BenefitsPlus
Healthy · Resilient · Prepared · Balanced

dentsu



OPEN ENROLLMENT

BEGINS NOVEMBER 4 | ENDS NOVEMBER 20

Supporting the Whole You

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Your Dentsu 2027 Benefits Open Enrollment is November 4 - 20, 2026

Need More Details?

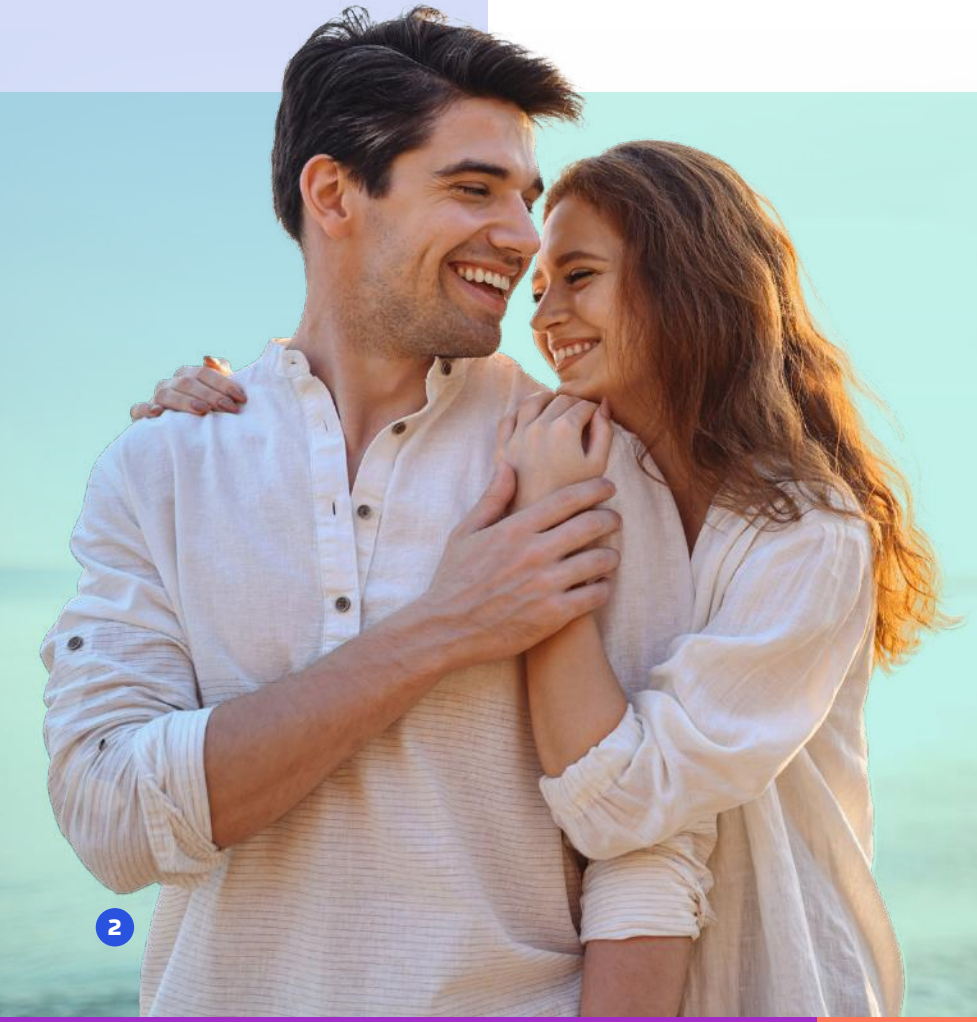
For complete plan information, including the full Summary Plan Descriptions (SPDs) and insurance certificates for all benefits providers, visit the BenefitsPlus website at **www.dentsubenefitsplus.com**

Welcome to Your 2027 Benefits Open Enrollment

At dentsu, our people are at the heart of everything we do and that includes providing benefits that help you care for your health, your family, your finances, and your future.

Through our **BenefitsPlus program**, you have access to a broad range of programs and resources designed to support the whole you. Whether your priority is staying healthy, building resilience, preparing or what's ahead, or finding greater balance in your everyday life, this guide is full of helpful tools, resources, and information to help you understand your options and make informed decisions for the year ahead.

Your benefits can do more when you know what's available and how to use them. We encourage you to explore what's inside and take full advantage of these incredible programs built with the whole you and your family in mind.



This document highlights the benefits offered under the dentsu BenefitsPlus program. If there is a conflict between the information in this document and the legal plan documents which govern the BenefitsPlus program, the legal plan documents will govern. In addition, statements of company policies, benefits, and regulations in this document do not constitute the terms and conditions of an employment contract, either expressed or implied. Dentsu reserves the right to change its policies, benefits, and regulations at any time, without notice.

Get Ready to Support the Whole You in 2027 – Your OE Checklist

Open Enrollment is your once-a-year opportunity to take a fresh look at your benefits and make sure they still fit your life today and where you're headed next. Taking a few minutes now to review your needs, explore your options, and confirm your choices can help you feel confident that your 2027 coverage supports your health, your family, your finances, and your future.

Use this checklist to review what matters most and make informed choices for the year ahead.

- [ ] **Explore the full 2027 OE Guide.** Review your benefit options, programs, and resources so you understand what's available and what may be changing.
- [ ] **Watch the OE Highlights video.** Get a quick overview of what's new and important reminders for Open Enrollment.
- [ ] **Re-enroll in your FSA or HSA.** These accounts require active enrollment each year, so if you want to contribute in 2027, you must make a new election during OE. Your current elections will not carry over automatically.
- [ ] **Review what's changed in your life.** Marriage, a new child, changes in dependent status, or other life events may mean it's time to reconsider your coverage and dependent elections.
- [ ] **Confirm your beneficiaries.** Review your beneficiary designations for life insurance and retirement benefits to make sure they still reflect your wishes.
- [ ] **Take a fresh look at your current coverage.** Even if you plan to keep the same benefits, review your options, costs, and available programs to make sure they continue to meet your needs.



Make the Most of Benefits Built for Every Part of You

Key Things to Know for 2027

As you prepare for the year ahead, keep these important reminders, resources, and benefits tips in mind. From understanding when action is required to knowing where to turn for care and support, a little benefits know-how can help you get greater value from your BenefitsPlus programs and feel confident throughout 2027.

NEW BENEFIT:
Hinge Health – Virtual Physical Therapy

Whether you're dealing with back pain, sore knees, stiff shoulders, or simply want to move more comfortably, Hinge Health is here to help. Available to employees and spouses **enrolled in a UHC or UHC Surest medical plan,** Hinge Health provides personalized, virtual care to help prevent, manage, and recover from joint and muscle pain at **no additional cost to you!**

With Hinge Health, you'll get **personalized digital care for joint and muscle pain,** including one-on-one guidance from licensed Physical Therapists and Health Coaches. You'll also have access to specialized support for areas like back, neck, knees, hips, shoulders, wrists, and **Women's Pelvic Health** needs.

MEDICAL PROVIDER:
Same Trusted Network – Continued Confidence in Your Care + Plan Coverage

For 2027, dentsu's medical plans will continue to be offered through **UnitedHealthcare (UHC),** giving you access to the same trusted provider network you know today with the same comprehensive plan design and coverage. That means continued access to the doctors, specialists, hospitals, and healthcare professionals you rely on with no provider network change to navigate for the new year. The familiarity of UHC's broad network provides greater continuity of care and peace of mind, so you can stay focused on your health and wellbeing.

IMPORTANT REMINDER:
HSA & FSA Elections Don't Carry Over

If you want to contribute to an **HSA or FSA in 2027, you must make a new election during Open Enrollment** because your current contribution election will not automatically carry over. **HSA funds already in your account are yours to keep and will roll over from year to year, but your payroll contribution election must be renewed annually.** FSA funds, on the other hand, are generally **"use it or lose it,"** so review your current balance and choose your 2027 contribution amount carefully to avoid forfeiting unused dollars.

MORE THAN MEDICAL COVERAGE:
Wellbeing for the Whole You

Your dentsu benefits go beyond traditional healthcare coverage. Through BenefitsPlus, you have access to a variety of health and wellbeing programs designed to meet you wherever you are in your health journey. From **Hinge Health** for virtual physical therapy and **Dario** for diabetes, blood pressure, and weight management, to **Wellhub** for fitness and wellness, **Calm Health** for mindfulness and stress management, and **Maven** for family and life-stage health, there are resources to help you feel your best — physically, mentally, and emotionally. Explore these programs throughout the year and take advantage of the tools, coaching, and personalized care available to support the whole you.

DEPENDENT CARE FSA:
Make Child Care Dollars Go Further

Paying for child or dependent care can add up quickly. A **Dependent Care FSA** lets you set aside money from your paycheck **before taxes** to pay for eligible expenses, which can lower your taxable income and help you save on care you may already be paying for. For example, if you contribute **$5,000** to your Dependent Care FSA and your combined tax savings are approximately 25%, you could potentially save around **$1,250 in taxes.**

[Note: Savings will vary based on your individual tax situation and eligible expenses. Consult a tax professional for guidance specific to you.]



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More Healthy

More Resilient

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Benefits Eligibility

Supporting You and Your Family

To be eligible for benefits, you must be an active regular employee (full-time or part-time) working a minimum of 21 hours per week.

You can select one of the four coverage options:

Coverage Option	Who Does This Cover?
Employee Only	You
Employee + Spouse/DP	You and your Spouse or Domestic Partner*
Employee + Child(ren)	You and your child(ren) up to age 26
Employee + Family	You and: • Your Spouse or Domestic Partner* • Child(ren) up to age 26

*There are financial and tax implications you should consider before enrolling a domestic partner and their dependent children for coverage. If you are enrolling a domestic partner and/or their eligible dependents in the medical, dental, or vision plans, the employee contribution associated with their coverage will be deducted on an after-tax basis, in accordance with applicable tax regulations.

*If you or your dependent spouse and/or domestic partner become eligible for Medicare Part A & B and are currently enrolled in one of our four medical plans, this change could significantly impact your eligibility status as well as the processing of your medical and prescription claims.

To help you fully understand how your benefits may be affected, please take some time to carefully review the Medicare notification you will receive as well as the Summary Plan Document (SPD) for your specific health plans so you can make informed decisions about your health care options going forward now that you are Medicare eligible.

If you have any questions about your benefits eligibility, dependent coverage, or how to update your benefits when you have a QLE, please contact the *BenefitsPlus Solutions Center* at 800-597-2335.

Updating Your Benefits When Life Changes

Making Changes Throughout the Year – Qualifying Life Events (QLEs)

Your benefit elections will remain in effect for the entire plan year unless you have a qualifying life event, such as a birth, adoption, marriage, divorce, or loss of coverage under another plan.
You must register your changes by visiting *www.dentsubenefitsplus.com*.



Coverage Options that Support Every Part of You

What Benefits Are Available?

Refer to this chart of coverage effective dates and enrollment information for the various benefit programs offered through BenefitsPlus.

Benefit Plan	Is it Necessary to Enroll?	When Does Coverage Begin?
Health Plans		
• Medical • Dental • Vision • Flexible Spending Accounts • Health Savings Account	Yes Yes Yes Yes Yes	1st day of the month after you are hired or coincident with hire date
Life and AD&D Insurance		
• Basic Life Insurance • Supplemental Life Insurance • Dependent Life Insurance • Basic AD&D Insurance • Supplemental AD&D Insurance	No Yes Yes No Yes	1st day of the month after you are hired or coincident with hire date
Disability Insurance		
• Short Term Disability • Long Term Disability	No Yes*	Immediately 1st day of the month after you are hired or coincident with hire date
Additional Programs		
• 401(k) Savings Plan • Bright Horizons Care Advantage • Employee Assistance Program (EAP)	Yes No No	Immediately** Immediately Immediately
Voluntary Options		
• Commuter Benefits • Legal Insurance • Critical Illness • Accident Insurance • Hospital Indemnity Insurance • Auto/Home and Pet Insurance	Yes Yes Yes Yes Yes Yes	1st day of the month after you are hired 1st day of the month after you are hired 1st day of the month after you are hired 1st day of the month after you are hired 1st day of the month after you are hired Immediately

**Employees are auto enrolled in Long Term Disability but have the option to waive coverage.*

***After 90 days of employment, you'll be automatically enrolled in the 401(k) Savings Plan at a 6% pre-tax contribution rate if you don't take action on your own.*

How to Enroll with the Whole You in Mind

Where to Start:

Write down things happening for you and your family in the year ahead.

Are you planning to bring home a new baby, have a major surgery, or have a child getting braces, etc.?

Review your current life insurance coverage. Do you have enough coverage to protect your family?

The company provides basic life and AD&D insurance coverage, but you may want to consider adding more coverage through supplemental life and AD&D insurance, and/or dependent life insurance. Be sure to review and update your beneficiaries as well.

Would you benefit from any of the Voluntary Plans we offer?

Many of our voluntary benefits act as financial safety nets during life's unexpected moments. Critical Illness, Accident, Hospital Indemnity, Legal, ID Theft, Auto/Home, Pet Insurance – are some of the options available to meet your unique needs and give you peace of mind.

When You're Ready to Enroll:

Go to *https://dentsubenefitsplus.com/*

Click Get Started.

Make sure you have social security numbers and birthdates handy for you and any dependents you may be enrolling.

New Users:

Click on 'Register' to set up your account. The system will walk you through setting up your account and creating a username and password.

Returning Users:

Simply enter your login information.

Need Help?

Call the BenefitsPlus Solutions Center at 800-597-2335.



Be Healthy

Your health is the foundation of your overall wellbeing, and your benefits enrollment is an opportunity to choose coverage that helps you thrive. From preventive care to ongoing support, your medical benefits are here to help you feel your best in all aspects of life. Taking care of your health is the first step in supporting the whole you.

Medical Benefits – Care That Covers Every Part of You

Good health powers your life at work and beyond. That's why we partner with UnitedHealthcare (UHC) to offer health insurance that fits your lifestyle, helps you access high-quality care, and supports your budget.

From preventive screenings to medical emergencies and everything in between, we offer a comprehensive national medical plan with UHC's Choice Plus network. All plan options have both in-network and out-of-network coverage and provide in-network preventive care visits and testing at no cost to you.

You can choose from four plans. There are two PPO plans (Enhanced and Standard), one High-Deductible Health Plan (Classic HDHP) and a copay-based plan, Surest. On all plans, once you reach your out-of-pocket maximum, all eligible expenses are covered at 100%.

UHC Medical Plan Comparison: Find the Fit That's Right For You

Explore the highlights below to understand the key differences between each medical plan and choose the coverage that best supports the whole you.

Enhanced PPO - Best for those who want richer coverage with lower deductibles.

- **Virtual visits:** 100% covered.
- **Diagnostics:** $30 or $50 copay, then 100% covered.
- **Prescriptions:** Copays based on medication tier.
- **In-network coverage:** 90% after $750 individual / $1,500 family deductible.

Standard PPO - Balanced coverage with a slightly higher deductible and lower paycheck cost.

- **Virtual visits:** 100% covered.
- **Diagnostics:** $30 or $50 copay, then 100% covered.
- **Prescriptions:** Copays based on medication tier.
- **In-network coverage:** 80% after $1,250 individual / $2,500 family deductible.

Classic HDHP (High-Deductible Health Plan with HSA) - Ideal for those who want lower premiums and the chance to save tax-free for healthcare expenses.

- **In-network coverage:** 80% after $2,250 individual / $4,500 family deductible.
- **Health Savings Account (HSA):** Dentsu gives you a $500 annual contribution ($1,000 for family coverage) to your Health Savings Account (HSA) to help offset your deductible. Contributions are posted monthly and prorated based on your benefits eligibility date.
- **Prescriptions and office visits:** Covered at 80% after deductible.

Surest - Simple, predictable costs with copays instead of deductibles.

- **Virtual visits:** 100% covered.
- **Office visits & prescriptions:** Covered by copays that vary based on provider and medication tier.
- **All services:** Paid by copay, making costs easier to understand up front.

The Right Plan for the Whole You

UHC Medical Plan Highlights:

	Enhanced PPO		Standard PPO		Classic HDHP		Surest	
Plan Feature*	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Contributions Per Semi-Monthly Pay Period								
Employee	$149.50		$97.50		$76.50		$42.50	
Employee + Spouse/DP	$362.00		$263.00		$207.00		$136.50	
Employee + Child(ren)	$292.00		$192.00		$165.00		$99.00	
Family	$553.00		$398.50		$279.00		$193.00	
Deductible								
Individual	$750	$3,000	$1,250	$3,750	$2,250	$6,750	$0	$0
Family	$1,500	$6,000	$2,500	$7,500	$4,500	$13,500	$0	$0
Company HSA Contribution								
Individual/Family	N/A		N/A		$500/$1,000		N/A	
Out-of-Pocket Maximum								
Individual	$5,500	$11,000	$5,500	$16,500	$5,500	$16,500	$6,000	$12,000
Family	$11,000	$22,000	$11,000	$33,000	$9,000	$27,000	$12,000	$24,000
Plan Feature								
Plan Coinsurance	90%	70%	80%	60%	80%	60%	N/A	N/A
Preventive	100%	Ded & Coin	100%	Ded & Coin	100%	Ded & Coin	100%	$210
Virtual Visits	$0	Not Covered	$0	Not Covered	$0 after Ded	Not Covered	$0	Not Covered
Primary Care	$30	Ded & Coin	$30	Ded & Coin	Ded & Coin	Ded & Coin	$40 to $140	$420
Specialist	$50	Ded & Coin	$50	Ded & Coin	Ded & Coin	Ded & Coin	$40 to $140	$420
Inpatient	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	$600 to $4,500	Up to $11,000
Outpatient	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	$600 to $4,500	Up to $11,000
Emergency Room	$500		$500		Ded & Coin		$850	

In- and out-of-network deductibles and out-of-pocket maximums are independent of each other and do not cross accumulate.

For the most accurate and comprehensive information about the medical benefits, please refer to the UnitedHealthcare (UHC) Summary Plan Description (SPD). This document provides detailed information on coverage and plan provisions. The SPD is available on the BenefitsPlus website at www.dentsubenefitsplus.com

Supporting Your Health – One Prescription at a Time



Pharmacy Benefits

Your pharmacy benefit is designed to make managing medications simple, affordable, and convenient. Whether you prefer picking up your prescriptions locally or having them delivered straight to your door, you have options that fit your life.

Pharmacy Plan Highlights

	Enhanced PPO		Standard PPO		Classic HDHP		Surest	
Plan Feature*	**Retail**	**Mail Order/ Retail 90**	**Retail**	**Mail Order/ Retail 90**	**Retail**	**Mail Order/ Retail 90**	**Retail**	**Mail Order/ Retail 90**
Tier 1	$10 copay	$20 copay	$10 copay	$20 copay	Deductible and Coinsurance		$10 copay	$20 copay
Tier 2	$50 copay	$100 copay	$50 copay	$100 copay			$50 copay	$100 copay
Tier 3	$75 copay	$150 copay	$75 copay	$150 copay			$75 copay	$150 copay

Retail Pharmacy Network

You have access to a nationwide network of 67,000+ retail pharmacies. For 90-day prescription supplies, you can choose the retail pharmacy that works best for you.

Optum Home Delivery

If you'd like the ease of having your prescriptions shipped, Optum Home Delivery is available to you at no additional cost.

- Sign In or Register: Visit the Optum Home Delivery website to log in or create your account.
- Submit or Transfer: Ask your provider to send a new prescription directly or transfer your existing prescription.
- Get It Delivered: Your medication will arrive in 3–5 business days with free standard shipping.

Why It Matters

With expanded pharmacy access, you'll enjoy:

- Greater freedom of choice in where to fill your prescriptions.
- The convenience of home delivery when you want it.
- Reliable access to your medication needs, when you need them, on your schedule.

Your pharmacy benefit is here to support your health with flexibility and peace of mind.

The Classic HDHP covers preventive medications at no cost to plan participants. Learn more at myuhc.com

For the most accurate and comprehensive information about the prescription benefits coverage, please refer to the UnitedHealthcare (UHC) Summary Plan Description (SPD). This document provides detailed information on coverage and plan provisions. The SPD is available on the BenefitsPlus website at **www.dentsubenefitsplus.com.**

GLP-1 Coverage Update for 2027

Beginning January 1, 2027, GLP-1 medications will no longer be covered when prescribed for weight loss; however, this medication will be covered for eligible medical conditions as outlined in the UHC Summary Plan Description (SPD). To access plan documents and details, visit the **BenefitsPlus website > Documents Page.**

Helping You Navigate Your Health with Confidence

How to Access Your Health Coverage + Resources

UHC PPO and HDHP Plan Members:

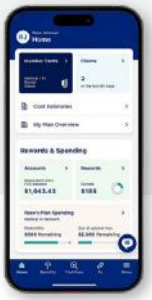
UnitedHealthcare's myUHC.com helps you manage all of your medical benefits:

- Find a doctor close to home or work
- Estimate treatment or visit costs ahead of time.
- View your current and past claims, along with your monthly statements

Get connected with a UHC Advocate!

They help connect the dots to make our benefits easier to navigate. This program includes a virtually integrated nurse advocate team to help you find clinical and wellness programs that might be beneficial for you.

UHC Advocates are available by phone, via myUHC.com webchat, or on the UnitedHealthcare app, Monday through Friday.



United Healthcare

Once you have registered your account, download the UnitedHealthcare mobile app for your digital ID card and more!

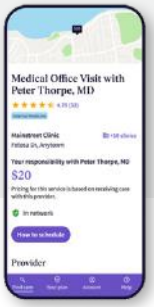
UHC Surest Members:

Manage your health at Surest:

- Find doctors that are in-network
- Discover actual costs of procedures or visits.
- Easily search symptoms within the Surest app or website to determine your next steps for care.

To access these resources or speak to a Surest representative for additional assistance with your medical plan, call 866-683-6440 or visit the Surest website **(https://join.surest.com/dentsu/access-login)** with the access code: dentsu2026

Clear answers are available for your costs, coverages, and options on the Surest mobile app. **Download the Surest app to learn more:**



surest
A UnitedHealthcare Company

If you enroll in the UHC Surest plan, you will be required to utilize a Center of Excellence to access the $50,000 lifetime maximum benefit for fertility solutions.

More Value from Your Healthcare Dollars – Tools to Support the Whole You

Flexible Spending Accounts (FSAs)

You have two different FSA options, the Health Care FSA and the Dependent Care FSA.

Health Care FSA

The Health Care FSA gives you a valuable tax break by letting you set aside pre-tax dollars for reimbursement of certain health care expenses you or your family might have over the course of a year. Key features include:

- The funds in your account can be used for medical, dental, and vision expenses.
- You may contribute up to the annual IRS maximum. In 2027, the annual maximum is $3,400.
- You can access your full annual election immediately.
- If you elect a High-Deductible Health Plan in 2027, you may not contribute to a Health Care FSA during 2027. HDHPs are paired with Health Savings Accounts (HSAs) instead.

FSA funds are "use it or lose it." At the end of the year, remaining funds up to $680 may roll over to the following year. Any balance above $680 will be forfeited after the grace period, so choose your election amount carefully.

Dependent Care FSA

Just like the Health Care FSA, the Dependent Care FSA gives you a valuable tax break to help you pay for certain child and adult day care expenses. Key features include:

- The funds in your account can be used for expenses such as before and after school care, daycare, preschool or nursery school, nanny services, and summer camp.
- You may contribute up to $7,500 each year when married filing jointly or $3,750 each year when married filing separately.*
- You can access the funds as they are deposited into your account.
- Any unused balance at year-end is forfeited, so estimate your election amount carefully.

* *DCFSA elections and employer sponsored DCFSA plans are subject to annual nondiscrimination testing under Section 129. These tests are designed to ensure that the DCFSA plan does not disproportionately benefit highly compensated employees (HCEs) and that participation on the plan is representative of the overall workforce at different salary levels. Dentsu conducts this nondiscrimination testing annually at the mid-point of the benefits plan year, typically during the second quarter. Based on the testing results, an employee's original DCFSA election, whether made during the annual open enrollment event or as a new hire, may be reduced (based on salary) if necessary to ensure compliance with IRS requirements. As a result of the testing, the dentsu Benefits Team will follow up directly with employees accordingly (as affected) to inform them whether there will be a reduction to their annual Dependent Care Flexible Spending Account (DCFSA) election.*

Important Things to Note About FSAs

- **If you enroll in an FSA, you will receive a debit card from HSA Bank to pay for your eligible expenses. You may also submit manual reimbursement requests.**
- **Over-the-counter (OTC) medications generally require a prescription for reimbursement through FSAs.**
- **Do the math. Estimate your eligible expenses carefully before enrolling to avoid forfeiting unused funds that cannot be carried over.**
- **Don't forget to keep your receipts in case you need to verify an expense!**
- **For a complete list of eligible expenses refer to *IRS Publication 502* and *IRS Publication 503*.**

Your Health. Your Savings. Your Future.

Health Savings Account (HSA)

If you enroll in a High-Deductible Health Plan (HDHP), you'll automatically have a Health Savings Account (HSA) opened for you with Optum Bank. Dentsu will contribute funds to your account to help offset out-of-pocket medical expenses.

An HSA is a great way to pay for your medical expenses now and save for the future. An HSA offers triple tax advantages. This means your contributions are federal tax free, your withdrawals for qualified expenses are tax free, and any investment earnings grow tax free.

The 2027 maximum HSA Contributions Limits are:

- Single Coverage | $4,500
- Family Coverage | $9,000
- If you are age 55 or older, you can also make an additional catch-up contribution of up to $1,000

Keep in mind, your HSA is yours to keep. It goes where you go, and any unused balances carry over each year.

Company Contributions to Your HSA:

In 2027, dentsu contributes a pro-rated monthly amount to your Health Savings Account based on the plan you elected:

- **$500 annual contribution for individual coverage**
- **$1,000 annual contribution for family coverage**

OPTUM Bank®

Manage Your HSA On the Go:

Download the Optum Bank Mobile App for a faster, easier way to manage your Health Savings Account.

With the app, you can pay medical bills, view account balances and transactions, upload and store receipts, access tax documents, and more!



Supporting You When Life Takes an Unexpected Turn

United Healthcare

Critical Illness, Accident, and Hospital Insurance

Unexpected medical events can lead to significant out-of-pocket costs—even with a health plan. If you're looking for added financial protection, consider enrolling in Critical Illness, Accident, and/or Hospital Insurance coverage offered through UnitedHealthcare. These plans pay cash benefits directly to you to help cover expenses if you or a covered family member experiences a serious illness, injury, or hospital stay.

Critical Illness

The Critical Illness group plan pays a lump-sum benefit if a covered person is diagnosed with a heart attack, stroke, cancer or many other conditions. It can help cover out-of-pocket medical expenses for treatments that aren't covered by your medical plan such as deductibles and coinsurance.

You may choose group Critical Illness insurance as follows:

- Employees–can elect coverage in increments of $5,000 for a benefit between $10,000 and $40,000. Children are automatically covered at 50% of your election.
- Spouses–can elect coverage in increments of $5,000 up to $20,000. This election cannot exceed 50% of the employee coverage amount.

Group Accident

The Group Accident Insurance plan helps protect your finances by providing a cash benefit if you or a covered family member experiences an injury from an accident.

You can use these benefits to help pay for expenses like copays, deductibles, hospital stays, or even everyday bills while you recover. Coverage includes common injuries such as broken bones, sprains, concussions, or emergency room visits.

Accident Insurance works alongside your medical plan, giving you an added layer of financial protection and peace of mind when life takes an unexpected turn.

You can elect coverage for yourself and for your family.

Hospital Indemnity

The Hospital Indemnity Insurance program pays a cash benefit to you for covered hospital stays, outpatient surgery costs, intensive care stays, and post hospital skilled nursing facility care. This cash payment can be used however you choose.

You can elect coverage for yourself and for your family.

Each supplemental plan is designed to work with your medical coverage to give you added financial protection. Think about your lifestyle, family needs, and budget as you choose the options that best support the whole you. To learn more about these plans, visit the *UnitedHealthcare Pre-Member website*.

Examples of Building the Right Coverage for Your Life

When it comes to benefits, one size doesn't fit all. Your health needs, family situation, and lifestyle are unique — and your coverage should reflect that. That's why dentsu offers multiple medical plan options and supplemental coverages like Critical Illness, Accident, and Hospital Indemnity Insurance. Together, these benefits give you the flexibility to build protection that fits your life.

The scenarios below show how employees with different needs and priorities combine their medical plan with supplemental coverage to create peace of mind, financial protection, and support for the whole you.



Meet Jordan – Optimizing Coverage with a Financial Safety Net

Jordan is in her late 20s, healthy, and looking for the lowest cost of coverage per paycheck. She enrolls in the Classic HDHP to take advantage of Dentsu's HSA contribution, giving her savings she can use now or in the future. Because she bikes to work and plays in a recreational soccer league on the weekends, Jordan also enrolls in Accident Insurance for some extra peace of mind. If she gets injured, this benefit will help cover costs like copays and deductibles, without draining her HSA.

Meet Miguel – Growing His Family and Protection

Miguel and his partner are expecting their second child. They choose the Enhanced PPO for more comprehensive coverage and lower deductibles since they anticipate more doctor visits this year. To help with costs related to a hospital stay for delivery or potential complications, they add Hospital Indemnity Insurance. And with two young kids at home, they also add Accident Insurance to protect their savings from those inevitable bumps, falls, and ER visits





Meet Priya – Chronic Conditions and Preparing for the Future

Priya is in her 40s and has a family history of heart disease. She chooses the Standard PPO for a balance between paycheck costs and coverage. To protect her finances, she adds Critical Illness Insurance. If she were diagnosed with a serious condition like a stroke or cancer, she'd receive a lump-sum benefit to help cover out-of-pocket medical expenses or everyday costs like mortgage payments, giving her extra security.

Meet David – Active Lifestyle and Traveler

David travels frequently for work and stays active with marathons and outdoor adventures. He likes the predictability of copays under the UHC Surest plan, so he knows costs up front. To round out his coverage, he elects Accident Insurance for sports injuries, Critical Illness Insurance for financial protection if faced with a serious diagnosis, and Hospital Indemnity Insurance to provide cash benefits in case of an unexpected hospital stay while traveling.





Your Medical Plan Programs With Added Layers of Support

Virtual Visits:

Skip the wait and schedule a virtual visit for quick and convenient care! There's no driving, no waiting, and no appointment necessary. In the Enhanced PPO, Standard PPO, and Surest medical plans, there's no cost. HDHP members pay less than $50 per visit until the deductible is met. Visit *www.myuhc.com* and complete a one-time registration and begin appointments using the UnitedHealthcare mobile app.

2nd.MD: Expert Second Opinions When You Need Them Most!

When life changes quickly, you need fast and responsive support. 2nd.MD connects you with board-certified, leading doctors across the country for an expert second opinion via video or phone within 3-5 days. Your personal Care Team coordinates the details, so you and your family can focus on getting the best care possible.

2nd.MD is only available to employees and spouses enrolled in a UHC or UHC Surest medical plan.

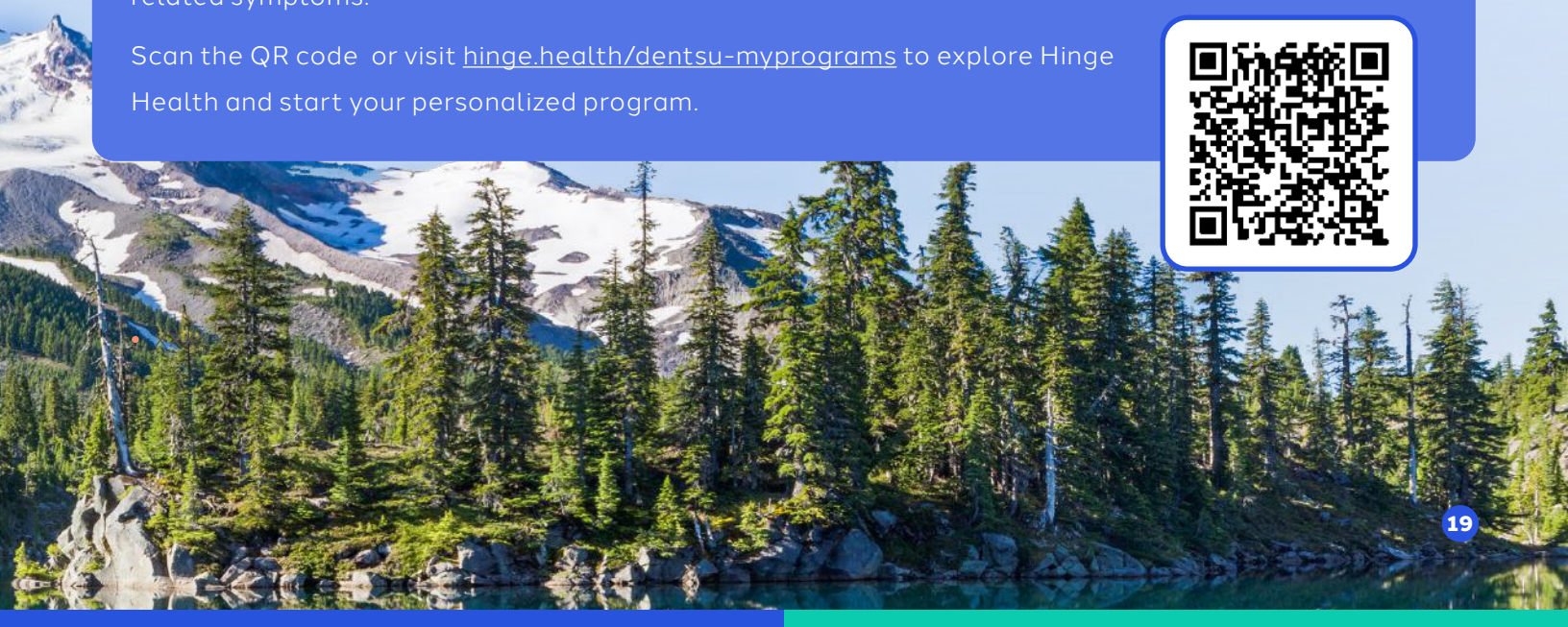
Call **1-866-841-2575**, visit *2nd.md/dentsu*, or download the free mobile app to get started.
You will receive $200 funded into your appreci8tion account when you use 2nd.MD for certain second opinion services.

Hinge Health

Move Better. Feel Better.

Hinge Health is a **virtual physical therapy and musculoskeletal care program** available at no cost to eligible Dentsu employees and dependents age 18+ enrolled in a UHC or Surest medical plan. Through Hinge Health, members can access personalized exercise plans, licensed physical therapists, real-time guidance, and support for muscle and joint pain, injury recovery, pelvic floor health, and menopause-related symptoms.

Scan the QR code or visit hinge.health/dentsu-myprograms to explore Hinge Health and start your personalized program.





Specialist Management Solutions (SMS)

Specialist Management Solutions (SMS) offers unmatched access to high-quality, localized, and cost-effective specialty and outpatient surgical care. You are eligible for SMS at no additional cost if you are enrolled in a UnitedHealthcare Medical plan.

Whether scheduling a routine colonoscopy, orthopedic surgery or other specialty care procedure, an SMS Care Advocate will help you find a specialist for your condition, schedule an appointment and connect you to a local Ambulatory Surgery Center or Center of Excellence.

Important: Enrollment in the Specialist Management Solutions (SMS) program is required to access benefit coverage for inpatient and outpatient hip, knee or spine surgery. If surgery is the right path for you, a registered nurse can help find a designated provider and facility and you will receive 100% coverage at a Center of Excellence.
Call **1-800-379-6898** and ask how SMS can help you navigate your health care needs.

Bariatric Resource Services

Bariatric Resource Services (BRS) provides you with access to a team of clinical experts who specialize in weight loss and bariatric surgery. You'll receive complete support before, during, and after bariatric surgery. Nurses can help you find quality providers, learn about surgical options, meet pre-surgery requirements and understand how nutrition and fitness can help you achieve and maintain success.
To learn more, call **1-888-936-7246**.

Whole-You Support, Even for Complex Care

Dario Healthy Living Programs

Your health goals deserve the right tools, support, and resources and you have access to them at no additional cost through Dario Healthy Living Programs. Available to all employees, regardless of medical plan enrollment, Dario makes it easier to manage your wellbeing with confidence.

What You Get with Dario

- Connected devices such as a smart scale, glucose monitor, or blood pressure cuff to help you track your progress in real time
- One-on-one coaching for motivation, accountability, and personalized guidance
- Digital health tools, including a grocery scanner, meal planning resources, activity and medication trackers, and an easy-to-use mobile app



Programs Available

Dario offers support in key areas of health management:

- Diabetes Management
- Blood Pressure Management
- Weight Management & GLP-1 Support

Getting Started

Enrollment is quick and simple:

1. Answer a few short questions online or by phone to determine eligibility.
2. Complete your enrollment.
3. Download the Dario app and begin using your program.

For more information, visit
https://about.dariohealth.com/dentsu
or call: 1-833-708-3061

Dental Benefits – A Healthy Smile, A Healthier You

Protect your oral health and overall wellbeing with dental coverage that keeps you smiling with confidence. Our dental plan, administered by Delta Dental, gives you the flexibility to receive dental care in- or out-of-network. However, you'll usually pay less when you visit a Delta Dental PPO dentist.

DELTA DENTAL®

	Standard Plan (without Ortho)		Enhanced Plan (with Ortho)	
Contributions Per Semi-Monthly Pay Period				
Employee	$7.50		$14.00	
Employee + Spouse/DP	$19.50		$31.50	
Employee + Child(ren)	$27.50		$42.00	
Family	$35.00		$56.00	
Carrier	**Delta Dental**		**Delta Dental**	
Network	PPO/Premier	Out-of-Network	PPO/Premier	Out-of-Network
Deductible	$50/$150		$50/$150	
Annual Max	$1,000		$3,000	
Preventive	100%	100%	100%	100%
Annual Cleanings	2		3	
Basic	80%	80%	100%	80%
Major	50%	50%	60%	50%
Orthodontia (Adult and Child)	Not Covered		50% to $2,000	

Delta Dental does not provide physical dental ID cards. Members can access and download a digital ID card at any time by logging into www.deltadentalins.com



A Note About Dental Coverage

Your annual maximum is the most your plan will pay toward covered dental services in a given year. This limit applies to each person covered under the plan.

The orthodontia maximum of $2,000 in the Enhanced Plan is a lifetime limit. Unlike your annual maximum, this benefit does not reset each year—it's the total amount your plan will pay for orthodontia services per member, per lifetime.

Vision Benefits – See Life Clearly

Stay focused on what matters with vision coverage designed to support your everyday clarity and long-term eye health. Our vision plan, administered by VSP, provides you with affordable eye care including discounts on routine eye exams, frames, prescription glasses and/or contact lenses.

Vision Service Plan—Advantage Network		
Contributions Per Semi-Monthly Pay Period		
Employee	$4.70	
Employee + Spouse/DP	$9.39	
Employee + Child(ren)	$10.05	
Family	$16.06	
	In-Network	**Out-of-Network**
Plan Feature		
Well Vision Exam	$10 copay	Up to $45
Lenses/Prescription Glasses	$25 copay	Single: up to $30 Bifocal: up to $50 Trifocal: up to $60 Lenticular: up to $75
Frames	$200 allowance + 20% off amount over allowance	Up to $50
Elective Contact Lens Care	$200 allowance for contacts; fitting and evaluation up to $60 copay	Up to $100
Medically Necessary Contact Lens Care	$25 copay	Up to $210
Laser Vision Correction (contracted facilities only)	Average 15% off regular price or 5% off promotional price	Not covered
Lens Enhancements • Scratch Resistant Coatings • Anti-Reflective Coatings	 $0 copay $25 copay	 N/A N/A

UV and Blue Light Protection

Your eyes need protection too! With VSP LightCare, you can use your frame or lens benefit to get ready-made, non-prescription sunglasses or blue light–filtering glasses. This enhanced coverage is included at no additional cost and is available if you haven't already used your frame or lens allowance. VSP will reimburse non-prescription sunglasses or blue light–filtering glasses up to your plan's frame allowance. You can also access this benefit through *eyeconic.com*.

Visit *Eyeconic.com* and Virtually Try On Eyewear and Find Your Perfect Fit

Explore additional services with your VSP coverage at *eyeconic.com*. The site features the latest deals and promotions on eyewear and contact lenses, keeping you up to date on the newest brands, trends, and styles. You can even use a virtual "dressing room" to try on frames before placing your order.

VSP does not provide physical vision ID cards. Members can access and download a digital ID card at any time by logging into www.vsp.com/choice

Whole-Family Wellbeing Starts Here

You and Your Growing Family

We're here to support you every step of the way, from preconception through dropping your child off at college. As you consider starting or growing your family, be sure to take advantage of the services and programs highlighted below.

Maven

Maven is a comprehensive digital women's and family health platform that supports all paths to parenthood. It is available to all dentsu employees and their partners, providing a suite of services to guide you at every stage.

Services include:

- On-demand video appointments with top-rated providers
- Unlimited coaching, education appointments and messaging 24/7 with Maven OB-GYNs, mental health specialists, prenatal nutritionists, lactation consultants, career coaches, pediatricians, and many others.
- Your own Care Advocate for personalized, one-on-one support to help answer questions about your benefits, get connected to the right Maven provider for your needs, and for referrals to in-person support when you need it.
- Comprehensive resources for your fertility journey
- Parenting and pediatric support. Consult providers like pediatricians, speech therapists, nutritionists, and sleep coaches whenever you need them, 24/7.
- A library of expert content vetted by health care providers and tailored to your experience. Maven also offers ***empowering virtual classes*** led by providers.
- Activate your free membership at ***mavenclinic.com/join/dentsu***.



Be Rewarded!
If you register for the Maven Maternity program in your first 16 weeks of pregnancy, you will receive $200 funded into your appreci8tion account from BenefitsPlus.

Adoption & Surrogacy Assistance

Maven provides virtual support for adoption and surrogacy. As a dentsu employee, you and your partner can access 24/7 support from specialists, including coaches and mental health experts, and manage related expenses through the Maven app.

You may be reimbursed for adoption or surrogacy expenses, with a lifetime maximum of $15,950 for adoption and $25,000 for surrogacy.

Services include:

- Unlimited video and texting with experts and specialists in the adoption and surrogacy experience
- One-on-one support from your personal Care Advocate
- Appointments that fit your schedule through a convenient and easy-to-use digital platform
- Easy expense reimbursement request through Maven's mobile app.

Join Maven at any time as you consider adoption or surrogacy at *mavenclinic.com/register*.



Optum Fertility Solutions

Fertility Solutions provides information, emotional support, and expert guidance as you explore options for growing your family. You must be enrolled in one of dentsu's medical plans to utilize the Fertility Solutions benefit.

Through the program, you can:

- Self-schedule calls with a nurse at a time that works best for you.
- Search for Centers of Excellence (COE) to connect with specialists who have demonstrated higher success rates in fertility care
- Access 24/7 online learning resources

Benefit Maximums:

- $20,000 drug lifetime maximum
- $50,000 lifetime maximum for care received at a COE
- $25,000 lifetime maximum for care when a COE is not used

For more information, call **866-774-4626**





Rethink Benefits

RethinkCare

Caring for children can be challenging, and when your child has learning, social, or behavioral differences—or developmental disabilities such as ADHD or autism—it can feel overwhelming. You are not alone: about 18% of children in the United States have a developmental disability.

That's why we offer Rethink Benefits, a program providing 24/7 virtual access to board-certified behavioral clinicians and educators, along with online, evidence-based training designed for parents and caregivers. This program is free, helping you better understand, teach, and communicate with your child.

Getting Started:

- Visit connect.rethinkcare.com/sponsor/dentsu
- Complete the brief enrollment fields
- Verify your account or use the code: **dentsu**
- Log in and schedule a consult by phone or web conference
- Download the mobile app for convenient access in the future



Neonatal Resource Services (NRS)

The Optum™ Neonatal Resource Services (NRS) program helps parents access the education and support they need to reduce infant readmissions and post-discharge complications. UHC's team of NICU nurse case managers, social workers and medical directors collaborate to provide clinical care and psychological services to the family with NICU infants.

To contact an NRS nurse, please call 800-765-6717.

Be Resilient

Life is full of ups, downs, and unexpected turns – building resilience helps you navigate them with strength and confidence. Whether you are facing stress, uncertainty, or everyday pressures in life, your benefits include resources to help support your mental and emotional wellbeing so you can bounce back, stay grounded, and keep moving forward.

Mental Health and Wellbeing Support You Can Count On

Your mental and emotional health is just as important as your physical health, and we're here to support both. Whether you're managing everyday stress, navigating a personal challenge, or simply trying to stay balanced, your benefits include confidential resources designed to meet you where you are.

From virtual therapy and coaching to mindfulness tools and 24/7 support, these programs are here to help you feel your ***best—at work, at home, and everywhere in between.***

Employee Assistance Program (EAP)

Feeling overwhelmed by life's challenges?

cca @YourService

Start with our EAP partner, CCA@YourService, to help manage life more effectively and improve your overall well-being. With CCA, you have 24/7 access to free professional consultation, referrals, and counseling for any issue that matters to you and your family.

Our EAP is available to all employees at no additional cost! Getting started with CCA@YourService is easy. For **free, confidential,** and **professional** support for you and your family, visit *www.myccaonline.com* (login code: dentsu) or call **800-833-8707**.



Support includes:

- **Emotional Health** – relationships, life transitions, grief and loss, depression and anxiety, addiction
- **Career** – work/life balance, time management, interpersonal skills, teamwork, training and education
- **Personal Health** – exercise, nutrition, managing illness, and chronic conditions.
- **Family and Caregiving** – childcare, eldercare, adoption, special needs, and new parent resources.
- **Legal and Financial** – estate planning, budgeting, loans and mortgages.

Medical Plan Members – Mental Wellbeing Resources at Your Fingertips

If you have an ongoing mental or behavioral health concern and need long-term support from a behavioral health professional, these resources are available to you:

Talkspace

Talkspace offers access to Behavioral Health Providers and Virtual Visits (Available to UHC and Surest Medical Plan Members).

Log in to *myuhc.com®* to search for network therapists and behavioral health specialists that meet your preferences. Then connect via phone or online video chat —right from the comfort of home.

Behavioral Health visits by appointment with video and in-person options.

*Virtual Visits available by phone or video chat 24/7. There is a $0 copay for PPO plan members, and the cost is approximately $50 for HDHP members until your deductible is met.

These programs are available to UnitedHealthcare medical plan members. Network and out-of-network visit costs apply according to your health plan

Destress with Calm Health by UHC

Calm Health is your go-to app whenever you need to recenter and destress, and it's included at no cost to you. Calm offers personalized content focused on better sleep, less stress, and more mindfulness—all from your pocket, anytime, anywhere. To get started, visit myuhc.com, download the app, and sign in with your UHC login. Start relaxing today!

Maven: Menopause & Midlife Health Support

Did you know that 75% of those who seek help for menopause symptoms don't receive it and 1 in 3 feel that their doctor is not knowledgeable in discussing pre- and post-menopause? This is where Maven supports you by filling in the gaps in care and helping identify symptoms while providing unlimited access to specialists, education, and mental health support.

Your Maven Care Team and Program Provides:

- 24/7/365 virtual access to menopause specialists to guide you based on your unique needs.
- Clinically validated menopause education at your fingertips including articles and live classes.
- Dedicated mental health support professionals who can address the multitude of anxiety and depression-related issues impacting your journey.

Maven is committed to reducing the stigma around hormone-related health and providing the care you need to thrive—both at work and at home.

Activate your free membership at *mavenclinic.com/join/dentsu*.

Be Prepared

Taking steps today to protect your future is one of the most meaningful ways to support your whole self and those you care about. From building financial security, planning ahead, or safeguarding what matters most, your benefits include valuable tools to help you feel ready for whatever life brings.

Supporting the Ones Who Matter Most

Life and Accidental Death & Dismemberment (AD&D) Insurance

Our Life and AD&D insurance plans provide financial protection in the event of death or certain losses resulting from an accident. The company-paid Life and AD&D plan includes basic coverage at no cost to you. You also have the option to elect voluntary benefits if you want additional coverage.

	Basic Life and AD&D Insurance
Benefit Amount	2x annual salary to a max of $1,500,000
	Supplemental Employee Life Insurance
Benefit Amount	Up to 5 times salary or a maximum of $1,000,000
Benefit Increments	$10,000
Guaranteed Issue Amount (GI)	$250,000
	Supplemental Spouse Life Insurance
Benefit Amount	Up to 100% of the employee election or $500,000, whichever is less
Benefit Increments	$10,000
Guaranteed Issue Amount (GI)	$50,000
	Supplemental Child Life Insurance
Benefit Amount	$10,000
	Supplemental AD&D–Employee, Spouse and Child
Benefit Amount	Up to 5 times salary or a maximum of $1,000,000
Benefit Increments	$10,000
Guaranteed Issue Amount (GI)	Full Amount
Limitations	Spouse benefit is 50% of the employee election; Child benefit is 10% of employee election, not to exceed $10,000

The Guaranteed Issue (GI) amount applies to newly eligible individuals. Limited elections may be available during annual enrollment, but coverage above the GI amount is not guaranteed and will always require Evidence of Insurability (EOI).

You must name a beneficiary(ies) for any life or AD&D coverage You are the beneficiary on any spousal or dependent coverage you elect.

Reduction Formula: The amount of Life and Accidental Death and Dismemberment Insurance applicable to the Covered Person's class of benefits will reduce at age 70 or older as follows: ages 70 - 74: to 65% ages 75 & up: to 50% Note: Reduced amounts will take effect on the January 1st immediately after the Covered Person reaches the applicable age.

Your Safety Net, When You Need It Most

Disability Insurance

Short-Term Disability (STD)

Eligible employees receive a Short-Term Disability (STD) benefit, which provides a source of income to replace 70% of your base pay if you are unable to work due to illness, injury, or pregnancy for up to 26 weeks. You are automatically enrolled in this benefit.

Note: *If you live in a state with a statutory disability law (California, Hawaii, New Jersey, New York, or Rhode Island), your STD benefits may be reduced by any statutory benefits payable.*

Long-Term Disability (LTD)

Long-Term Disability (LTD) protects your income by providing you with 60% of your income (up to a Maximum Monthly Benefit of $20,000) if you are still disabled after 26 weeks. As a new hire, **you will be automatically enrolled in LTD insurance,** and premiums will be paid by you. You may elect to waive this coverage at any time.

Because premiums are paid by you, any LTD benefits you receive while disabled are tax-free. This provides peace of mind knowing you'll be covered and receive valuable protection should you become disabled.

Paid Leaves of Absences

In addition to disability coverage, you have access to additional paid leaves to support life's important moments.

Parental Leave: Up to 16 weeks of fully paid leave for new parents who had a child through birth, adoption, guardianship, or foster placement.

Caregiver Leave: Up to 6 weeks of fully paid leave should you need to care for a family member with a serious health condition.

Military Leave: Up to 16 weeks of fully paid leave for service members called to active duty.

All leave programs are administered by Lincoln Financial Group. Paid leave benefits are offset by any state benefits you may be eligible for. To learn more, visit our *Paid Leave Programs* page at *dentsubenefitsplus.com*.



Build a Stronger Financial Future

401(k) Profit Sharing Plan

Contribution Options

Our 401(k) Profit Sharing Plan, administered by Schwab Retirement Plan Services, Inc. helps make it convenient to save for your future.

You can contribute 1–75% of your eligible pay* on a pre-tax, Roth (post-tax), or after-tax basis, up to the annual IRS limit.

Contributions Limits (2027)

- $24,500 for pre-tax and/or Roth contributions
- $32,500 if you are age 50 or older*
- $35,750 if you are ages 60-63.

In 2027, the annual IRS compensation limit is $360,000

Catch-Up Contributions

If you will be age 50 or older during the calendar year, 1/1 – 12/31, you may make an additional catch-up contribution (of $8,000 for 2027 or $11,250 for 2027 if you are between 60 – 63 years old) on a pre-tax basis. You don't have to make a separate catch-up election. If you are eligible, contributions will continue automatically until the annual IRS limit is reached.

For the group age 50 or older earning $150,000 or more in W-2 wages in 2026, the additional catch-up contribution of $24,500 will be required to be Roth contributions in 2027, which will need to be made by logging onto www.workplace.schwab.com.

Or by calling Schwab Participant Services at: 800-724-7526, Monday – Friday (8:00 AM – 10:00 PM ET)

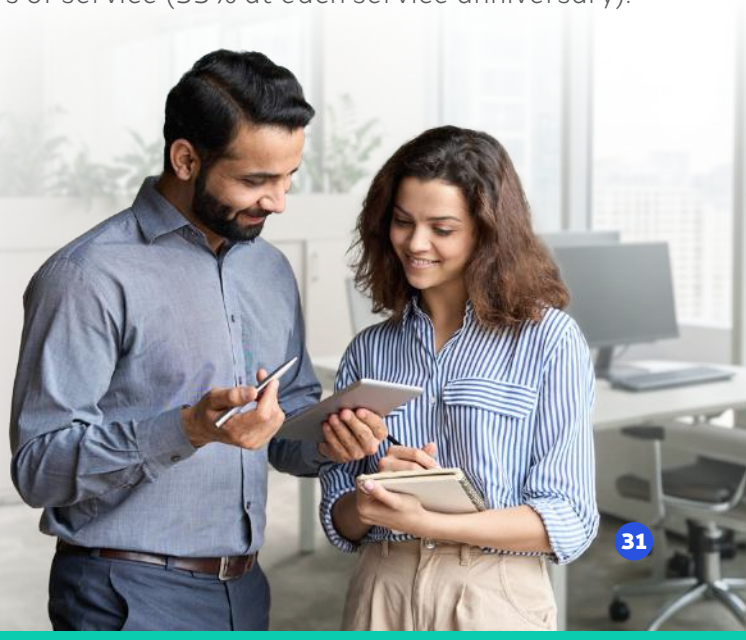
Enrollment

You may enroll in the Plan at any time. **If you don't take action within 90 days from your date of hire, you will automatically be enrolled in the Plan at a pre-tax contribution rate of 6%**. Your automatic contributions will be invested in an age-appropriate target date fund.

Company Match and Vesting Schedule

Once you're enrolled, the Plan will provide you with a company match of 50% of every dollar you contribute in pre-tax, Roth 401(k) and catch-up contributions, up to the first 6% of your eligible pay. The company match will be 100% vested after 3 years of service (33% at each service anniversary).

You must name a beneficiary(ies) for any life or AD&D coverage. You are the beneficiary on any spousal or dependent coverage you elect.



Accessing Your Plan

You can manage your account online, via the Schwab Mobile App, or by phone—whichever is most convenient for you. The Plan also offers a variety of retirement planning tools and resources, including:

- My Learning Resources for retirement saving, budgeting, investing, and other financial topics
- Advice provided by Morningstar Investment Management LLC, an independent investment adviser
- Support from Participant Services Representatives for help Monday–Friday, 7AM–11PM ET

More information about the Plan can be found online and in the enrollment guide at *workplace.schwab.com* in the "For Your Plan" box.



Schwab Financial Concierge

Planning for your future just got a lot easier. Through our partnership with Charles Schwab, you have access to The Schwab Financial Concierge™ team for financial guidance and planning support at no cost.

Think of Schwab Financial Concierge as the first stop for all your personal finance needs. If you have a question, want guidance on the next step to take, or are looking to map out your financial goals, the Schwab Financial Concierge team is here to help.

Here's how it works:

- You can **make an appointment** or call at your convenience.
- A Schwab financial professional will answer questions, address concerns, and put your needs and best interests first when offering guidance.
- If you want to focus on planning, you can work with a Schwab professional to create a personalized financial plan at no cost to you.

You're in charge of your future, but a little help never hurts. *Schedule an appointment* today, call **877-566-2027** to speak with a team member, or *learn more* online.

Want to get started or have questions?
Visit ***workplace.schwab.com*** **or contact Schwab Participant Services at 800-724-7526.**

Plan Today – Protect Tomorrow with Financial Wellness Support

SoFi Dashboard

We realize your financial ambitions are an outstanding achievement, and we want to help you get there. That's why BenefitsPlus partners with SoFi—an online platform that helps you build financial independence for you and your family.

Through SoFi, you can access:

- Personalized Debt Navigator: Guidance on repayment options and discounted refinancing rates
- SoFi Relay: Securely connect your accounts to track spending and set monthly budgeting goals
- Credit Score Monitoring: Stay informed about your score and the factors influencing it
- Discounts and Cash Bonuses: For student loan refinancing, personal loans, mortgages, and more
- 529 Savings & Selection Tool: Understand how much to save for college and choose the best 529 plan for your needs

Get started today:

Visit *SoFi.com/Dentsu* or download the app to create your SoFi account and begin exploring this incredibly useful financial dashboard.



Extra Layers of Support Because Life Isn't One-Size-Fits-All

LifeLock Identity Theft Coverage

Your identity is worth protecting, and we're pleased to provide LifeLock coverage. In an always-on, ever-connected world, the risk of identity theft is real. LifeLock protection alerts you to suspicious activity and helps resolve ID Theft issues.

This includes, but is not limited to:

- Identity alerts via phone, email and text
- Investment account activity alerts
- Identity Restoration Support
- Breach notifications
- $100,000 Stolen Funds Reimbursement (limitations apply)
- $1 Million Service Guarantee (limitations apply)

You can choose between two LifeLock programs:
the *Benefit Essential* plan or the *Benefit Premier* plan.



Legal Plan

You may also consider joining the group legal plan, administered by MetLaw Hyatt Legal Plans, a MetLife company.

This plan helps you resolve a wide range of personal legal matters, including:

- Preparing a will
- Buying or selling a primary residence
- And much more

You'll have access to telephone advice and office consultations with a network attorney of your choice. Coverage extends to you, your spouse/domestic partner, and your children.

Identity Theft Protection

Members of the MetLife Legal program also receive basic identity theft protection at no additional cost, which includes:

- Document replacement
- Proactive monitoring services
- Fraud assistance services

If you're looking for basic ID theft coverage separate from our LifeLock plan, this may be a good option.

Need Help?

Call **800-821-6400** or visit www.legalplans.com for tips and additional resources.

Be Balanced

Taking care of others starts with taking care of yourself. Whether you are managing a busy schedule or seeking space to recharge, your benefits provide a variety of tools and resources to help you stay centered, productive, and present—both at work and at home.

The Extras That Support Your Everyday Life

Wellhub – Your All-in-One Wellbeing Membership

Taking care of your health and wellbeing should be flexible, fun, and accessible. With Wellhub, you and your family (up to 3 additional members) can purchase a monthly membership that gives you access to a wide variety of wellness options — all in one place. Enrollment information coming soon!

What You Get with Wellhub

- Nationwide fitness network: Discounted access to thousands of gyms and studios, including popular names like Life Time, LA Fitness, Orangetheory, Crunch, F45, SoulCycle, and more.
- Wellness apps: Premium memberships to top-rated apps for nutrition, fitness, meditation, and healthy habits, such as MyFitnessPal, Meditopia, and FizzUp.
- Personalized coaching: One-on-one virtual sessions with certified trainers and nutrition coaches to help you stay motivated and accountable.
- Workout flexibility: Choose from live-streamed or on-demand classes that fit your schedule, your style, and your goals.

Click ***HERE*** to register with Wellhub.

Why Choose Wellhub?

Wellhub gives you the flexibility to focus on what matters most - whether it's strength training at your favorite gym, a mindfulness app to help you recharge, or live classes that keep you moving at home. You'll have the tools and support to keep your physical and mental wellbeing balanced, on your terms.

Commuter Benefits Program

The commuter benefit allows you to set aside money from your pay on a pre- and post-tax basis to pay for eligible costs associated with commuting to and from work. This can lower your taxable income, giving you more savings.

There are two types of benefits offered, Transportation (transit) and Parking.

- Transportation: Visa debit card
- Parking: Visa debit card or file a manual claim
- Commuter funds are not available for use on your debit card or for manual claim filing until they are withheld from your paycheck
- Commuter elections can be made by logging onto your account at *www.dentsubenefitsplus.com*
- Any changes to your commuter elections will take effect on the 1st of the following month.
- In 2027, the current pre-tax maximum contribution is $340/month.

Note: *Mileage, tolls, fuel, carpooling, and business travel are not eligible for this program*

FARMERS INSURANCE

Auto and Home Insurance

Farmers can help you find affordable solutions for your auto and home insurance needs.

Visit *myautohome.farmers.com* for more information or call **800-438-6381** for a quote.

plumbenefits

Plum Benefits

Enjoy popular shows, exciting events, and exclusive experiences—with Plum Benefits, you can have fun while saving money! Powered by TicketsatWork, Plum offers savings up to 60% on over 80,000 offers at destinations and experiences around the world.

Want to sign up? It's free and easy:

- Visit *www.plumbenefits.com*
- Use your work email address and company code: **ac0122245**.

FIGO PET INSURANCE

Pet Insurance with Figo

It's easier to get pet insurance plans now that UnitedHealthcare has teamed up with Figo Pet Insurance. Choose from customized care plans—designed to help take good care of your dog or cat if unexpected injuries and illnesses occur—including the deductible and reimbursement levels that best meet your needs, as well as optional add-ons like dental coverage.

Advantages for pet parents

- Freedom to see any veterinarian for your pet's care
- 24/7 access to live veterinary professionals
- An easy claims process with personalized, caring customer service and direct-deposit reimbursements

Click *here* or call **844-738-3446** to review coverage options and request a quote.

United Healthcare



2027 Employee Contributions

Plan	Coverage Tier	Semi-Monthly	Bi-Weekly
Medical			
Enhanced PPO	Employee	$149.50	$138.00
	Employee + Spouse/Domestic Partner	$362.00	$334.15
	Employee + Child(ren)	$292.00	$269.54
	Family	$553.00	$510.46
Standard PPO	Employee	$97.50	$90.00
	Employee + Spouse/Domestic Partner	$263.00	$242.77
	Employee + Child(ren)	$192.00	$177.23
	Family	$398.50	$367.85
Classic HDHP	Employee	$76.50	$70.62
	Employee + Spouse/Domestic Partner	$207.00	$191.08
	Employee + Child(ren)	$165.00	$152.31
	Family	$279.00	$257.54
Surest	Employee	$42,50	$39.23
	Employee + Spouse/Domestic Partner	$136.50	$126,00
	Employee + Child(ren)	$99.00	$91.38
	Family	$193.00	$178.15
Dental			
Enhanced	Employee	$14.00	$12.92
	Employee + Spouse/Domestic Partner	$31.50	$29.08
	Employee + Child(ren)	$42.00	$38.77
	Family	$56.00	$51.69
Standard	Employee	$7.50	$6.92
	Employee + Spouse/Domestic Partner	$19.50	$18.00
	Employee + Child(ren)	$27.50	$25.38
	Family	$35.00	$32.31
Vision			
VSP	Employee	$4.70	$4.33
	Employee + Spouse/Domestic Partner	$9.39	$8.67
	Employee + Child(ren)	$10.05	$9.28
	Family	$16.06	$14.82
Group Accident			
UnitedHealthcare	Employee	$4.07	$3.76
	Employee + Spouse/Domestic Partner	$6.50	$6.00
	Employee + Child(ren)	$8.09	$7.47
	Family	$12.49	$11.52
Hospital Indemnity			
UnitedHealthcare	Employee	$4.14	$3.82
	Employee + Spouse/Domestic Partner	$8.28	$7.64
	Employee + Child(ren)	$8.31	$7.67
	Family	$13.38	$12.35
Identity Theft Protection—Essential			
LifeLock	Employee	$3.50	$3.23
	Family	$6.99	$6.45
Identity Theft Protection—Premiere			
LifeLock	Employee	$5.75	$5.30
	Family	$11.49	$10.61
Legal Insurance			
MetLaw/Hyatt Legal	Employee	$8.25	$7.62

Need Help? Call Your Benefits Support Team!

Keeping track of all the benefit websites, phone numbers, and passwords can be challenging. If you have questions about your benefits or a claim at any time, your BenefitsPlus Solutions Center is here to help.

Contact Information:

- Phone: 800-597-2335
- Hours: 8:00 AM to 5:00 PM CST, Monday through Friday.

Assistance Available For:

- Eligibility, enrollment, or accessing the platform
- Flexible Spending Accounts (Health Care & Dependent Care)
- Commuter Benefits (Transit & Parking)

Specific Benefits Vendors Contact Information:

Benefit	Vendor	Policy No - or Company Name	Phone Number	Website
Medical	UHC	705362	800-765-6717	*www.myuhc.com*
	Surest	78800532	866-683-6440	*www.benefits.surest.com*
Dental	Delta Dental	Standard 17417-1	800-932-0783	*www.deltadentalins.com*
		Enhanced 17417-2		
Vision	VSP	30070757	800-877-7195	*www.vsp.com/choice*
Wellbeing	Wellhub			*wellhub.com*
Work/Life Assistance	CCA	Company ID: Dentsu	800-833-8707	*www.myccaonline.com*
401(k) Plan	Charles Schwab		800-724-7526	*www.workplace.schwab.com*
Disability	Lincoln Financial	GF-890-LF0307-01	800-523-0428	*mylincolnportal.com*
Life/AD&D	Lincoln Financial	SA3-890-LF0307-01	888-787-2129	*mylincolnportal.com*
Voluntary Benefits	UHC		800-444-5854	*www.myuhcfp.com*
Behavioral Support for Children	ReThink Benefits	Company ID: Dentsu		*connect.rethinkcare.com/sponsor/dentsu*
Auto/Home	Farmers Insurance	Dentsu International Americas, LLC	800-438-6381	*myautohome.farmers.com*
Pet Insurance	Figo	7880532	844-738-3446	*www.uhc.care/dentsu*
Legal Plan	MetLife Legal Plans	Dentsu International Americas, LLC	833-214-4172	*www.legalplans.com*
Identity Theft	LifeLock	Dentsu International Americas, LLC	800-607-9174	*my.norton.com*
International Business Travel	RSA	PA04281218	*RSA@healix.com*	*www.rsatravelinsurance.com*
Maternity/Fertility/ Adoption & Surrogacy/Parenting/ Menopause & Mid-life Health	Maven	Dentsu		*mavenclinic.com/join/dentsu*

Dentsu International Americas, LLC

HEALTH PLAN NOTICES

Patient Protection Notice

dentsu International Americas, LLC Employee Healthcare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the BenefitsPlus Solution Center at 800-597-2353.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Dentsu International Americas, LLC Employee Healthcare Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in-network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the BenefitsPlus Solution Center at 800-597-2353.

Newborns' and Mothers' Health Protection Act Disclosure

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).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact BenefitsPlus Solution Center at 800-597-2353.for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Your ERISA Rights

As a participant in the Dentsu International Americas, LLC benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices.

Or you may write to the:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at:
1-866-444-3272. You may also visit the EBSA's website on the Internet at: https://www.dol.gov/agencies/ebsa.

Summaries of Benefits and Coverage (SBCs)

Availability Notice

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.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBCs are available on the web at:
dentsubenefitsplus.com/healthcare/medical. A paper copy is also available, free of charge, by calling 800-597-2353.

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.

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 –

1. **ALABAMA** – Medicaid
   Website: http://myalhipp.com/
   Phone: 1-855-692-5447
2. **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
3. **ARKANSAS** – Medicaid
   Website: http://myarhipp.com/
   Phone: 1-855-MyARHIPP (855-692-7447)
4. **CALIFORNIA** – Medicaid
   Health Insurance Premium Payment (HIPP) Program Website:
   https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/
   Phone: 916-445-8322
   Fax: 916-440-5676
   Email: hipp@dhcs.ca.gov
5. **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
6. **FLORIDA** – Medicaid
   Website:
   https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
   Phone: 1-877-357-3268
7. **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
8. **ILLINOIS** – Medicaid
   Illinois Medicaid Premium Assistance Information
   Medicaid application website:
   https://abe.illinois.gov
   HIPP Hotline Number: 217-524-8268
   HIPP Email: mhfs.boc.hipp@illinois.gov
9. **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
10. **IOWA** – Medicaid and CHIP (Hawki)
    Medicaid Website:
    https://hhs.iowa.gov/programs/welcome-iowa-medicaid
    Medicaid Phone: 1-800-338-8366
    Hawki Website:
    https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
    Hawki Phone: 1-800-257-8563
    HIPP Website:
    https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
    HIPP Phone: 1-888-346-9562
11. **KANSAS** – Medicaid
    Website: https://www.kancare.ks.gov/
    Phone: 1-800-792-4884
    HIPP Phone: 1-800-967-4660
12. **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
13. **LOUISIANA** – Medicaid
    Louisiana Medicaid Website:
    https://www.ldh.la.gov/healthy-louisiana
    Medicaid Customer Service Line: 1-888-342-6207
    Louisiana Medicaid email: healthy@la.gov
    Louisiana Health Insurance Premium Program (LaHIPP) Website:
    https://www.ldh.la.gov/lahipp
    LaHIPP phone: 1-877-697-6703
    LaHIPP email: La.HIPP@la.gov
    LaHIPP fax: 1-888-716-9787
    LaHIPP mailing address: 100 Crescent Centre Parkway,
    Suite 1000 Tucker, GA 30084
14. **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
15. **MASSACHUSETTS** – Medicaid and CHIP
    Website:
    https://www.mass.gov/masshealth/pa
    Phone: 1-800-862-4840
    TTY: 711
    Email: masspremassistance@accenture.com
16. **MINNESOTA** – Medicaid
    Website: https://mn.gov/dhs/health-care-coverage/
    Phone: 1-800-657-3672
17. **MISSOURI** – Medicaid
    Website:
    http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
    Phone: 573-751-2005
18. **MONTANA** – Medicaid
    Website:
    http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
    Phone: 1-800-694-3084
    Email: HHSHIPPProgram@mt.gov

19. **NEBRASKA** – Medicaid
    Website: http://accessnebraska.ne.gov
    Phone: 1-855-632-7633
    Lincoln: 402-473-7000
    Omaha: 402-595-1178
20. **NEVADA** – Medicaid
    Medicaid Website: http://dhcfp.nv.gov
    Medicaid Phone: 1-800-992-0900
21. **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
22. **NEW JERSEY** – Medicaid and CHIP
    Medicaid Website:
    https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/
    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)
23. **NEW YORK** – Medicaid
    Website:
    https://www.health.ny.gov/health_care/medicaid/
    Phone: 1-800-541-2831
24. **NORTH CAROLINA** – Medicaid
    Website: https://medicaid.ncdhhs.gov/
    Phone: 919-855-4100
25. **NORTH DAKOTA** – Medicaid
    Website: https://www.hhs.nd.gov/healthcare
    Phone: 1-844-854-4825
26. **OKLAHOMA** – Medicaid and CHIP
    Website: http://www.insureoklahoma.org
    Phone: 1-888-365-3742
27. **OREGON** – Medicaid
    Website:
    http://healthcare.oregon.gov/Pages/index.aspx
    Phone: 1-800-699-9075
28. **PENNSYLVANIA** – Medicaid and CHIP
    Website:
    https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
    Phone: 1-800-692-7462
    CHIP Website:
    https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
    CHIP Phone: 1-800-986-KIDS (5437)
29. **RHODE ISLAND** – Medicaid and CHIP
    Website: http://www.eohhs.ri.gov/
    Phone: 1-855-697-4347, or
    401-462-0311 (Direct RIte Share Line)
30. **SOUTH CAROLINA** – Medicaid
    Website: https://www.scdhhs.gov
    Phone: 1-888-549-0820
31. **SOUTH DAKOTA** – Medicaid
    Website: http://dss.sd.gov
    Phone: 1-888-828-0059
32. **TEXAS** – Medicaid
    Website:
    https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
    Phone: 1-800-440-0493
33. **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/
34. **VERMONT** – Medicaid
    Website:
    https://dvha.vermont.gov/members/medicaid/hipp-program
    Phone: 1-800-250-8427
35. **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
36. **WASHINGTON** – Medicaid
    Website: https://www.hca.wa.gov/
    Phone: 1-800-562-3022
37. **WEST VIRGINIA** – Medicaid and CHIP
    Website: https://bms.wv.gov/
    http://mywvhipp.com/
    Medicaid Phone: 304-558-1700
    CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
38. **WISCONSIN** – Medicaid and CHIP
    Website:
    https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
    Phone: 1-800-362-3002
39. **WYOMING** – Medicaid
    Website:
    https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
    Phone: 1-800-251-1269-1269

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 2/28/2026)

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BenefitsPlus

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