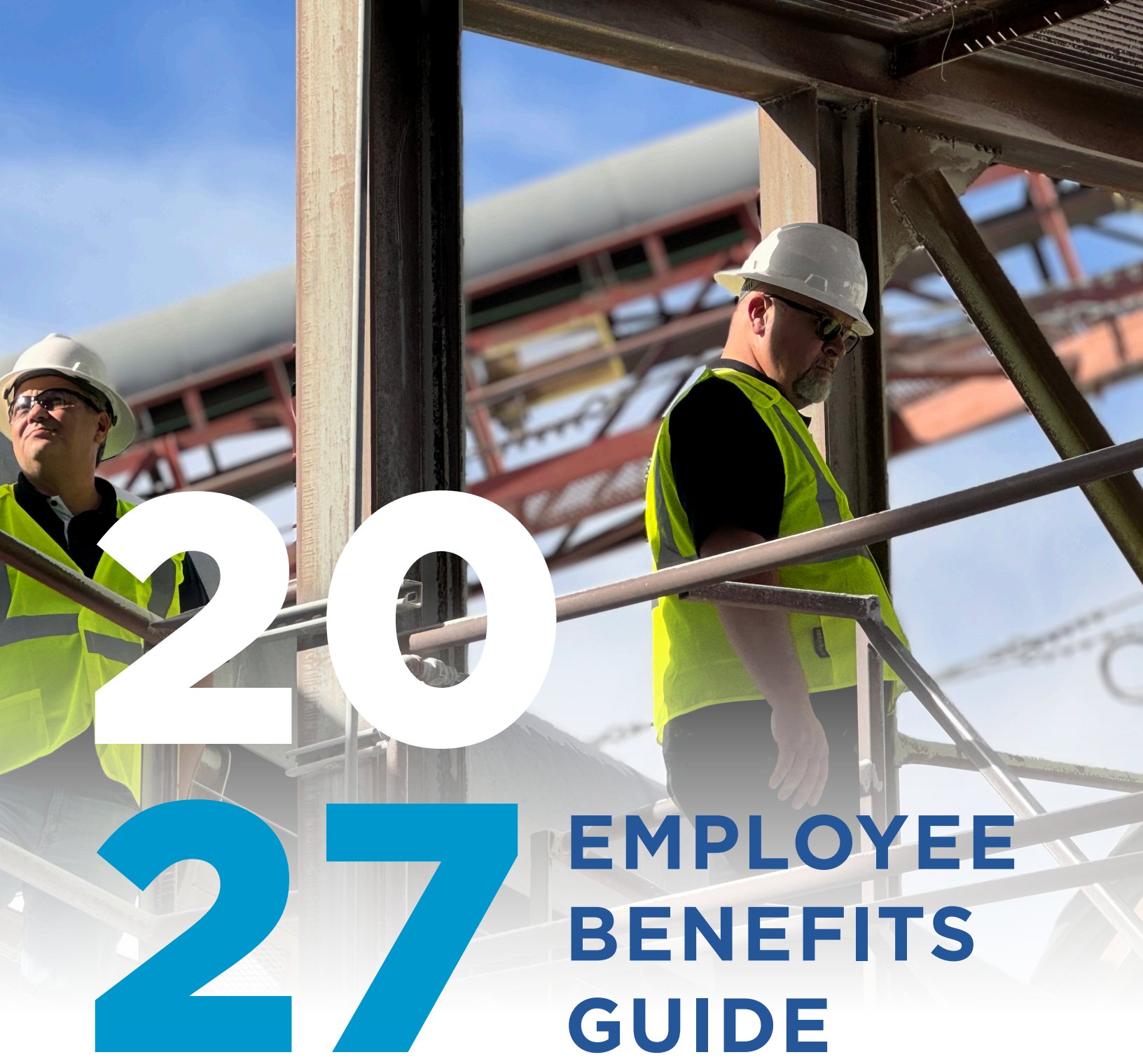


2027 EMPLOYEE BENEFITS GUIDE

Dicalite Management Group offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Dicalite® SV Specialty Vermiculite Dicaperl®

Welcome
TO DICALITE!

Dear Dicalite Team,

As we enter 2027, I want to take a moment to thank each of you for your continued hard work and dedication. Our people are at the heart of everything we do at Dicalite — your safety, health, and well-being are essential to our success.

We are proud to offer a benefits package that reflects how much we value our employees and their families. I'm pleased to say that this is the 7th year in a row in which we have not increased the health insurance premiums. The Dicalite benefits plan ranks among the top 10% in our industry. This includes comprehensive medical, dental, and vision coverage; a 401(k) retirement plan with company matching; an employee assistance program, nutrition counseling, telemedicine, and more. Our leadership team spends considerable time developing this plan to maximize the benefits to our employees. I encourage you to take some time to review this guide and familiarize yourself with the full range of benefits available to you.

Our goal is to create a healthy, engaged workforce that receives excellent care, has access to helpful resources, and feels supported in the areas of healthcare, insurance, and retirement planning.

Thank you for all that you do to make Dicalite a strong, innovative, and growing company.

Sincerely,

George Dethlefsen
Chief Executive Officer
Dicalite Management Group



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What You Need to Know Before Enrolling in Benefits

When Does Coverage Begin?

The first day of the month following the date of hire.

Who is Eligible to Elect Benefits?

Full time employees that work 30 hours or more a week, that have met the required waiting period are eligible for benefits.

Enrollment Timeline

Open Enrollment is from **November 12th** through **November 25th, 2026**.

Qualifying Life Events

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as: marriage, divorce, death of a spouse, civil union partner or a dependent, birth or adoption of a child, termination or commencement of employment for your spouse/civil union partner, a change in employment status (full-time to part-time or part-time to full-time) for you or your spouse/civil union partner that affects benefits eligibility, or taking an unpaid, medical leave of absence by either you or your spouse/civil union partner. **Employees have 30 days from a Qualifying Life Event (QLE) to make enrollment changes, unless an exception applies.**



Member Advocacy

CONNER STRONG & BUCKELEW

Employee benefits can be complex making it difficult to fully understand your coverage and use it properly. Member Advocacy allows you to speak to a specially trained Member Advocate who can answer your questions and help you get the most out of your benefits.

You Can Contact Member Advocacy for Assistance if You:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or deleting a dependent
- Need help to resolve a problem you've been working on

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.



How to Contact Member Advocacy?

You may contact the Member Advocacy Team in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (EST)
- Via the web: **www.connerstrong.com/memberadvocacy**
- Via fax: **856.685.2253**

Online Tools

BENEPORTAL & ADP

BenePortal

ONLINE BENEFITS INFORMATION

At Dicalite, you have access to a full-range of valuable employee benefit programs. With BenePortal, you are able to review your current employee benefit plan options online, 24 hours a day, 7 days a week!

By using BenePortal, our online tool that houses our benefit program information, you can:

- Review medical/prescription drug, vision, and dental plan options
- Explore additional voluntary employee benefit programs available to you
- Find links to insurance carrier websites
- Download plan documents, affidavits, etc.

Simply go to **www.dicalitebenefits.com** to access your benefits information today!

ADP

ONLINE ENROLLMENT SYSTEM

Log onto ADP by visiting **https://workforcenow.adp.com** and navigate to **Myself > Benefits > Enrollments** and click the **Enroll Now** option. You may choose to click Select Plan for the desired enrollment. If you chose to waive a benefit, you will be required to select a waive reason.

- To add a dependent, click the Manage Dependents link in step 2 of the process
- Review your enrollment, costs and covered individuals carefully. Then click Save and Continue to Next Benefit to continue making your desired selections
- Continue through each step until all elections are complete and the Continue to Summary button is activated.
- Review all selections. When you are ready to confirm your selections, click Submit Enrollment.

Please note that your benefit elections will not be processed until you click Submit Enrollment. If "Save for later" is selected, these enrollments will not be submitted to your HR team until you fully submit the enrollment.



Medical Benefits

INDEPENDENCE ADMINISTRATORS

Below is a summary of the medical plan option and what **you pay**.



PPO Plan

	IN-NETWORK	OUT-OF-NETWORK
Deductible **Individual/Family**	$1,000 / $2,000	$5,000 / $10,000
Out-of-Pocket Maximum Individual/Family	$6,000 / $12,000	$10,000 / $20,000
Plan Cost Sharing	Varies	Deductible, then 30%
Office Visit Primary Care Specialist	 $25 copay, no deductible $50 copay, no deductible	 Deductible, then 30%
Telemedicine	$15 copay, no deductible	Deductible then 30%
Preventive Care	100%, no deductible	Deductible, then 30%
Diagnostic Laboratory (Bloodwork)	$25 copay, no deductible	Deductible, then 30%
Diagnostic Imaging (MRI/MRA, X-rays, CT/CTA Scan, PET Scan)	$25 copay, no deductible	Deductible, then 30%
Physical Therapy	$50 copay, no deductible	Deductible, then 30%
Outpatient Procedure	Deductible, then 100% covered	Deductible, then 30%
Emergency Room	$500 copay, no deductible copay waived if admitted	$500 copay, copay waived if admitted
Urgent Care	$50 copay, no deductible	$50 copay
Inpatient Visit	Deductible, then 100% covered	Deductible, then 30%
PRESCRIPTION DRUGS (RETAIL: UP TO A 30-DAY SUPPLY / MAIL-ORDER: UP TO A 90-DAY SUPPLY)		
	RETAIL / MAIL ORDER	
Generic **Preferred** **Non-Preferred** **Specialty**	$10 / $10 $35 / $50 $65 / $100 $65 / $100	

See rate sheets for your contributions.
Please Note: Mandatory mail order applies for certain medications

Nutrition Counseling

AVAILABLE UNDER YOUR MEDICAL PLAN

Coverage Overview:

- **Medical Plan:**
  - **In-Network:** 100% covered, no deductible, unlimited visits
  - **Out-of-Network:** 70% covered after deductible, unlimited visits

Good Nutrition is Essential for a Healthy Lifestyle

Forget fad diets and quick fixes—nutrition counseling with a registered dietician or nutritionist provides you with expert advice to make healthy, lasting changes. Here's how eating better can help you feel better:

- **Increased Energy:** Fuel your body for a more energetic day.
- **Improved Health:** Nutrition plays a vital role in managing cholesterol, blood pressure, and overall health, reducing the risk of heart disease and stroke.
- **Weight Loss:** Achieve sustainable weight goals, boosting both confidence and wellness.

What to Expect

Your initial appointment includes a detailed look at your eating habits, medications or supplements, and any health concerns you may have. Together with your dietician, you'll set realistic goals for healthier living.



Utopia WellCare

Utopia WellCares goal is to help you develop a better overall relationship with your health via comprehensive Functional Nutrition services provided by Board Certified Registered Dietitians.

How it works

Utopia WellCare provides one on one virtual consultations with dietitians at no cost to you. Consultations are covered under preventive care through your insurance carrier and offers **6 FREE** visits. Utopia WellCare captures your complete patient history and health status to leverage diet and nutrition counseling to assist with your overall health and wellbeing. Not only can you take advantage of Utopia WellCare, but your dependents can also schedule a visit with one of their Board Certified Registered Dietitians.

Have questions?

- Email **info@utopiawellcare.com** or
- Visit **www.utopiawellcare.com**

Healthy Habits Start Here

By making smart food choices and incorporating physical activity into your routine, you can protect your health and feel your best every day.

Take the First Step—Schedule an Appointment

Meet with an in-network registered dietician or nutritionist near you.

- Visit **www.ibxtpa.com**
- Click "**Find a Doctor**"
- Select "**Dietician**" in the provider search term box

Feel better by making choices for a healthier tomorrow!

Behavioral Health Resources

Your mental and emotional well-being is an important part of your overall health. Whether you are managing everyday stress, navigating a personal challenge, or seeking support for yourself or a family member, Dicalite offers the following low- or no-cost behavioral health resources to help you access care and support.

Employee Assistance Program (EAP)

Through Dicalite's relationship with Reliance, employees can receive up to three complimentary visits through ACI Specialty Benefits. To get started, call **855-775-4357**.

Health Insurance

Both medical plans offer an unlimited number of visits for behavioral health, serious mental illness, and substance use treatment. Use an in-network Blue Cross Blue Shield provider to maximize your benefits. Applicable plan cost-sharing may apply.

Virtual Behavioral Health Services

Connect with a behavioral health provider virtually through Teladoc Health. To schedule an appointment, call **1-800-835-2362** or visit **https://www.teladochealth.com**.

Wellness Programs

Dicalite's wellness programs promote mental well-being through resources focused on meditation, mindfulness, and stress reduction.

Crisis Support and Treatment Resources

Keep these resources available if you, a family member, or a coworker needs support:

- **988 Suicide & Crisis Lifeline**: Call 988, text 988, or chat online at **https://988lifeline.org/chat/** to connect with a crisis counselor for support with emotional distress or a suicidal crisis. Specialized support is also available for veterans.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**: Call **1-800-662-HELP (4357)** for treatment referrals and information about mental health and substance use services.



Flexible Spending Account (FSA)

FLORES



A Flexible Spending Account (FSA) is an employer-sponsored benefit plan that allows you to deduct money from your pay on a pre-tax basis.

You save on FICA, Federal and State taxes.

FSA Features:

- Online Resource Center for Participants
- Web and call center support
- Mobile app
- Debit cards
- Direct deposit

Contribution Limits:

- You may contribute up to $3,400 to your health care FSA
- You may contribute up to $7,500 for dependent care FSA ($3,750 if married filing separately)

IMPORTANT:

FSA benefit contributions need to be elected annually at Open Enrollment. Open Enrollment is your once per year opportunity to enroll or make changes to your benefits, unless you experience a Qualified Life Event. FSAs are subject to a "use it or lose it" rule. Any unused funds at the end of the plan year will be forfeited.

Vision Benefits

DAVIS VISION

Electing vision coverage is optional, but if enrolled, the vision tier must be the same tier as medical. Please see below for your vision plan that is offered as part of your medical plan.

Vision Plan

	IN-NETWORK	OUT-OF-NETWORK
Vision Exam (Every 12 months)	Covered in full after $10 copay	Up to $40 Reimbursement
Lenses (Every 12 months) Single Bifocal Trifocal Lenticular	Covered in full after copayment of $25	Up to $40 Reimbursement Up to $60 Reimbursement Up to $80 Reimbursement Up to $100 Reimbursement
Frames (Every 24 months)	Covered in full, Any Fashion or Designer frame from Davis Vision's Collection or $130 retail allowance toward any frame provider, 20% off balance	Up to $50 Reimbursement
Elective Contact Lenses (Every 12 months)	$25 copay, Covered 100%	Up to $105 Reimbursement
Medically Necessary Contact Lenses (Every 12 months)	None	Up to $225 Reimbursement



Dental Benefits

UNITED CONCORDIA FLEX

Electing dental coverage is optional. Below are the two dental plans available to you. Our plans use the advantage plus network.



	Advantage Plan		Base Plan	
	IN-NETWORK	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Preventive Care	100% Class I	100% Class I, Covered at the 90th Percentile	100% Class I	100% Class I, Covered at the 90th Percentile
Basic Procedures (Extractions, fillings, etc.)	80% Class II	80% Class II, Covered at the 90th Percentile	80% Class II	80% Class II, Covered at the 90th Percentile
Major Procedures (Crowns, dentures, etc.)	50% Class III	50% Class III, Covered at the 90th Percentile	50% Class III	50% Class III, Covered at the 90th Percentile
Child Orthodontia (Age 19 Limit)	50% Class IV		N/A	
Calendar Year Maximum Benefit	$2,000		$1,500	



To access information about your dental benefits:

- Go to **www.UnitedConcordia.com/GetMDB**
- Enter the policy holder's SSN and birthdate
- Create username/password
- Access all your United Concordia dental information, including your dental card

Life & AD&D Benefits

RELIANCE STANDARD

Basic Life and AD&D Insurance offers protection from life's unforeseen events, giving you and your family assets to help ensure that immediate expenses and other long-term obligations can be met.

Dicalite offers this plan **AT NO COST TO YOU**.

Life Insurance

PLAN FEATURES	
Employee Benefit Amount	1 X Salary, minimum of $50,000
Maximum Benefit Amount	$175,000
AD&D Benefit Amount	1 X Salary, minimum of $50,000

The following shows how much benefits are reduced at certain ages:

AGE BAND	BENEFIT REDUCTION
65	65%
70	45%
75	30%



Disability Benefits

RELIANCE STANDARD

Short-Term Disability

Short-Term Disability (STD) replaces a portion of your eligible monthly earnings. Payments will begin 8 days after a qualifying illness or injury. **This benefit is voluntary and 100% employee paid.**

Short-Term Disability

PLAN FEATURES	
Employee Benefit Amount	60% Monthly Earnings
Maximum Benefit Amount	$1,250 per week
Elimination Period	8 Days
Benefit Duration	25 Weeks

Long-Term Disability

Long-Term Disability (LTD) replaces a portion of your eligible monthly earnings. Payments will begin 180 days after a qualifying illness or injury.

If you have received treatment for a condition within the past three months prior to your effective date, you may not be eligible for benefit payments until the plan has covered you for at least twelve months. **This benefit is voluntary and 100% employee paid.**

Long-Term Disability

PLAN FEATURES	
Employee Benefit Amount	60% Monthly Earnings
Maximum Benefit Amount	$5,000 Per Month
Elimination Period	180 Days
Benefit Duration	Age 65



Voluntary Life and AD&D

RELIANCE STANDARD

Help protect your family's financial future with optional Life and Accidental Death & Dismemberment (AD&D) insurance. These employee-paid benefits provide additional protection beyond the Basic Life and AD&D coverage Dicalite provides.

Voluntary Life Insurance

Voluntary Life insurance pays a benefit to your designated beneficiary upon your death. This payment can help your loved ones with everyday expenses, outstanding debts, or future financial needs.

Employee Coverage

- Elect $10,000 to $500,000 in $10,000 increments, up to five times your annual earnings.
- Up to $100,000 is available without evidence of insurability, subject to applicable enrollment requirements.

Spouse Coverage

- Elect $5,000 to $250,000 in $5,000 increments, up to 100% of your elected employee coverage.
- Up to $25,000 is available without evidence of insurability, subject to applicable enrollment requirements.

Child Coverage

- Elect $2,000 to $10,000 in $2,000 increments for eligible dependent children.
- All available child coverage amounts are guaranteed issue.
- Amounts above the employee and spouse guaranteed issue limits require evidence of insurability and carrier approval.



Voluntary AD&D Insurance

Voluntary AD&D provides 24-hour protection for covered accidental death and certain serious accidental injuries, including loss of a limb, sight, speech, or hearing. The amount paid depends on the covered loss.

- **Employee:** Elect $10,000 to $500,000 in $10,000 increments. Elections above $250,000 cannot exceed five times your annual earnings.
- **Spouse:** Elect $5,000 to $250,000 in $5,000 increments, up to your elected employee AD&D amount.
- **Children:** Elect $2,000 to $10,000 in $2,000 increments, up to your elected employee AD&D amount.

Important Enrollment Information

- You must elect employee coverage under the applicable plan to cover your spouse or children.
- You pay the premiums for elected coverage. Review your available options and costs in ADP.
- Employee and spouse Life insurance premiums are based on the employee's age and elected coverage amount.
- Life coverage for employees and spouses reduces to 65% at age 65 and 50% at age 70. Employee AD&D coverage follows the same reduction schedule. Employee coverage terminates at retirement.
- Review and update your beneficiary designation when enrolling.

Supplemental Health Benefits

RELIANCE STANDARD

Beginning January 1, 2027, Dicalite will offer Accident, Critical Illness, and Hospital Indemnity insurance through Reliance Standard. These optional, employee-paid benefits provide cash payments for covered events, helping with out-of-pocket medical costs and everyday expenses.

Accident Insurance

Accident insurance pays benefits for covered accidental injuries and related treatment. Benefits may include emergency treatment, ambulance transportation, hospital stays, fractures, dislocations, burns, and follow-up care.

Choose between Plan A and Plan B. Plan B has higher premiums and provides larger payments for many covered benefits. Examples include:

- **Emergency treatment:** $150 under Plan A or $300 under Plan B.
- **Ground ambulance:** $200 under Plan A or $300 under Plan B.
- **Initial hospital admission:** $750 under Plan A or $1,000 under Plan B.
- **Initial ICU admission:** $1,000 under Plan A or $1,500 under Plan B.

Both plans provide 24-hour protection, on and off the job, and include a $50 wellness benefit for qualifying services.

Critical Illness Insurance

Critical Illness insurance pays a lump-sum benefit following the diagnosis of a covered condition. Covered conditions include invasive cancer, heart attack, stroke, kidney failure, and other specified conditions. The payment amount varies by diagnosis.

- **Employee:** Elect $5,000 to $30,000 in $5,000 increments.
- **Spouse:** Elect $5,000 to $30,000 in $5,000 increments, up to your elected employee amount.
- **Children:** Coverage equals 50% of your elected employee amount.

There is no benefit waiting period or pre-existing condition limitation.

Hospital Indemnity Insurance

Hospital Indemnity insurance pays fixed benefits for covered hospital admissions and stays.

Choose between the Standard Plan and High Plan. The High Plan has higher premiums and provides larger payments:

- **Hospital admission:** $1,000 under Standard or $1,500 under High, once per year.
- **ICU admission:** $1,000 under Standard or $2,000 under High, once per year.
- **Hospital stay:** $100 per day under Standard or $150 under High, up to 60 days per year.
- **ICU stay:** $200 per day under Standard or $400 under High, up to 15 days per year.

Both plans include a $50 wellness benefit for qualifying services, with no benefit waiting period or pre-existing condition limitation.

Enrolling in Coverage

Coverage options are available for you and eligible family members. You must elect employee coverage under the applicable plan to cover your spouse or children. No evidence of insurability is required for these three benefits during open enrollment. Review benefit details and premiums in ADP before making your elections.



Employee Assistance Program (EAP)

RELIANCE STANDARD

Employees have access to confidential support for life's challenges. The Employee Assistance Program (EAP) and Work-Life services program gives you access to Licensed Professional Counselors and Work-Life Specialists to help you with personal, family and work-life issues.

Legal and Financial Services

- Financial consultation for unlimited number of issues per year (ex. budgeting, buying a home, paying off debt, managing taxes, preventing identify theft, and saving for retirement or tuition.)
- Legal consultation for unlimited number of issues per year (ex. estate planning, wills, real estate, bankruptcy, divorce, custody, and more)
- Online legal and financial resource center including document preparation

Work-Life Benefits and Resources

- Unlimited phone assessment and referral for any work-life needs
- Unlimited child, elder, and pet care referrals and resources
- Unlimited education, personal services, and health and wellness referrals and resources
- Unlimited veteran resources and support including veteran resource website
- Online resources and tools for 100+ work-life topics

Program Access

- All covered employees and family members eligible, regardless of location or relationship
- Speak to a real person 24/7, 365 days-a-year
- Website, mobile app, instant message, text, chat, email and video chat access to services

Assessment and Referral Services

- Up to 3 telephonic sessions to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues.
- Multicultural and multilingual providers available nationwide.
- 24/7 access to clinicians for urgent matters.

To Get Started

Contact the EAP toll-free at **855-RSL-HELP (855-775-4357)** or **email Rsli@acieap.com**.



Dicalite Wellness

HEALTH ADVOCATE & TELADOC HEALTH

Health Advocate

Dicalite is excited to introduce our partnership with Health Advocate, who is our partner assisting with improving our Health and Wellness with their innovative platform. They will be helping us to connect Dicalite members with better care and make health and well-being a priority in our lives. They will be the backbone for helping us address the most significant medical claims that are experienced by a large part of Dicalite's population.

Available through Health Advocate, the Points-Based Wellness Program offers you the flexibility to choose the wellness activities that best fit your lifestyle and goals. To participate, simply earn 50 points by completing various eligible wellness tasks to win prizes.

Teladoc Health

Dicalite is also pleased to continue offering services provided by Teladoc Health for diabetes, which includes a cloud based consumer-first experience, as well as cellular-connected interactive blood glucose meter, unlimited strips and personalized Health Nudges.™

Teladoc Health for hypertension includes a cellular-connected blood pressure monitor that transmits data, as well as Health Nudges for managing blood pressure.



To Contact Teladoc Health

Visit **join.livongo.com/register**
or call **800.945.4355.**

Telemedicine

TELADOC

With Teladoc, you can access a doctor from your home, office, or on the go— 24/7/365. Board Certified doctors can visit with you either by phone or secure video to help treat any non-emergency medical conditions. They can diagnose your symptoms, prescribe medication, and send prescriptions to your pharmacy of choice.

Teladoc doctors are trained to treat a wide range of conditions. Some of the most common are:

- Acne
- Allergies
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Flu
- Headache
- Insect Bites
- Nausea
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary problems/UTI
- Vaginitis
- Vomiting

The telemedicine benefit also includes behavioral health and dermatology.

Teladoc Mental Health Care provides convenient, confidential access to trusted psychiatrists, psychologists, and therapists who can help you manage stress, anxiety, grief, depression, and more.

Teladoc Dermatology gives you access to board-certified dermatologists anywhere you are. Whether you have a question about a recent skin change or need help managing a chronic skin condition like acne, rosacea, or psoriasis, Teladoc Dermatology can help.

To Contact Teladoc

Visit **teladochealth.com** or call **1.800.835.2362**



Tobacco Cessation Program

ACHIEVE-WELL BEING

Achieve Well-Being from Independence Administrators is a motivating and personalized set of tools and resources that can help you achieve what's important to you in a way that's simple, easy, and fun.

Quit Tobacco for Good!

Finally, you can conquer your health goal of being tobacco free with the help of our Tobacco Free program — a unique smoking cessation program that teaches you new ways to deal with the urge to smoke.

Innovative Tools to Help You Quit

The Tobacco Free program includes:

- A quit plan rooted in the science of behavior change
- Tips to deal with urges, triggers, and cravings
- Messages, reminders, articles, and videos to increase motivation
- Tobacco reduction tracker tool
- Tips and tools to cope with relapse
- Certificate of completion



How to Get Started

1. Log in to your Independence Administrators Account (**myibxtpabenefits.com**). Under the Health & Well-being tab, select Achieve Well-being. Under your Action Plan, choose Add New, select Tobacco Free, then select Next to start a new program.
2. Develop your quit plan and set a goal for what your tobacco-free future looks like.
3. Complete the daily activity and track your progress. The program provides new content every day for seven days. Each tool will prepare you to handle triggers and urges in a mindful way. Sign in every day to complete the daily activity.

Online and mobile tools

Visit **myibxtpabenefits.com** to start your well-being journey today!

Additional Benefits

CONNER STRONG & BUCKELEW

Benefit Perks

This feature provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services and much more. Simply access the site and register and you can begin using it now.

Learn more at: **https://connerstrong.corestream.com.**

HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

Learn more at: **www.healthylearn.com/connerstrong.**

GoodRx

This service offers an easy way to compare prices for prescription drugs at virtually every pharmacy in America. You can find pharmacy coupons, manufacturer discounts, generics, comparable drug choices and savings tips all in one place.

Keep in mind that **using GoodRx means that you're filling prescriptions outside of our health plans.** Members who are on the High Deductible Health Plan must **satisfy their deductible** before prescription drugs are covered by our plan.

While GoodRx may offer a lower price (because it is using a coupon), it's important to find out if those claims can be applied to your deductible. If so, you would need to **submit a claim form** to Independence Administrators and request that they credit your single or family deductible.

For more information, visit **connerstrong.goodrx.com**.



Additional Benefits

CONNER STRONG & BUCKELEW

HUSK Wellness

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace (formerly GlobalFit).

Gyms and Fitness Centers

HUSK Marketplace members can access exclusive savings and flexible membership options to a variety of facilities. From national chains to specialty studios, HUSK has something for every workout.

Husk Nutrition

HUSK Nutrition provides evidence-based virtual health and nutrition programs. You will meet with a Registered Dietician who will implement a complete 1-on-1 nutrition program specifically designed to answer your nutrition related questions, meet your health goals, individual needs and buy lifestyle.

Home Equipment and Tech

Whatever your fitness level is, HUSK has exclusive equipment and wearable technology to help support you on your wellness journey. Whether you want to monitor an everyday activity or start a new fitness routine, find the best products and deals here.

On-Demand Fitness

Take advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK's streaming membership options will take your wellness and workouts to the next level.

Mental Health

We all need help sometimes. We all go through difficulties and struggles. HUSK Mental Health connects you with licensed therapists through technology. Our therapists empower you through guidance and support using evidence-based practices.

To get started, simply visit **https://marketplace.huskwellness.com/connerstrong**.



Carrier Contacts

BENEFIT	VENDOR	PHONE	WEBSITE
Medical and Vision	Independence Administrators	844.864.4352	www.myibxtpabenefits.com
Prescription	FutureScripts	888.678.7013	www.futurescripts.com
Dental	United Concordia	800.332.0366	www.unitedconcordia.com
Flexible Savings Account (FSA)	Flores	800.532.3327	www.flores247.com
Voluntary Benefits	Reliance Standard	800.351.7500	www.reliancestandard.com
Life & Disability	Reliance Standard	800.351.7500	www.reliancestandard.com
Employee Assistance Program	Reliance Standard	855.775.4357	www.reliancematrix.com
Wellness Partner	Health Advocate	800.425.4657	www.healthadvocate.com
Utopia	Nutrition Counseling Utopia	724.407-1500	www.utopiawellcare.com
Member Advocacy	Conner Strong & Buckelew	800.563.9929	www.connerstrong.com/memberadvocacy
Telemedicine	Teladoc	800.835.2362	teladochealth.com



Questions?

If you have questions about your benefits, please contact our Member Advocacy Team at **800.563.9929** (Monday through Friday, 8:30 am to 5:00 pm ET) or go to **www.connerstrong.com/memberadvocacy.**

Legal Notices

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Dicalite offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program) If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

New dependent by marriage, birth, adoption, or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

Important Notice from Dicalite Management Group, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Dicalite Management Group, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and

Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Dicalite Management Group, Inc. has determined that the prescription drug coverage offered by the Dicalite Management Group is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Dicalite Management Group, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Dicalite Management Group, Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 25, 2026
Name of Entity/Sender:	Dicalite Management Group, Inc.
Contact:	Barbara Hladik
Address:	100 Four Falls, Suite 500 Conshohocken PA 19428 Phone Number: 610-660-8835

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

Legal Notices

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website:
https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

Legal Notices

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

West Virginia – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website:
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Insurance Marketplace Notice

PART A: General Information
When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets our needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to https://www.healthcare.gov/marketplace/individual/.

PART B: Information about Health Coverage Offered by Your Employer
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Dicalite Management Group, Inc.	4. Employer Identification Number 80-0423777	
5. Employer Address 100 Four Falls, Suite 500	6. Employer phone number (610)-660-8809	
7. City Conshohocken	8. State Pennsylvania	9. Zip Code 19428
10. Who can we contact about employee health coverage at this job? Barbara Hladik	11. Phone number (if different from above) 610.660.8809	12. Email bhladik@dicalite.com

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



Dicalite Management Group reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.