$7.00	$14.00	$17.50	$21.00
70 – 79	$5.88	$11.76	$23.52	$29.40	$35.28
80 – 89	$9.28	$18.56	$37.12	$46.40	$55.68
90 +	$9.28	$18.56	$37.12	$46.40	$55.68

NON-TOBACCO — Spouse / Partner					
AGES	$5,000	$10,000	$20,000	$25,000	$30,000
< 29	$.51	$1.02	$2.04	$2.55	$3.06
30 – 39	$.72	$1.44	$2.88	$3.60	$4.32
40 – 49	$1.19	$2.38	$4.76	$5.95	$7.14
50 – 59	$2.16	$4.32	$8.64	$10.80	$12.96
60 – 69	$3.54	$7.08	$14.16	$17.70	$21.24
70 – 79	$6.28	$12.56	$25.12	$31.40	$37.68
80 – 89	$10.25	$20.50	$41.00	$51.25	$61.50
90 +	$10.25	$20.50	$41.00	$51.25	$61.50

TOBACCO — Teammate					
AGES	$5,000	$10,000	$20,000	$25,000	$30,000
< 29	$.75	$1.50	$3.00	$3.75	$4.50
30 – 39	$1.07	$2.14	$4.28	$5.35	$6.42
40 – 49	$1.92	$3.84	$7.68	$9.60	$11.52
50 – 59	$3.63	$7.26	$14.52	$18.15	$21.78
60 – 69	$5.78	$11.56	$23.12	$28.90	$34.68
70 – 79	$8.57	$17.14	$34.28	$42.85	$51.42
80 – 89	$11.74	$23.48	$46.96	$58.70	$70.44
90 +	$11.74	$23.48	$46.96	$58.70	$70.44

TOBACCO — Spouse / Partner					
AGES	$5,000	$10,000	$20,000	$25,000	$30,000
< 29	$.64	$1.28	$2.56	$3.20	$3.84
30 – 39	$1.07	$2.14	$4.28	$5.35	$6.42
40 – 49	$2.08	$4.16	$8.32	$10.40	$12.48
50 – 59	$3.93	$7.86	$15.72	$19.65	$23.58
60 – 69	$6.15	$12.30	$24.60	$30.75	$36.90
70 – 79	$9.96	$19.92	$39.84	$49.80	$59.76
80 – 89	$14.43	$28.86	$57.72	$72.15	$86.58
90 +	$14.43	$28.86	$57.72	$72.15	$86.58

Children				
$2,500	$5,000	$10,000	$12,500	$15,000
$.36	$.72	$1.44	$1.80	$2.16

Supplemental Hospital Care Insurance through Cigna

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay or undergoes a broad range of medical treatments or care resulting from a Covered Injury or Covered Illness.

Available Coverage

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met.

Summary of Hospital Care Coverage

Hospitalization Benefits	Plan Benefit
Hospital Admission (Non-ICU and ICU) No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	$1,000
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	$50
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	$100
Hospital Intensive Care Unit (ICU) Stay Day 1 (Additional ICU Admission + Per Day) Day 2 - 30 (Per Day) No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	$1,200 one time $200 per day
Hospital Observation Stay 24 Elimination Period. Limited to 72 hours.	$100 per 24-hour period
Newborn Nursery Care Admission Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	$250
Additional Care Benefits	**Plan Benefit**
Skilled Nursing Facility Care (Includes Rehabilitation Confinement) No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	$50 per day
Substance Abuse Facility Care No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	$50 per day
Mental Illness and Nervous Disorder Facility Care No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	$50 per day
COST PER PAY	
Teammate	$2.61
Teammate + Spouse	$6.96
Teammate + Child(ren)	$4.24
Family	$8.58

* *See your Certificate of Insurance for more information. This insurance is NOT a substitute for comprehensive or major medical insurance coverage.*

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WELLBEING

Active & Fit Direct (Available to ALL Teammates)

Teammates can enroll in the Active&Fit Direct™ program, an additional teammate perk offering access to gyms across the country! Teammates are able to enroll at any time throughout the year — all for just $28 a month.

Thousands of Fitness Options

- Choose from 12,900+ standard gyms, including 24 Hour Fitness®, EōS Fitness®, Crunch Fitness®, Curves®, Anytime Fitness®, and more.
- 8,800+ premium gym options including YogaSix®, FIT4MOM®, Pure Barre®, Club Pilates®, Row House®, and more with 20% - 70% discounts at most locations

Launching January 1, 2027, Active&Fit Direct will introduce a multi-standard gym option, allowing you to sign up for multiple standard gyms for $45 per month — adding flexibility for travel, amenities, and convenience.

Flexible and Affordable

- No long-term contracts. Switch gyms and cancel with ease.
- Join multiple gyms and get a discount on each additional membership.
- Membership options for your spouse.

Go Beyond the Gym

- 1:1 wellbeing coaching to help you reach your health goals, at no additional cost.
- Get Fit at Home™ for free with 13,000+ on-demand workout videos.

Sign up today by going to DSGN and searching **"Active&Fit Direct."**

CONFIDE Behavioral Health Navigator Program + Employee & Family Assistance Programs Through Cigna (Available to ALL Teammates)

Get Started Today

Need a listening ear or a helping hand? CONFIDE is a comprehensive, holistic Employee & Family Assistance Program (EFAP) offered at no cost to you and anyone living in your household. CONFIDE is a voluntary, confidential service that provides a Behavioral Health Navigator, personal and professional counseling, and referral services designed to help you live your best life.

If you're enrolled in the medical plan, log into your myCigna.com account (via website or mobile app) and click on the "Mental Health Support" tab. If you're not enrolled in the medical plan, you can still access the EFAP by creating a myCigna account using the company code "dsg" and navigating to "Mental Health Support." You can also call 1.877.999.4374, and then choose the "Confide" prompt.

Not sure where to begin? Take the online assessment under the "Mental Health Support" tab to receive a personalized care plan.

AVAILABLE FOR ALL TEAMMATES AND ANYONE LIVING IN YOUR HOUSEHOLD

All teammates and anyone living in your household has access to five (5) confidential, free counseling sessions per issue. The number of issues is unlimited. Telephonic consultations are also unlimited.

Concierge Approach to Navigation — Getting connected to the right behavioral health care is hard, especially when burdened by concerns that make it difficult to focus and follow through on tasks. Engaging with a trained, compassionate navigator who can support you in every step of your journey, simplifying this complex process, accelerating the speed of connecting you and your household members to the best-fit intervention. The concierge will connect you immediately through our telephonic licensed clinicians or face to face provider within 2-5 days.

Real-Time Support — Care Navigators are available 24/7/365. They are there in the middle of the night when anxiety hits, so you are never alone. Connect live or use our concierge service with click to chat and telephonic access.

Digital front door and Digital tools — Self-guided tools are provided to address stress and resiliency, including cognitive behavioral therapy, personalized peer coach support, making it even easier than ever for you to get the type of care you need quickly.

Personalized Care — An assessment and triage will take place to understand preferences including personalized provider matches and over care recommendations, ensuring you get the right provider for your care needs, at the right time.

100% Follow Up — To make sure no one falls through the cracks, 100% follow up is provided on every interaction through the Confide Behavioral Health Navigator program to confirm that the provided intervention meets your specific needs. By doing this, all barriers to care are removed, so you connect to the solution that works for you.

Unlimited 24/7/365 Telephonic Based Consultations for Employees — When you would like to speak with a clinician immediately by phone, you can speak confidentially with licensed clinicians. The CONFIDE licensed clinicians will spend 45-60 mins listening and helping you work through challenges. When appropriate, you will be referred into face-to-face, virtual, or text therapy EFAP services for additional assistance. Telephonic consultations include an alcohol use screening and referrals to additional resources, when appropriate. Licensed clinicians follow screening, brief intervention, and referral to treatment protocols for all alcohol screenings.

Unlimited Digital coaching — On demand, 24/7 access to a behavioral health coach and virtual care with a therapist as needed via texting to help support common challenges such as stress and sleeping issues.

Large network for right care at right time — CONFIDE's network includes providers across subspecialties, with a 30% increase in providers identifying as BIPOC and 33% in LGBTQ+ specialty focuses. Providers speak 160+ languages. This ensures you can find providers for your unique needs and preferences, to feel truly supported in your personalized care journey.

Unlimited Telephonic Consultation Support for Managers — Licensed clinicians are available 24 hours a day, 7 days a week, and 365 days a year for problem solving, brainstorming, or even role-playing.

Mental Health & Emotional Wellbeing

All teammates have access to Talkspace and Headspace behavioral health programs through the CONFIDE Employee & Family Assistance Program.

Talkspace

With Talkspace, choose from thousands of licensed therapists and psychiatrists, and maintain an ongoing relationship throughout treatment. Communicate with your therapist through live sessions, messaging, or both.

Available through the Employee and Family Assistance Program with Confide, and you can access services through myCigna.com (via website or mobile app, using Employer ID: dsg) or by calling 1.877.999.4374 and then choosing the "Confide" prompt.

Talkspace Therapy & Psychiatry

If you're enrolled in the medical plan, log into your myCigna account and click on the Mental Health Support tab.

If you're not enrolled in the medical plan, you can still access EFAP by creating a myCigna account using the company code "dsg" and navigate to Mental Health Support.

Headspace

Headspace is now available through Cigna Health care at no cost to help you reduce stress, reach goals, and receive on-demand support — any time of day or night. Headspace is now open to all teammates through the Employee and Family Assistance Plan. Headspace gives you easy-to-use, science-backed tools to help you sleep better, stress less, and focus more – all from the privacy of your phone.

With Headspace, you can :

- Access a library of guided meditations and mindfulness exercises
- Explore relaxation exercises, sleep stories, and soothing soundscapes
- Move through expert-led programs at your own pace focused on navigating stress, sleeping betteror managing anxiety.

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BUDGET

Smart Savings 401(k) Plan

The Smart Savings 401(k) Plan is administered through Vanguard. The plan allows you to save a portion of your pay through payroll deductions and allows the funds to compound and grow over time. DSG is invested in your future, providing you with an opportunity to contribute after only 30 days of employment. Vesting in your own contributions and DSG's Company Match dollars is immediate.

Eligibility and Plan Entry

- All teammates over 18 years of age.
- You are eligible to start contributing on your 31st day of employment.
- The money you put into the 401(k) and the money you receive from DICK'S is always yours to keep.

Once you become eligible, you will receive enrollment information from Vanguard. To enroll and learn more about the Smart Savings 401(k) Plan, log on to Vanguard or call 1.800.523.1188. The plan number is 093683.

How the Plan Works

1. Choose a percentage of your salary to contribute (1% to 75% of your gross pay), up to IRS limits. For 2026, that limit is $24,500 in tax-deferred contributions. You can take the guesswork out of it and get started by using the simplified enrollment process. This feature will:
   - Enroll you in the plan at a pre-tax savings rate of 3% of your pay.
   - Invest your savings in the Vanguard Target Retirement Fund with the target date closest to the year you will reach age 65.*
   - Increase your savings rate by one percentage point each year, until you are saving 10%, to help you save more for your future without taking 10% of your pay right away.
2. Choose if you want to contribute pre-tax (traditional), post-tax (Roth) or both.
3. Once you've completed 30 days of plan eligibility service and you are participating in the 401(k) Plan, you are eligible for the Company match.
4. Your contributions, the Company match and any investment earnings grow tax-deferred until you withdraw them. This gives you more take-home pay than if you were saving on your own and gives your savings the opportunity to grow much faster.
5. In a bind? The money in your Smart Savings 401(k) Plan is for retirement, but if you're an active teammate, you can borrow up to one-half of your vested account balance (from $1,000 to $50,000), then pay yourself back (with interest) through payroll deductions.
6. You're in control. You choose how to invest the money in your account, with a wide range of investment options ranging from conservative to aggressive. You can make changes to your savings rate or the funds in which you invest at any time.

* *Investments in Target Retirement Funds are subject to the risks of their underlying funds. The year in the fund name refers to the approximate year (the target date) when an investor in the fund would retire and leave the workforce. The fund will gradually shift its emphasis from more aggressive investments to more conservative ones based on its target date. An investment in a Target Retirement Fund is not guaranteed at any time, including on or after the target date.*

Company Match

The Company 401(k) match is 100% on the first 4% you contribute and 50% on the next 2% you contribute. If you contribute 6% of your earnings to the 401(k), you will receive a total match of 5% of your earnings.

This match is paid into your 401(k) account bi-weekly with your contribution.

Roth 401(k) Option

Your 401(k) Plan offers the option to make Roth after-tax contributions. With this option, you pay taxes on your contributions now and won't owe any taxes when you take the money out as long as you:

- Are at least 59 1/2 when you withdraw the money.
- Made your first Roth contribution at least five years prior.

What's Taxed?

You can contribute a total of 1% to 75% of your earnings to the 401(k), any combination of traditional and Roth (up to the IRS limits). The Company match will continue to be pre-tax as it is today. For example, if you contribute 3% traditional pre-tax and 3% Roth, you will receive the full Company match of 5% pre-tax.

Have a Roth 401(k) account from a previous employer? You can now rollover those funds into the DICK'S Sporting Goods 401(k) plan.

	CONTRIBUTIONS	WITHDRAWALS
Traditional (Pre-Tax)	**NO**	**YES**
Roth (Post-Tax)	**YES**	**NO**
Company Match	**NO**	**YES**

Candidly Student Loan Debt Benefits

All teammates (18 and older) are eligible to participate in Candidly Student Loan Debt benefits after 30 days of employment. Whether you're currently paying off student loans or planning for the future, Candidly is designed to help you manage and reduce your student debt with ease.

Learn

- **Read** — Gain a better understanding of the complex student loan world.
- **Roll Up** — See all your loans in one place.

Crush

- **Round Up** — Shave years off payments with spare change.
- **Give Back** — Receive cash back from everyday purchoses.
- **Autocrush**— Make extra payments easily.

Change

- **Reassess** — Discover, select, and enroll in income-driven repayment plans.
- **Lending Marketplace** — Explore the marketplace of loan refinancing options.
- **Public Service Loan Forgiveness** — Easily certify, manage, and track loan forgiveness options to maximize savings.

Don't wait. Get started today! To get more information, visit the Candidly information page. To access the program, click here and log in to your Vanguard account.

NOTES: *You must be web registered with Vanguard to participate, but 401(k) participation is not required. Highly compensated Employees (per annual IRS definition) are not eligible.*

Build Education Savings with a Vanguard 529 Plan

A 529 plan is a tax-advantaged account made specifically to help you save for education such as college, trade school or vocational school. You can save for your child, another family member, or even yourself.

Why Choose a Vanguard 529 Plan?

- **Low Fees** — Maximize your savings with low-cost investment options and customizable contributions.
- **Flexible Options** — Choose from a range of portfolios to suit your investment preferences and savings goals.
- **Tax Benefits** — Enjoy tax-deferred growth and tax-free withdrawals when used for qualified education expenses.
- **Unique Ways to Contribute** — Invite family and friends to help you reach your savings goals by contributing to your 529 account through Ugift.

Don't wait. Get started today! All teammates (18 and older) are eligible to enroll in a Vanguard 529 plan. Need more information? Call 1.866.734.4530. Click here to enroll today.

MetLife Basic Life Insurance

You are automatically enrolled in basic life benefits, and they are paid entirely by the Company.

Basic life insurance provides a benefit of one times (1x) your annual salary to your named beneficiary(s) in the event of your death.

If your salary is not evenly divisible by $1,000, coverage is rounded up to the next higher increment of $1,000. For example, if your annual base salary is $46,500, your coverage amount is rounded up to $47,000.

BENEFICIARIES FOR LIFE AND AD&D INSURANCE

When completing your enrollment in bswift, please add, review, and/or update your beneficiaries for life insurance and AD&D.

MetLife Basic Accidental Death & Dismemberment (AD&D) Insurance

You are also enrolled automatically in the AD&D plan that pays benefits of up to an additional one times salary to you (in the event of an accidental dismemberment) or your named beneficiary (in the event of your death).

MetLife Supplemental Life Insurance

In addition to the basic life insurance benefit, you can purchase up to $1 million of supplemental life insurance protection up to an additional seven times your salary.

You purchase this coverage with after-tax contributions deducted from your pay. The cost is based on your age and salary. As your age and salary change, your premiums and your coverage amount will change. Premiums are deducted from each pay through after-tax deductions.

If your salary is not evenly divisible by $1,000, coverage is rounded up to the next higher increment of $1,000. For example, if your annual base salary is $46,500 and you are electing one times your salary, your coverage amount is rounded up to $47,000. Proof of good health is required if your supplemental coverage exceeds $400,000.

MetLife Supplemental Accidental Death & Dismemberment (AD&D) Insurance

You may purchase additional AD&D insurance in the amounts of 1x – 7x your annual base salary (rounded up to the nearest thousand), to a maximum of $1 million. The cost of this coverage varies based on your salary and age.

The rates for this coverage are much less than supplemental life insurance and will be calculated when you go through your enrollment experience.

MetLife Spousal/Domestic Partner Insurance

You may purchase spousal/domestic partner life insurance in the amounts of $10,000, $20,000 or $50,000. All amounts are guaranteed issue and do not require Evidence of Insurability (EOI).

MetLife Dependent Child Life Insurance

You may purchase dependent life insurance in the amount of $10,000 or $20,000 for dependent children under the age of 26.

Leaves of Absence

We provide leaves of absence for family needs. The type of leave available to you may vary depending on laws, your circumstances, and other factors.

You should contact Lincoln Financial at 1.888.729.1047 or register to file your claim online at www.mylincolnportal.com for any of the following leave types:

- Short-term disability
- Family Medical Leave (FMLA)
- Critical Caregiver Leave
- Military Leave
- Unpaid Medical Leave
- Unpaid Personal Leave
- Parental Leave
- Intermittent FMLA

In addition to filing with Lincoln Financial, if you are working in California, Colorado, Connecticut, Rhode Island, Oregon, or Washington, you are required to file for Temporary Disability Income through your respective state.

If you are working in Massachusetts, New Jersey, and New York, you should file through Lincoln Financial, and if your disability is approved, you will receive payments through Lincoln Financial.

You should refer to BenefitYourLifeResources.com (Leave of Absence tab) for details on the Leave of Absence process. If you have any questions, contact the Leave of Absence team at loa@dcsg.com or 1.724.273.4331.

Short-Term Disability and Family Medical Leave Act (FMLA)

You are automatically enrolled in the short-term disability (STD) program through Lincoln Financial when you become eligible for benefits. The Company pays the full cost of this benefit.

Short-Term Disability

If medically necessary and approved by Lincoln Financial, Week 1 would be an unpaid Short-term disability / FMLA elimination period. If you choose to, you could use available vacation days or paid time off to cover the unpaid portions of your leave. Weeks 2 – 26 would be paid at 70% of your average weekly wages ($2,500 maximum benefit / per week).

Family Medical Leave Act (FMLA)

If you are eligible and approved by Lincoln Financial, you could take up to 12 weeks unpaid leave and would run concurrent with most other leaves of absence.

Other features of the Short-term Disability / Family Medical Leave Act program include the following:

- If you suffer a disability from a qualifying non-occupational illness or injury while covered by this program, you will be eligible to receive weekly income benefits designed to help you replace your lost wages.
- Maternity leave offers new mothers eight weeks from the delivery for natural birth or cesarean birth. To understand the value of your leave through Lincoln Financial, learn more through this leave planning tool through Perky. Visit their website at: lfg.perkyleave.com/dsg.
- Before collecting benefits, you must satisfy an unpaid elimination period of seven calendar days following your date of disability. You may use available vacation or personal time off to satisfy the elimination period. Contact the Leave of Absence (LOA) team at loa@dcsg.com or 1.724.273.4331 for details or questions.
- Your absence may also qualify for protection under the Family and Medical Leave Act (FMLA). Information will be sent to you from Lincoln Financial regarding your rights and responsibilities under FMLA, which runs concurrently with your STD leave of absence.
- Benefits may be paid for up to 26 weeks in a 52-week period if your disability is medically certified and your claim is approved by Lincoln Financial.

Long-Term Disability (Salaried Only)

After 26 weeks (180 days) of medical leave, you may qualify for extended benefits through the long-term disability (LTD) program. Premium for this benefit is paid by the Company. Benefits under the LTD program replace a portion of your monthly covered earnings (60% of your basic monthly earnings up to $6,000 per month) for the duration of your medically certified/approved disability, or until age 65.

Voluntary Long-Term Disability (FT Hourly Only)

You must be enrolled in the Voluntary LTD plan to be eligible for the benefit.

If you are enrolled in Voluntary LTD and approved for extended benefits through this benefit, it will replace a portion of your monthly covered earnings (60% of your basic monthly earnings up to $2,500 per month). If you choose to enroll outside of the specified periods listed below, you must provide proof of good health (also known as evidence of insurability, or EOI). Lincoln Financial will send an Evidence of Insurability Request Form to you, if applicable.

Proof of good health is **not** required if you are:

- Enrolling within 31 days of your initial eligibility
- Enrolling within 31 days of a life/employment status change

Spending Accounts — Health Savings Account (HSA), Health Reimbursement Account (HRA), Health Care Flexible Spending Account (HFSA), Dependent Care Flexible Spending Account (DFSA), and Limited Purpose Flexible Spending Account (LPFSA)

If you are currently enrolled in the Core HRA Plan and have a remaining balance in your Health Reimbursement Account (HRA), you must elect the Core HRA Plan for 2027 to retain those funds. If you enroll in any of the other medical plan options, any unused HRA balance will be forfeited after December 31, 2026.

If you enroll in the HSA Base Plan or HSA Buy-Up Plan, you will need to elect your 2027 Health Savings Account (HSA) contribution amount during Annual Enrollment. Teammates enrolled in either HSA plan are also eligible to enroll in a Limited Purpose Flexible Spending Account (LPFSA), which can be used for eligible dental and vision expenses.

If you enroll in the Core HRA Plan or Traditional PPO Plan, you are eligible to participate in the Health Care Flexible Spending Account (HFSA). To contribute to the HFSA in 2027, you must make a new election during Annual Enrollment, as elections do not carry over from year to year.

DICK'S Sporting Goods will contribute the following into the Health Savings Accounts (HSAs) and Health Reimbursement Account (HRA) in 2027:

- HSA associated with the HSA Buy-up Plan — $500 Individual/$1,000 Family
- HRA associated with the HRA Plan — $250 Individual/$500 Family

Overview and Comparison of Spending Account Options

	Health Savings Account (HSA)	Health Reimbursement Account (HRA)	Health Care Flexible Spending Account (HFSA)	Dependent Care Flexible Spending Account (DCFSA)	Limited Purpose Flexible Spending Account (LPFSA)
You MUST be enrolled in these Medical Plans to be Eligible	HSA Base Plan HSA Buy-up Plan	HRA Plan	HRA Plan Traditional PPO	HSA Base Plan HSA Buy-up Plan HRA Plan Traditional PPO	You MUST be enrolled in the HSA Base Plan or HSA Buy-up Plan
Debit Card	YES	YES	YES	NO	YES
Funding	Contributions may be made by the teammate. DSG will contribute only to the Buy-Up HSA plan. Contribution limits are set annually by the IRS.	Employer funded account that reimburses teammates for qualified medical expenses	Teammate funded account contributing through payroll deductions	Teammate funded account contributing through payroll deductions	Teammate funded account contributing through payroll deductions
Employer Contributions (Annual, Prorated based on start date)	HSA Buy-up Plan: $500 Individual/ $1,000 Family	$250 Individual/ $500 Family	NONE	NONE	NONE
Tax Treatment	Contributions are tax-deductible, growth is tax-free and withdrawals for qualified expenses are tax-free	Employer contributions are tax-deductible; Reimbursements to teammates are tax-free	Contributions are tax-deductible and withdrawals for qualified expenses are tax-free	Contributions are tax-deductible and withdrawals for qualified expenses are tax-free	Contributions are tax-deductible and withdrawals for qualified expenses are tax-free
Rollover	Yes – Unlimited	Maximum amount $2500 / Individual $5000 / Family	IRS Carryover limit will apply. Participants can "Carryover" a set limit of dollars into the following plan year. The limit set for 2027 is $680.	Rollover does not apply. This plan has a Grace Period, allowing for you to submit claims through March 31st for expenses incurred through March 15th of the following plan year.	IRS Carryover limit will apply. Participants can "Carryover" a set limit of dollars into the following plan year. The limit set for 2027 is $680.
Usage	Funds can be used for qualified medical expenses as defined by the IRS. HSAs can also be used as a savings vehicle for future health care expenses or retirement.	Funds can be used for qualified medical expenses as defined by the IRS (copays, deductibles, coinsurance, dental, and vision expenses).	Funds can be used for qualified medical expenses as defined by the IRS (copays, deductibles, coinsurance, dental, and vision expenses).	Funds can used for qualified child care and/or adult day care expenses as defined by the IRS.	Funds can only be used for qualified dental and vision expenses as defined by the IRS.
Can I take it with me when I leave DSG?	YES	NO	NO	NO	NO

What Is the Health Savings Account (HSA) That Is Associated with the HSA Base and HSA Buy-Up Plans?

Two of the medical plans offered allow for an HSA to be offered. An HSA is a tax-advantaged savings account designed to help individuals save money for medical expenses.

Here's how it works and its benefits:

- To open an HSA, you must be enrolled in the HSA base or HSA buy-up plan for 2027. You can't have other health coverage that is not considered a qualified high deductible health plan, and you can't be claimed as a dependent on someone else's tax return.
- You can contribute a set amount of money each year to your HSA, and the contributions are tax-deductible. For 2027, the contribution limits are $4,500 for individuals and $9,000 for families. There's an additional $1,000 catch-up contribution allowed if you are 55 or older.
- Triple Tax advantages:
  - Contributions you make are deducted from your income, reducing your overall tax burden.
  - The money in your HSA grows tax-free.
  - Withdrawals used for qualified medical expenses are tax-free.
- Funds from an HSA can be used to pay for a wide range of medical expenses, including doctor visits, prescription medications and certain over-the-counter items. However, using funds for non-qualified expenses will incur taxes and penalties.
- The HSA is owned by you, not DICK'S, so it stays with you even if you change jobs or health plans.
- Unused funds in your HSA rollover from year to year, so you don't lose them if you don't spend them within the year.
- You can invest the funds in stocks, bonds, or mutual funds once your balance exceeds $1,000, potentially growing your savings even more.
- After age 65, you can use HSA funds for non-medical expenses without penalties (though you will pay regular income tax on those withdrawals).
- It's important to keep your receipts and records of medical expenses to ensure withdrawals are used for qualified medical expenses.

HRA Funds Will Be Eligible for Additional Expense Types

If you enroll in the HRA plan, you will be able to use and direct your HRA funds for office visit copays, prescription drug copays, deductible expenses, coinsurance as well as dental and vision expenses. You will determine how you want to use your HRA dollars and will have a debit card to access funds.

Health Care Flexible Spending Account (HFSA)

A health care Flexible Spending Account (FSA) is permitted with the Traditional PPO Plan, Core HRA Plan, and if you are not enrolled in a DSG plan or a qualified high deductible health plan. An FSA is not permitted to be contributed to if you are enrolled in a qualified high deductible health plan, whether it is through DSG or another employer or provider. The qualified high deductible health plans offered by DSG are the Buy-up HSA Plan and the Base HSA Plan; both plans include a Health Savings Account and participants are not permitted under IRS rules to participate in an HSA and FSA at the same time.

Limited Purpose Flexible Spending Account (LPFSA)

A Limited Purpose Flexible Spending Account (LPFSA) allows you to use pre-tax dollars to pay for eligible dental and vision expenses, such as exams, eyeglasses, contact lenses, fillings, and orthodontia. This account is designed for teammates who are enrolled in the Base HSA or Buy-up HSA plans, giving you another way to save on healthcare expenses while maintaining HSA eligibility.

How an FSA Works

An FSA allows you to pay for eligible medical, dental, vision and prescription drug services with pre-tax dollars. The plan year begins on January 1 and your elected funds will be available for you to use at that time. At the time of your enrollment, you must decide how much money you want to put into your account for that year. For 2027, you can have any amount up to $3,400 (IRS Federal Maximum) as your annual goal.

The annual amount you choose to defer will be divided by the number of pay periods available in the current plan year. Payroll deductions will begin after your enrollment is processed, and contributions will be credited to your FSA with Inspira Health.

Your pay for eligible expenses directly with your Inspira Health debit card. Inspira Health will be receiving claims information from DSG's medical, prescription drug, dental and vision vendors. Any claims that are eligible for reimbursement will show up as a reimbursable expense on the Inspira Health portal. Information on how to register on the portal will be shared when you receive your FSA debit card.

If you leave the Company, your account will not automatically continue, and you will only be able to submit expenses for the time frame in which you were employed by DSG. Claims must be submitted within 90 days of your separation date to receive reimbursement and then expenses must have been incurred on or prior to your separation date. If you do not have a negative balance in your FSA at the time of separation, you will be provided an opportunity to continue this benefit through COBRA.

Dependent Care Flexible Spending Account (DCFSA)

The Dependent Care account allows you to save tax dollars on your qualified dependent care expenses, such as daycare expenses for a child under age 13, elder care for a spouse or other tax dependent who is physically or mentally incapable of self-care, summer day camp, and more. You can determine how much you want deducted from your paycheck on a pre-tax basis, and then reimburse yourself for expenses as they arise. The plan year begins on January 1, but the funds are placed into the account as the deductions come out of your pay. This is not pre-funded like the Health care FSA.

How a DCFSA Works

At the time of your enrollment, you decide on how much money you want to put into your account for that year. You can elect to have any amount up to $7,500 (IRS federal maximum) as your annual goal amount. If you are married and file a joint tax return, your combined maximum election amount cannot exceed $7,500. If you are married but filing separate tax returns, the maximum amount is $3,750.

The annual amount you choose to defer will be divided by the number of pay periods available in the current plan year. Payroll deductions will begin after your enrollment is processed, and contributions will be credited to your Dependent Care Account with Inspira Health (beginning 1/1/2027).

You may pay for the bill from your day care center or other dependent car provider. You then file and submit claims and applicable receipts with Inspira Health. You can set up direct deposit or be paid by check.

Grace Period rules: Dependent Daycare FSA dollars from 2027 will follow grace period rules, which allow for you to submit claims through March 31, 2028 for expense incurred through March 15, 2028. Per IRS rules, amounts that are not reimbursed by this deadline will be forfeited.

IMPORTANT DISCLOSURE: Annual Non-Discrimination Testing Required on All Plans with Accounts Governed by the IRS

Each year, IRS-required testing must be performed on all IRS-governed accounts. This testing may limit the amount that highly compensated executives (salary limit also determined by the IRS) can contribute to their plans in the plan year, which may fall below the IRS FSA maximum. If a teammate is impacted by the results of the testing and IRS regulations, you will be notified, and payroll deductions may be reduced.

Other Benefits

If you participate in Lincoln Financial Group's Life Insurance benefit, Lincoln's LifeKeys program offers programs to help you plan, enjoy life, and deal with unexpected challenges when they arise.

LifeKeys services include:

- Identity theft protection
- Support tools and advice on a wide range of topics — legal, financial, family, and career
- Discounts on shopping and entertainment, and more

More information on these programs can be found at BenefitYourLifeResources.com.

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NOTICES

Required Compliance Notices

Each year, we are required to provide teammates with important legal notices and plan disclosures.

While you are not required to do anything with these documents, you should review them and keep them for your records.

The legal notices provide you with important plan disclosures and your rights under different federal government provisions. A Summary Annual Report briefly outlines the information submitted to the Internal Revenue Service for certain benefit plans offered by DICK'S Sporting Goods. Notices like the Summary of Benefits and Coverage may help you better understand the benefits available to you as a DICK'S Sporting Goods teammate.

If you have any questions about these notices, please contact the Benefits Department at 1.800.690.7655, x3012 (option 5) or at Benefits@dcsg.com.

To review the required compliance notices, visit benefityourliferesources.com.

Statement on DICK'S Sporting Goods, Inc. Electronic Disclosures of Plan Information

Individuals entitled to receive benefits under Dick's Sporting Goods, Inc. (the "Company") Health and Welfare Plan (the "Plan") are also entitled to be furnished with certain documents required by the Employee Retirement Income Security Act of 1974 (ERISA), including a summary of the significant provisions of the Company's benefit plans. The Company intends to provide these documents to you via electronic delivery, as described below.

Electronic Delivery Method

The following is a non-exhaustive list of documents that will be located on https://learn.bswift.com/benefityourliferesources-fulltime/compliance-notices or delivered through Workday, which you will be able to access upon your acceptance of the terms of this notice and disclaimer:

- Summary Plan Description (SPD)
- Summary of Material Modification (SMM)
- Summary of Material Reduction (SMR)
- Open Enrollment Materials
- Medicare Part D Notice
- HIPAA Special Enrollment Notice
- WHCRA Notice
- NMHPA Notice
- CHIP/Medicaid Notice
- HIPAA Notices of Privacy Practice
- HIPAA Privacy Notice Reminder
- Wellness Program Notices
- Summary Annual Report (SAR)
- Summary of Benefits and Coverage (SBC)

The documents will be in a format commonly known as Adobe PDF. To access these documents through the website, you must have the application program Adobe Acrobat Reader, or a similar PDF reader, installed on your computer, which will allow you to open and read the document.

If any hardware or software requirements change in a way that creates a material risk that you will no longer be able to access electronically transmitted documents, you will be furnished with appropriate notice.

Your Right to a Paper Copy

You have a right to request and obtain a paper version of the notices at no charge. Contact the Benefits Department at 1.800.690.7655, x3012 (option 5) or at Benefits@dcsg.com **to request a paper copy.**

Disclaimer

The Company reserves the right to make changes to the website, the documents on the site and these statements, notices, and disclaimers at any time and for any reason.

The Company believes the content of the documents is reliable and current, but accuracy or completeness is not guaranteed. Although the Company will attempt to update the electronic document frequently with changes in the plans, the law and/or the tax codes, the Company does not undertake any responsibility to immediately update the content of the document to reflect these changes. If any conflicts exist between the electronic document and the legal plan documents, the legal plan documents will always govern.

If you have any questions regarding this site or questions regarding the Plan, please contact the Benefits Department at 1.800.690.7655, x3012 (option 5) or at Benefits@dcsg.com.

BENEFIT *Your Life*

MEDICAL INSURANCE

Cigna
myCigna.com
1.877.999.4DSG (4374)

Ayble Health
support@ayblehealth.com
1.857.416.9299

Garner Health
concierge@getgarner.com
1.866.761.9586

Lantern Surgery Care
mysurgery.lanterncare.com
1.833.907.1986

OneImaging
https://join.oneimaging.com/dickssportinggoods
1.833.619.0837

Reclaim Health
reclaimhealth.com

Regennex
regenexx.com
1.855.330.5818

MEDICAL CLAIMS - APPEALS

Cigna Appeals Unit
P.O. Box 188011
Chattanooga, TN 37422-8011

PRESCRIPTION DRUG

Evernorth Express Scripts
www.express-scripts.com
1.800.766.4695
One Express Way
St. Louis, MO 63121

DENTAL INSURANCE

Delta Dental
www.DeltaDentalIns.com
1.800.932.0783

VISION

VSP
www.vsp.com
3333 Quality Drive
Rancho Cordova, CA 95670
1.800.877.7195

LIFE AND AD&D INSURANCE

MetLife
1.800.438.6388 (GET MET8)

FLEXIBLE SPENDING ACCOUNTS & COBRA

Inspira Financial
inspirafinancial.com

Click Here for additional information

401(k)

Vanguard
vanguard.com
1.800.523.1188

STUDENT LOAN DEBT BENEFITS

Candidly (through Vanguard)
vanguard.com
1.800.523.1188

CONFIDE EMPLOYEE & FAMILY ASSISTANCE PROGRAM (EFAP)

Cigna
myCigna.com
1.877.999.4374, prompt "Confide"

TRAVELCONNECT AND EMPATHY

Lincoln Financial
lincolnfinancial.com
1.888.729.1047

DSG, INC. BENEFITS DEPARTMENT
345 COURT STREET, CORAOPOLIS, PA 15108

1.800.690.7655, x3012, Option 5
Fax: 1.724.227.1082
Benefits Email: benefits@dcsg.com

DSG BENEFIT YOUR LIFE

www.BenefitYourLifeResources.com

PLEASE NOTE: This Benefits Book provides an overview of your benefits. It covers the key features of the plans. If a conflict occurs between this material and the official plan documents that define the programs, the plan documents will govern. Nothing in this Book is intended to be a promise or guarantee of employment or continued employment with the Company. The Company at all times reserves the right to amend, modify, suspend, or terminate the teammate benefits it offers its teammates. You do not have a vested right to any of the teammate benefits (although you may have a vested right to certain pension benefits to the extent specifically provided for in the applicable plan documents). This right of the Company to amend, modify, suspend or terminate teammate benefits cannot be changed by any representation to the contrary, even if such representation is made by a Company representative.

REVISED 09/26

DICK'S