



2026

# BENEFITS GUIDE

January 1, 2026 – December 31, 2026



# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself.

Eligible family members include:

- ▶ Your legally married spouse including Common Law spouse (Domestic Partners are not covered).
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of full-time employment.  
If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2026 – December 31, 2026.

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

## Making Changes

**To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event.** Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

To view a voiceover presentation of your benefits, please scan the QR code to be directed to the presentation.



**Required Information**—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Inside

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- Life and AD&D
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# Enrollment

Enroll through the ADP website:

[www.workforcenow.adp.com](http://www.workforcenow.adp.com)



# Medical

For the 2026 plan year we will be staying with BlueCross Blue Shield of Oklahoma. The following is a high-level overview of the coverage available. Even though we show out-of-network benefits below, it is never a good idea to go out-of-network as you can be balanced billed. For complete coverage details, please refer to the Summary of Benefits & Coverages (SBC).

To find a provider within the BlueAdvantage network visit [www.bcbsook.com](http://www.bcbsook.com).

Key Medical Benefits	BlueCross BlueShield OK PPO Buy-Up Plan: MOBAP0085		BlueCross BlueShield OK PPO Base Plan: MOBAP0095		BlueCross BlueShield OK HDHP with HSA: MOBAP1015	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (per calendar year)						
Individual / Family	\$1,000 / \$3,000	\$2,000 / \$6,000	\$2,100 / \$6,300	\$4,200 / \$12,600	\$3,500 / \$7,000	\$7,000 / \$14,000
<b>Out-of-Pocket Maximum</b> (per calendar year)						
Individual / Family	\$3,000 / \$9,000	\$9,000 / \$27,000	\$5,250 / \$10,500	\$15,750 / \$31,500	\$3,500 / \$7,000	\$7,000 / \$14,000
<b>Covered Services</b>						
Office Visits (physician/specialist)	\$25 Copay / \$30 Copay	Deductible + 30%	\$25 Copay / \$30 Copay	Deductible + 30%	Deductible	Deductible
Routine Preventive Care	No charge	Deductible + 30%	No charge	Deductible + 30%	No charge	Deductible
Outpatient Diagnostic (lab/X-ray)	No charge	Deductible + 30%	No charge	Deductible + 30%	Deductible	Deductible
Complex Imaging	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%	Deductible	Deductible
Emergency Room	\$200 Copay + Deductible + 20%		\$200 Copay + Deductible + 20%		Deductible	
Urgent Care Facility	\$50 Copay	Deductible + 30%	\$50 Copay	Deductible + 30%	Deductible	Deductible
Inpatient Hospital Stay	\$750 + Deductible + 20%	\$750 + Deductible + 40%	\$750 + Deductible + 20%	\$750 + Deductible + 40%	Deductible	Deductible
Outpatient Surgery	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%	Deductible	Deductible
<b>Prescription Drugs</b>						
<b>Retail Pharmacy</b>						
	<b>Preferred / Non-Preferred Pharmacies</b>					
Preferred Generic	\$0 / \$10	\$10	\$0 / \$10	\$10	Deductible	Deductible + 50%
Non-Preferred Generic	\$10 / \$20	\$20	\$10 / \$20	\$20	Deductible	Deductible + 50%
Preferred Brand	\$35 / \$55	\$55	\$50 / \$70	\$70	Deductible	Deductible + 50%
Non-Preferred Brand	\$75 / \$95	\$95	\$100 / \$120	\$120	Deductible	Deductible + 50%
Specialty	\$250	\$250 + 50%	\$250	\$250 + 50%	Deductible	Deductible + 50%
Non-Preferred Specialty	\$350	\$350 + 50%	\$350	\$350 + 50%	Deductible	Deductible + 50%
<b>Mail Order Pharmacy</b>						
90-Day Supply	\$0/\$30/\$105/\$225	Not Covered	\$0/\$30/\$150/\$300	Not Covered	Deductible	Not Covered

If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

**NOTE: CVS is not an in-network pharmacy. Preferred in-network pharmacies include Walgreens, Walmart and Sams Club.**

# HDHP HSA Plan

## BlueCross BlueShield OK HSA Plan

Like PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the [BlueCross BlueShield Blue Advantage Network](#). In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. The HSA plan is administered through BRI.

### WHAT IS AN HDHP HSA?

**A High Deductible Health Plan (HDHP) offers comprehensive health care coverage at a lower premium and higher deductible than traditional health care plans.** A HDHP also features a health savings account (HSA) that enables you to pay for current, qualified health care expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions.

### HOW IT WORKS

The HDHP, along with your HSA, puts health care spending in your hands, allowing you to choose how to spend your health care dollars. You can either pay for eligible services by using funds in your HSA, or you can pay for them out of your own pocket. **Note:** You can only use HSA funds that are available in your account. You can always reimburse yourself later once you have accumulated funds in your account.

### HSA FUNDING

#### Your Contributions

There are several ways to contribute money into your HSA:

- Pre-tax contributions through payroll deductions
- After-tax cash contributions that are deductible when you file your taxes
- Catch-up contributions up to \$1,000 per year if you are over age 55 (until you enroll in Medicare)

### ANNUAL CONTRIBUTION LIMIT

If you enroll in the HDHP, Digi will contribute **\$25 per paycheck** to your HSA account. It is important to note that your contributions may not exceed the IRS annual maximum:

HSA Contribution Limit	2026
Employee Only	\$4,400
Family (employee + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

### ELIGIBILITY

**To be eligible for contributions to the HSA bank account, the IRS requires that you:**

- Must be enrolled in a qualified high deductible health plan (HDHP) (our BlueCross BlueShield OK **MOBAP1015** plan is a qualified medical plan)
- Do not have any other health coverage that is not a HDHP or permitted insurance
- Are not covered:
  - By a spouse's medical or pharmacy plan that are not a HDHP through Medicare Parts A,B,C and/or D, or TRICARE programs through a general purpose Flexible Spending Account (FSA) plan (such as your spouse's plan).
- Are not active military
- Cannot be claimed as a dependent on another person's tax return.

# HDHP HSA Plan - Continued

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## QUALIFIED EXPENSES

HSAs enable you to pay for the following qualified health care expenses on a tax-free basis:

- Qualified expenses not covered by insurance, as defined by the IRS, online at <http://www.irs.gov/pub/irs-pdf/p502.pdf>
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare/retiree health insurance premiums (excluding Medicare Supplement/Medigap insurance premiums)

## HSA ADVANTAGES

### Triple Tax Advantage

1. You contribute pre-tax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.
2. Funds grow tax-free, and unused funds roll over year to year.
3. You withdraw funds tax-free to pay for qualified health care expenses now and in the future— even in retirement.

### Control

You own and control the money in your HSA. You decide how you want to spend it or if you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

### Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax-free.

### Portability

There is no “use it or lose it” rule, your HSA is yours for life. Your account grows over time as you continue to roll over unused dollars from year to year. The money is yours to spend or save, regardless of whether you change health plans\*, retire or leave the company.

\*You must be enrolled in a qualified health plan to contribute to an HSA.

## TERMINOLOGY

### Annual Deductible

You must meet the individual annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.

### Coinsurance

Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 90 percent and you may pay 10 percent.

### Out-of-Pocket Maximum

Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.

# Virtual Visits

Revolutionary Health Care Access and Lower Health Care Costs!

## 24 - hour access to board-certified, licensed doctors

Virtual visits offer on-demand health care solution that provides members with the medical care they need, when they need it. Convenient, appropriate care helps create healthier employees, leading to health care savings for employers and members alike.

## The Value of Telemedicine

Members need a convenient, affordable way to access the services they need. Telemedicine provides prompt medical advice, steers members toward appropriate care– such as treating non-emergent conditions without an ER or office visit– and helps members jump the hurdles of care presented by cost and lack of timely access.

## Virtual Visits Solution

Members can consult with a physician 24/7 by phone, online video or mobile app at any time, from anywhere. Members can get advice and treatment for non-emergency medical concerns. Virtual Visits can assist with the following:

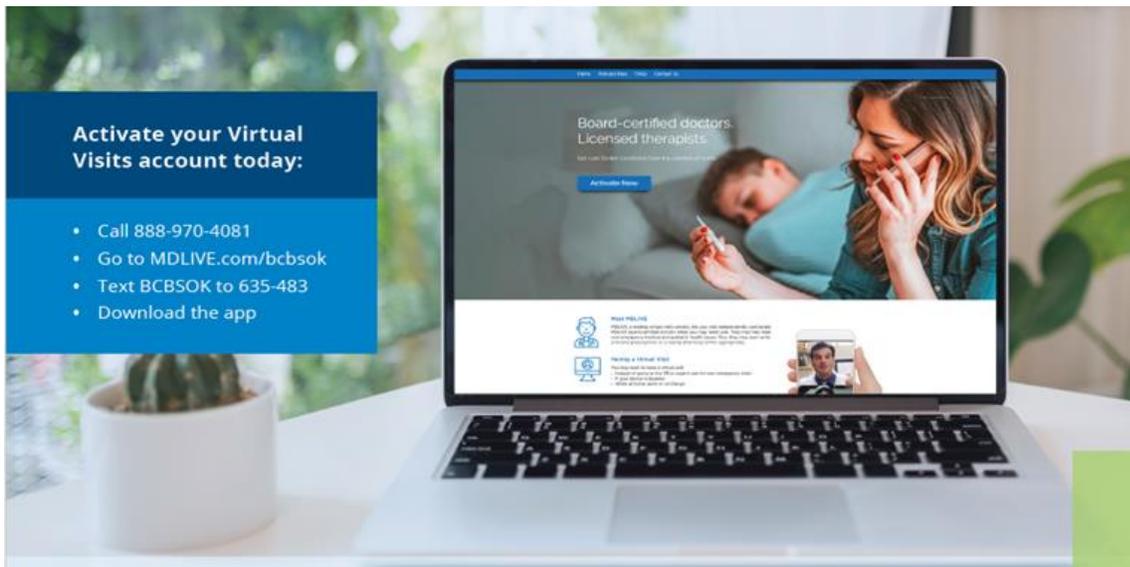
- When your primary care physician is not available or accessible
- After normal business hours, nights and weekends
- When you are not home, traveling, or do not want to take time off work for a doctors appointment
- When you want to request a prescription or refills (although no guarantee a member will be prescribed medicine)

### Common Conditions Treated:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Sinus Infections
- Nausea
- Stomach Ache
- Many other conditions

### Why Virtual Visits?

- 24/7 access to an independently contracted, board certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy



# Dental

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the network of the dental plan that you choose.

NOTE: For employees outside of Oklahoma, make sure when you make an appointment that you specify that you have Delta Dental of Oklahoma. If you tell the dentist office that you just have Delta Dental they will say you do not have dental insurance.

To search for an In-Network provider go to [www.deltadentalok.org](http://www.deltadentalok.org), under “For Members” click on “Find a Dentist”, enter location and search criteria. If you select “Savings” under search criteria it will only show you providers in the PPO network. If you select “Convenience” under search criteria it will show you providers in both the PPO and Premier networks. \*Delta Dental does not issue ID cards

Key Dental Benefits	Delta Dental PPO - Point of Service Network BASE PLAN		Delta Dental PPO + Premier Network BUY-UP PLAN
	PPO: In-Network	Premier: In-Network	In-Network
<b>Deductible</b> (per calendar year)			
Individual / Family	\$100 / \$300		\$50 / \$150
<b>Benefit Maximum</b> (per calendar year)			
Per Individual	\$1,500		\$2,000
<b>Covered Services</b>			
<b>Preventive Services (Class 1)</b>	No Charge	10%	No Charge
<b>Basic Services (Class 2)</b>	20% Deductible Applies	30% Deductible Applies	20% Deductible Applies
<b>Major Services (Class 3)</b>	50% Deductible Applies	60% Deductible Applies	50% Deductible Applies
<b>Orthodontics (Class 4)</b> Children under the age of 26	50% Lifetime Max \$1,500	60% Lifetime Max \$1,500	50% Lifetime Max: \$1,500

# Vision

The **VSP Choice** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **VSP Choice** network. The following is a high-level overview of the coverage available. To find an in-network provider please visit [www.vsp.com](http://www.vsp.com). \*VSP does not issue ID cards.

Key Vision Benefits	BASE PLAN	BUY-UP PLAN
<b>Exam Frequency</b>	Every Calendar Year	Every 12 Months
<b>Exam Copay</b>	\$10	\$10
<b>Prescription Glasses</b>	\$30	\$30
<b>Lenses Frequency</b>	Every Calendar Year	Every 12 Months
<b>Single / Bifocal / Trifocal</b>	Included in Prescription Glasses	Included in Prescription Glasses
<b>Frames Frequency</b>	Every Other Calendar Year	Every 12 Months
<b>Frames Benefit</b>	\$130	\$150
<b>Contact Lens Frequency</b>	Every Calendar Year	Every 12 Months
<b>Contact Lense Benefit</b>	\$130	\$130
<b>In Lieu of</b>	Glasses	Glasses
<b>Additional Benefits</b>	N/A	VSP LightCare VSP ProTec Safety Plan (Prescription Lenses Only)

\*If you enroll in the Buy-Up Vision plan, you have VSP LightCare and VSP ProTec. For additional information, please review the following page.

# VSP LightCare

For employees who enroll on the Buy-Up vision plan and do not need prescription glasses or contacts, you can use this frame allowance to get either a pair of blue-light glasses or sunglasses.

If you have questions, please call VSP at 800-216-6248

## Eye Defense Indoors and Out

**Wear blue light-filtering glasses indoors** to help defend against digital eye strain. Excessive blue light exposure from digital screens and fluorescent lighting may contribute to dry eyes, blurred vision, tired eyes, sore eyes, headaches, and watery eyes—all possible symptoms of digital eye strain.

**Always wear sunglasses outdoors** to shield the eyes from the sun's ultraviolet rays that can damage the cornea and cause eye-related diseases like cataracts. 100% UVA and UVB protection is the best choice for sunglasses.<sup>3</sup>

### VSP LightCare Coverage Includes:

#### Eye Exam

A fully-covered WellVision Exam<sup>®4</sup>

#### Eyewear

Use the frame and lens allowance toward ready-made:

- non-prescription sunglasses or
- non-prescription blue light-filtering glasses

# VSP ProTec

For employees who enroll on the Buy-Up vision plan. You are eligible for the ProTec safety benefit.

Thousands of eye injuries occur every day at work and at home. Protect your eyes from injury with the ProTec Safety<sup>®</sup> Plan.



#### What's covered?

With the ProTec Safety Plan,<sup>1</sup> you get an affordable benefit that includes a safety frame and prescription lenses that meet current guidelines for impact protection. Choose from the ProTec Eyewear<sup>®</sup> collection or frame allowance from a VSP<sup>®</sup> Vision Care network eye doctor or the safety frame selection at Visionworks<sup>®</sup>.



#### Choose from a wide variety of safety frames.

Safety frames come in different styles and materials—many frames come with a case, and either built-in or detachable side shields.

### YOUR PROTEC SAFETY COVERAGE WITH A VSP IN-NETWORK DOCTOR

#### Eye Exam

- Receive an annual WellVision Exam<sup>®1</sup> from a VSP network doctor.<sup>2</sup>

#### Eyewear

- Fully covered prescription single vision, lined bifocal, and lined trifocal safety lenses<sup>3</sup> certified according to the American National Standards Institute (ANSI) guidelines for impact protection.
- Fully covered ANSI-certified safety frames<sup>3</sup> when a pair is selected from the ProTec Eyewear collection or Visionworks safety frame selection.
- Or receive a \$65 frame allowance for any other safety frame outside of the ProTec Eyewear collection only available from a VSP network doctor and 20% savings on the amount over your allowance.
- Get up to 20% savings on additional pairs of glasses, including lens enhancements, from the same VSP network doctor.

# Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by BRI. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

You may contribute up to \$3,400 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles Prescriptions and Over-the-Counter Drugs
- ▶ Menstrual Care
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye Exams, Materials, LASIK

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Dependent Care FSA

You may contribute up to \$7,500 (per family) to cover eligible dependent care expenses (\$3,750 if you and your spouse file separate tax returns). Some qualified expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

## FSA Rules

### YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health Care FSA:** Unused funds up to \$680 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$680 will NOT be returned to you or carried over to the following year.

**Dependent Care FSA:** Unused funds will NOT be returned to you or carried over to the following year.

# Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit after your death.

**Accidental death and dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

For 2026 Digi has increased everyone's basic life insurance. This benefit is provided at **NO COST** to you through Equitable.

Classes	Class 1: All active full-time salaried employees Class 2: All active full-time hourly employees Class 3: All active full-time executives
Employee Benefit Amount	Class 1: \$50,000 Class 2: \$25,000 Class 3: 1x Basic Annual Earnings
Spouse Benefit	All Classes: \$5,000
Child Benefit	All Classes \$2,500
Age Reduction Schedule	Age 65 benefit reduces to 65% of original amount Age 70 benefit reduces to 50% of original amount



## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Equitable for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue <sup>1</sup>
Employee	\$10,000 to \$500,000 in \$10,000 Increments; Maximum 5x Salary	\$150,000
Spouse	\$10,000 to \$250,000 in \$5,000 Increments; Maximum 50% employee life amount	\$35,000
Child(ren)	\$1,000 to \$10,000 in \$1,000 Increments. Under age 26	\$10,000
Age Reduction Schedule	Age 65 benefit reduces to 65% of original amount Age 70 benefit reduces to 50% of original amount	

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Short-Term Disability

New for the 2026 plan year, Digi has added a Short-Term disability plan for hourly and salaried employees. Short-term disability is a type of insurance that replaces a portion of your income if you can't work due to a medical condition, illness, or injury that isn't work-related. Think of it as a financial safety net—if you break your leg, need surgery, or are recovering from a serious illness, this coverage kicks in to pay you 60% of your regular salary (to a max of \$1,000) while you heal. The short-term disability plan will start on the 8<sup>th</sup> day after an injury or illness and last up to 12 weeks. Essentially, short-term disability helps bridge the gap between when you stop being able to work and when you're healthy enough to return—so you're not left without income during recovery.

There is a Pre-ex of 3/12, meaning for any condition for which you received medical care for during the 3 consecutive months prior to your effective date the plan will not pay out on this disability for the first 12 months of being enrolled on the plan.



Short-Term Disability	
Offered through Equitable.	
<b>Classes</b>	<b>Class 1:</b> Salaried Employees (Employer Paid) <b>Class 2:</b> Hourly Employees (Employee Paid)
<b>Benefit Percentage</b>	60% of your weekly earnings
<b>Weekly Benefit Maximum</b>	\$1,000
<b>When Benefits Begin</b>	On the 8 <sup>th</sup> day of injury or illness
<b>Maximum Benefit Duration</b>	12 weeks
<b>Pre-Existing Conditions</b>	Class 1:None Class 2: 3/12

# Long-Term Disability

Long-term Disability is insurance that replaces part of your income when a serious illness or injury keeps you out of work for an extended period—typically months or even years. It picks up where short-term disability leaves off. So if you develop a chronic condition like multiple sclerosis, suffer a severe back injury, or experience a major health event like a stroke that prevents you from doing your job for a long time, this coverage helps you pay your bills while you're unable to earn a paycheck.

Your long-term disability plan pays 60% of your monthly earnings (up to a max of \$5,000 per month). Long-Term Disability starts after the 90<sup>th</sup> day of disability (after short-term disability runs out). This plan will pay you until social security retirement age if you are still disabled and unable to work by that age.

The key difference is the duration: short-term covers temporary setbacks, while long-term is designed for situations where returning to work might take a very long time—or might not be possible at all.

Voluntary Long-Term Disability	
Provided at no cost through Equitable to Salaried Exempt Employees. Hourly employees have the option to enroll in the Voluntary LTD plan	
<b>Benefit Percentage</b>	60% of monthly earnings
<b>Monthly Benefit Maximum</b>	\$5,000
<b>When Benefits Begin</b>	After 90 <sup>th</sup> day of disability
<b>Maximum Benefit Duration</b>	Social Security Retirement Age
<b>Pre-Existing Conditions</b>	3 month look back / no coverage for 12 months

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Sun Life are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500<sup>1</sup>. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills<sup>2</sup>. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

**The following will be payable only once for each covered accident as applicable. Below are some examples of the payout per accident but does not list all. For a full list, please discuss with HR.**

DISLOCATIONS	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip	\$4,000	\$1,000
Knee, ankle, bones of the foot or Shoulder	\$1,000	\$400
Elbow or wrist	\$800	\$400
Collarbone or bones of the hand	\$1,600	\$300
Finger(s) or toe(s)	\$200	\$100
Lower jaw	\$1,000	\$500
FRACTURES	OPEN (SURGERY)	CLOSED (NO SURGERY)
Hip or thigh	\$3,000	\$1,500
Skull-depressed	\$5,000	\$2,500
Skull-simple	\$5,000	\$1,250
Vertebral processes or Rib	\$1,200	\$300
Bones of the face, Upper jaw or upper arm	\$750	\$375
Nose, Heel or Finger	\$700	\$175
Leg, Vertebrae, Sternum or Pelvis	\$1,600	\$800
Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap or Elbow	\$650	\$325
Toe	\$250	\$125
Coccyx	\$400	\$200
Multiple ribs	\$1,500	\$750
ADDITIONAL INJURIES		
Eye Injury - surgical repair		\$300
Eye Injury - object remove		\$65
Brain injury		\$500
Paralysis—paraplegia		\$25,000
Paralysis—quadriplegia		\$50,000
Coma		\$20,000
Concussion		\$100
BURNS	2ND DEGREE	3RD DEGREE
21-40 square centimeters	\$400	\$1,000
41-65 square centimeters	\$800	\$2,000
66-160 square centimeters	\$1,200	\$6,000
161-225 square centimeters	\$1,600	\$14,000
More than 225 square centimeters	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit	
HOSPITAL		
Hospital Admission (once per benefit year)		\$1,000
Hospital Confinement (per day up to 365 days per covered accident)		\$250
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)		\$1,500
Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)		\$500
Ambulance (Ground)		\$200
Ambulance (Air)		\$1,500
Emergency Room Admission		\$150
Family Lodging (per day up to 30 days per benefit year)		\$100
Transportation (100 or more miles up to 3 times per covered accident)		\$600
Rehabilitation Unit (per day up to 30 days per covered accident)		\$150



# Voluntary Benefits

## Critical Illness

Critical illness insurance is coverage that pays you a lump sum of cash if you're diagnosed with a serious medical condition (some are listed below). Some of these conditions are things like cancer, heart attack, stroke, or kidney failure. Unlike health insurance, which pays your doctors and hospitals directly, this money goes straight to you, and you can spend it however you need. You might use it to cover medical bills your regular insurance doesn't fully pay, but you could also put it toward your mortgage, childcare, travel expenses for treatment, or simply keeping up with everyday bills while you focus on recovery.

The way it works is simple: if you receive a qualifying diagnosis, you file a claim, and the insurance company sends you a check. It's a one-time payment designed to ease the financial stress that often comes with a major illness, since serious health conditions can mean time off work, expensive treatments, and unexpected costs that add up quickly.

For more information on covered conditions and qualifications for payment, visit [sunlife.com/ciconditions](http://sunlife.com/ciconditions).

COVERED CONDITIONS	
<b>Cardiac Conditions</b>	
Heart attack - Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%
Heart attack - ST-Segment Elevation Myocardial Infarction (STEMI)	100%
Coronary Artery Obstruction	25%
Sudden Cardiac Arrest	100%
<b>Vascular Conditions</b>	
Transient Ischemic Attack (TIA)	10%
Stroke	100%
<b>Organ Failure Conditions</b>	
End Stage Kidney Failure	100%
Major Organ Failure	100%
<b>Other Conditions</b>	
Benign Brain or Spinal Cord Tumor	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Blindness	100%
Loss of Speech	100%
Loss of Hearing	100%
Occupational Infectious Disease	100%
<b>Progressive Neurological Conditions</b>	
ALS/Lou Gehrig's disease	100%
Advanced Dementia	100%
Advanced Huntington's Disease	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's Disease	100%
<b>Childhood Conditions</b>	
Cerebral Palsy	100%
Type 1 Diabetes Mellitus	100%
Congenital Structural Anomaly	100%
Congenital Heart Defects	100%
Congenital Metabolic Disorder	100%
Other Genetic Disorders	100%
<b>Cancer conditions</b>	
Unlimited occurrences	
Non-Invasive Cancer	25%
Invasive Cancer	100%
Metastasis of Non-Invasive Cancer	75%
Skin cancer	5%

# Voluntary Benefits



## Hospital Indemnity

NEW FOR 2026! A hospital indemnity plan is a type of supplemental health insurance that pays you a fixed cash benefit when you, your spouse or children are hospitalized—regardless of what your main health insurance covers. While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, childcare, deductibles, and copays. The hospital indemnity plan pays for a hospital stay due to the following:

- ▶ Sickness
- ▶ Accident (confinements due to an accident must be within 365 days of the accident)
- ▶ Routine pregnancy
- ▶ Complications for pregnancy
- ▶ Newborn complication
- ▶ Mental and nervous disorders
- ▶ Substance abuse

To file a Hospital Indemnity claim, you will go to the SunLife website ([sunlife.com/us](http://sunlife.com/us)) download the form and submit it based on the form's instructions. You can also call SunLife at 800-247-6875 for further questions.

The benefits shown in the schedule below are payable for each person covered by the plan.

### BENEFIT SCHEDULE

<b>FIRST DAY BENEFITS</b> Payable per benefit year	<b>CHOICE 1</b>
<b>First day hospital confinement</b> – This benefit pays the first day you stay in a regular hospital bed.	\$1,000 per day 1 day
<b>First day ICU confinement</b> – This benefit pays the first day you stay in an ICU bed.	\$1,000 per day 1 day
<b>CONFINEMENT BENEFITS</b> Payable per benefit year	<b>CHOICE 1</b>
<b>Hospital confinement</b> – This benefit pays for a hospital stay in a standard room.	\$100 per day Up to 30 days
<b>Newborn nursery confinement</b> – This benefit pays for a routine well baby newborn stay in the hospital nursery. Payable with: • <i>First day hospital confinement benefit</i>	\$200 per day Up to 3 days
<b>Intensive Care Unit (ICU) confinement</b> – This benefit pays for a hospital ICU stay.	\$100 per day Up to 30 days



# Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through **BCBS of Oklahoma**.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to 5 in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

## Get to Know Your Employee Assistance Program

Find professional support when you need it for challenging life events.

ComPsych GuidanceResources is an Employee Assistance Program included as part of your health plan with Blue Cross and Blue Shield of Oklahoma. You and your family members have access to a suite of EAP services — no copays or deductibles attached.

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

### Make a Positive Change

Connect with a therapist for confidential emotional support. A trained mental health professional can counsel you through a variety of concerns, such as:

- Sadness, worry and stress
- Alcohol or drug use
- Grief, loss and personal struggles
- Personal relationship issues

Your EAP benefit includes five free therapy sessions per issue. Once you've used these free sessions, you can transition to your health plan benefits and keep seeing the same therapist in most cases.

### Check Off Your To-dos

ComPsych GuidanceResources specialists can save you time by searching for local, professional services so you don't have to. They can help you find:

- Child, elder or pet care
- Movers or home repair services
- And much more

### Connect with the EAP Today!

Don't be afraid to reach out for help. Your personal records are kept private from your employer, as required by law.



- Call: 844-222-9325
- Online: [guidanceresources.com](https://www.guidanceresources.com)
- App: **GuidanceNow**
- Web ID: **OKEAP**

**COMPSYCH**  
GuidanceResources® Worldwide

### Have Your Legal Questions Answered

Talk to an attorney for help with legal questions, including:

- Divorce, adoption and family law
- Wills and trusts
- Landlord/tenant issues

### Get Help with Your Finances

Financial experts can help with a wide range of money matters, including:

- Retirement planning or taxes
- Relocation, mortgages or insurance
- Budgeting, debt or bankruptcy

### Access Online Tools 24/7

The ComPsych GuidanceResources website and mobile app provide information and support whenever you need it. Log on for:

- Articles, podcasts, videos and slideshows
- On-demand trainings
- "Ask the Expert" responses to your questions
- Other self-service tools

# Pet Insurance



Scan the QR code on the top right of the page to get started. Employees who enroll in pet insurance will be billed by Spot Pet directly.



**America's Favorite Pet Insurance!**

## Help Get Peace Of Mind With Our Pet Coverage



### Accidents

Spot plans help ensure your pet is covered from head-to-tail for unexpected accidents and injuries.



### Illnesses

Spot plans cover exams for qualified illnesses and related treatment, including things like surgeries & medications.



### Wellness

Spots optional Preventive Care plans focus on routine care and regular check-ups to help ensure their routine wellbeing.

### Spot Plans Help Cover Vet Bills for:

- ✓ Vet Exam Fees
- ✓ Behavioral Issues
- ✓ Dental illnesses
- ✓ Surgery
- ✓ Microchip Implantation
- ✓ Unexpected Emergencies
- ✓ Hereditary Conditions
- ✓ Prescription Medications
- ✓ Diagnostics
- ✓ X-rays & Tests
- ✓ Cancer & Growths
- ✓ And Much More...

### Flexible Plans For Any Budget

Customize your annual limit, annual deductible and reimbursement rate to make your pet and wallet happy.

### Simple & Easy Claims Process

- 1 Visit Any Vet in the U.S or Canada
- 2 Submit Your Claim Online
- 3 Get Cash Back for Covered Vet Bills!

### Unleash More with Spot



#### spotperks<sup>+</sup>

Special discounts on pet products and services from your favorite brands.



### 24/7 Pet Telehealth Helpline

Get unlimited 24/7 virtual pet care from vet experts for your pet.



**DIGI**  
SECURITY SYSTEMS

Get Up to 20% Off With Your Special Discount\*  
[spotpet.link/digiss](https://spotpet.link/digiss)

\*20% group discount available on every pet. Not available in HI or TN. Plus an additional 20% multi-pet discount on 2nd+ pets. For all terms visit Subheading. Insurance plans are underwritten by either Independence American Insurance Company (NAIC #2958) or United States Fire Insurance Company (NAIC #2215), and are produced by Spot Pet Insurance Services, LLC. (NPN # 10248305, CA license #000508). Premiums are based on and may increase or decrease due to the age of your pet, the species or breed of your pet, and your home address.

# ID Theft Protection

NEW



## Elite Plan Benefits

### Premier suite of privacy, protection, & restoration tools

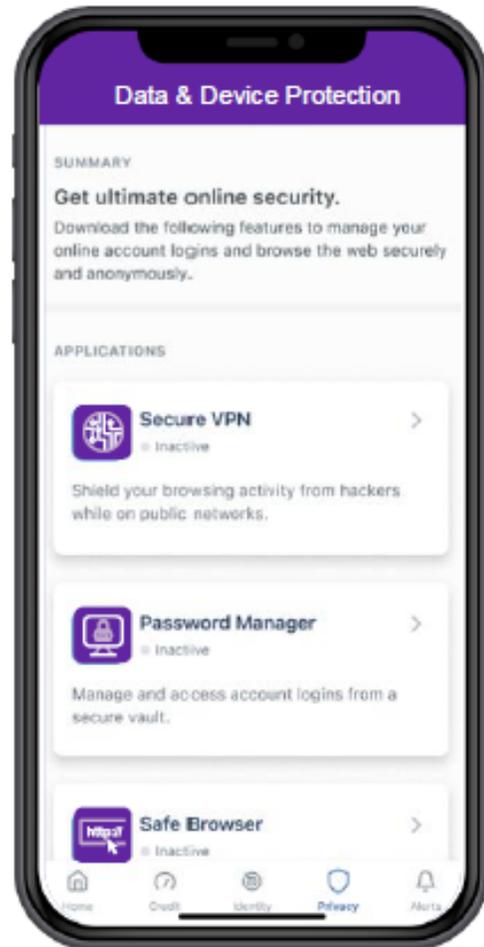
Proactive privacy tools help you take charge of who can see, track your activity, and access your personal information online to help reduce exposure and risk of identity theft. If fraud does happen, identity protection and restoration features are there to help make you whole again.

#### ID Protection & Restoration

- Identity Health Score<sup>1</sup>
- Account Takeover Monitoring
- Alternative Loan Monitoring (Payday Loans)
- Change of Address Monitoring
- Court Records Monitoring
- CyberAgent® Dark Web Monitoring (Adult & Child)<sup>2</sup>
- Sex Offender Monitoring
- Social Security Number Monitoring (Adult & Child)<sup>2</sup>
- Social Media Monitoring (Adult & Child)<sup>2</sup>
- Full-Service Fraud Restoration (Multilingual, Adult, & Child)<sup>2</sup>
- Elder Fraud Restoration (Multilingual Support)
- Bank, Utilities, & Employment Security Freezes
- Tax ID Protection
- Up to \$3M Identity Theft Insurance<sup>3</sup>
- Includes Lost Wallet Replacement Services with Up to \$500 Emergency Cash<sup>3</sup>

#### Data & Unlimited Device Protection

- Safe Browser (Phishing & Malware)
- Password Manager
- Secure VPN (Virtual Private Network)
- Digital Identity Manager™ (Data Broker Removal)



Individual and family plan options available with coverage for children and the elderly.



Available on PC and Mac in addition to Android and iOS devices.

<sup>1</sup> The Identity Health Score is different than a credit score and has no impact on your credit score.

<sup>2</sup> Child monitoring includes up to 10 children under the age of 18. One-time Parent/Legal Guardian verification may be required to receive alert details for children.

<sup>3</sup> The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company under group or blanket policy(ies). The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. [Click here for Summary of Benefits](#)

Employees will elect coverage through ADP, and the cost will be payroll-deducted.

# Rates

## Medical

Coverage Tier	Bi-Weekly Employee Contributions		
	MOBAP0085	MOBAP0095	MOBAP1015
Employee Only	\$161.60	\$128.40	\$73.25
Employee + Spouse	\$469.63	\$389.76	\$278.94
Employee + Child(ren)	\$361.92	\$298.21	\$209.34
Family	\$627.47	\$522.54	\$373.69

## Dental

Coverage Tier	Bi-Weekly Employee Contributions	
	Base Plan	Buy-Up Plan
Employee Only	\$13.86	\$18.03
Employee + Spouse	\$27.73	\$36.05
Employee + Child(ren)	\$41.58	\$54.06
Family	\$64.85	\$84.30

## Vision

Coverage Tier	Bi-Weekly Employee Contributions	
	Base Plan	Buy-Up Plan
Employee Only	\$3.76	\$6.27
Employee + Spouse	\$6.02	\$9.36
Employee + Child(ren)	\$6.14	\$9.53
Family	\$9.90	\$14.68

## ID Theft

Employee Paid Rates	Individual	Family
Elite Plan	\$8.50	\$16.00

## Supplemental Life/AD&D

Deductions for supplemental life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment

## Health Savings Account / Flexible Spending Account

Deductions for HSA contributions are FSA contributions are taken from your paycheck before taxes. HSA participants are not eligible to participate in the health care FSA

## Voluntary Benefits

Deductions for the Accident and Hospital Indemnity plans are taken from your paycheck before taxes. Deductions for Critical illness are taken from your paycheck after taxes.

## Spot Pet Insurance

This benefit is not eligible for payroll deduction through Digi. Employees will enroll and pay Spot Pet directly.

# Rates

## Short-Term Disability (Hourly Employees)

Age	Monthly Rate per \$10 WCB
Less than 25	\$0.358
25-29	\$0.364
30-34	\$0.413
34-39	\$0.402
40-44	\$0.425
45-49	\$0.513
50-54	\$0.666
55-59	\$0.876
60-64	\$1.063
65+	\$1.162

To calculate your cost follow these easy steps.

Step	Example
1. Enter your rate based on your age using the above table:	\$0.402
2. Take your annual pre-disability earnings and divide by 52:	\$1,000.00
3. Multiply the answer to step 2 by 0.60:	\$600.00
4. Enter the lesser of the result of step 3 or \$1,000.00:	\$600.00
5. Multiply the rate in step 1 by the answer to step 4:	\$241.20
6. Divide the answer to step 5 by 10:	\$24.12
7. Multiply the answer to step 6 by 12 and divide by 12. This is your per pay period cost:	\$24.12

## Long-Term Disability (Hourly Employees)

Age	Monthly Rate per \$10 WCB
All	\$0.196

To calculate your cost follow these easy steps.

Step	Example
1. Rate:	\$0.196
2. Take your annual pre-disability earnings and divide by 12:	\$5,000.00
3. Enter the lesser of the result of step 2 or \$8,333.33:	\$5,000.00
4. Multiply the rate in step 1 by the answer to step 3:	\$980.00
5. Divide the answer to step 4 by 100:	\$9.80
6. Multiply the answer to step 5 by 12 and divide by 12. This is your per pay period cost:	\$9.80

# Contact Information

Coverage	Carrier	Phone	Website
Medical	BlueCross BlueShield OK	800-942-5837	<a href="http://www.bcbsok.com/blueadvantage">www.bcbsok.com/blueadvantage</a>
Health Savings Account (HSA)	BRI (Benefits Resources, Inc.)	800-339-7493	<a href="http://www.britulsa.com">www.britulsa.com</a>
Dental	Delta Dental	800-522-0188	<a href="http://www.deltadental.org">www.deltadental.org</a>
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts (FSAs)	BRI (Benefit Resources, Inc.)	800-339-7493	<a href="https://www.britulsa.com">https://www.britulsa.com</a>
Basic/AD&D & Supplemental	Equitable	866-274-9887	<a href="http://www.equitable.com/employeebenefits">www.equitable.com/employeebenefits</a>
Long Term Disability	Equitable	866-274-9887	<a href="http://www.equitable.com/employeebenefits">www.equitable.com/employeebenefits</a>
Employee Assistance Program (EAP)	Equitable	866-274-9887	<a href="http://www.equitable.com/employeebenefits">www.equitable.com/employeebenefits</a>
Voluntary Benefits	SunLife	800-786-5433	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Pet Insurance	Spot	888-343-2340	<a href="http://Spotpet.link/digiss">Spotpet.link/digiss</a>
ID Theft Protection	Experian	866-617-1894	<a href="https://www.experian.com">https://www.experian.com</a>

## Questions?

If you have additional questions, you may also contact:

**Emily Swank**

[emilys@digiss.com](mailto:emilys@digiss.com)

888-970-3930

**Michaela Keller**

[michaelak@digiss.com](mailto:michaelak@digiss.com)



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.





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