

Benefits Made for You



2024 Benefits Summary

Please review this guide to learn about Duly Health and Care's benefit options for you and your family. Then, be sure to enroll within your first 30 days at Duly, during a qualifying life event, or during the annual Open Enrollment period.



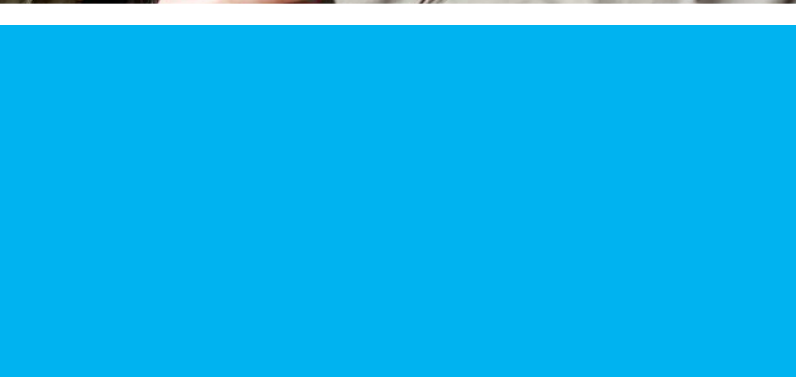






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Welcome to Your Duly Health and Care Benefits!

At Duly Health and Care, we owe our success to our team members who help us deliver the extraordinary in health and care every day. Our commitment to you includes a comprehensive benefits package that provides high-quality care. Our benefits fit into four categories:

 HEALTH To fit your budget and needs to keep you healthy	 PROTECTION To preserve income when the unexpected happens	 FINANCES To save money for now and in the future	 LIFE To help manage professional and personal priorities
<ul style="list-style-type: none"> • Medical Insurance* • Prescription Drug Program* • Dental Insurance* • Vision Insurance* 	<ul style="list-style-type: none"> • Life Insurance • Accidental Death & Dismemberment (AD&D) Insurance • Disability Insurance • Critical Illness Insurance • Accident Insurance • Hospital Indemnity Insurance 	<ul style="list-style-type: none"> • Health Savings Account (HSA)* • Healthcare Flexible Spending Account (FSA) • Limited-Purpose Healthcare FSA • Dependent Care FSA • 401(k) Plan* • Profit Sharing (discretionary)* 	<ul style="list-style-type: none"> • Employee Assistance Program (EAP)* • Tuition Reimbursement • Legal Plan • ID Theft Protection and Device Security • Pet Insurance • Team Member Discounts* • Commuter Benefit • Time Off*

*Benefits available to part-time team members.

Enroll in 2024 Benefits

If you are a new team member, you have **30 days from your date of hire** to enroll in benefits for the 2024 plan year. If you do not enroll, you will have to wait until the next Open Enrollment period, unless you experience a life event/change in status. **Your benefits are effective the first of the month** following date of hire. Premiums will be retroactive to your benefits effective date. To enroll in health and welfare benefits, log in to Workday at <https://dulyworkdaylogin.azurewebsites.net/api/HttpDulyWorkday>.

Company-Provided Full-time team members receive automatically	Enroll During Open Enrollment Within 30 Days of Your Hire Date/ a Qualifying Life Event	Enroll Anytime
<ul style="list-style-type: none"> • Group Life Insurance <i>Basic Life and Basic AD&D</i> • Long-Term Disability • Profit Sharing • EAP • Time-Off Benefits <i>Regulatory PTO, Vacation and Holidays</i> 	<ul style="list-style-type: none"> • Health <i>Medical/Prescription Drug, Dental, Vision</i> • Additional Group Life Insurance <i>Supplemental Life (Team Member, Spouse, Child)</i> • Supplemental AD&D • Short-Term Disability • Critical Illness Insurance • Accident Insurance • Hospital Indemnity Insurance • FSAs • Legal Plan • ID Theft Protection and Device Security 	<ul style="list-style-type: none"> • HSA • 401(k) Plan • Tuition Reimbursement • Pet Insurance • Team Member Discounts • Commuter Benefit

Changes During the Year

If you become benefits eligible due to a:

- *Scheduled change in hours* – your benefits will be effective the first of the month following the effective date of change.
- *Change in family status* (including marriage, divorce, birth, adoption of a child, placement of a child for adoption or loss of other insurance coverage) – you must enroll within 30 days from the date of the event, provided you meet the eligible employment status.
- *Leave beyond 18 weeks* – Benefits will end after 18 weeks on leave and you will be offered COBRA. You will have an opportunity to re-enroll once you return to work.

Who's Eligible?

If you are a regular full-time team member (scheduled to work at least 30 hours per week) and are actively at work when your insurance becomes effective, you're eligible to elect any benefits provided by Duly for yourself and your eligible dependents. If you are a regular part-time team member (scheduled to work at least 20 hours per week, up to 30 hours per week), you're eligible to elect medical, dental, and vision coverage for yourself and your eligible dependents. Eligible dependents may include:

- Your spouse/civil union partner
- Dependent children up to age 26 (eligible for Medical, Dental, Vision, Supplemental Child Life, Accidental Death and Dismemberment, Critical Illness, Accident and Hospital Indemnity Insurance)

See page 17 for details on how to verify dependents, including acceptable forms of documentation.

Other Things to Note

- There are some benefits offered to all team members regardless of their scheduled hours, such as the 401(k) Plan and Employee Assistance Program (EAP).
- If you are not in active service, your insurance will be effective on the date you return.
- If you leave Duly, your health benefits end the last day of the month in which you are no longer an active team member. All other benefits end on the date you are no longer an active team member.

Your Enrollment Checklist

To Enroll in Health and Welfare Benefits:		
1	Learn about your 2024 benefits	Visit The Compass Intranet to access information, tools and resources, like this summary.
2	Enroll within 30 days	Log in to Workday at https://dulyworkdaylogin.azurewebsites.net/api/HttpDulyWorkday to choose your plans, select who you wish to cover and designate life insurance beneficiaries. To confirm your elections after you enroll, select 'Benefit Elections' from the Benefits app.
3	Verify your dependents	As part of the benefits enrollment process, you will be prompted to upload supporting documentation in Workday for each dependent being added to benefits. See page 17 for details.

After You Enroll

- *HSA Medical Plan participants:* Log in to the Fidelity website, www.netbenefits.com, to open your Health Savings Account (HSA). **Note:** HSA team member and employer contributions will not begin until your account is opened.
- *If you elect Supplemental Life Insurance (more than \$300,000) or Supplemental Spouse Life Insurance (more than \$50,000):* Submit Evidence of Insurability (EOI) to The Hartford. The Hartford will email you instructions for completing the EOI process.

To Enroll in the 401(k) Plan:		
1	Review the Summary Plan Description (SPD)	Visit The Compass Intranet .
2	Set up your 401(k) account	Visit Empower at www.empower.com/duly to enroll in the plan, make your investment elections and designate 401(k) beneficiaries. Note: If you don't take action, you will be automatically enrolled in the 401(k) Plan at 6%.



HEALTH

Duly provides health benefits, like medical, dental and vision coverage, to help keep you healthy.

Medical Insurance

Duly offers two comprehensive medical plans through BlueCross BlueShield of Illinois.

Plans	HSA Medical Plan	PPO Medical Plan Preferred Provider Organization
Features	<ul style="list-style-type: none"> • Preventive care covered at 100% • Company contribution to HSA • Lower premiums than the PPO Medical Plan • 100% coverage after deductible when you use a Duly provider 	<ul style="list-style-type: none"> • Preventive care covered at 100% • No HSA/Company contribution • Higher premiums than the HSA Medical Plan (lower out-of-pocket costs when you receive care) • 100% coverage when you use a Duly provider

Our Duly providers offer the highest quality care in the safest and most convenient care settings. When you use a Duly provider, medical services, like physician office visits and procedures, will be covered at 100% **(Note: this is after the deductible under the HSA Medical Plan)**. For inpatient care and other services where Duly providers aren't available, the highest level of benefits will be provided by PPO network providers. Contact BlueCross BlueShield of Illinois at **1-855-760-3135** to verify the provider and location before receiving service.

Note: BlueCross BlueShield of Illinois' national network includes access to providers across the country.

Additional Ways to Save

- If you enroll in the HSA Medical Plan, you can participate in a:
 - **Health Savings Account (HSA)** – Duly will contribute money to your HSA, you never pay taxes on the money you put in to cover eligible healthcare expenses and the money is yours to keep to use now or in the future. See page 11 for details.
 - **Limited-Purpose Healthcare Flexible Spending Account (FSA)** – Use tax-free money to pay for eligible dental and vision expenses. No additional medical expenses are covered, but you can use your HSA to pay for those. See page 13 for details.
- Worried about covering expenses associated with a serious illness, accident or hospital stay? Consider **Critical Illness, Accident or Hospital Indemnity Insurance**. These offerings complement your medical coverage and offer a financial safety net. See page 10 for details.
- Adding a new family member? Our family benefits coverage includes a paid parental leave program (see page 16) and a financial benefit for adoption and surrogacy.

Plan Details



Deductible applies to all services outlined in the chart below unless otherwise noted. To view out-of-network coverage details, view the plan summaries on **The Compass Intranet**.

	HSA Medical Plan	PPO Medical Plan
HSA funding Money from Duly that you can use to pay for your eligible healthcare expenses	\$747.50 Single / \$1,495 Other	n/a
Annual deductible What you must pay before the plan begins paying benefits	\$2,500 Single / \$5,000 Other	No deductible for Duly providers; \$700 Single/\$1,400 Other for BCBS providers
Coinsurance The amount you pay after the deductible	No charge after deductible at Duly providers ² ; 20% after deductible at BCBS providers	No charge at Duly providers; 20% after deductible at BCBS providers
Physician office visit Your cost when you see your primary care physician (PCP) or specialty care provider (SCP)	No charge after deductible at Duly providers ² ; 20% after deductible at BCBS providers	No charge at Duly providers; \$50 copay per primary care visit ¹ \$100 copay per specialist visit ¹ at BCBS providers
Annual out-of-pocket maximum The most you will pay out of pocket over the course of the year	\$2,500 Single / \$5,000 Other for Duly providers; \$6,550 Single / \$13,100 Other for BCBS providers	Not applicable for Duly providers; \$3,000 Single / \$6,000 Other for BCBS providers
Type of deductible and out-of-pocket maximum	<i>True Family deductible</i> (all or one individual can meet the deductible) <i>Embedded out-of-pocket maximum</i> (individual family members are capped at the single out-of-pocket maximum amount; more than one family member needed to meet the family maximum amount) <i>True Family out-of-pocket maximum</i> for Duly providers	<i>Embedded deductible and out-of-pocket maximum</i> (individual family members are capped at the single deductible and out-of-pocket maximum amount; more than one family member needed to meet the family maximum amount)
Preventive Care Routine physicals, immunizations, preventive labs and X-rays, routine screening (excludes vision and hearing screenings)	Covered at 100%	Covered at 100%
Inpatient Hospital Services There are no inpatient facilities owned and administered by Duly	20% after deductible	20% after deductible
Inpatient Facility Fee There are no inpatient facilities owned and administered by Duly	20% after deductible	20% after deductible
Outpatient Services Hospital, outpatient surgery and services	No charge after deductible at Duly providers; 20% after deductible at BCBS providers	No charge at Duly providers; 20% after deductible at BCBS providers
Outpatient Facility Fee	No charge after deductible at Duly providers; 20% after deductible at BCBS providers	No charge at Duly providers; 20% after deductible at BCBS providers
Outpatient Surgery ASC	No charge after deductible at Duly providers; 20% after deductible at BCBS providers	No charge at Duly providers; 20% after deductible at BCBS providers
Outpatient Rehabilitation Limited to 60 visits combined per calendar year for occupational therapy and physical therapy	No charge after deductible at Duly providers; 20% after deductible at BCBS providers	No charge at Duly providers; \$50 copay ¹ at BCBS providers
Emergency Services	10% after deductible	\$250 copay per visit ¹
Prescription Drugs Benefits for retail drugs are provided up to a maximum of a 30-consecutive-day supply. Home Delivery provides up to a 90-day-supply for maintenance drugs. Preventive medications covered before the deductible are subject to the Rx cost-sharing provisions. Specialty pharmacy benefits are limited to Duly Pharmacy or ESI Pharmacy Home Delivery Service.	No charge after deductible at Duly pharmacies; Member pays 20% ³ after deductible at all other in-network pharmacies	Duly Pharmacy: \$5 generic/\$20 brand formulary/ \$45 brand non-formulary; Retail: \$15 generic/\$30 brand formulary/ \$55 brand non-formulary Specialty: Member pays 25% Home Delivery: N/A Duly pharmacy; 2x Retail all other in-network pharmacies
Prescription Drugs out-of-pocket maximum	Refer to annual out-of-pocket maximum above	\$3,000 Single / \$6,000 Other (specific to prescription drugs)

Pre-authorization is required for admission to all inpatient or surgical facility, residential treatment center, or skilled nursing facility. Emergency and obstetric admission notification is required within two working days of admittance. Please note that in-network providers are typically responsible for conducting the pre-certification process, but we recommend confirming this with your in-network provider. Pre-authorization is also required for out-of-network outpatient elective admissions, transplants, home healthcare and hospice services; however, out-of-network providers will typically not complete these pre-authorizations on your behalf. The failure to pre-certify or notify will potentially result in a claim denial.

¹Deductible does not apply.

²The HSA Medical Plan is covered at 100% after deductible in accordance with HSA eligibility rules.

³Prescription drug claims under the HSA plan apply to the Duly Providers deductible.

Find a Doctor

Before you receive care, consider using a Duly provider to get the best benefit level. If a Duly provider is not available or you choose to use a non-Duly provider, it is important to confirm that provider is in-network. To do so, visit myBlueElementIL.com and search the PPO network.

Prescription Drug Program



When you elect medical coverage, you will receive prescription drug benefits through Express Scripts (ESI), including 100% coverage on all generic and preferred-brand diabetes medications and supplies.

The Pharmacy of Duly Health and Care

Duly offers pharmacy services at the following locations.

Note: Prescriptions for specialty medications can only be filled through the Pharmacy of Duly Health and Care or through the ESI Specialty Pharmacy, Accreddo.

LISLE 430 Warrenville Road, Suite 215	630-539-6000
TINLEY PARK 17495 S. LaGrange Road	708-226-7000

South Bend Clinic pharmacies:	
THE SOUTH BEND CLINIC PHARMACY 211 N Eddy Street, South Bend, IN 46617	574-237-9295
THE SOUTH BEND CLINIC PHARMACY AT GRANGER 52500 Fir Road, Granger, IN 46530	574-204-6995
THE SOUTH BEND CLINIC PHARMACY 301 E Day Road Mishawaka, IN 46545	574-204-6010

Express Scripts Pharmacy Home Delivery Service

Express Scripts Pharmacy Home Delivery mails your medications right to your door. With this benefit, you may save when you fill your long-term prescriptions (up to a 90-day supply) compared with a participating retail pharmacy. Here are some key features:

- Save time and money by ordering a 90-day supply – standard shipping is free.
- Order online or from the Express Scripts mobile app.
- First-time prescriptions will arrive within eight days. Refills are usually ready within three to five days.
- Speak to the pharmacy team 24/7 – specialist pharmacists also have in-depth training in medications used to treat specific conditions, such as high blood pressure, high cholesterol and diabetes.

Receiving your prescription drugs is easy. Visit www.Express-Scripts.com/Activate to choose which of your current maintenance medications you'd like to receive through home delivery. Then Express Scripts will contact your doctor, or you can ask your doctor to send your prescription electronically to the Express Scripts Pharmacy. You can also call **1-800-840-1160** to talk with a prescription plan specialist 24 hours a day, 7 days a week.

Affordable and Convenient Pharmacy Care

- 1 On the Express Scripts site, www.Express-Scripts.com, you can search for prescription drugs, find a pharmacy, view formulary listings, get cost estimates, order mail service refills or new prescriptions online, and more!
- 2 Download the Express Scripts mobile app to manage your medications anytime, anywhere.
- 3 With your permission, Express Scripts will contact your doctor when it's time to renew your prescription.

Dental Insurance



You have a choice of two dental plan options through Delta Dental of Illinois. Both plans cover treatments like crowns, fillings, oral surgery and orthodontia. The PPO plan allows you to choose any Delta Dental and/or Delta Dental Premier dentist, while the DHMO¹ plan requires you to select a DeltaCare Illinois primary care dentist. To find a dentist, visit www.deltadentalil.com or call **1-800-323-1743**. **Note:** Participating dentists can change, so it's recommended that you call the dental office to verify they are a participating provider.

	DHMO ¹		PPO					
	DeltaCare		Delta PPO		Premier		Non-PPO	
Deductible	\$0 Single	\$0 Other	\$50/year Single	\$150/year Other	\$100/year Single	\$300/year Other	\$100/year Single	\$300/year Other
Coinsurance								
Preventive	100%		100%		100%		100%	
Basic	Fee Schedule Applies		80% after deductible		50% after deductible		50% after deductible	
Major	Fee Schedule Applies		50% after deductible		50% after deductible		50% after deductible	
Orthodontia	\$2,125 dependents up to age 19; \$2,625 adults		50% up to \$2,000; Lifetime maximum – dependents up to age 26 <i>Note: Orthodontia is not available to adults in any dental PPO plan</i>					
Annual Maximum	None		\$2,500/year (per person)					

¹This DHMO plan is not available to team members who live outside of Illinois.

Vision Insurance

You can select vision care coverage through Vision Service Plan (VSP). To find a provider, log on to www.vsp.com, select 'Find A Doctor' and enter your ZIP code. **Note:** You will not receive a vision ID card. You will need to notify your provider that you have VSP insurance prior to your appointment for authorization.

Schedule of Benefits	In-Network	Out-of-Network
Eye Exam (Every 12 months)	\$10 copay	Up to \$45
Frames² (Every 24 months)	\$25 copay (\$175 plan allowance, plus additional \$50 for featured frame brands, then 20% off)	Up to \$70
Basic Lenses (Every 12 months) Single vision Bifocal Trifocal	\$25 copay \$25 copay \$25 copay	Up to \$30 Up to \$50 Up to \$65
Add-Ons Scratch coating UV coating Anti-reflective coating	100% covered \$10 copay Approximately \$41 copay	Not covered
Contact Lenses (Every 12 months) In lieu of spectacle lenses and frames Medically necessary / Elective	100% (\$175 plan allowance)	Up to \$210 Up to \$105
Laser Correction Surgery	Average 15% off the regular price or 5% off the promotional price from contracted facilities	

²Member reimbursement out-of-network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers.



PROTECTION

Duly provides protection benefits, like Life, Accidental Death & Dismemberment (AD&D) and Disability Insurance, to preserve your income if the unexpected happens.

Life and AD&D Insurance

Basic Life Insurance and AD&D Insurance, provided by The Hartford, are available at no cost to you. If you want added protection, you can purchase Supplemental Life and AD&D Insurance for yourself, your spouse and your child(ren). These options are covered in the summary table below.

Basic Life	1x salary up to \$500,000 (\$25,000 minimum)
Basic AD&D	1x salary up to \$500,000 (\$25,000 minimum)
Supplemental Team Member Life	Increments of \$25,000 (not to exceed \$1,000,000) Guaranteed Issue: \$300,000; benefit subject to a minimum of \$25,000
Supplemental Spouse Life*	\$10,000, \$25,000, \$50,000 or \$100,000 (not to exceed 50% of Supplemental Team Member Life) Guaranteed Issue: \$50,000
Supplemental Child Life*	\$5,000, \$10,000 per eligible child
Supplemental AD&D	Up to 4x your salary (not to exceed \$500,000 but not less than \$10,000) <i>You may also enroll your dependent(s) for AD&D coverage. Your dependent(s) will be covered at a percentage of your coverage amount.</i>

Coverage Tier	Spouse Percentage	Child(ren) Percentage
Spouse	100%	0%
Child(ren)	0%	15%
Spouse & Child(ren)	80%	10%

*Supplemental Team Member Life Insurance is required to apply for Supplemental Spouse and Child Life Insurance.

The Supplemental Life Insurance options above indicate a Guaranteed Issue amount. This is the amount of coverage you can purchase without having to provide what is called Evidence of Insurability (EOI), or proof of good health. After electing coverage, you will receive more information if you need to take further action to enroll.

Note: Full-time team members may purchase Supplemental Life Insurance (up to the Guaranteed Issue amount) without EOI during their initial enrollment (new hire or status change). If a team member does not enroll in Supplemental Life Insurance during their initial enrollment and then later elects Supplemental Life Insurance during Open Enrollment or during a life event, EOI will be required by The Hartford.

Don't Forget to Name Your Life Insurance Beneficiary! Log in to Workday at <https://dulyworkdaylogin.azurewebsites.net/api/HttpDulyWorkday>.



Disability Insurance

Disability Insurance, provided by The Hartford, replaces a portion of your income to help you continue to pay your bills and meet your financial obligations if you are unable to work due to illness or disability. Your options are covered in the summary table below.

	Short-Term Disability (STD)	Long-Term Disability (LTD)
Who Pays	Team member paid	Company-paid
Elimination Period	7 days (use regulatory PTO or vacation time to continue your pay)	90 days (coordinates with STD)
Maximum Benefit	Weekly: 60% of weekly income, up to \$2,000	Monthly (Staff): 50% of monthly income, up to \$10,000 Monthly (Physician): 60% of monthly income, up to \$10,000
Maximum Duration of Benefits	12 weeks (6 weeks for pre-existing condition)	In accordance with the Plan Document
Coordination of Coverage	Other disability plans and company-paid LTD	Other disability plans, including Workers' Compensation, Social Security (including dependent benefits) or any other state disability programs

Note: Full-time team members may purchase STD without Evidence of Insurability (EOI) during their initial enrollment (new hire or status change). If a team member does not enroll in STD during their initial enrollment and then later elects STD during Open Enrollment or during a life event, EOI will be required by The Hartford.

Additional Things to Consider:

- Any STD benefits received from the plan will not be taxed since you are paying the full premium cost on an after-tax basis.
- You may come back to work part-time while on STD and still receive prorated STD pay.



Critical Illness Insurance

The out-of-pocket costs of a serious illness can be significant, even with medical insurance. To help offset these costs, Critical Illness Insurance, provided by Voya, provides extra financial protection by paying a lump sum directly to you if you are diagnosed with a covered condition, such as heart attack, cancer or stroke. That way, you can focus on getting better rather than worrying about how to cover your bills.

Coverage is portable and available to you, your spouse and child(ren) to pay for your treatment costs or everyday living expenses like housekeeping services, special transportation services and day care.

Accident Insurance

Life is unpredictable. Be prepared for life's surprises with Accident Insurance, provided by Voya. The plan pays a lump sum directly to you, based on your accident, and you choose how to spend it. Whether you break a bone or experience a more serious injury, you can use the money for medical bills, monthly expenses and other bills that you may have while you recover.

Hospital Indemnity Insurance

In the event of a hospital stay, even the best health insurance plan can leave you owing thousands of dollars in unpaid medical bills. With Hospital Indemnity Insurance, provided by Voya, the plan pays cash directly to you that you can use to help pay medical costs, or even pay for everyday expenses like grocery bills or mortgage payments.

Note: You must enroll in these benefits **within 30 days of hire/a qualifying life event (or during the annual Open Enrollment period)**. Visit www.Voya.com or call **1-877-236-7564** (Group #712027).



FINANCES

Duly offers benefits, including the Health Savings Account and 401(k) Plan, to help you save money now and in the future.

Health Savings Account (HSA)

If you enroll in the HSA Medical Plan, you are eligible to open a Health Savings Account (HSA) through Fidelity. The HSA is a tax-advantaged personal savings account that allows you to set aside funds to pay for eligible medical, prescription drug, dental and vision expenses. You then pay for expenses using your HSA debit card or pay out of pocket. If you pay out of pocket, you can reimburse yourself by debiting funds from your account. Be sure to keep your receipts. A full list of eligible expenses is available at www.irs.gov.

How It Works

- **Make individual contributions and get a company contribution.** Duly will contribute tax-free money to your HSA if you make a minimum contribution. See the following page for details. In 2024, the limits on total contributions to your account are:
 - **Up to \$4,150** for single coverage (including Duly's contribution)
 - **Up to \$8,300** for all other coverage levels (including Duly's contribution)
 - If you are age 55 or older (or turn age 55 in 2024), you may contribute an **additional \$1,000** (also known as 'catch-up contributions')**Note:** If you are newly hired or have a change in status/life event, you may contribute a prorated amount (not the full \$1,000).
- **Never pay taxes.** Contributions are made from your paycheck on a before-tax basis and the money will never be taxed when used for eligible expenses.
- **It's your money.** Unused money can be carried over each year and invested for the future – with the potential to gain interest or earnings tax-free. You can even take it with you if you leave Duly or retire.

Set Up Your HSA

Visit Fidelity at www.NetBenefits.com or call **1-800-544-3716** to start using the HSA to pay for eligible expenses. Funds are available as soon as money is in your account. In order for team member and employer contributions to be made to your HSA, you must complete the account setup process. Contributions will be on a prospective basis. No retroactive employer contribution will be made. **Note: The HSA requires re-enrollment each year.**

You Cannot Contribute to an HSA if You Are:

- Covered by other insurance that pays for medical services. This includes medical plans that are not high deductible plans (like the PPO Medical Plan) and full-purpose flexible spending accounts.
- Enrolled in Medicare.
- Claimed as a dependent on someone else's tax return (e.g., dependent child as defined by the IRS). However, you can be claimed as a spouse on your tax return.

HSA Contributions



By contributing at least \$26 per calendar year/\$1 per pay period to an HSA, Duly will make a bi-weekly contribution to your HSA. See the chart below for details. Please note this amount is subject to change and/or stop in future years.

	Duly Pay Period Contribution	Duly Annual Contribution (based on 26 pay periods)	Team Member Annual Maximum Contribution	Team Member Annual Maximum Contribution with Catch-up (age 55+)
HSA Medical Plan	\$28.75 Single \$57.50 Other	\$747.50 Single \$1,495.00 Other	\$3,402.50 Single \$6,805.00 Other	\$4,402.50 Single \$7,805.00 Other

Other Things to Note

- You are eligible to open an HSA only if you enroll in the HSA Medical Plan. If you lose your HSA Medical Plan coverage, you can use your remaining HSA funds for qualified medical expenses, but you will no longer be able to contribute to your HSA.
- If either you or your spouse participates in a general-purpose Healthcare Flexible Spending Account (FSA) or Health Reimbursement Account (HRA), neither of you will be eligible to contribute to an HSA.
- If you use your HSA to pay for non-qualified medical expenses, the distribution becomes taxable, and if you are not disabled or over age 65, you will be subject to a 20% tax penalty.
- If you are age 65 and older and are enrolled in Medicare, you are no longer eligible to contribute to your HSA, but can use your remaining HSA funds to pay for qualified medical expenses, such as paying certain insurance premiums for Medicare Parts A and B, Medicare HMO or your share of retiree medical coverage offered by a former employer. **Note:** Your HSA funds cannot be used tax-free to purchase Medigap or Medicare supplemental policies.

Tips for Qualified Medical Expenses

- The expense should primarily be for the prevention of a physical or mental defect or illness. The determination of whether the expense qualifies often hangs on the word 'primarily.'
- Qualified expenses must be incurred on or after the day the HSA was established.
- You, your spouse and your eligible dependents may have medical expenses paid for out of your HSA, even if your spouse or dependent is not enrolled in the HSA Medical Plan.
- Health insurance premiums do not qualify as medical expenses, unless:
 - You are receiving unemployment compensation
 - You are paying for COBRA continuation coverage
 - You have certain qualified long-term care insurance premiums

Flexible Spending Accounts (FSAs)



Flexible Spending Accounts (FSAs) are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible healthcare and dependent care expenses. You can participate in the following accounts through Inspira Financial (formerly PayFlex):

Healthcare Flexible Spending Account (HCFSA)

- Set aside money to pay for eligible healthcare expenses, such as medical (plan deductibles, copays, coinsurance), prescriptions, dental and vision expenses, for you and your eligible dependents.
- **Contribute up to \$3,200** per calendar year (minimum of \$26). Funds are available to use immediately. Any unused money not claimed by the annual deadline will be forfeited.
- Use the Inspira Financial FSA debit card or pay out of pocket and submit claims for reimbursement.
- Incur claims through March 15 of the next plan year. All claims for 2024 expenses must be submitted by March 31, 2025.

Enrolling in the HSA Medical Plan? You can enroll in a **Limited-Purpose Healthcare Flexible Spending Account (LPFSA)**, which you can use to pay for eligible dental and vision expenses.

Visit Inspira Financial at <https://inspirafinancial.com/> or call **1-844-729-3539** to manage your account.

Note: FSAs require re-enrollment each year. Money in these accounts does not carry over from year to year, so plan carefully!

Dependent Care Flexible Spending Account (DCFSA)

- Set aside money to pay for eligible expenses for dependent(s) under the age of 13 or your dependent or spouse who is physically not able to care for themselves and is considered a qualified dependent.
- **Contribute up to \$5,000** per calendar year (minimum of \$26) or \$2,500 if you are married and filing taxes separately. Funds are available to use once it's been funded through December 31. Any unused money will not carry over.
- Incur claims through March 15 of the next plan year. All claims for 2024 expenses must be submitted by March 31, 2025.

Note: Physicians and other highly-compensated team members are unable to participate in the DCFSA.

Health Savings Account (HSA) vs. Flexible Spending Accounts (FSAs) Comparison

	Health Savings Account (HSA) HSA Medical Plan enrollees only	Healthcare Flexible Spending Account (HCFSA) PPO Medical Plan enrollees only	Limited-Purpose Flexible Spending Account (LPFSA) HSA Medical Plan enrollees only	Dependent Care Flexible Spending Account (DCFSA)
Pay for...	Eligible medical, prescription drug, dental and vision expenses	Eligible medical, prescription drug, dental and vision expenses	Eligible dental and vision expenses	Eligible expenses for child care or caring for a disabled dependent adult
Change your contribution amount during the year (unless due to life event)	Yes		No	
Access full annual contribution amount on first day of coverage	No (access only funds that have been deposited)		Yes	No
Money is always yours to keep	Yes (even if you leave Duly or retire)		No ('use-it-or-lose-it' at year-end)	
Receive company contribution	Yes		No	

401(k) Plan



Saving for retirement is important for your financial future, whether you are retiring soon or years from now. All new team members (full-time or part-time) are automatically enrolled in the 401(k) Plan at a 6% contribution rate and a 1% contribution increase per year. Team members can choose to set a different automatic increase rate. The default election option is based on the Lifecycle Index Funds. You may change your contribution amount and investment options at any time.

Key Features

- **Team member contribution** – There are three ways you can contribute to the 401(k) Plan (you can change your contribution anytime):
 - **Traditional** – Contribute before-tax dollars, taxed upon withdrawal
 - **Roth** – Contribute after-tax dollars, not taxed upon withdrawal when you retire
 - **After-tax** – Contribute after-tax dollars, not taxed upon withdrawal, but any earnings are taxable. If you withdraw after-tax contributions, you will also be required to withdraw associated earnings, which may be subject to a 10% early withdrawal penalty. After-tax contributions are not eligible for the employer match.
- **Employer match** – Duly makes an annual match contribution of 50% of the first 6% of contributions to your 401(k). Since you must be employed on the last day of the plan year (December 31), the match is not made until administratively feasible in the next year.
- **Annual profit sharing** – Duly may make a discretionary contribution to your 401(k) in an amount to be determined at the end of the plan year. Discretionary contribution amounts may vary each year and are not guaranteed to occur.
- **Vesting** – You are always 100% vested in your own contributions. You are fully vested in the employer match and profit sharing contributions after five years of service.

You are eligible for the 401(k) employer match and profit sharing if you have been employed for one year and continue to be employed as of the last day of the Plan year. Match eligibility also requires working at least one hour in the anniversary year period, and profit sharing requires working at least 1,000 hours in the plan year.

When Will I Receive the Employer Match and Profit Sharing Contributions?

Entry into the 401(k) employer match and profit sharing does not begin on your one-year anniversary date, but on either January 1 or July 1 following your one-year anniversary.

For example, if your anniversary date is between January 2 and July 1, the employer match begins on July 1 following your one-year anniversary and is then deposited as a lump sum the following year. So if you celebrated your one-year anniversary April 15, 2024, the calculation for the employer match would begin July 1, 2024. You would receive the match for July 1 – December 31 as soon as administratively feasible in 2025, provided you were employed through the end of 2024 and met the other criteria.

If you were hired between July 2 and January 1, the employer match begins January 1 following your one-year anniversary. It is then deposited as a lump sum the following year. You would receive a full year's match as soon as administratively feasible in the following year.

Eligibility for profit sharing works the same way, but you would receive the Company's contribution in early fall.

IRS 2024 Contribution Limits

- \$23,000 maximum for team member contribution (traditional and Roth)
- If you are age 50 or older, you may contribute an additional \$7,500 (also known as 'catch-up contributions'), for a total maximum of \$30,500.
- The total of before-tax, Roth, company match, profit sharing and after-tax contributions cannot exceed the lesser of \$69,000 or 100% of your pay in the plan year.

Learn More or Make Changes

Visit www.empower.com/duly or contact Empower at **1-833-401-3859**. You can also learn about how to roll over your funds from another job, how to process an in-service withdrawal (if age 59½ or older), a full withdrawal (age 65 or older) or a hardship withdrawal (if you have a qualifying need).



LIFE BENEFITS

Duly provides additional benefits, like the Employee Assistance Program, Tuition Reimbursement, Identity Theft Protection and Pet Insurance, to help you manage professional and personal priorities.

Employee Assistance Program (EAP)

All team members (full-time and part-time) and their dependents have access to the Employee Assistance Program (EAP) through Ability Assist. The EAP offers free and confidential support for everyday issues, like job pressures, relationships, budgeting and retirement planning. You have access to emotional or work/life counseling, financial information, and legal support and resources. Visit www.GuidanceResources.com (first-time users: Organization Web ID:HLF902; Company Name: ABILI) or call **1-800-964-3577**.

Tuition Reimbursement

Full-time team members can apply for Tuition Reimbursement (up to \$5,250 in a calendar year) to use toward school tuition or certifications. The money cannot be used for fees, books, supplies or grants. To be eligible, you must complete six months of service and achieve a grade of A or B in the course. View the Tuition Reimbursement Policy on **The Compass Intranet** under Human Resources (HR).

Legal Plan

Team members may enroll for coverage with the Legal Plan through ARAG. Legal plan members can meet with a professional attorney for legal advice, document review and preparation, and legal representation. You also have access to online education tools and resources, financial education and counseling services. Attorney fees for most covered services are 100% paid in full when you work with one of 13,000 network attorneys nationwide.

Note: You must enroll in this benefit **within 30 days of hire (or during the annual Open Enrollment period)**. Visit www.ARAGLegalCenter.com or call **1-800-247-4184**.

ID Theft Protection and Device Security

Everyday activities like online shopping, banking and browsing can expose your personal information. Protect your identity and your financial security with ID Theft Protection and Device Security through Allstate Identity Protection. This benefit helps provide peace of mind with innovative protection for your identity, personal information and connected devices. **Note:** You must enroll in this benefit **within 30 days of hire/a qualifying life event (or during the annual Open Enrollment period)**. Visit <http://www.myaip.com> or call **1-800-789-2720**.

Pet Insurance

With the Pet Insurance Program through Nationwide, you can stress less and provide your pets with the best care possible. The program reimburses up to 70% of vet bills, including accidents, illnesses and hereditary conditions. You can use any vet you wish, with additional benefits for emergency boarding, lost-pet advertising and more. Policies are available for dogs, cats, birds, reptiles and other exotic pets. **Note:** You can enroll in this benefit at **any time during the year**. Visit www.PetsNationwide.com or call **1-877-738-7874**.

Team Member Discounts

Periodically, Duly will participate in or receive discounts on a variety of services and items throughout the year. Visit **The Compass Intranet**.



Family Benefits

To help support your growing family, Duly is proud to provide full-time team members a financial benefit for adoption and surrogacy.

Commuter Benefit

Full-time team members have the opportunity to enroll in a Commuter Benefit through Inspira Financial (formerly PayFlex) to help them save money on eligible work-related transportation expenses. Have pre-tax money deducted from your paychecks and loaded to a commuter debit card to use for purchasing passes or vouchers to cover the costs of traveling to and from work. You can contribute up to \$315 per month, and any unused funds will roll over into the following month. You can enroll in this benefit or change your election at any time. Log in to Workday at <https://dulyworkdaylogin.azurewebsites.net/api/HttpDulyWorkday>.

Time Off

Regulatory PTO

Team members receive 40 hours of regulatory PTO on January 1st of each year. A prorated amount for new hires can be used after 30 days of employment. Refer to the policy documents for additional details.

Vacation

Full-time non-managerial, non-physician team members (30+ hours/week) and part-time non-managerial, non-physician team members (20 – 29 hours/week) are eligible to accrue vacation benefits that are available to use once you complete your first 90 days of employment. Non-physician managers and above are eligible for a flexible time off program. Refer to the policy documents for additional details.

Parental Leave

Full-time non-physician team members may be eligible to receive up to 12 weeks leave paid at 100%. Refer to Duly's leave policies for additional details.

Volunteer Days

Each year, team members are eligible to receive up to 5 days paid at 100% for volunteering. Refer to Duly's Volunteer Time-Off policy for additional details.

Holidays

Duly observes the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

In addition, full-time non-physician team members receive 2 floating holidays per calendar year. Part-time non-physician team members (20 – 29 hours/week) receive 1 floating holiday per calendar year. Proration applies to new hires and floating holidays can be used after 30 days of employment. Refer to the policy documents for additional details.

Dependent Verification Requirements

Team members adding dependents to their benefits coverage are required to provide documentation supporting the eligibility of each dependent **within 30 days of hire/a qualifying life event**. During open enrollment, supporting documentation must be provided during the open enrollment period.

To Verify Your Dependents

- Confirm your covered dependents are eligible for the Duly benefit plans.
- Refer to the eligibility requirements for the definition of each dependent and the required acceptable forms of documentation below.
- Submit supporting documentation for each dependent being added to benefits as part of the benefits enrollment process in Workday by logging in to <https://dulyworkdaylogin.azurewebsites.net/api/HttpDulyWorkday>.

Dependent Type	Acceptable Forms of Documentation
<p>SPOUSE Your legally-recognized spouse</p> <p>Note: A former spouse is not eligible.</p>	<p>Submit one document from PROOF A OR one document from PROOF B:</p> <p>PROOF A:</p> <ul style="list-style-type: none"> • Valid legal or religious marriage certificate, which must include the date of marriage. • Legal household/family registry, must show spousal relationship. (This is only acceptable if you were married outside the U.S. and do not have a marriage certificate.) <p>OR PROOF B:</p> <p>A copy of your prior or current year federal 1040 or state income tax return listing your spouse's name and indicating a filing status of 'married filing jointly' or 'married filing separately.' Only the page listing filing status and exemptions is required.</p>
<p>DOMESTIC PARTNER Your same- or opposite-sex partner in a civil union</p>	<p>Submit document from PROOF C:</p> <p>Civil Union Declaration</p> <p>Note: If your civil union partner is considered your tax dependent, notify the Benefits Department in order to accurately establish the taxation of benefit premiums.</p>
<p>CHILD UNDER AGE 26 Your children until the date they reach age 26, which includes a:</p> <ul style="list-style-type: none"> • Natural child • Stepchild or child of your domestic partner • Legally adopted child or child placed with you for adoption • Child for whom you have legal guardianship or court-ordered custody 	<p>Submit a copy of one document from PROOF D:</p> <ul style="list-style-type: none"> • Legal documents issued by the courts must name you, your spouse or your domestic partner as the child's parent/guardian/custodian; include names of the child and parent/guardian/custodian; and include official signature or court stamp or case number. • Adoption certificate • Adoption placement agreement • Birth certificate with parent's name listed • Hospital birth record (within 90 days of birth) <ul style="list-style-type: none"> • Prior or current year federal 1040 or state income tax return showing the child listed as a dependent with the relationship as daughter, son or child. Only the page listing filing status and exemptions is required. • Legal guardianship papers or custody agreements • Legal household/family registry, must show relationship. (This is only acceptable if the child was born outside the U.S. and you do not have a birth certificate.) • Parental custody agreement • Qualified Medical Child Support Order showing you are required to provide coverage for the child <p>Note: If you are a team member that needs to provide documentation for a stepchild or a child of your domestic partner, you must also provide the required documentation listed for spouse or domestic partner, even if your spouse or domestic partner is not currently covered under the plans.</p>
<p>CHILD AGE 26 AND OVER A covered dependent child who attains the limiting age while covered under this Plan will remain eligible for benefits if all of the following exist at the same time:</p> <ul style="list-style-type: none"> • Permanently mentally disabled or permanently physically handicapped • Incapable of self-sustaining employment • The child meets all of the qualifications of a dependent as determined by the United States Internal Revenue Service • Declared on and legally qualify as a dependent on the team member's federal personal income tax return filed for each year of coverage • Unmarried 	<p>Submit a copy of one document from PROOF E AND both documents from PROOF F:</p> <p>PROOF E:</p> <p>Any one of the documents listed for Child Under Age 26.</p> <p>PROOF F:</p> <ul style="list-style-type: none"> • Physician statement certifying that the dependent child cannot support himself/herself because of a physical or mental disability prior to reaching the maximum age. All information must be pre-printed. • Prior or current year federal 1040 or state income tax return showing the child listed as a dependent with the relationship as daughter, son or child. Only the page listing filing status and exemptions is required.

Premiums & Contribution Rates

Full-time Team Member Rates

HSA MEDICAL PLAN	2024 MONTHLY RATES	2024 BI-WEEKLY RATES
Team Member Only	\$101.94	\$47.05
Team Member & Spouse	\$410.17	\$189.31
Team Member & Child(ren)	\$214.49	\$99.00
Full Family	\$518.44	\$239.28

PPO MEDICAL PLAN	2024 MONTHLY RATES	2024 BI-WEEKLY RATES
Team Member Only	\$251.09	\$115.89
Team Member & Spouse	\$619.33	\$285.84
Team Member & Child(ren)	\$403.71	\$186.33
Full Family	\$847.11	\$390.97

DENTAL HMO	2024 MONTHLY RATES	2024 BI-WEEKLY RATES
Team Member Only	\$14.32	\$6.61
Team Member & Spouse	\$24.96	\$11.52
Team Member & Child(ren)	\$27.44	\$12.66
Full Family	\$41.22	\$19.02

DENTAL PPO	2024 MONTHLY RATES	2024 BI-WEEKLY RATES
Team Member Only	\$34.43	\$15.89
Team Member & Spouse	\$68.17	\$31.46
Team Member & Child(ren)	\$80.01	\$36.93
Full Family	\$99.40	\$45.88

VISION	2024 MONTHLY RATES	2024 BI-WEEKLY RATES
Team Member Only	\$9.00	\$4.15
Team Member & Spouse	\$16.33	\$7.54
Team Member & Child(ren)	\$17.17	\$7.92
Full Family	\$26.47	\$12.22

Note: Generally, you pay for the cost of your medical, dental and vision coverage on a before-tax basis over the calendar year, through regular deductions from your paycheck. Deductions generally will begin with the first paycheck you receive after you have completed your online enrollment, and the amount of your contribution will be taken out of each of your paychecks before taxes are calculated. The noted exception to this general rule is if you choose to cover an individual who does not meet the definition of a tax dependent for health coverage purposes under the Internal Revenue Code (e.g., domestic partner and/or children of a domestic partner). In this case, your contributions will still be deducted from your regular paychecks over the calendar year, but the amount of your contribution will be taken out of each of your paychecks on an after-tax basis. In addition, Duly will include in your reportable income the value of any healthcare coverage it provides under the medical, dental and/or vision plans to any such individual. Premium deductions are not prorated by the day or week. The full bi-weekly amount is taken per applicable paycheck.

Premiums & Contribution Rates (continued)

SUPPLEMENTAL LIFE INSURANCE – TEAM MEMBER	Coverage Election Amount	Divide by \$1,000	Result =	Multiply Result by Bi-Weekly Rate	Bi-Weekly Rate	Bi-Weekly Team Member Cost
Example: Age 42	\$25,000	/1,000	\$25.00	X	\$0.0503	\$1.26
Under Age 25		/1,000		X	\$0.0254	
25 – 29		/1,000		X	\$0.0277	
30 – 34		/1,000		X	\$0.0369	
35 – 39		/1,000		X	\$0.0415	
40 – 44		/1,000		X	\$0.0503	
45 – 49		/1,000		X	\$0.0840	
50 – 54		/1,000		X	\$0.1472	
55 – 59		/1,000		X	\$0.2483	
60 – 64		/1,000		X	\$0.3286	
65 – 69		/1,000		X	\$0.5862	
70 and over		/1,000		X	\$0.9508	

SUPPLEMENTAL LIFE INSURANCE – SPOUSE	
Coverage Election Amount	Bi-Weekly Team Member Cost
\$10,000	\$0.73
\$25,000	\$1.83
\$50,000	\$3.67
\$100,000	\$7.34

SUPPLEMENTAL LIFE INSURANCE – CHILD	
Coverage Election Amount	Bi-Weekly Team Member Cost
\$5,000	\$0.30
\$10,000	\$0.59

SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	Coverage Election <small>Rounded to Next \$1,000</small>	Divide by \$1,000	Result =	Multiply Result by Bi-Weekly Rate	Bi-Weekly Rate	Bi-Weekly Team Member Cost
Team Member Only		/1,000		X	\$0.0097	
Team Member Plus Family		/1,000		X	\$0.0185	

SHORT-TERM DISABILITY	Annual Salary	Divide by 52 Weeks	Result =	Multiply Result by Weekly Benefit	Weekly Benefit (Max. \$2,000)	Multiply Weekly Benefit by Bi-Weekly Rate	Bi-Weekly Team Member Cost
Example	\$40,000	/52	\$769.23	x .60	\$461.54	\$0.0337	\$15.55
Team Member		/52		x .60		\$0.0337	

CRITICAL ILLNESS INSURANCE Low Plan \$10,000	BI-WEEKLY TEAM MEMBER COST							
	Non-Tobacco				Tobacco			
	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
Under Age 25	\$1.94	\$3.12	\$2.72	\$3.90	\$2.77	\$4.48	\$3.55	\$5.26
25 - 29	\$2.08	\$3.33	\$2.86	\$4.11	\$2.95	\$4.80	\$3.73	\$5.58
30 - 34	\$2.26	\$3.60	\$3.04	\$4.38	\$3.28	\$5.26	\$4.06	\$6.04
35 - 39	\$2.72	\$4.27	\$3.50	\$5.05	\$4.11	\$6.44	\$4.89	\$7.22
40 - 44	\$3.69	\$5.74	\$4.47	\$6.52	\$5.63	\$8.79	\$6.41	\$9.57
45 - 49	\$5.31	\$8.31	\$6.09	\$9.09	\$8.31	\$13.02	\$9.09	\$13.80
50 - 54	\$7.80	\$12.39	\$8.58	\$13.17	\$12.37	\$19.71	\$13.15	\$20.49
55 - 59	\$10.89	\$17.95	\$11.67	\$18.73	\$17.54	\$28.96	\$18.32	\$29.74
60 - 64	\$14.58	\$24.02	\$15.36	\$24.80	\$23.58	\$38.90	\$24.36	\$39.68
65 - 69	\$18.88	\$31.16	\$19.66	\$31.94	\$30.65	\$50.68	\$31.43	\$51.46
70+	\$26.45	\$42.95	\$27.23	\$43.73	\$43.20	\$70.18	\$43.98	\$70.96

CRITICAL ILLNESS INSURANCE High Plan \$20,000	BI-WEEKLY TEAM MEMBER COST							
	Non-Tobacco				Tobacco			
	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
Under Age 25	\$3.88	\$6.23	\$5.45	\$7.80	\$5.54	\$8.96	\$7.11	\$10.53
25 - 29	\$4.15	\$6.64	\$5.72	\$8.21	\$5.91	\$9.60	\$7.48	\$11.17
30 - 34	\$4.52	\$7.20	\$6.09	\$8.77	\$6.55	\$10.52	\$8.12	\$12.09
35 - 39	\$5.45	\$8.54	\$7.02	\$10.11	\$8.22	\$12.88	\$9.79	\$14.45
40 - 44	\$7.38	\$11.49	\$8.95	\$13.06	\$11.26	\$17.58	\$12.83	\$19.15
45 - 49	\$10.62	\$16.62	\$12.19	\$18.19	\$16.62	\$26.04	\$18.19	\$27.61
50 - 54	\$15.60	\$24.78	\$17.17	\$26.35	\$24.74	\$39.42	\$26.31	\$40.99
55 - 59	\$21.78	\$35.90	\$23.35	\$37.47	\$35.08	\$57.93	\$36.65	\$59.50
60 - 64	\$29.17	\$48.05	\$30.74	\$49.62	\$47.17	\$77.82	\$48.74	\$79.39
65 - 69	\$37.75	\$62.30	\$39.32	\$63.87	\$61.29	\$101.35	\$62.86	\$102.92
70+	\$52.89	\$85.89	\$54.46	\$87.46	\$86.40	\$140.35	\$87.97	\$141.92

Premiums & Contribution Rates (continued)

ACCIDENT INSURANCE	Bi-Weekly Team Member Cost
Team Member Only	\$3.93
Team Member & Spouse	\$8.30
Team Member & Child(ren)	\$9.35
Full Family	\$13.53

HOSPITAL INDEMNITY INSURANCE	Bi-Weekly Team Member Cost	
	\$100 Daily Benefit	\$200 Daily Benefit
Team Member Only	\$8.00	\$16.01
Team Member & Spouse	\$15.51	\$31.03
Team Member & Child(ren)	\$11.79	\$23.58
Full Family	\$19.30	\$38.60

LEGAL PLAN	Bi-Weekly Team Member Cost
Team Member only or full family	\$10.62

ID THEFT PROTECTION AND DEVICE SECURITY	Bi-Weekly Team Member Cost	
	Team Member Only	Family
Pro	\$3.67	\$6.44
Pro Plus	\$4.59	\$8.28

Part-time Team Member Rates

HSA MEDICAL PLAN	2024 Monthly Rates	2024 Bi-Weekly Rates
Team Member Only	\$232.18	\$107.16
Team Member & Spouse	\$565.16	\$260.84
Team Member & Child(ren)	\$379.41	\$175.11
Full Family	\$781.87	\$360.86

PPO MEDICAL PLAN	2024 Monthly Rates	2024 Bi-Weekly Rates
Team Member Only	\$331.79	\$153.13
Team Member & Spouse	\$774.31	\$357.37
Team Member & Child(ren)	\$568.63	\$262.44
Full Family	\$1,110.54	\$512.56

DENTAL HMO	2024 Monthly Rates	2024 Bi-Weekly Rates
Team Member Only	\$14.32	\$6.61
Team Member & Spouse	\$24.96	\$11.52
Team Member & Child(ren)	\$27.44	\$12.66
Full Family	\$41.22	\$19.02

DENTAL PPO	2024 Monthly Rates	2024 Bi-Weekly Rates
Team Member Only	\$34.43	\$15.89
Team Member & Spouse	\$68.17	\$31.46
Team Member & Child(ren)	\$80.01	\$36.93
Full Family	\$99.40	\$45.88

VISION	2024 Monthly Rates	2024 Bi-Weekly Rates
Team Member Only	\$9.00	\$4.15
Team Member & Spouse	\$16.33	\$7.54
Team Member & Child(ren)	\$17.17	\$7.92
Full Family	\$26.47	\$12.22

Contacts

If you have questions about:	Provider	Contact
General Benefits	Benefits Department	The Compass Intranet Email: Duly.Benefits@duly.com Phone: 1-630-942-7901 Fax: 1-630-942-7910
Enrolling in Benefits	Workday	https://dulyworkdaylogin.azurewebsites.net/api/HttpDulyWorkday
Health		
Medical Insurance	BlueCross BlueShield of Illinois	myBlueElementIL.com 1-855-760-3135
Prescription Drug Program	Express Scripts (ESI) Group #DPMGX20	www.Express-Scripts.com 1-800-840-1160
Dental Insurance	Delta Dental of IL Group #10742	www.DeltaDentalIL.com 1-800-323-1743
Vision Insurance	VSP Group #30061367	www.vsp.com 1-800-877-7195
Protection		
Life Insurance	The Hartford Life and Disability Group #768529 AD&D Group #SO8927	www.AbilityAdvantage.TheHartford.com Life: 1-888-563-1124 Disability: 1-888-301-5615
AD&D Insurance		
Disability Insurance		
Critical Illness Insurance	Voya Group #712027	www.Voya.com 1-877-236-7564
Accident Insurance		
Hospital Indemnity Insurance		
Finances		
Health Savings Account (HSA)	Fidelity	www.NetBenefits.com 1-800-544-3716
Flexible Spending Accounts (FSAs)	Inspira Financial (formerly PayFlex)	https://inspirafinancial.com/ 1-844-729-3539
401(k) Plan	Empower Plan # 198044-01	www.empower.com/duly 1-833-401-3859
Life Benefits		
Employee Assistance Program (EAP)	Ability Assist	www.GuidanceResources.com First-time users: Organization Web ID (HLF902); Company Name (ABILI) 1-800-964-3577
Tuition Reimbursement		The Compass Intranet under Human Resources (HR)
Legal Plan	ARAG Group #17402	www.ARAGLegalCenter.com 1-800-247-4184
ID Theft Protection and Device Security	Allstate Identity Protection	http://www.myaip.com 1-800-789-2720
Pet Insurance	Nationwide	www.PetsNationwide.com 1-877-738-7874
Team Member Discounts		The Compass Intranet
Commuter Benefit	Inspira Financial (formerly PayFlex)	https://dulyworkdaylogin.azurewebsites.net/api/HttpDulyWorkday

Notes

*This Benefits Summary is designed to be an overview of benefits. Complete details can be found in the official plan documents, which rule in the case of any differences between the official plan documents and this booklet. Plan documents, including summary plan descriptions and required notices, are available on **The Compass Intranet**.*

