

An overhead photograph of several football players in a huddle on a green field. They are wearing white helmets with red facemasks and various jerseys (red, grey, black). Their hands, wearing different colored gloves (white, black, red), are pressed together in the center of the huddle. The players have visible tattoos on their arms.

BENEFIT *Your Life*

ALL IN. ALL FOR YOU.

**2027
BENEFITS
NEWSLETTER
ANNUAL ENROLLMENT
OCT 26 - NOV 16, 2026**

DICK'S 

BENEFIT Your Life

YOUR 2027 BENEFIT CHANGES

Your 2027 benefits include updates to medical and prescription coverage, new ways to find quality care, and additional tools to help you compare options. We recognize these changes may create questions or additional costs for some teammates and their families. DICK'S continues to offer four medical plan choices and is adding resources that can help teammates make informed decisions and manage their benefits throughout the year.

Why Changes Were Needed

- National Trends – health care costs are up 9–11% and expected to rise 11–13% by 2027
- Utilization Pressure – DICK'S medical and prescription drug trend is up approximately 20%, driven in part by high-cost claims and new prescription drug use
- Our Strategy – preserve access, improve quality, help teammates navigate the system, and create opportunities to avoid unnecessary expense for long-term sustainability

Key Changes

- Medical deductibles, out-of-pocket limits and account funding
- Prescription drug cost sharing and mail-order pricing
- A spouse/domestic partner medical surcharge
- New programs – offering you high-quality care and savings
- Delta Dental – new dental partner with a network that is three times larger
- Met Life – new life insurance partner with improved teammate services
- Decision support – new tools to support informed enrollment choices

Your Actions

- Compare total annual cost, not only payroll deductions
- Check providers and recurring prescriptions
- Complete the spouse/domestic partner acknowledgement
- Submit elections and keep your confirmation



2027 Medical Plans at a Glance

FEATURE	TRADITIONAL PPO	CORE HRA	BUY-UP HSA	BASE HSA
DEDUCTIBLE	\$2,000 / \$4,000	\$3,500 / \$7,000	\$1,750 / \$3,500	\$3,500 / \$7,000
OUT-OF-POCKET MAX	\$4,500 / \$9,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$7,000 / \$14,000
DSG ACCOUNT FUNDING	None	\$250 / \$500 HRA	\$500 / \$1,000 HSA	None
GARNER REIMBURSEMENT	Up to \$2,000 / \$4,000	Up to \$2,000 / \$4,000	Not available	Not available

* Dollar amounts in RED indicate categories that have changes

Spouse/Domestic Partner

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.

IMPORTANT: If you have a dependent spouse or domestic partner enrolled in your plan today, you will be defaulted into a working spouse/domestic partner surcharge. Complete your enrollment in bswift and be sure to complete the attestation process if your spouse/domestic partner is not eligible for coverage with another employer.

PRESCRIPTION DRUG UPDATES

With the goal in mind of reducing avoidable costs while preserving clinically appropriate treatment, the following updates will begin January 1, 2027. Please see the Benefits Resource Guide for more detail.

GLP-1 Coverage for Weight Loss

As of Jan. 1, 2027, DSG will exclude coverage for GLP-1 medications prescribed solely for weight loss.

The EncircleRx program will remain applicable for diabetes management.

Waste-Free Formulary

Some higher-cost drugs may be replaced with lower-net-cost alternatives with similar clinical benefit.

Pharmacist support and prescriber outreach will help with transitions.

Medication Costs

- Generic medications remain at \$10 copay for a 30-day supply
- Mail-order pricing changes to 3x retail
- Preferred and non-preferred brands move from flat copays to coinsurance with minimums and maximums.

Current Prescription Drug Designs (those enrolled in the HSA plans must satisfy the deductible first)	2027 Prescription Drug Designs (those enrolled in the HSA plans must satisfy the deductible first)
Generics: \$10 copay	Generics: \$10 copay
Preferred Brand: \$40 copay	Preferred Brand: 30% coinsurance – a minimum \$40 to a maximum of \$170
Non-Preferred Brand: \$75 copay	Non-Preferred Brand: 40% coinsurance – a minimum of \$65 to a maximum of \$250
Mail Order (90-day supply): 2x retail copay	Mail Order (90-day supply): 3x retail copay

GARNER AND HIGH-VALUE CARE

Available to teammates enrolled in the Traditional PPO or 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). You can get reimbursed up to \$2,000 on Teammate only coverage and \$4,000 on Family coverage by partnering with Garner Health.

Your Actions

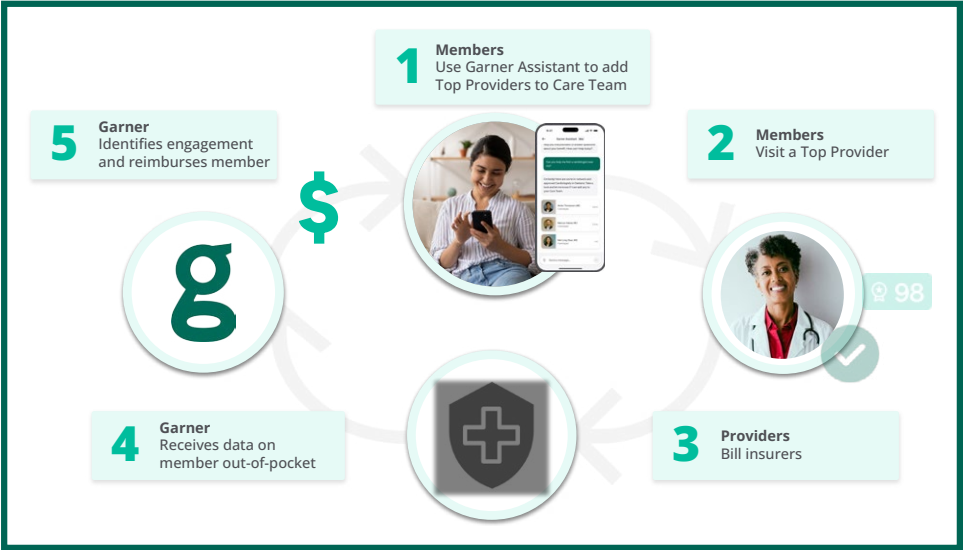
- Search for a Top Provider by symptom, specialty, name, procedure, or condition.
- You must add every provider, specialist, or urgent care location to your Care Team **before** service.
- Receive care and pay your normal out-of-pocket costs.
- After the claim is received and approved, Garner pays the subscriber by direct deposit or check. Timing is generally about 6–8 weeks after the visit, depending on claim submission. Direct deposit is the quickest way to receive reimbursements.

Support and Exceptions

- Current primary care providers, physician assistants and nurse practitioners may qualify for reimbursements.
- If you are in active treatment or need an exception, contact the Concierge team before care. If the provider does not qualify, Garner can support a safe transfer of care.
- There is no limit to the number of providers you may add, including while traveling.

Avoid Duplicate Reimbursement

An expense reimbursed by Garner cannot **also** be reimbursed through an FSA or HRA.



ONEIMAGING

Onelming is a voluntary program that may help you save up to 80% on your out-of-pocket imaging costs for MRIs, CT scans, X-rays, Ultrasounds, and Mammograms. You will also have access to a nationwide network of more than 4,800 accredited imaging centers.

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

- **Upload** the order to your Onelming 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.

LANTERN HEALTH

Lantern Health offers 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. **IMPORTANT REQUIREMENT: 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).**

Lantern can help guide you from your first question to your full recovery, so you never have to navigate surgery alone.

REGENEXX

Regenexx 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 for conditions such as:

- **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 arthritis (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



RECLAIM HEALTH

In partnership with Cigna, Reclaim uses advanced technology to continuously review health care claims to identify savings opportunities, billing errors, missed reimbursements, and other financial benefits you may be entitled to receive. All team-mates and covered dependents enrolled in the group health plan are automatically enrolled in Reclaim Health. There is no additional cost. More information will be shared as January 1, 2027 approaches.

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

DELTA DENTAL

The partner for dental coverage has changed to Delta Dental. 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.

Teledentistry and the Dental Pregnancy benefit continue to be prominent features of the plan.



SPENDING ACCOUNTS

ACCOUNT	AVAILABLE WITH	KEY POINT
FSA	Traditional PPO, Core HRA or no HSA plan	You fund it; plan rules apply
HSA	Buy-Up HSA, Base HSA	You own it; balance rolls over
HRA	Core HRA	DSG funds and owns it
LIMITED-PURPOSE FSA	Buy-Up HSA, Base HSA	Dental and vision only

LIFE AND FINANCIAL PROTECTION

MetLife is the new partner for 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. 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). 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. See the Benefits Resource Guide for details.

Special Enrollment Period

During Annual Enrollment, DICK'S teammates will be able to elect up to 2x their annual base earnings without having to satisfy proof of good health. Proof of good health is still required if the supplemental coverage exceeds \$400,000 (\$600,000 for executive level).

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.

COMPLETE ENROLLMENT WITH CONFIDENCE!

Use the decision-support tools in bswift to consider a full year's worth of healthcare expenses – not just your paycheck deduction. Review prescription needs, provider preferences, and HSA eligibility, and also consider whether you value HSA ownership or a non-HDHP structure with copays instead.

Compare the whole year – review premiums, expected care, prescriptions, deductibles, out-of-pocket risk, company account funding, and eligible Garner reimbursements.

FIVE QUESTIONS TO ANSWER TO GAIN VALUABLE INSIGHT

1

PAYROLL COST

How much will be deducted from each paycheck?

2

EXPECTED CARE

Do you expect this to be a low-use or a high-use year?

3

FINANCIAL EXPOSURE

Are you able to cover the deductible and out-of-pocket maximum?

4

ACCOUNT & REIMBURSEMENT

Will you receive HSA or HRA dollars and/or use eligible Garner providers?

5

FAMILY OPTIONS

Does a spouse or domestic partner have other employer coverage options?

ENROLLMENT CHECKLIST

1

COMPARE OPTIONS

Use the plan-decision support tools like Ask Emma

2

ASK FOR HELP

Contact the Benefits team with questions

3

ENROLL IN BSWIFT

Make and submit benefit elections

4

COMPLETE SPOUSAL ATTESTATION

Complete the spousal attestation, if applicable

5

ENROLL IN GARNER

This is **required** for Traditional PPO or Core HRA participation

NEED HELP?

- Email Benefits at Benefits@dcsg.com
- Call Benefits at **1.800.690.7655 x3012, option 5**
- bswift Ask Emma – plan-decision support and AI chatbot available 24/7/365
- Email Cigna Health Program Navigator: Jaime.Novak@dcsg.com
- Call Cigna certified insurance specialist at **1.877.999.4374**
- Go to www.benefityourliferesources.com after October 8, 2026

SCAN ME FOR 2027 BENEFITS INFORMATION



* This newsletter summarizes 2027 benefits information and does not replace official plan documents. If this summary conflicts with official plan documents, the official plan documents govern.