



2026

# EMPLOYEE *benefits guide*



# Introduction

## Introduction

The Dog Tag Inc. Program offers protection and security for eligible employees and their families. This guide briefly describes the plans in effect February 1, 2026; however, since this is only a brief summary, refer to your evidence of coverage, insurance certificates and policies for complete terms, provisions, limitations and exclusions.

If you have any questions regarding the information in this guide, contact Human Resources.

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## ADDITIONAL BENEFITS

In addition to the Dog Tag benefit plans described in this guide, you have access to benefits through our Payroll provider, Adams Keegan. These benefits include:

- Qualified Transportation Account (Transit and Parking)
- Employee Assistance Program (EAP)
- Long-term and Short-term Disability
- Flexible spending accounts (FSAs) for medical and dependent care

You don't need to enroll in these benefits during this Open Enrollment. For questions about these benefits, contact HR.



# Healthcare Lingo

Get to know these common terms before you enroll so you can understand your medical plan options.

## ALLOWED AMOUNT



The allowed amount is how much healthcare providers can charge for the services your plan covers.

## COINSURANCE



Coinsurance is the percentage you and your plan each pay when you're sharing costs. Coinsurance kicks in after you meet your annual deductible.

## COPAY



A copay is the fixed amount you pay for a covered healthcare service, such as an office or urgent care visit.

## DEDUCTIBLE (RESETS EACH FEBRUARY 1)



Your annual deductible is the amount you pay for certain covered services before your plan begins sharing the cost.

## EMPLOYEE CONTRIBUTION (PAYROLL DEDUCTION)



The employee contribution is the amount deducted from your paychecks to pay for your medical coverage. Your deduction comes out of your paychecks on a pretax basis.<sup>1</sup>

## EXPLANATION OF BENEFITS (EOB)



An EOB is a summary of services received, what your plan paid and how much you owe your healthcare provider.

## IN-NETWORK PROVIDER



Doctors, hospitals and service providers that contract with your plan are in-network providers. You usually pay less when you use an in-network provider.

## OUT-OF-NETWORK PROVIDER



Doctors, hospitals and service providers that don't contract with your plan are out-of-network providers. You usually pay more when you use an out-of-network provider.

## OUT-OF-POCKET MAXIMUM (RESETS EACH FEBRUARY 1)



The most you pay in a plan year for eligible healthcare services is the out-of-pocket maximum. After you reach the annual out-of-pocket maximum, the plan covers 100% of eligible expenses for the remainder of the plan year.

<sup>1</sup> The cost of coverage for a domestic partner generally comes out of your paychecks on an after-tax basis.



# Benefit Plan Eligibility

## BENEFIT PLAN ELIGIBILITY

You are eligible to participate in the Dog Tag Inc. Employee Benefits Program if you are classified as a full-time employee regularly scheduled to work at least 30 hours a week.

You are not eligible for the employee benefit plans if you are:

- An employee who is not regularly scheduled to work 30 or more hours per week.
- An individual who has signed an agreement, or has otherwise agreed, to provide services to the Company as an independent contractor, regardless of the tax or other legal consequences of such an arrangement.
- A leased employee compensated through a leasing entity, whether or not you fall within the definition of leased employee as defined in Section 414(n) of the Internal Revenue Code (IRC).

Certain plans also permit you to cover your eligible dependents, which include your:

- Legal spouse (unless legally separated) or same/opposite sex domestic partner.
- Your child, including:
  - Biological child.
  - Stepchild.
  - Legally adopted child.
  - A child who has been placed with you in anticipation of adoption.

Children listed above must be under 26\* years of age, regardless of whether that child qualifies as your dependent for federal income tax purposes. In addition, you can also cover the following dependents if they are claimed as your dependent for federal income tax purposes:

- Your domestic partner's child\*\*.
- A child for whom you are the legal guardian/legal custodian.

\* Dependent children can have medical coverage until the end of the calendar year they attain age 26.

\*\* Special guidelines apply when covering a domestic partner or the child of a domestic partner. Contact Human Resources for additional information.

Your dependent children who are age 26 or over and physically or mentally incapable of self-support may continue coverage beyond age 26 if they remain totally incapacitated and dependent on you for support.

If your spouse/domestic partner works for the Company, either you or your spouse/domestic partner can elect to cover your dependent children, but not both of you. Your dependent (spouse/domestic partner or child) is not eligible if they are covered as an employee, on active duty in the military service of any country or if you are not enrolled for coverage.

## INITIAL ELIGIBILITY PERIOD

You have a certain time frame to enroll yourself and your eligible dependents for coverage. This initial eligibility period begins on your employment date and ends 30 days after that date.

If your enrollment is not completed on or before the end of your initial eligibility period, you will have to wait until the next Open Enrollment period to change your benefit elections (except as summarized in *Making Changes During the Year*).

**For example: If you are hired on March 3, 2026, your initial eligibility period begins on March 3, 2026 and ends on April 2, 2026. Your benefit plan elections made during this period will be generally effective April 1, 2026 (see page 5 for more details). Coverage effective dates are subject to you providing proper documents as required under the plans.**

Special enrollment rules apply if you terminate employment and are then rehired. Contact Human Resources for additional information.



# Benefit Plan Eligibility

## HOW TO ENROLL

Enrolling in the benefit programs is easy! Shortly after you are hired, you will receive enrollment instructions from Human Resources:

- **Medical:** Activate your account on DC Health Link at [www.dchealthlink.com](http://www.dchealthlink.com) and then make your coverage elections, even if you are waiving coverage.
- **Dental and/or Vision:** Complete the CareFirst Enrollment Form and submit it to Human Resources.
- **Life and Accident:** Complete the RSLI Enrollment Form and submit it to Human Resources. Under certain circumstances, you may also have to provide evidence of insurability. You should also fill out a Beneficiary Form and return it to Human Resources.

If you enroll any dependents, you need their name, Social Security number and date of birth. You must also provide supporting documentation (e.g., birth certificate, marriage license, etc.).

If you need assistance enrolling for benefits, contact Human Resources.

## WHEN COVERAGE BEGINS

The table below shows the dates your coverage will be effective under the benefit plans for:

- Newly hired employees.
- Employees who experience a qualifying event.
- Changes made during Open Enrollment.

For more details on when coverage begins for a specific employee benefit plan, refer to the applicable section of this guide.

Effective Date of Coverage for Selected Events			
Plans	New Hire Enrollment	Qualifying Event*	Open Enrollment
Medical	First of the month following or coinciding with date of hire	First of the month following qualifying event (birth or adoption is date of qualifying event)	February 1 following Open Enrollment
Dental Vision	First of the month following date of hire		
Life and Accident	First of the month following or coinciding with date of hire		

\* Reported within 30 days.

## MAKING CHANGES DURING THE YEAR

Generally, after you have made your benefit plan elections, you may change those elections only during the next Open Enrollment period.

However, if you experience a qualifying event or other allowable event during the year, you may change certain benefit plan elections before the next Open Enrollment period by contacting Human Resources and providing the required supporting documentation.

Your new election must be on account of the event and must correspond with that gain or loss of coverage. A qualifying event is defined as an event that results in the gain or loss of eligibility by you or your dependents. For example:

- A change in legal marital status.
- A change in number of dependents.
- A change in employment status.
- Your dependent satisfies or ceases to satisfy the requirements for dependents, including a domestic partner or domestic partner's child.
- A change in residence or worksite by you or your dependent that causes a loss or gain of coverage.

The rules regarding changes after your new hire enrollment and the Open Enrollment period are very specific; therefore, you should contact Human Resources if you require assistance.

**For example: If you and your spouse previously declined coverage, you may enroll yourself, your spouse and your newborn child immediately following the birth of the child, as long as you do so within 30 days of your baby's birth. You may not enroll other children at this time unless another qualifying event makes them eligible for coverage, such as gaining legal custody of another eligible child.**



# Benefit Plan Eligibility

## WHEN COVERAGE ENDS

The following table shows the dates your coverage ends under the various employee benefit plans:

Benefit Plans	Last Day of Coverage
Medical Dental Vision	On the last day of the month in which your employment or benefits eligibility ends
Life and Accident	On the last day in which your employment or benefits eligibility ends

- Medical, dental and vision coverage for your dependent spouse/domestic partner will end on the earlier of the end of the month:
  - Your coverage ends; or
  - Your dependent spouse/DP no longer meets the definition of an eligible dependent.
- Medical coverage for your dependent child will end on the earlier of the end of the month:
  - Your coverage ends; or
  - Your dependent child no longer meets the definition of an eligible dependent.\*
- Dental and vision coverage for your dependent child will end on the earlier of the end of the month:
  - Your coverage ends;
  - Your dependent child no longer meets the definition of an eligible dependent; or
  - The end of the month in which your child attains age 26.

\* A dependent child who no longer meets the definition of an eligible dependent due to attaining age 26 will be permitted to continue medical coverage until the end of the calendar year (i.e., December 31). This extension of coverage until the end of the year does not apply to dental or vision coverage.



Under certain circumstances, you may be able to continue your medical, dental and/or vision coverages for yourself and your dependents through COBRA.

The life and accident insurance policies contain both conversion and portability provisions that may allow you to continue coverage – you must request it from Human Resources and apply within 31 days of your benefits termination date.

## HIPAA SPECIAL ENROLLMENT RIGHTS

**You have special enrollment rights if you acquire a new dependent, or if you decline coverage under the Dog Tag Inc. health plans for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Refer to the Legal Notices section titled *HIPAA Special Enrollment Rights* for more information or contact Human Resources.**



# Medical

## MEDICAL PLANS

The four medical plans offered by Dog Tag Inc. are designed to assist you and your covered dependents by paying a portion of eligible expenses incurred for a wide range of medical services. Two of the plans are Regional Medical Plans and the other two are National Medical Plans. You must live or work in DC, Maryland or Northern Virginia to enroll in one of the Regional Medical Plans. There are no restrictions when enrolling in a National Medical Plan. Review the table below to understand the provider networks for the plans.

After making your benefit elections online through your DC Health Link account, be sure to print and save a benefits confirmation statement.

- If you enroll for coverage within your initial eligibility period, your effective date of coverage begins on the first of the month following or coinciding with your date of hire.
- If you do not enroll for coverage within your initial eligibility period, you may enroll for coverage during the next Open Enrollment period or in accordance with *Making Changes During the Year*.

	Regional Medical Plans	National Medical Plans
<b>Plan Name</b>	<ul style="list-style-type: none"> <li>• CareFirst BlueChoice Plus Platinum 500</li> <li>• CareFirst BlueChoice Plus Gold 800</li> </ul>	<ul style="list-style-type: none"> <li>• CareFirst BlueChoice Advantage Gold 3000</li> <li>• Kaiser Signature Platinum Added Choice</li> </ul>
<b>Enrollment</b>	Members must live or work within DC, MD or Northern VA	Members can live or work in or out of DC, MD or Northern VA
<b>In-network</b>	In DC, MD & Northern VA: BlueChoice Network	In DC, MD & Northern VA: BlueChoice Network  Out-of-Area: BlueCard PPO Network
<b>Out-of-network</b>	In DC, MD & Northern VA: CareFirst PPO Network (no balance billing) or non-participating providers (may be balance billed)  Out-of-Area: Non-participating providers (may be balance billed)	

## FINDING IN-NETWORK PROVIDERS

Whenever possible, use in-network medical providers to ensure you get the highest level of coverage and avoid unexpected out-of-pocket costs.

If you enroll in a CareFirst plan, log in to the CareFirst site and use the Find Providers tool. If you enroll in the Kaiser Permanente plan, log in to the Kaiser Permanente site and use the Find Doctors & Locations tool.



### DC Health Link

To enroll or waive medical coverage, log in to [www.dchealthlink.com](http://www.dchealthlink.com).

## CAREFIRST 24-HOUR NURSE ADVICE LINE

When your doctor is not available, call (800) 535-9700 for free advice from a registered nurse about your health questions and treatment options. Visit [www.carefirst.com/needcare](http://www.carefirst.com/needcare) to learn more about your options for care.

## CAREFIRST WELLNESS PROGRAM AND BLUE REWARDS

If you enroll in a Dog Tag Inc. medical plan, you have access to a comprehensive wellness program as part of your medical plan. You also have Blue Rewards, an incentive program where you can get rewarded for completing healthy activities. Visit [www.carefirst.com/sharecare](http://www.carefirst.com/sharecare) for more information.





# Medical

## CAREFIRST VIRTUAL CONNECT THROUGH CLOSEKNIT

If you use CloseKnit, there is no charge for virtual PCP and mental health visits for members age 18 and older. Go to [www.carefirst.com/virtualconnect](http://www.carefirst.com/virtualconnect) to learn more.



**CareFirst BlueCross BlueShield**  
[www.carefirst.com](http://www.carefirst.com)  
(866) 452-2217



### Find a CareFirst Doctor

Before you receive medical care, visit [www.carefirst.com/doctor](http://www.carefirst.com/doctor) to locate in-network providers and facilities. You can also call the number on the back of your ID card.



### CareFirst Prescription Drug Search

Visit [www.carefirst.com/acarx](http://www.carefirst.com/acarx) to locate the Formulary List.



## KAISER 24/7 NURSE ADVICE LINE

When your doctor is not available, call (800) 777-7904 for free advice from a registered nurse about your health questions and treatment options. Visit <http://kp.org/getcare> to learn more about your options for care.

## KAISER SELF-CARE RESOURCES

Practice self-care with the Calm or Headspace Care apps. These apps are free for one year for adult Kaiser members and can help build resilience, set goals and take steps toward becoming a healthier, happier you. Learn more at [www.kp.org/selfcareapps](http://www.kp.org/selfcareapps).



**Kaiser Permanente**  
[www.kp.org](http://www.kp.org)  
1-855-249-5018



### Find a Kaiser Doctor

Before you receive medical care, visit <http://kp.org/doctor> to locate in-network providers and facilities. You can also call the number on your ID card.



### Kaiser Prescription Drug Search

Visit <http://kp.org/formulary> to locate the Formulary List.

## YOUR COST

Your cost for medical coverage is generally deducted from your pay on a pretax basis. The cost for domestic partners is generally deducted on an after-tax basis, unless otherwise permitted by state or federal law. Refer to *Employee Contributions* for the applicable cost.



# Medical

The following table summarizes the key features of the 2026 medical plans available to you and your eligible dependents. To receive the highest level of benefits, you should use in-network providers and fully understand what is expected of you.

	Option 1 CareFirst BlueChoice Plus Platinum 500 <i>Regional Medical Plan</i>		Option 2 CareFirst BlueChoice Plus Gold 800 <i>Regional Medical Plan</i>		Option 3 CareFirst BlueChoice Advantage Gold 3000 <i>National Medical Plan</i>		Option 4 Kaiser Signature Platinum Added Choice 0 Ded/Vision <i>National Medical Plan</i>	
Services	In- Network	Out-of- Network	In- Network	Out-of- Network	In- Network	Out-of- Network	In- Network	Out-of- Network
Annual Deductible (Benefit Period)								
Individual	\$500	\$1,000	\$800	\$1,600	\$3,000	\$6,000	None	\$1,000
Family	\$1,000	\$2,000	\$1,600	\$3,200	\$6,000	\$12,000	None	\$2,000
Annual Out-Of-Pocket Maximum (Benefit Period)								
Individual	\$1,800	\$3,600	\$8,850	\$17,700	\$7,300	\$14,600	\$2,650	\$5,300
Family	\$3,600	\$7,200	\$17,700	\$35,400	\$14,600	\$29,200	\$5,300	\$10,600
Preventive Services								
Well-Child Care (including exams & immunizations)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge**
Adult Physical Examination	No charge	No charge**	No charge	No charge**	No charge	No charge**	No charge	No charge**
Office Visits, Labs & Testing								
Facility fee for services rendered in a Hospital	\$50*	\$150**	\$50*	\$150**	\$50*	\$150**	N/A	N/A
Office Visits for Illness	PCP: No charge***/ Specialist: \$40	\$50**	PCP: \$15***/ Specialist: \$40	\$50**	PCP: \$15***/ Specialist: \$40	\$50**	PCP: \$10/ Specialist: \$30	PCP: \$30**/ Specialist: \$50**
Diagnostic Services/Lab Tests (Non-Hospital)	No charge (LabCorp only)	\$50**	\$15 (LabCorp only)	\$65**	\$15	\$65**	\$10	\$50**
X-rays (Non-Hospital)	No charge	\$50**	\$30	\$80**	\$30	\$80**	\$30	\$50**
Emergency Care and Urgent Care								
Urgent Care Center	\$50	\$150**	\$50	\$150**	\$50	\$150**	\$30	\$50**
Hospital Emergency Room	\$300* waived if admitted		\$500* waived if admitted		\$250* waived if admitted		\$200 waived if admitted	
Ambulance (if medically necessary)	\$40*		\$40*		\$40*		No charge	
Hospitalization								
Outpatient Surgery (Non-Hospital)								
Facility	\$100	\$200**	\$200	\$300**	\$100	\$150**	\$100	\$200**
Physician	\$40	\$50**	\$40	\$50**	\$40	\$50**	\$30	\$50**
Outpatient Surgery (Hospital)								
Facility	\$200*	\$300**	\$300*	\$400**	\$200*	\$250**	\$100	\$200**
Physician	\$40*	\$50**	\$40*	\$50**	\$40*	\$50**	\$30	\$50**
Inpatient Surgery and Hospital Services								
Facility	\$500*	\$600**	\$400*	\$500**	\$200*	\$300**	\$150	\$300**
Physician	\$40*	\$50**	\$40*	\$50**	\$40*	\$50**	\$30	\$50**
Prescription Drugs (30-day supply)****								
Annual Prescription Drug Deductible	\$0		\$250 per person		\$250 per person		\$0	
Generic Drugs	No charge		\$15		\$10		\$10	\$20
Preferred Brand Drugs	\$45		\$45*		\$40*		\$45	\$55
Non-Preferred Brand Drugs	\$65		\$65*		\$70*		\$65	\$75
Preferred Specialty Drugs	50%, \$100 max	Not Covered	50%*, \$100 max	Not Covered	50%*, \$100 max	Not Covered	50%, \$150 max	50%, \$150 max
Non-preferred Specialty Drugs	50%, \$150 max	Not Covered	50%*, \$150 max	Not Covered	50%*, \$150 max	Not Covered	50%, \$150 max	50%, \$150 max

\* After in-network deductible.

\*\* After out-of-network deductible.

\*\*\* There is no charge for virtual PCP or mental health visits through CloseKnit at [www.carefirst.com/virtualconnect](http://www.carefirst.com/virtualconnect).

\*\*\*\* CareFirst members: Specialty prescription drugs must be filled through the Exclusive Specialty Pharmacy Network. A 90-day supply of maintenance drugs is two times the retail copay. Kaiser members: It is best to get prescriptions from retail pharmacies found inside of Kaiser Permanente medical centers. You can also fill prescriptions at participating pharmacies, such as Wal-Mart, Safeway, and Walgreens, but it will cost more than from a retail pharmacy. A 90-day supply of maintenance drugs costs less than two times the retail copay.

This summary is provided for general information only. Since exclusions, dollar/frequency limitations and prior authorization apply in many cases, refer to the specific plan documents for detailed information on complete plan provisions, exclusions and limitations.



# Dental

## CAREFIRST DENTAL PLAN

The dental coverage offered by Dog Tag Inc. is designed to assist you and your covered dependents by paying a portion of eligible expenses incurred for a wide range of dental services. You will need to complete the CareFirst Enrollment Form to have coverage.

- If you enroll for coverage within your initial eligibility period, your effective date of coverage begins on the first of the month following your date of hire.
- If you do not enroll for coverage within your initial eligibility period, you may enroll for coverage during the next Open Enrollment period or in accordance with *Making Changes During the Year*.

## YOUR COST

Your cost for dental coverage is generally deducted from your pay on a pretax basis. The cost for domestic partners is generally deducted on an after-tax basis, unless otherwise permitted by state or federal law. Refer to *Employee Contributions* for the applicable cost.



**CareFirst BlueCross BlueShield**  
[www.carefirst.com](http://www.carefirst.com)

First time visitors: Establish a username and password. Then, information is available 24/7.

The following table summarizes the key features of the 2026 dental plan available to you and your eligible dependents. To receive the highest level of benefits, you should use in-network providers and fully understand what is expected of you.

Vol Preferred Dental w/Current Dental Cov, Plan 2 w/\$1,000 Annual Max, DDZDBA24		
Key Features	In-Network	Out-of-Network
<b>Deductible applies to all basic and major services</b>	\$25 Ind./\$75 Family	\$50 Ind./\$150 Family
<b>Annual maximum applies to all services except orthodontic services</b>	Plan pays \$1,000 Combined Maximum	
<b>Preventive &amp; Diagnostic Services</b> <ul style="list-style-type: none"> <li>• Oral Exams (two per benefit period)</li> <li>• Prophylaxis (two cleanings per benefit period)</li> <li>• Bitewing X-rays</li> <li>• Full mouth X-ray (once per 36 months)</li> <li>• Fluoride treatments (two per benefit period per member, until age 19)</li> <li>• Sealants on permanent molars (once per tooth per 36 months per member, until age 19)</li> <li>• Space maintainers (once per 60 months)</li> <li>• Palliative emergency treatment</li> </ul>	No charge	20% of Allowed Benefit
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Direct placement fillings (one per surface per 12 months)</li> <li>• Simple extractions</li> <li>• Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li> </ul>	20% of Allowed Benefit after Deductible	40% of Allowed Benefit after Deductible
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Surgical periodontic services</li> <li>• Endodontics</li> <li>• Oral surgery</li> <li>• General anesthesia</li> <li>• Full and/or partial dentures (once per 60 months)</li> <li>• Fixed bridges, crowns, inlays and onlays (once per 60 months)</li> <li>• Denture adjustments and relining</li> <li>• Dental implants (once per 60 months)</li> </ul>	50% of Allowed Benefit after Deductible	65% of Allowed Benefit after Deductible
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• Benefits for orthodontic services may be available for covered members under age 19</li> </ul>	50% of Allowed Benefit	65% of Allowed Benefit
<b>Orthodontic Lifetime Maximum</b>	Plan pays \$1,200 Combined Maximum	

This summary is provided for general information only. Since exclusions, dollar/frequency limitations and prior authorization apply in many cases, refer to the specific plan documents for detailed information on complete plan provisions, exclusions and limitations.



# Vision

## CAREFIRST VISION PLAN

The vision coverage offered by Dog Tag Inc. is designed to assist you and your covered dependents by paying a portion of eligible expenses incurred for a wide range of vision services. You will need to complete the CareFirst Enrollment Form to have coverage.

- If you enroll for coverage within your initial eligibility period, your effective date of coverage begins on the first of the month following your date of hire.
- If you do not enroll for coverage within your initial eligibility period, you may enroll for coverage during the next Open Enrollment period or in accordance with *Making Changes During the Year*.

## YOUR COST

Your cost for vision coverage is generally deducted from your pay on a pretax basis. The cost for domestic partners is generally deducted on an after-tax basis, unless otherwise permitted by state or federal law. Refer to *Employee Contributions* for the applicable cost.



**CareFirst BlueCross BlueShield**  
[www.carefirst.com](http://www.carefirst.com)

First time visitors: Establish a username and password. Then, information is available 24/7.

The following table summarizes the key features of the 2026 vision plan available to you and your eligible dependents. To receive the highest level of benefits, you should use in-network providers and fully understand what is expected of you.

BlueVision Plus Option D		
Key Features	In-Network	Out-of-Network
	Plan Pays	
<b>Vision Exam</b>	100% after \$10 copay	Up to \$45
<b>Contact Lens Evaluation</b>	100% after \$20 copay	Up to \$60
<b>Lenses</b> <ul style="list-style-type: none"> <li>• Single</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> <li>• Medically Necessary Contacts</li> </ul>	100% of Allowed Benefit after \$20 copay	Up to \$52 Up to \$82 Up to \$101 Up to \$181 Up to \$285
<b>Frame</b> <ul style="list-style-type: none"> <li>• Non-Collection Frame</li> </ul>	Up to \$130	Up to \$60

This summary is provided for general information only. Since exclusions, dollar/frequency limitations and prior authorization apply in many cases, refer to the specific plan documents for detailed information on complete plan provisions, exclusions and limitations.





# Life and Accident

## LIFE AND ACCIDENT INSURANCE

The life and accident insurance plans provide you with basic life and accidental death and dismemberment (AD&D) insurance paid for by Dog Tag Inc.

In addition, you may purchase voluntary life and accident insurance for you or you and your dependents at group rates. The life and accident plans are insured by Reliance Standard.

## SUMMARY OF LIFE AND ACCIDENT PLAN PROVISIONS

The following table summarizes the coverage that is available.



Dog Tag Inc. Life and Accident Insurance Plans					
Plan	Coverage Available			Enrollment Required to Participate	Paid By
	Employee	Spouse/DP*	Child(ren)**		
<b>Basic Life and AD&amp;D</b>	\$25,000	–	–	No	Company
<b>Voluntary Life and AD&amp;D***</b>	\$10,000 – \$500,000 (in increments of \$10,000)	–	–	Yes	You
<b>Dependent Life and AD&amp;D</b>	–	\$10,000 – \$500,000 (in increments of \$10,000)	\$2,500 – \$10,000 (in increments of \$2,500)	Yes	You

\* If your spouse/DP is under age 60 and you enroll him/her for a coverage amount that exceeds \$10,000, your spouse/DP will be required to provide evidence of insurability satisfactory to the insurance company before coverage in excess of \$10,000 will become effective. Coverage ends at age 75. Refer to *Dependent Life and AD&D – Spouse/DP* for additional plan rules.

\*\* Coverage for a child from 14 days to the age of 6 months is limited to \$1,000. Elected coverage is for children from the age of 6 months to age 26.

\*\*\* If you're under age 60 and enroll for a coverage amount that exceeds \$50,000, you'll be required to provide evidence of insurability satisfactory to the insurance company before coverage in excess of \$50,000 will become effective. Refer to *Voluntary Life and AD&D* for additional plan rules.

This summary is provided for general information only. Certain maximums apply to each level of coverage and the evidence of insurability and confinement for care provisions may limit coverage. In addition, life and AD&D coverage is reduced according to an age reduction schedule. Refer to the specific plan documents for detailed information on complete plan provisions, exclusions and limitations.

### Beneficiary Designations: Review and Update Year-Round

When you enroll, you must provide your beneficiary designations. You should also keep in mind that changes in your family status (such as marriage, divorce or new children) do not automatically alter or revoke your previous designations. Therefore, it's important that you review your beneficiary designations from time to time. You can designate a beneficiary or change your previously designated beneficiary by submitting a Beneficiary Form to Human Resources.



# Life and Accident

## BASIC LIFE AND AD&D

You are automatically enrolled for basic life and AD&D insurance on the first of the month following your date of hire.

The principal amount of your basic life and AD&D insurance are each equal to \$25,000.

### Basic Life and AD&D Coverage Reduction Due to Age Schedule

Your basic life and AD&D insurance coverage reduces automatically upon attainment of the specific age in the following table.

Age	Percent of Available Amount
65	65%
70	40%
75	20%

### Coverage Reduction Due to Age Example

If you are age 64, your benefit payable would be the full \$25,000. Upon turning age 65, your benefit payable would be \$17,000 (calculated as  $\$25,000 \times 0.65 = \$16,250$  - rounded to the next higher \$1,000 = \$17,000). Coverage reductions due to age are subject to rounding to the next higher multiple of \$1,000.



## BASIC AD&D BENEFIT SCHEDULE

The following table shows losses that are covered under the accident plan and the corresponding benefit amounts shown as a percentage of the covered person's principal amount. These benefit amounts will be paid only if:

- Your death occurs within 365 days from the date of the accident; or
- Your injury results in one or more covered losses listed below within 365 days from the date of the accident.

**Injury means bodily impairment resulting directly from an accident and independently of all other causes.**

Covered Loss	Percentage of Principal Amount
Life	100%
Both hands	
Both feet	
Sight of both eyes	
One hand and one foot	
One hand and sight of one eye	
One foot and sight of one eye	
Speech and hearing	
Paralysis of both arms and both legs	
Paralysis of both arms and one leg or both legs and one arm	75%
Paralysis of both arms	67%
Paralysis of both legs	
Paralysis of one arm and one leg	
One hand	50%
One foot	
Sight of one eye	
Speech	
Hearing	
Paralysis of one arm or one leg	
Seat Belt Benefit	10%
Air Bag Benefit	5%

If a person suffers more than one covered loss as a result of the same accident, only the largest benefit amount will be paid.



# Life and Accident

## 24-HOUR TRAVEL ASSISTANCE

As soon as you are enrolled, your basic AD&D plan includes automatic access to travel assistance services. Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you can rest assured you have access to a personal travel emergency companion 24 hours a day, 365 days a year, when more than 100 miles away from home. Travel assistance services are provided through On Call International, LLC (On Call).

### Pre-Trip Assistance

- Inoculation requirements information.
- Passport/visa requirements.
- Currency exchange rates.
- Consulate/embassy referral.
- Health hazard advisory.
- Weather information.

### Emergency Medical Transportation\*

- Emergency evacuation.
- Medically necessary repatriation.
- Visit by family member or friend.
- Return of traveling companion.
- Return of dependent children.
- Return of vehicle.
- Return of mortal remains.

### Emergency Personal Assistance Services

- Urgent message relay.
- Interpretation/translation services.
- Emergency travel arrangements.
- Recovery of lost or stolen luggage/personal possessions.
- Legal assistance and/or bail bond.

### Medical Assistance Services

- Medical referrals for local physicians/dentists.
- Medical case monitoring.
- Prescription assistance and eyeglasses replacement.
- Convalescence arrangements.

\*These services are subject to a maximum combined single limit of \$250,000. Return of vehicle is subject to \$2,500 maximum.

For more information, call On Call International at (800) 456-3893 (within the U.S.) or (603) 328-1966 (outside the U.S.).



## THINGS TO CONSIDER ABOUT LIFE INSURANCE

Most people don't like to think about needing life insurance. But when an unexpected death happens to a wage earner, we realize how important life insurance can be. You can minimize the impact of an unexpected death by selecting the right amount of life insurance.

## WHAT'S THE RIGHT AMOUNT OF LIFE INSURANCE?

How much is enough life insurance? To begin to determine how much you need, consider both your family's immediate and long-term financial needs, such as:

- Mortgage expenses.
- Day care and everyday expenses.
- Credit card debt.
- College costs.
- Charitable giving goals.
- Financial goals.
- Final expenses for a simple funeral, which can cost \$10,000 or more.



# Life and Accident

## VOLUNTARY LIFE AND AD&D

Voluntary life and accident insurance is available in amounts of \$10,000 – \$500,000 in increments of \$10,000.

- If you are under age 60 and enroll for a coverage amount of \$50,000 or less during your initial eligibility period, coverage will be effective on the first of the month following your date of hire.
- If you enroll for a coverage amount that exceeds \$50,000, you will be required to provide evidence of insurability (EOI) satisfactory to the insurance company before coverage in excess of \$50,000 will become effective.

If you want to enroll or increase coverage during the next open enrollment period or in accordance with *Making Changes During the Year*, you may enroll for up to a total of \$50,000 without providing EOI. However, if you enroll for a total amount of coverage that exceeds \$50,000, you will be required to provide EOI satisfactory to the insurance company before coverage in excess of \$50,000 will become effective.

### Voluntary Life and AD&D Coverage Reduction Due to Age Schedule

Your voluntary life and AD&D coverage reduces automatically upon attainment of the specific age in the following table.

Age	Percent of Available Amount
75-79	60% of the amount in force at age 74
80-84	35% of the amount in force at age 74
85-89	27.5% of the amount in force at age 74
90-94	20% of the amount in force at age 74
95-99	7.5% of the amount in force at age 74
100+	5% of the amount in force at age 74

### Coverage Reduction Due to Age Example

If you are age 74 and elected \$100,000 of coverage, your benefit payable would be the full \$100,000. Upon turning age 75, your benefit payable would be \$60,000 (calculated as  $\$100,000 \times 0.6 = \$60,000$ ). Coverage reductions due to age are subject to rounding to the next higher multiple of \$1,000.

## DEPENDENT LIFE AND AD&D – SPOUSE/DP

Dependent life and accident insurance for your spouse/DP is available in amounts of \$10,000 – \$500,000 in increments of \$10,000.

- If you enroll your spouse/DP for a coverage amount of \$10,000 or less during your spouse/DP's initial eligibility period, coverage will be effective on the first month following the day your dependent is eligible.
- If you enroll your spouse/DP for a coverage amount that exceeds \$10,000, your spouse/DP will be required to provide EOI satisfactory to the insurance company before coverage in excess of \$10,000 will become effective.

If you do not enroll for dependent life and accident insurance for your spouse/DP during your initial eligibility period, you may enroll for coverage during the next open enrollment period or in accordance with *Making Changes During the Year*. However, you should keep in mind that if you enroll for or increase coverage above \$10,000, your spouse/DP will be required to submit EOI satisfactory to the insurance company before the new or increased coverage is approved. The effective date of coverage will be the date the insurance company approves insurability.

## DEPENDENT LIFE AND AD&D – CHILDREN

Dependent life and accident insurance for your children is available in amounts of \$2,500 – \$10,000 in increments of \$2,500.

- If you enroll within your dependent child's initial eligibility period, coverage will be effective on the first of the month following the day your child is eligible.
- If you do not enroll your dependent child(ren) for coverage during your initial eligibility period, you may enroll for coverage during the next open enrollment period or in accordance with *Making Changes During the Year*.

EOI is not required for dependent children.

## YOUR COST

Dog Tag Inc. pays the full cost of basic life and basic AD&D insurance. You pay the full cost of any voluntary and dependent life and AD&D insurance. Refer to *Employee Contributions* for the applicable cost.



# Legal Notices

## HIPAA SPECIAL ENROLLMENT RIGHTS

You have special enrollment rights if you acquire a new dependent, or if you decline coverage under the Dog Tag Inc. health plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**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/domestic partner) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents if you or your dependents lose eligibility for that 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/domestic partner) 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.

**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.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse/domestic partner) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

## HIPAA PRIVACY NOTICE

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to protect the confidentiality of your private health information. More detailed information is provided in the health plans' notice of HIPAA privacy. You may obtain a copy of the notice from Human Resources.

## IMPORTANT NOTICE ABOUT 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 available under the medical plans offered by Dog Tag 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:

- 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.
- Dog Tag Inc. has determined that the prescription drug coverage offered under the Dog Tag Inc. medical plans 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.



# Legal Notices

## **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 through 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.

## **What happens to your current coverage if you decide to join a Medicare drug plan?**

If you decide to join a Medicare drug plan, your current medical coverage will not be affected. When your current medical plan coordinates benefits with Medicare, the combined benefits from Medicare and your current medical coverage will equal, but not exceed, what your current plan would have paid if you were not eligible to receive Medicare.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will not be able to get this coverage back until February 1 following the next Open Enrollment period.

## **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 Dog Tag 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. 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 Dog Tag Inc. changes. You also may request a copy of this notice at any time.

More information about your options under Medicare prescription drug coverage and 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](http://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 (800) 633-4227 (Medicare). TTY users should call (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 the Social Security website at [www.ssa.gov](http://www.ssa.gov) or call (800) 772-1213; TTY (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:	February 1, 2026
Name of Entity/Sender:	Dog Tag Inc.
Contact-Position/Office:	Human Resources
Address:	3206 Grace Street NW Washington, D.C. 20007
Phone Number:	(202) 527-9388



# Legal Notices

## SUMMARY OF BENEFITS AND COVERAGE (SBC)

The Affordable Care Act requires that you have access to an SBC to help you understand and evaluate your health plan choices. To get a copy for any of the Dog Tag-sponsored medical plans, call the medical plan's member services department or contact Human Resources. SBCs are also available for download on the **Employee Benefits Website**.

## SURPRISE BILLING NOTICE

The Consolidated Appropriations Act, 2021 (CAA) requires health plans to provide protections against Surprise Medical Bills for services received on or after January 1, 2022. When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

If you believe you've been wrongly billed, you may contact the U.S. Department of Health & Human Services at (877) 696-6775 or your State Insurance Commissioner.

## 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.
- Treatment of physical complications of the mastectomy, including lymphedema.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

## MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT

Under a federal law called the Mental Health Parity and Addiction Equity Act (MHPAEA), many health plans and insurers must make sure that there is "parity" between mental health and substance use disorder benefits, and medical and surgical benefits. This generally means that financial requirements and treatment limitations applied to mental health or substance use disorder benefits cannot be more restrictive than the financial requirements and treatment limitations applied to medical and surgical benefits. The types of limits covered by parity protections include:

- Financial requirements—such as deductibles, copayments, coinsurance, and out-of-pocket limits; and
- Treatment limitations—such as limits on the number of days or visits covered, or other limits on the scope or duration of treatment (for example, being required to get prior authorization).

If you have questions about MHPAEA or the mental health or substance use disorder benefits under your plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or (866) 444-3272.





# Legal Notices

## GENETIC INFORMATION NONDISCRIMINATION ACT

Congress passed the Genetic Information Nondiscrimination Act (GINA) establishing a national and uniform standard to protect workers from genetic discrimination. In addition to prohibitions on discrimination in employment practices, GINA prohibits group health insurers and group health plans from adjusting premiums or contributions based on genetic information. Also, GINA amended the HIPAA privacy rules to include genetic information in the definition of protected health information.

## TRANSPARENCY IN COVERAGE RULE

In accordance with rules issued by the Centers for Medicaid and Medicare Services (CMS) in an effort designed to help patients know how much their healthcare will cost in advance of treatment, each of the Georgetown University medical plan claim administrators will disclose in-network provider negotiated service rates and historical out-of-network allowed amounts between health plans and healthcare providers in a "machine-readable file." The goal of this rule is to allow public access to health coverage information to aid in the understanding of health care pricing and mitigate the rise in health care spending. The machine-readable files are formatted to allow researchers, regulators, and application developers to access and analyze data more easily.

Here are the links containing the data for each the medical plans offered by Dog Tag Inc. which may need particular software capable of opening these machine-readable files:

- **CareFirst**  
[www.individual.carefirst.com/individuals-families/mandates-policies/machine-readable-data.page](http://www.individual.carefirst.com/individuals-families/mandates-policies/machine-readable-data.page)
- **Kaiser Permanente**  
[www.healthy.kaiserpermanente.org/maryland-virginia-washington-dc/front-door/machine-readable](http://www.healthy.kaiserpermanente.org/maryland-virginia-washington-dc/front-door/machine-readable)

If you have any questions or encounter technical issues, contact the respective Member Services.

## CONTINUATION OF HEALTH COVERAGE

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

COBRA generally requires that group health plans sponsored by employers with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end. This coverage; however, is only available when coverage is lost due to certain specific events ("qualifying events") that would cause an individual to lose health coverage. The type of qualifying event will determine who the qualified beneficiaries are and the amount of time that a plan must offer the health coverage to them under COBRA.

Plans must give covered individuals an initial general notice informing them of their rights under COBRA and describing the law. The law also obliges plan administrators, employers, and qualified beneficiaries to provide notice of certain "qualifying events". In most instances of voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events, the employer must provide a specific notice to the COBRA administrator. The COBRA administrator must then advise the qualified beneficiaries of the opportunity to elect continuation coverage.

If you have any questions regarding continuation of health coverage, please contact Human Resources.



# Legal Notices

## **HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE**

You can buy health insurance through 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 your 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 tax credit that lowers your monthly premium right away.

### **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. Your employer’s health plan meets the standards established under the law with regard both to the plan’s minimum value and its affordability.

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.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its costs. Visit [www.healthcare.gov](http://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## **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](http://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.

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 (877) KIDS NOW (543-7669) or visit [www.insurekidsnow.gov](http://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.



# Legal Notices

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](http://www.askebsa.dol.gov) or call (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, 2025. Contact your state for more information on eligibility.

## **Alabama – Medicaid**

<http://myalhipp.com>  
1-855-692-5447

## **Alaska – Medicaid**

The AK Health Insurance Premium Payment

Program: <http://myakhipp.com>

1-866-251-4861

[CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility:

<https://health.alaska.gov/dpa/Pages/default.aspx>

## **Arkansas – Medicaid**

<http://myarhipp.com>

1-855-MyARHIPP (1-855-692-7447)

## **California – Medicaid**

Health Insurance Premium Payment (HIPP) Program:

<http://dhcs.ca.gov/hipp>

1-916-445-8322

Fax: 1-916-440-5676

[hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

## **Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**

Health First Colorado:

[www.healthfirstcolorado.com](http://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):

[www.mycohibi.com](http://www.mycohibi.com)

HIBI Customer Service: 1-855-692-6442

## **Florida – Medicaid**

[www.flmedicaidprecovery.com/](http://www.flmedicaidprecovery.com/)

[flmedicaidprecovery.com/hipp/index.html](http://flmedicaidprecovery.com/hipp/index.html)

1-877-357-3268

## **Georgia – Medicaid**

GA HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

1-678-564-1162, Press 1

GA CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

1-678-564-1162, Press 2

## **Indiana – Medicaid**

Health Insurance Premium Payment Program

All other Medicaid

[www.in.gov/medicaid](http://www.in.gov/medicaid)

1-877-438-4479

Family and Social Services Administration:

[www.in.gov/fssa/dfr](http://www.in.gov/fssa/dfr)

1-800-403-0864

Member Services: 1-800-457-4584

## **Iowa – Medicaid and CHIP (Hawki)**

Medicaid: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>

1-800-338-8366

Hawki: <https://hhs.iowa.gov/medicaid/plans-programs/hawki>

1-800-257-8563

HIPP: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/plans-programs/fee-service/health-insurance-premium-payment-program>

1-888-346-9562

## **Kansas – Medicaid**

[www.kancare.ks.gov](http://www.kancare.ks.gov)

1-800-792-4884

HIPP: 1-800-967-4660

## **Kentucky – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

1-855-459-6328

[KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)

KCHIP: <https://kynect.ky.gov>

1-877-524-4718

Kentucky Medicaid:

<https://chfs.ky.gov/agencies/dms>

## **Louisiana – Medicaid**

[www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Medicaid Hotline: 1-888-342-6207

LaHIPP: 1-855-618-5488

## **Maine – Medicaid**

Enrollment:

[www.mymaineconnection.gov/benefits/s](http://www.mymaineconnection.gov/benefits/s)

1-800-442-6003

TTY: Maine Relay 711

Private Health Insurance Premium:

[www.maine.gov/dhhs/off/applications-forms](http://www.maine.gov/dhhs/off/applications-forms)

1-800-977-6740

TTY: Maine Relay 711

## **Massachusetts – Medicaid and CHIP**

[www.mass.gov/masshealth/pa](http://www.mass.gov/masshealth/pa)

1-800-862-4840

TTY: 711

[masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## **Minnesota – Medicaid**

<https://mn.gov/dhs/health-care-coverage>

1-800-657-3672



# Legal Notices

## Missouri – Medicaid

[www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  
1-573-751-2005

## Montana – Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
1-800-694-3084  
HHSHIPProgram@mt.gov

## Nebraska – Medicaid

[www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
1-855-632-7633  
Lincoln: 1-402-473-7000  
Omaha: 1-402-595-1178

## Nevada – Medicaid

<http://dhcfp.nv.gov>  
1-800-992-0900

## New Hampshire – Medicaid

[www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program](http://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program)  
1-603-271-5218  
HIPP program: 1-800-852-3345, Ext. 15218  
DHHS.ThirdPartyLiabi@dhhs.nh.gov

## New Jersey – Medicaid and CHIP

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

## New York – Medicaid

[www.health.ny.gov/health\\_care/medicaid](http://www.health.ny.gov/health_care/medicaid)  
1-800-541-2831

## North Carolina – Medicaid

<https://medicaid.ncdhhs.gov>  
1-919-855-4100

## North Dakota – Medicaid

[www.hhs.nd.gov/healthcare](http://www.hhs.nd.gov/healthcare)  
1-844-854-4825

## Oklahoma – Medicaid and CHIP

[www.insureoklahoma.org](http://www.insureoklahoma.org)  
1-888-365-3742

## Oregon – Medicaid

<http://healthcare.oregon.gov/Pages/index.aspx>  
1-800-699-9075

## Pennsylvania – Medicaid and CHIP

[www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html](http://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html)  
1-800-692-7462  
CHIP: [www.pa.gov/agencies/dhs/resources/chip](http://www.pa.gov/agencies/dhs/resources/chip)  
1-800-986-KIDS (5437)

## Rhode Island – Medicaid and CHIP

[www.eohhs.ri.gov](http://www.eohhs.ri.gov)  
1-855-697-4347  
Direct RiTe Share Line: 1-401-462-0311

## South Carolina – Medicaid

[www.scdhhs.gov](http://www.scdhhs.gov)  
1-888-549-0820

## South Dakota – Medicaid

<http://dss.sd.gov>  
1-888-828-0059

## Texas – Medicaid

[www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program](http://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program)  
1-800-440-0493

## Utah – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP): <https://medicaid.utah.gov/upp>  
[upp@utah.gov](mailto:upp@utah.gov)  
1-888-222-2542  
Adult Expansion:  
<https://medicaid.utah.gov/expansion>  
Utah Medicaid Buyout Program:  
<https://medicaid.utah.gov/buyout-program>  
CHIP: <https://chip.utah.gov>  
1-877-543-7669

## Vermont – Medicaid

<https://dvha.vermont.gov/members/medicaid/hipp-program>  
1-800-250-8427

## Virginia – Medicaid and CHIP

<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: 1-800-432-5924

## Washington – Medicaid

[www.hca.wa.gov](http://www.hca.wa.gov)  
1-800-562-3022

## West Virginia – Medicaid and CHIP

<https://dhhr.wv.gov/bms>  
<http://mywvhipp.com>  
Medicaid: 1-304-558-1700  
CHIP: 1-855-MyWVHIPP (699-8447)

## Wisconsin – Medicaid and CHIP

[www.dhs.wisconsin.gov/badgercareplus/p-10095.htm](http://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm)  
1-800-362-3002

## Wyoming – Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility>  
1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
(877) 267-2323, Menu Option 4, Ext. 61565



# Employee Contributions

## EMPLOYEE CONTRIBUTIONS (EFFECTIVE FEBRUARY 1, 2026)

Your cost for coverage depends on how many eligible dependents you enroll and what benefit choices you make.

- Medical, dental and vision contributions are generally deducted from your pay on a pretax basis. Dog Tag pays 50% of the total premium for each of these plans, and you pay the other 50%.
- Voluntary employee life and AD&D and dependent life and AD&D contributions are generally deducted from your pay on an after-tax basis. You pay 100% of the total premium.

- Basic life and AD&D coverage is provided at no cost to you. Dog Tag pays 100% of the total premium.

To calculate your medical plan monthly cost, use the table for the medical plan option you'd like to choose, find your age and see the Employee Portion. If you have family coverage, you need to add the Employee Portion applicable for the employee, spouse/domestic partner and each dependent child over age 21, as well as each of the oldest three dependent children under age 21.

Medical Monthly Contributions – Option 1						
CareFirst BlueChoice Plus Platinum 500						
Age	Employee Coverage			Dependent Coverage		
	Total Premium	Company Portion	Employee Portion	Total Premium	Company Portion	Employee Portion
0-20	\$522.47	\$261.24	\$261.23	\$522.47	\$261.24	\$261.23
21-27	\$580.79	\$290.40	\$290.39	\$580.79	\$290.40	\$290.39
28	\$594.37	\$297.19	\$297.18	\$594.37	\$297.19	\$297.18
29	\$607.15	\$303.58	\$303.57	\$607.15	\$303.58	\$303.57
30	\$622.33	\$311.17	\$311.16	\$622.33	\$311.17	\$311.16
31	\$638.31	\$319.16	\$319.15	\$638.31	\$319.16	\$319.15
32	\$652.68	\$326.34	\$326.34	\$652.68	\$326.34	\$326.34
33	\$667.86	\$333.93	\$333.93	\$667.86	\$333.93	\$333.93
34	\$683.84	\$341.92	\$341.92	\$683.84	\$341.92	\$341.92
35	\$699.82	\$349.91	\$349.91	\$699.82	\$349.91	\$349.91
36	\$715.80	\$357.90	\$357.90	\$715.80	\$357.90	\$357.90
37	\$731.77	\$365.89	\$365.88	\$731.77	\$365.89	\$365.88
38	\$740.56	\$370.28	\$370.28	\$740.56	\$370.28	\$370.28
39	\$749.35	\$374.68	\$374.67	\$749.35	\$374.68	\$374.67
40	\$778.91	\$389.46	\$389.45	\$778.91	\$389.46	\$389.45
41	\$809.27	\$404.64	\$404.63	\$809.27	\$404.64	\$404.63
42	\$841.22	\$420.61	\$420.61	\$841.22	\$420.61	\$420.61
43	\$873.97	\$436.99	\$436.98	\$873.97	\$436.99	\$436.98
44	\$908.33	\$454.17	\$454.16	\$908.33	\$454.17	\$454.16
45	\$943.48	\$471.74	\$471.74	\$943.48	\$471.74	\$471.74
46	\$980.23	\$490.12	\$490.11	\$980.23	\$490.12	\$490.11
47	\$1,018.57	\$509.29	\$509.28	\$1,018.57	\$509.29	\$509.28
48	\$1,058.52	\$529.26	\$529.26	\$1,058.52	\$529.26	\$529.26
49	\$1,100.06	\$550.03	\$550.03	\$1,100.06	\$550.03	\$550.03
50	\$1,143.20	\$571.60	\$571.60	\$1,143.20	\$571.60	\$571.60
51	\$1,187.93	\$593.97	\$593.96	\$1,187.93	\$593.97	\$593.96
52	\$1,234.27	\$617.14	\$617.13	\$1,234.27	\$617.14	\$617.13
53	\$1,282.20	\$641.10	\$641.10	\$1,282.20	\$641.10	\$641.10

Premium calculations include all subscribers, all spouses/domestic partners, all participants age 21 and over and only the three oldest dependent children under the age of 21.



# Employee Contributions

Medical Monthly Contributions – Option 1						
CareFirst BlueChoice Plus Platinum 500						
Age	Employee Coverage			Dependent Coverage		
	Total Premium	Company Portion	Employee Portion	Total Premium	Company Portion	Employee Portion
54	\$1,332.53	\$666.27	\$666.26	\$1,332.53	\$666.27	\$666.26
55	\$1,384.46	\$692.23	\$692.23	\$1,384.46	\$692.23	\$692.23
56	\$1,438.78	\$719.39	\$719.39	\$1,438.78	\$719.39	\$719.39
57	\$1,494.70	\$747.35	\$747.35	\$1,494.70	\$747.35	\$747.35
58	\$1,553.02	\$776.51	\$776.51	\$1,553.02	\$776.51	\$776.51
59	\$1,613.74	\$806.87	\$806.87	\$1,613.74	\$806.87	\$806.87
60	\$1,676.85	\$838.43	\$838.42	\$1,676.85	\$838.43	\$838.42
61+	\$1,742.32	\$871.16	\$871.16	\$1,742.32	\$871.16	\$871.16

Premium calculations include all subscribers, all spouses/domestic partners, all participants age 21 and over and only the three oldest dependent children under the age of 21.

Medical Monthly Contributions – Option 2						
CareFirst BlueChoice Plus Gold 800						
Age	Employee Coverage			Dependent Coverage		
	Total Premium	Company Portion	Employee Portion	Total Premium	Company Portion	Employee Portion
0-20	\$447.47	\$223.74	\$223.73	\$447.47	\$223.74	\$223.73
21-27	\$497.41	\$248.71	\$248.70	\$497.41	\$248.71	\$248.70
28	\$509.04	\$254.52	\$254.52	\$509.04	\$254.52	\$254.52
29	\$519.99	\$260.00	\$259.99	\$519.99	\$260.00	\$259.99
30	\$532.99	\$266.50	\$266.49	\$532.99	\$266.50	\$266.49
31	\$546.68	\$273.34	\$273.34	\$546.68	\$273.34	\$273.34
32	\$558.99	\$279.50	\$279.49	\$558.99	\$279.50	\$279.49
33	\$571.99	\$286.00	\$285.99	\$571.99	\$286.00	\$285.99
34	\$585.68	\$292.84	\$292.84	\$585.68	\$292.84	\$292.84
35	\$599.36	\$299.68	\$299.68	\$599.36	\$299.68	\$299.68
36	\$613.04	\$306.52	\$306.52	\$613.04	\$306.52	\$306.52
37	\$626.73	\$313.37	\$313.36	\$626.73	\$313.37	\$313.36
38	\$634.25	\$317.13	\$317.12	\$634.25	\$317.13	\$317.12
39	\$641.78	\$320.89	\$320.89	\$641.78	\$320.89	\$320.89
40	\$667.10	\$333.55	\$333.55	\$667.10	\$333.55	\$333.55
41	\$693.09	\$346.55	\$346.54	\$693.09	\$346.55	\$346.54
42	\$720.46	\$360.23	\$360.23	\$720.46	\$360.23	\$360.23
43	\$748.51	\$374.26	\$374.25	\$748.51	\$374.26	\$374.25
44	\$777.94	\$388.97	\$388.97	\$777.94	\$388.97	\$388.97
45	\$808.04	\$404.02	\$404.02	\$808.04	\$404.02	\$404.02
46	\$839.51	\$419.76	\$419.75	\$839.51	\$419.76	\$419.75
47	\$872.36	\$436.18	\$436.18	\$872.36	\$436.18	\$436.18
48	\$906.57	\$453.29	\$453.28	\$906.57	\$453.29	\$453.28
49	\$942.14	\$471.07	\$471.07	\$942.14	\$471.07	\$471.07

Premium calculations include all subscribers, all spouses/domestic partners, all participants age 21 and over and only the three oldest dependent children under the age of 21.



# Employee Contributions

Medical Monthly Contributions – Option 2						
CareFirst BlueChoice Plus Gold 800						
Age	Employee Coverage			Dependent Coverage		
	Total Premium	Company Portion	Employee Portion	Total Premium	Company Portion	Employee Portion
50	\$979.09	\$489.55	\$489.54	\$979.09	\$489.55	\$489.54
51	\$1,017.41	\$508.71	\$508.70	\$1,017.41	\$508.71	\$508.70
52	\$1,057.09	\$528.55	\$528.54	\$1,057.09	\$528.55	\$528.54
53	\$1,098.14	\$549.07	\$549.07	\$1,098.14	\$549.07	\$549.07
54	\$1,141.25	\$570.63	\$570.62	\$1,141.25	\$570.63	\$570.62
55	\$1,185.72	\$592.86	\$592.86	\$1,185.72	\$592.86	\$592.86
56	\$1,232.24	\$616.12	\$616.12	\$1,232.24	\$616.12	\$616.12
57	\$1,280.14	\$640.07	\$640.07	\$1,280.14	\$640.07	\$640.07
58	\$1,330.08	\$665.04	\$665.04	\$1,330.08	\$665.04	\$665.04
59	\$1,382.08	\$691.04	\$691.04	\$1,382.08	\$691.04	\$691.04
60	\$1,436.14	\$718.07	\$718.07	\$1,436.14	\$718.07	\$718.07
61+	\$1,492.21	\$746.11	\$746.10	\$1,492.21	\$746.11	\$746.10

Premium calculations include all subscribers, all spouses/domestic partners, all participants age 21 and over and only the three oldest dependent children under the age of 21.

Medical Monthly Contributions – Option 3						
CareFirst BlueChoice Advantage Gold 3000						
Age	Employee Coverage			Dependent Coverage		
	Total Premium	Company Portion	Employee Portion	Total Premium	Company Portion	Employee Portion
0-20	\$473.88	\$236.94	\$236.94	\$473.88	\$236.94	\$236.94
21-27	\$526.77	\$263.39	\$263.38	\$526.77	\$263.39	\$263.38
28	\$539.09	\$269.55	\$269.54	\$539.09	\$269.55	\$269.54
29	\$550.68	\$275.34	\$275.34	\$550.68	\$275.34	\$275.34
30	\$564.45	\$282.23	\$282.22	\$564.45	\$282.23	\$282.22
31	\$578.94	\$289.47	\$289.47	\$578.94	\$289.47	\$289.47
32	\$591.98	\$295.99	\$295.99	\$591.98	\$295.99	\$295.99
33	\$605.75	\$302.88	\$302.87	\$605.75	\$302.88	\$302.87
34	\$620.24	\$310.12	\$310.12	\$620.24	\$310.12	\$310.12
35	\$634.73	\$317.37	\$317.36	\$634.73	\$317.37	\$317.36
36	\$649.22	\$324.61	\$324.61	\$649.22	\$324.61	\$324.61
37	\$663.72	\$331.86	\$331.86	\$663.72	\$331.86	\$331.86
38	\$671.69	\$335.85	\$335.84	\$671.69	\$335.85	\$335.84
39	\$679.66	\$339.83	\$339.83	\$679.66	\$339.83	\$339.83
40	\$706.47	\$353.24	\$353.23	\$706.47	\$353.24	\$353.23
41	\$734.00	\$367.00	\$367.00	\$734.00	\$367.00	\$367.00
42	\$762.98	\$381.49	\$381.49	\$762.98	\$381.49	\$381.49
43	\$792.69	\$396.35	\$396.34	\$792.69	\$396.35	\$396.34
44	\$823.85	\$411.93	\$411.92	\$823.85	\$411.93	\$411.92
45	\$855.73	\$427.87	\$427.86	\$855.73	\$427.87	\$427.86

Premium calculations include all subscribers, all spouses/domestic partners, all participants age 21 and over and only the three oldest dependent children under the age of 21.



# Employee Contributions



Medical Monthly Contributions – Option 3						
CareFirst BlueChoice Advantage Gold 3000						
Age	Employee Coverage			Dependent Coverage		
	Total Premium	Company Portion	Employee Portion	Total Premium	Company Portion	Employee Portion
46	\$889.06	\$444.53	\$444.53	\$889.06	\$444.53	\$444.53
47	\$923.84	\$461.92	\$461.92	\$923.84	\$461.92	\$461.92
48	\$960.07	\$480.04	\$480.03	\$960.07	\$480.04	\$480.03
49	\$997.75	\$498.88	\$498.87	\$997.75	\$498.88	\$498.87
50	\$1,036.87	\$518.44	\$518.43	\$1,036.87	\$518.44	\$518.43
51	\$1,077.45	\$538.73	\$538.72	\$1,077.45	\$538.73	\$538.72
52	\$1,119.48	\$559.74	\$559.74	\$1,119.48	\$559.74	\$559.74
53	\$1,162.95	\$581.48	\$581.47	\$1,162.95	\$581.48	\$581.47
54	\$1,208.60	\$604.30	\$604.30	\$1,208.60	\$604.30	\$604.30
55	\$1,255.70	\$627.85	\$627.85	\$1,255.70	\$627.85	\$627.85
56	\$1,304.97	\$652.49	\$652.48	\$1,304.97	\$652.49	\$652.48
57	\$1,355.69	\$677.85	\$677.84	\$1,355.69	\$677.85	\$677.84
58	\$1,408.58	\$704.29	\$704.29	\$1,408.58	\$704.29	\$704.29
59	\$1,463.65	\$731.83	\$731.82	\$1,463.65	\$731.83	\$731.82
60	\$1,520.89	\$760.45	\$760.44	\$1,520.89	\$760.45	\$760.44
61+	\$1,580.27	\$790.14	\$790.13	\$1,580.27	\$790.14	\$790.13

Premium calculations include all subscribers, all spouses/domestic partners, all participants age 21 and over and only the three oldest dependent children under the age of 21.



# Employee Contributions

Medical Monthly Contributions – Option 4						
Kaiser Permanente Signature Platinum Added Choice 0/10/POS/Vision						
Age	Employee Coverage			Dependent Coverage		
	Total Premium	Company Portion	Employee Portion	Total Premium	Company Portion	Employee Portion
0-20	\$439.28	\$219.64	\$219.64	\$439.28	\$219.64	\$219.64
21-27	\$488.31	\$244.16	\$244.15	\$488.31	\$244.16	\$244.15
28	\$499.73	\$249.87	\$249.86	\$499.73	\$249.87	\$249.86
29	\$510.48	\$255.24	\$255.24	\$510.48	\$255.24	\$255.24
30	\$523.24	\$261.62	\$261.62	\$523.24	\$261.62	\$261.62
31	\$536.67	\$268.34	\$268.33	\$536.67	\$268.34	\$268.33
32	\$548.76	\$274.38	\$274.38	\$548.76	\$274.38	\$274.38
33	\$561.52	\$280.76	\$280.76	\$561.52	\$280.76	\$280.76
34	\$574.96	\$287.48	\$287.48	\$574.96	\$287.48	\$287.48
35	\$588.39	\$294.20	\$294.19	\$588.39	\$294.20	\$294.19
36	\$601.82	\$300.91	\$300.91	\$601.82	\$300.91	\$300.91
37	\$615.26	\$307.63	\$307.63	\$615.26	\$307.63	\$307.63
38	\$622.65	\$311.33	\$311.32	\$622.65	\$311.33	\$311.32
39	\$630.03	\$315.02	\$315.01	\$630.03	\$315.02	\$315.01
40	\$654.89	\$327.45	\$327.44	\$654.89	\$327.45	\$327.44
41	\$680.41	\$340.21	\$340.20	\$680.41	\$340.21	\$340.20
42	\$707.28	\$353.64	\$353.64	\$707.28	\$353.64	\$353.64
43	\$734.82	\$367.41	\$367.41	\$734.82	\$367.41	\$367.41
44	\$763.70	\$381.85	\$381.85	\$763.70	\$381.85	\$381.85
45	\$793.25	\$396.63	\$396.62	\$793.25	\$396.63	\$396.62
46	\$824.15	\$412.08	\$412.07	\$824.15	\$412.08	\$412.07
47	\$856.39	\$428.20	\$428.19	\$856.39	\$428.20	\$428.19
48	\$889.97	\$444.99	\$444.98	\$889.97	\$444.99	\$444.98
49	\$924.90	\$462.45	\$462.45	\$924.90	\$462.45	\$462.45
50	\$961.17	\$480.59	\$480.58	\$961.17	\$480.59	\$480.58
51	\$998.79	\$499.40	\$499.39	\$998.79	\$499.40	\$499.39
52	\$1,037.74	\$518.87	\$518.87	\$1,037.74	\$518.87	\$518.87
53	\$1,078.04	\$539.02	\$539.02	\$1,078.04	\$539.02	\$539.02
54	\$1,120.36	\$560.18	\$560.18	\$1,120.36	\$560.18	\$560.18
55	\$1,164.02	\$582.01	\$582.01	\$1,164.02	\$582.01	\$582.01
56	\$1,209.69	\$604.85	\$604.84	\$1,209.69	\$604.85	\$604.84
57	\$1,256.71	\$628.36	\$628.35	\$1,256.71	\$628.36	\$628.35
58	\$1,305.74	\$652.87	\$652.87	\$1,305.74	\$652.87	\$652.87
59	\$1,356.79	\$678.40	\$678.39	\$1,356.79	\$678.40	\$678.39
60	\$1,409.85	\$704.93	\$704.92	\$1,409.85	\$704.93	\$704.92
61+	\$1,464.93	\$732.47	\$732.46	\$1,464.93	\$732.47	\$732.46

Premium calculations include all subscribers, all spouses/domestic partners, all participants age 21 and over and only the three oldest dependent children under the age of 21.



# Employee Contributions

To find your dental monthly cost, select the Coverage Level and see the Employee Portion.

Dental Monthly Cost			
Coverage Level	Total Premium	Company Portion*	Employee Portion
Employee Only	\$37.43	\$18.72	\$18.71
Employee + Spouse/DP	\$74.86	\$37.43	\$37.43
Employee + Child(ren)	\$89.83	\$44.92	\$44.91
Family	\$145.98	\$72.99	\$72.99

\* Dog Tag pays 50% of the monthly premium for all coverage levels.

To find your vision monthly cost, select the Coverage Level and see the Employee Portion.

Vision Monthly Cost			
Coverage Level	Total Premium	Company Portion*	Employee Portion
Employee Only	\$7.41	\$3.71	\$3.70
Employee + Spouse/DP	\$14.82	\$7.41	\$7.41
Employee + Child(ren)	\$15.56	\$7.78	\$7.78
Family	\$21.71	\$10.86	\$10.85

\* Dog Tag pays 50% of the monthly premium for all coverage levels.

To calculate your voluntary employee and spouse/DP life and accident monthly cost, select the Age and see the Rate/Cost.

Voluntary Employee and Spouse/DP Life and Accident Monthly Cost	
Age*	Rate/Cost (for each \$10,000 of coverage)
<20-34	\$1.42
35-39	\$1.84
40-44	\$3.09
45-49	\$4.93
50-54	\$7.84
55-59	\$13.08
60-64	\$15.97
65-69	\$23.76
70+	\$45.41

\* All premium rates are age-banded and based on the age at the insured's last birthday (employee or spouse/DP). They will change on the plan year's anniversary date coinciding with or next following the insured's last birthday.

To calculate your dependent children life and accident monthly cost, select the Coverage Option and see the Rate/Cost.

Dependent Children Life and Accident Monthly Cost		
Age*	Coverage Option	Rate/Cost
6 months up to Age 26*	\$2,500	\$0.42
	\$5,000	\$0.82
	\$7,500	\$1.22
	\$10,000	\$1.62

\* One rate for all eligible dependent children in family, regardless of number of children. Coverage for a child from 14 days to the age of 6 months is limited to \$1,000.







# Notes

[illegible]



## CONTACTS

### Medical

CareFirst	(866) 452-2217	<a href="http://www.carefirst.com">www.carefirst.com</a>
Kaiser Permanente	(855) 249-5018	<a href="http://www.kp.org">www.kp.org</a>
DC Health Link Online Enrollment System		<a href="http://www.dchealthlink.com">www.dchealthlink.com</a>

### Dental

CareFirst	(866) 891-2802	<a href="http://www.carefirst.com">www.carefirst.com</a>
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### Vision

CareFirst	(800) 544-8703	<a href="http://www.carefirst.com">www.carefirst.com</a>
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### Life and Accident

Reliance Standard	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>
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### Human Resources

Verity Group	<a href="mailto:verityhr@dogtaginc.org">verityhr@dogtaginc.org</a>
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### Employee Benefits Website

<https://dogtag.teamcreativa.com>

This guide provides a brief summary of the employee benefit plans in effect on February 1, 2026 for regular full-time employees of Dog Tag Inc. It is not a Summary Plan Description (SPD). However, this guide serves as the "Summary of Material Modification" to our benefit plans in accordance with the requirements of the Employee Retirement Income Security Act of 1974, as amended (ERISA). If there is a discrepancy between this guide and the applicable insurance contract, agreement, SPD, plan document or employee manual, the applicable insurance contract, agreement, SPD, plan document or employee manual will prevail.

This guide is not intended to be interpreted as a legal promise of benefits or guarantee of future or continued employment or as stating provisions and terms of employment. Dog Tag Inc. and its employees recognize their mutual right to end their employment relationship at any time and acknowledge that such relationship is one of at-will employment.

Dog Tag Inc., at its sole discretion, reserves the right to change (including, but not limited to, the right to amend, suspend or terminate) or make exceptions to its personnel policies, procedures and employee benefit plans, or to change employee contributions at its discretion at any time and without prior notice. Please refer to the revision date below and keep in mind a more current version may be available from Human Resources or on the Employee Benefits Website at <https://dogtag.teamcreativa.com>.

## Important Information About Medicare Prescription Drug Coverage

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. Please refer to pages 15-16 for more details.