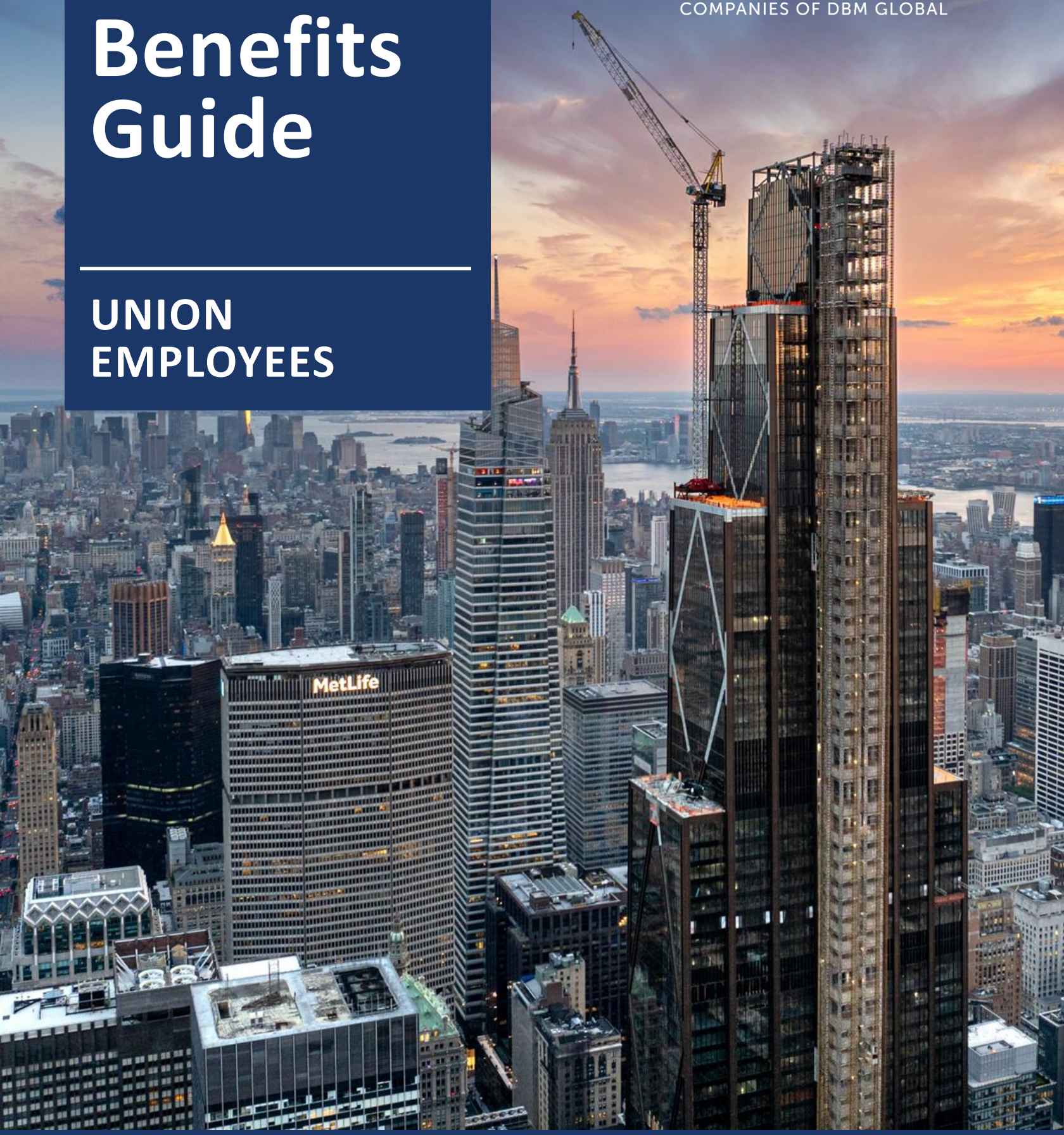
2027 Benefits Guide

UNION EMPLOYEES

BANKER STEEL

NYC CONSTRUCTORS LLC

COMPANIES OF DBM GLOBAL



DBM GLOBAL | SCHUFF STEEL | BANKER STEEL | NYC CONSTRUCTORS LLC | Graywolf® | GW Modular | MILCO NATIONAL CONSTRUCTORS | AITKEN | DBM VIRCON

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This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

Medicare Part D Notice
If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the legal notices in the back of this guide for more details.

Statement of Material Modifications
This notice constitutes a Summary of Material Modifications (SMM) to the DBM Global Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.



Welcome

As we prepare for our 2027 benefits enrollment, we have much to be excited about as we look to the future. This year marked an important milestone for the DBM Global family of companies as we joined IES Holdings, Inc. This exciting new chapter brings opportunities for continued growth and investment in our businesses and our people, supported by IES's financial strength and long-term ownership approach.

While our ownership has changed, **our commitment to our employees and the Core Values that define us remains as strong as ever. Our values of Builders, Excellence, Servant Leadership, Transparency, and Team** will continue to guide how we work together, serve our customers, and support one another.

An important part of that commitment is providing a competitive and comprehensive benefits package that supports you and your families. While healthcare costs continue to rise across the country, **DBM Global will once again absorb the majority of these increases**, helping to minimize the financial impact on our employees while maintaining the quality of our benefits.

Here's what you can expect for 2027:

- **Same great coverage** – All insurance carriers remain the same, including United Healthcare, Delta Dental of AZ, EyeMed Vision and Prudential
- **Continued TextCare access** – We will continue offering TextCare to all employees enrolled in a medical plan.
- **Increased HSA contributions** – The Company's annual contribution will increase from $400 to **$500** for individuals and from $800 to **$1,000** for families enrolled in the High-Deductible Health Plan.

As we look ahead to 2027, I want to personally **thank you** for your hard work, dedication, and commitment. You have helped build the strong company we are today, and I'm confident that the same values and teamwork that brought us here will continue to drive our success.

I'm excited about the opportunities ahead and what we will build together as part of the IES family.

Thank you for everything you do to make DBM Global and our family of companies leaders in the industry.

Sincerely,

Rustin Roach

Rustin Roach
CEO



Benefits Overview

DBMG is committed to providing you a comprehensive benefit program. Our benefits package includes medical, dental, and vision to support employees' health and wellness needs. Additionally, life and disability coverage is available to provide financial protection and peace of mind for employees and their families. A significant portion of your monthly premium is paid by the Company for some benefits, while other benefits require an employee contribution as noted below:

Benefit	Who Pays	Tax Treatment
Medical	DBMG and You	Pre-Tax
Dental	DBMG and You	Pre-Tax
Vision	You	Pre-Tax
Basic Life and AD&D	DBMG	N/A
Voluntary Life and AD&D	You	Post-Tax
Short Term Disability (STD)	DBMG	N/A
Voluntary Long Term Disability (LTD)	You	Post-Tax
Health Savings Account (HSA)	DBMG and You	Pre-Tax
Flexible Spending Accounts (FSA)	You	Pre-Tax
Business Travel Accident Insurance	DBMG	N/A
Identity Theft & Credit Protection	You	Post-Tax
401(k) Retirement Plan	DBMG and You	N/A

Enrollment Instructions

New Hire Open Enrollment

Newly hired employees will have up to 60 days from their date of hire to complete the new hire open enrollment. Please remember the elections you make will stay in place for the entire year unless you experience a qualifying life event.

Annual Open Enrollment

For the 2027 plan year, open enrollment is ***passive.*** This means most of your current elections will carry over to the next year unless you make any changes.
Important Note: you must **re-enroll** in the Health Savings Account and Flexible Spending Accounts as elections do not carry over.

If you need to make changes to your benefits during this year's open enrollment, visit ADP via your computer or smart phone.

Enrollment Instructions
Log into ADP Employee Portal from a computer or mobile App **www.workforcenow.adp.com**
Click "Enroll Now" from the Welcome Message to start, or you go to Myself – Benefits – Enrollments where you can start your enrollment
Ensure your personal information is correct and follow the prompts to enroll or decline benefits. (If you are enrolling a Dependent, you will need their Date of Birth and Social Security Number)
Continue through each step until all your elections are complete, then click "Finalize"



Eligibility and Enrollment

Eligibility

Employees: You are eligible for DBMG benefits if you are a regular full-time employee working 30 or more hours per week.

Dependents: Your dependents are eligible for benefits based on the following guidelines:

- Legal Spouse
- Dependent Children up to age 26 regardless of marital or student status including:
  - Natural children, stepchildren, foster children, children placed with you for adoption, and other children, for whom the courts have granted you legal custody
- Disabled Dependent Children – an unmarried child of any age who is incapable of supporting themselves due to a mental or physical disability and who are dependent on you

Benefits Effective Date

Your benefits will begin on the **first day of the month following 30 days** of employment. *For example, if you are hired on March 15th, your benefits would begin on May 1st.*

Benefits Enrollment Date

If you are a newly hired employee, your enrollment window begins after your first day of employment and remains open for **60 days**. If you do not elect benefits the new hire enrollment period, you must wait until the next Annual Open Enrollment period to enroll in benefits unless you experience a qualifying life event.

Qualifying Life Events

A **Qualifying Life Event** (QLE) is a significant change in your personal or family situation that allows you to make changes to your benefit elections outside of the annual Open Enrollment period. You have **30 days** from the date of the event to make changes.

QLE's include, but are not limited to:

- Birth or Adoption
- Marriage
- Divorce or Legal Separation
- Employee Gains / Loses Coverage
- Dependent Gains / Loses Coverage
- Change in Status
- Death of a Dependent

Examples of QLE Documentation

- Birth Certificate / Hospital Record
- Marriage Certificate or License
- Divorce Decree / Court Record
- Carrier Confirmation Including Change Effective Date
- Death Certificate

You can initiate a QLE ADP. Documentation is required to process any changes to your coverage. For more information, visit www.LiveWise.Info.

LiveWise

LiveWise was created to help you and your family get the most from the DBM Global benefits program. We're dedicated to offering easy-to-use resources that help you understand and make the most of your benefits.

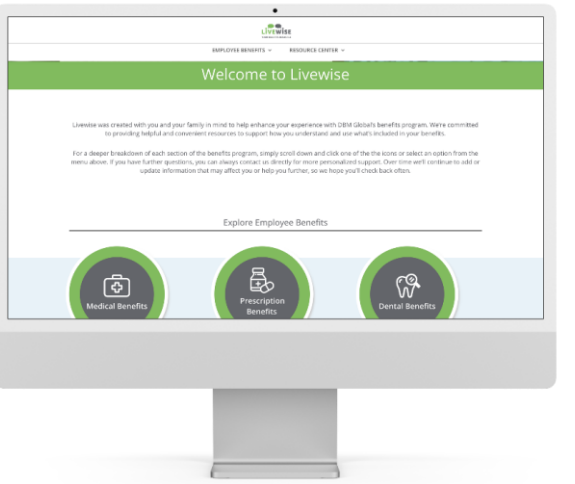
Explore **www.LiveWise.Info** during Open Enrollment and come back throughout the year. New information and tools will be added regularly to keep you informed and supported.

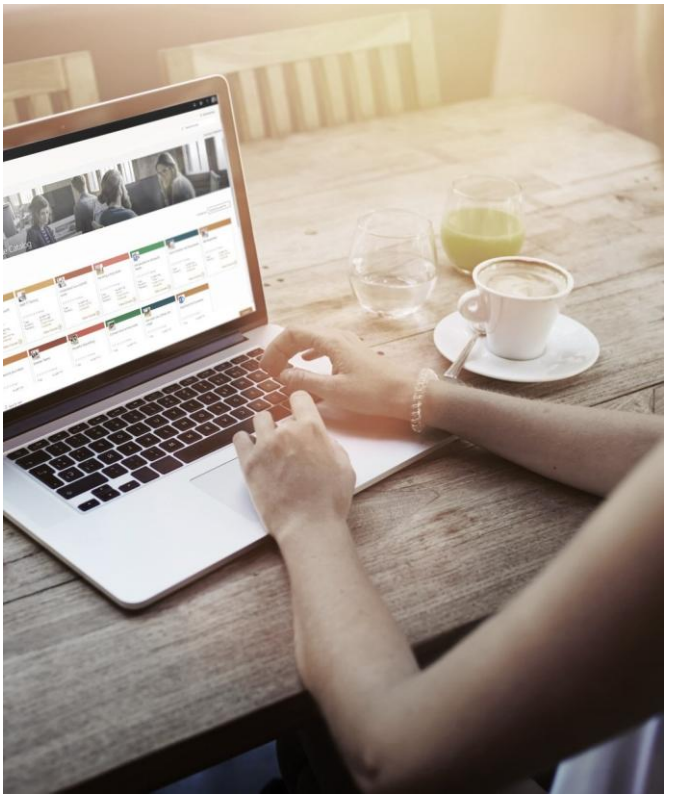
LiveWise Features

Improved member experience makes benefits information convenient and simple.

Links to important websites all from one central, easy-to-read page.

Learn more about your benefits and find helpful resources.





Benefit Guides

Easily access your **Benefit Guide – whenever, wherever!**

All DBMG benefit guides are available so you can reference this information throughout the year.

Helpful Resources

Complete Summary Plan Descriptions are available for all plans as well as other resources to manage your benefits.

Frequently Asked Questions

We've made it easy for you and your family to access the answers to frequently asked questions on the LiveWise portal.



Medical and Pharmacy

DBMG offers three medical plan options through UnitedHealthcare (UHC) – two PPO plans and a High Deductible Health Plan (HDHP) with HSA. All plan options utilize the same *Choice Plus Network* of providers and cover the same services. The plans vary by deductible, copays, and weekly premiums.

Please take a moment to review the plans to ensure you choose the one that best meets your needs. A side-by-side plan comparison chart is on the next page highlighting the most utilized benefits. Full Summary of Benefits for each plan are available in ADP or www.LiveWise.Info.

Employee Contributions (per week)			
	HDHP (with HSA)	**$2,200 Deductible**	**$1,000 Deductible**
Employee	$56.00	$57.00	$66.00
Employee + Spouse	$159.00	$163.00	$190.00
Employee + Child(ren)	$151.00	$154.00	$180.00
Employee + Family	$213.00	$218.00	$255.00

The medical rates for active, full-time employees are effective from January 1, 2027 – December 31, 2027. Benefits are not available to part-time employees, except employees who average 30 or more hours per work week who are considered full-time for the purposes of the Affordable Care Act (ACA). If paid bi-weekly, your rates will be adjusted accordingly.

Medical and Pharmacy Benefits

Medical Benefits			
	HDHP (with HSA)	**$2,200 Deductible**	**$1,000 Deductible**
Annual Deductible	$3,500 / $7,000 (Individual / Family)	$2,200 / $4,400 (Individual / Family)	$1,000 / $2,000 (Individual / Family)
Annual Out-of-Pocket Maximum	$5,000 / $10,000 (Individual / Family)	$8,150 / $16,300 (Individual / Family)	$5,500 / $11,000 (Individual / Family)
Preventive Services	No charge, covered 100%	No charge, covered 100%	No charge, covered 100%
Primary Care Office Visit Designated Network / Network	30% after deductible	No charge	$25 / $50 copay
Specialist Office Visit Designated Network / Network	30% after deductible	$95 copay	$50 / $80 copay
Diagnostic Lab and X-ray	30% after deductible	20% after deductible	20% after deductible
Inpatient Hospital	30% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	30% after deductible	20% after deductible	20% after deductible
Urgent Care	30% after deductible	$50 copay	$50 copay
Emergency Room	30% after deductible	$400 copay + 20% after deductible	$400 copay

Note: In-Network Benefit coverage displayed above.

Pharmacy Benefits			
	HDHP (with HSA)	**$2,200 Deductible**	**$1,000 Deductible**
Generic	$10 copay after deductible	$10 copay	$10 copay
Preferred Brand	$35 copay after deductible	$35 copay	$35 copay
Non-Preferred Brand	$70 copay after deductible	$70 copay	$70 copay

* Some Preventive medication on the HDHP are covered at 100% and not subject to annual deductible.

TextCare

We will continue to provide TextCare managed by One to One Health to employees and their household when enrolled in one of our UHC medical plans. TextCare is available 24/7 and can help you avoid unnecessary visits to the urgent care or emergency room, in addition to saving you and your family money!

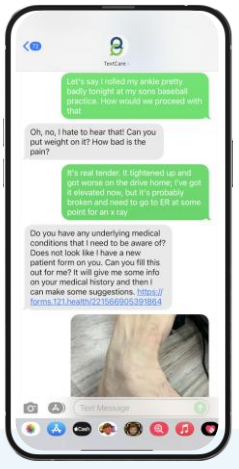
Simply send a text message to (602) 609-5124 to initiate care.

How It Works

- Simply send a text message to initiate care
- Within minutes a care team provider will respond
- Care team providers will triage the situation and provide guidance for treatment
- TextCare allows you to receive medical care from the comfort of your home, office, or wherever you are

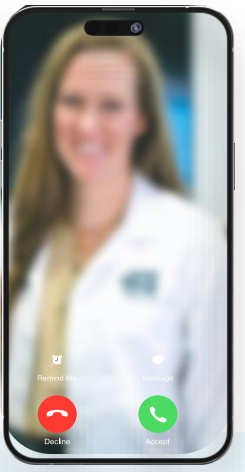
What Can I Use TextCare for?

- Discuss primary and urgent care needs, chronic condition management and routine medication needs
- TextCare providers will refer you to providers or specialist if the issue can not be resolved virtually
- If you're in need of medication, your TextCare provider can prescribe medication, and it will be sent to a local pharmacy



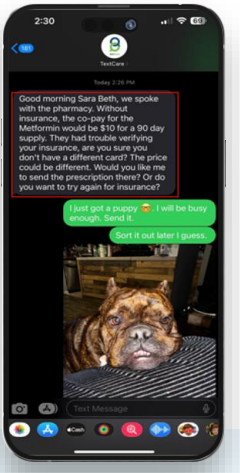
TEXT

94% of patients prefer text as their favorite communication channel with their provider. **26%** of all text encounters include a picture or video from the patient.



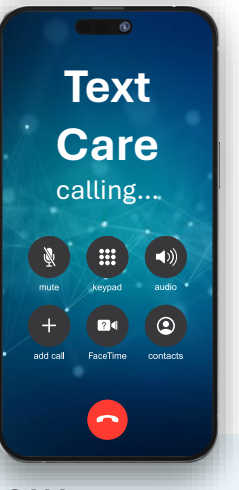
VIDEO CHAT

Browser-based WebRTC video call functionality enables one-click video calls with clinicians, straight from the TextCare thread.



ENCRYPTED CHAT

Fully-encrypted chat functionality for sensitive and protected information.



CALL

Providers can initiate a call, or members can simply call their dedicated number to access care.



Dental

Dental benefits will continue to be provided by Delta Dental. Keep in mind that Delta Dental allows you to visit any provider you like, although, staying in the **PPO and Premier Network** will provide you with the highest level of benefits. Non-network providers may balance bill you for an amount above what is considered "Reasonable & Customary."

Visit www.deltadentalaz.com to find providers in our network or call (800) 352-6132.

Delta Dental of Arizona	
	In-Network
Annual Deductible Individual / Family	$50 / $150
Annual Maximum Includes Basic and Major Services	$1,500 per person
Diagnostic and Preventive Oral Exam, Cleanings, X-rays, Fluoride	No charge, covered at 100%
Basic Services Fillings, Endodontics, Periodontics, Sealants	20%
Major Services Crown Repair, Prosthodontics, Relines and Repairs for Bridges and Dentures	50%
Orthodontia Adults and Children	50%
Orthodontia Lifetime Maximum	$2,000 per person

Employee Contributions (Per Week)	
Employee	No Cost
Employee + Spouse	$0.92
Employee + Child(ren)	$0.92
Family	$0.92

Reminder!

Our plan covers 3 FREE cleanings per year!



Vision

Vision benefits will continue to be provided through EyeMed Vision Care on the Insight Network. EyeMed has a broad network of independent providers as well as LensCrafters®, Target Optical®, and most Pearle Vision® locations. For a complete list of providers near you, visit eyemed.com and choose the Insight Network or call (866) 4-EYEMED.

EyeMed Vision	
	In-Network
Exam with Dilation as Necessary	$10 copay
Exam Options Standard Contact Lens Fit and Follow up Premium Contact Lens Fit and Follow Up	 Up to $55 10% off retail price
Frames	$150 allowance + 20% off balance
Single Lenses Bifocal Lenses Trifocal Lenses Standard Progressive Lenses	$10 copay $10 copay $10 copay $75 copay
Premium Progressive Lenses Tier 1 Tier 2 Tier 3 Tier 4	 $95 copay $105 copay $120 copay $75 copay; 80% of charge, less $120 allowance
Lens Options UV Coating / Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard Anti-Reflective	 $15 copay $15 copay $40 copay $45 copay
Contact Lenses (In lieu of glasses)	$150 allowance + 15% off balance
Frequency Exam | Lenses | Frames	 12 months | 12 months | 12 months
Employee Contributions (Per Week)	
Employee	$0.25
Employee + Spouse	$1.39
Employee + Child(ren)	$1.54
Family	$1.74



Life Insurance

Life insurance offered through Prudential can help ensure your family is financially secure should the unexpected happen to you. Life insurance pays a benefit to your designated beneficiary to cover current and future expenses like mortgage or rent, childcare, and other living expenses. In addition to the company-paid benefit, you can choose to purchase voluntary coverage for yourself, spouse, and children.

Basic Life and AD&D

DBMG provides a flat Basic Life insurance benefit of $30,000. If your death is caused by an accident, the plan includes an AD&D feature that pays an additional $30,000.

Voluntary Life and AD&D

In addition to the Basic Life insurance provided by DBMG, you may choose to buy additional Voluntary Life and AD&D coverage for you and your family. Employees must elect voluntary life coverage for dependents to participate.

Employee Voluntary Life

- Coverage options: $10,000 increments
- Maximum: $500,000 or 10 times your annual salary, whichever is less
- Guaranteed issue (GI): Up to $200,000 when initially eligible

Spouse Voluntary Life

- Coverage options: $5,000 increments
- Maximum: $250,000 or 100% of your employee voluntary life coverage, whichever is less
- Guaranteed issue (GI): Up to $50,000 when initially eligible

Child Life: Option of $5,000 or $10,000

Evidence of Insurability (EOI) Requirements

EOI is required for the following:

- **New Hires:** Elections **over GI** for employees $200,000 or spouse coverage over $50,000.
- **Open Enrollment:** Any employee or spouse elections or increase **after** initial eligibility period

EOI must be **submitted online** with carrier approval before coverage becomes effective. Failure to submit EOI within **45 days of completing enrollment** will result in automatic decline of coverage.

Disability Insurance

DBMG offers disability insurance to eligible employees through Prudential. Disability insurance replaces a portion of your income if you are unable to work due to an illness or injury. Employees are automatically enrolled in STD when eligible for benefits.

Company-Paid Short Term Disability (STD)

STD coverage pays you a benefit if you are temporarily unable to work because of an injury or illness. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. **NOTE: Ney York and New Jersey residents are not eligible for the Company STD due to the State Disability Plan.**

- **Weekly Benefit:** 60% of your eligible weekly earnings up to $1,200
- **Benefits Begin:** on the 8th day of disability
- **Benefits Duration:** up to 12 weeks

Voluntary Long Term Disability (LTD)*

LTD coverage pays you a certain percentage of your income if you are unable to return to work after short term disability has been exhausted, and you remain disabled. (Refer to EOI requirements)

- **Monthly Benefit:** 60% of your monthly earnings up to $5,000
- **Benefits Begin:** after 90 days
- **Benefit Duration**: Until age 65, (if disabled before age 62) or SSNRA (if disabled after age 63)

Evidence of Insurability (EOI) Requirements: If you did not enroll in VLTD during your initial new hire enrollment period, you must submit an **EOI Form Online** with approval from the carrier before coverage becomes effective. Failure to submit EOI within 45 days after enrollment will result in automatic decline of coverage.

Prudential Additional Resources

With Prudential's ComPsych Guidance Resources and IMG's Travel Assistance, you have access to various tools and resources, including an Employee Assistance Program (EAP), Financial Information, Legal Information, and Travel Assistance Services.

EAP: You can receive up to six (6) FREE face-to-face counseling sessions. Guidance Consultant can assist with personal concerns, such as depression, stress and anxiety, marital and family conflicts, addiction, and more.
FINANCIAL: Discuss your financial concerns with a professional, receive tools and information to help you address college savings, tax questions, debt, and estate planning
LEGAL: When a legal issue arises, attorneys are available to provide confidential support with practical, understandable information and assistance. Call any time with legal issues including divorce and family law, bankruptcy, debt obligations, and more.
TRAVEL: With Travel Assistance Services, you have access to emergency medical transport, medical assistance, travel assistance and security assistance services. Contact IMG at **(855) 847-2194** (from the U.S.) or email assist@imglobal.com.

Health Savings Account

Health Savings Account

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future. It is a tax-advantaged, savings account that is offered if you enroll in the High Deductible Health Plan (HDHP).

You and DBMG can contribute pre-tax money to your account to save for out-of-pocket healthcare expenses. Any money you don't spend grows year after year and can be used in the future, even after you retire.

How the HealthEquity HSA works

An HSA account will automatically be established for eligible employees enrolled in the UHC HDHP. HealthEquity will send a debit card to use for eligible expenses. Employees are not required to contribute to the HSA, but it is required to receive employer contributions.

To help you get started, DBMG will make the following contribution to eligible employees.

- **Employee Only: $500**
- **Employee + Family: $1,000**

Note: Employer contributions are made in two installments, late January and July. Employees must be actively working at the time of each deposit to be eligible.

2027 IRS Maximum Contribution Limits (Including Employer Contributions)

- Employee Only: $4,500
- Employee + Family: $9,000

Reasons to Have an HSA

Tax-free. No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.

No "use it or lose it." Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.

Use it now or later. Use your HSA for healthcare expenses you have today or save the money to use in the future.

Boosts retirement savings. After you retire, you can use your HSA for healthcare expenses tax-free. You can also use for regular living expenses, which will be taxable but without penalties.

Are You Eligible?

You are eligible to contribute to an HSA if:

- You are enrolled in the **HDHP**
- You are **not** enrolled in **Medicare**, Medicaid, TRICARE for or VBA.
- You are **not** covered by your spouse's health plan
- You are not eligible to be claimed as a dependent on someone else's tax return

Flexible Spending Accounts

Health Care Flexible Spending Account

The Health Care Flexible Spending Account (FSA), through HealthEquity, allows you to contribute pre-tax dollars to pay for medical, dental or vision expenses not reimbursed by your health plan. The Health Care FSA can be used by you, your spouse and dependent children.

PLEASE NOTE: *To participate in the Health Care FSA, you must enroll in this plan each year, even during a passive open enrollment. Elections made in 2026 will not continue in 2027.*

How To Use Your Health Care FSA

You decide how much to contribute to your Health Care FSA each year, up to a **maximum of $3,500 annually.** You will receive a debit card from HealthEquity to use for eligible expenses.

Eligible Expenses Include:

- Office Visit Copays
- Deductibles and Coinsurance
- Prescription Medication
- Dental and Orthodontics
- Vision

For a complete list of eligible expenses, refer to IRS Publication 502 or visit www.LivwWise.info.

Don't Lose Your Funds

Carefully consider your contributions to the Health Care FSA. The money you set aside must be used during the plan year – funds not used will be forfeited*.
**A carry over provision may apply. Please contact Benefits@dbmglobal.com for additional information.*

Limited Purpose Flexible Spending Account

The Limited Purpose Flexible Spending Account (LPFSA), is specifically designed for employees enrolled in the HDHP and Health Savings Account (HSA). A LPFSA works alongside an HSA, allowing you to maximize your tax-free savings. LPFSA funds are for **dental and vision care only.** **(**Medical expenses are not covered under this plan)



Flexible Spending Accounts

Dependent Care Flexible Spending Account (DCFSA)

A Dependent Care Flexible Spending Account (DCFSA), through HealthEquity, allows you to contribute pre-tax dollars to pay for eligible dependent care expenses. Eligible dependents includes, children under age 13, a disabled spouse, or an older parent in eldercare. You must re-enroll in this plan each year.

When enrolling, you decide how much money you want to put into your account for the year on a pre-tax basis, up to the IRS limits. When you have an expense that qualifies for reimbursement, you can submit a claim with any necessary documentation, and you will receive a tax-free reimbursement.

The maximum amount you can contribute for 2027 will remain $7,500 (If you are married and file a separate tax return, your annual maximum contribution is $3,750 a year).

Don't Lose Your Funds

Carefully consider your contributions to the DCFSA. Any unused funds are forfeited per IRS regulations. Expenses need to be incurred before the last day of the year or your last day of employment.

Claim Reimbursements

You can only receive reimbursement up to the amount that has been payroll deducted to date. Claim reimbursement is based on the date you receive the dependent day care service, not the date you pay the invoice or the date you are billed. The DCFSA plan year runs from January 1, 2027, through December 31, 2027, and you have until March 15, 2028, to submit claims.

Eligible Expenses

Here are some of the most common Dependent Care eligible expenses. A full list of eligible expenses can be found at www.healthequity.com or on IRS Publication 502.

Common Eligible Expenses
Payments to nursery schools, day care centers or individuals who satisfy all state and local laws and regulations
Payments for before-school care and after-school care beginning with kindergarten and higher grades
Payments to relatives for care of a qualifying dependent(s); however, the relative cannot be your tax dependent or your child if under age 19 as of the end of the calendar year; and
Payments (in lieu of regular day care) to day camp (for example, soccer, computers, etc.), but not overnight camps

401(k) Retirement

At DBMG, we are committed to supporting the long-term financial well-being of our employees. Planning for retirement is an important part of achieving financial security, and our 401(k) Retirement Savings Plan through Principal provides an excellent opportunity to save for the future.

Eligibility and Enrollment

Employees become eligible to participate on the first of the month following 30 days of employment. Employees are **auto-enrolled** at a **6% pre-tax** contribution rate beginning with the first payroll cycle after meeting the eligibility requirement.

Growing You Account Balance

Employees may contribute 1% to 100% of eligible pay through Pre-Tax and/or Roth (after-tax) contributions. The combined contribution limit for 2027 is **$25,500 annually**, subject to IRS limits. **Catch-Up Contributions** are available to eligible employees based on the age they reach at the end of the calendar year.

- **Age 50 and Older:** An additional **$8,500 Catch-up** contributions, for a total of **$34,000 annually**
- **Ages 60–63:** An additional **$11,750 Super Catch-up** contributions, for a total of **$37,250 annually**

Under IRS regulations, certain higher-earning employees must make catch-up contributions on a Roth (after-tax) basis.

Employer Matching Contributions

The company matches **100% of the first 3%** you contribute and **50% of the next 2%** you contribute. You will become fully vested in your employer match after 2 years of employment.

Investments

You have a variety of investments to choose from. You can either "build your own portfolio," select a "pre-built portfolio," which is an investment option that is based on your expected retirement age (called "Target Date Funds"), or you can select the plan's professionally managed investment solution (called "Target My Retirement").

Managing Your 401(k) Account

Stay connected to your retirement savings by registering your account. Principal provides secure, 24/7 online access to view your account balance, monitor your retirement savings, and manage your account information. You can also update your contribution elections and maintain personal contact information.

Online: **Principal.com**
Customer Support: **(800) 547-7754**
Employer Name: **DBM Global**
Contract Number: **3-72432**

As a reminder, when calling Principal reference DBM Global for employer.



Additional Benefits

DBMG's benefits program includes other valuable tools and resources, in addition to our core benefits package. We are proud to partner with these carrier and vendor partners to enhance our offerings for you and your family. Take a moment to review the highlights of our additional benefit offerings here and visit www.LiveWise.info for further details.

Business Travel Accident Insurance (Company-Paid Benefit) You have access to 24/7 Business Travel Accident insurance through Chubb Accident & Health.
Working Advantage This is a discount program that can help you save up to 60% on tickets, travel and shopping. Visit www.workingadvantage.com and enter **company code 572475466**.
InfoArmor Identity Theft and Credit Protection Allstate Identity Protection helps safeguard you and your family 24/7 from scams and identity theft with identity monitoring and restoration, scam reimbursement, and cybersecurity tools.
Nationwide Pet Insurance DBMG employees can receive a discount with Nationwide Pet Insurance. This is a great way to demonstrate how much you value every member of your family – even the four-legged ones. Visit www.petinsurance.com/employee-benefits/company-search/ and search **DBM Global**.

2027 Holiday Schedule

2027 Paid Holidays

DBMG provides 10 paid holidays per year for all eligible employees.

Observed Holidays	
New Year's Day	Friday, January 1, 2027
Good Friday	Friday, March 26, 2027
Memorial Day	Monday, May 31, 2027
Independence Day	Monday, July 5, 2027
Labor Day	Monday, September 6, 2027
Thanksgiving	Thursday, November 25, 2027
Day after Thanksgiving	Friday, November 26, 2027
Christmas Eve	Thursday, December 23, 2027
Christmas Day	Friday, December 24, 2027
New Year's Eve	Friday, December 31, 2027



Important Contacts

Navigating your benefits can be confusing, but it doesn't have to be! Your benefits team is here for you. If you have questions about who to contact, call the DBMG Benefits Team first and we will point you in the right direction to get the quality customer assistance you need. Otherwise, you can contact any of the providers listed below.

BENEFIT / PROVIDER	POLICY NUMBER	PHONE NUMBER	WEBSITE
Medical and Pharmacy UnitedHealthcare	923344	(866) 314-0335	myuhc.com
Dental Delta Dental of Arizona	4409	(800) 352-6132	deltadentalaz.com
Vision EyeMed	1011446	(866) 723-0513	eyemed.com
Life, Disability & Leave of Absence Prudential	73002	(877) 367-7781	prudential.com/mybenefits
Health Savings Account **Flexible Spending Account** HealthEquity		(866) 346-5800	healthequity.com
TextCare One-to-One Health		(602) 609-5124	
Identity Theft Protection InfoArmor		(800) 789-2720	infoarmor.com
Ticket & Travel Discounts Working Advantage	Use Code 572475466	(800) 565-3712	workingadvantage.com
Pet Insurance Nationwide Pet Insurance	Search DBM Global	(877) 738-7874	petinsurance.com
Employee Assistance (EAP) Guidance Resources	Web ID GRS311	(800) 311-4327	guidanceresources.com
401(k) Retirement Principal	3-27432	(800) 547-7754	principal.com
DBM Benefits Helpdesk		(844) 200-7392	Benefits@DBMGlobal.com

Legal Notices

Availability of Privacy Practices Notice
We maintain the HIPAA Notice of Privacy Practices for DBM Global. describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting the DBMG Benefits Department at benefits@dbmglobal.com.

Notice of Choice of Providers
UnitedHealthcare generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UnitedHealthcare at the member services number on the back of your ID card.

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

You do not need prior authorization from UnitedHealthcare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact UHC.

HIPAA Notice of Special Enrollment Rights
If you decline enrollment in DBM Global's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in our health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in DBM Global's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility—

Legal Notices

ALABAMA – Medicaid

Website: http://myalhipp.com/ | Phone: 1-855-692-5447

ALASKA – Medicaid

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

ARKANSAS – Medicaid

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

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program website: http://dhcs.ca.gov/hipp
Phone: 1-916-445-8322 | Fax: 1-916-440-5676 | Email: hipp@dhcs.ca.gov

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

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

FLORIDA – Medicaid

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

GEORGIA – Medicaid

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

INDIANA – Medicaid

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

IOWA – Medicaid and CHIP (Hawki)

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

KANSAS – Medicaid

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

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov | Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp
LaHIPP Phone: 1-877-697-6703 | LaHIPP email: La.HIPP@la.gov

MAINE – Medicaid

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

MASSACHUSETTS – Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa | Phone: 1-800-862-4840 | TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

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

Legal Notices

MONTANA – Medicaid	**RHODE ISLAND – Medicaid and CHIP**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 | email: HHSHIPPProgram@mt.gov	Website: http://www.eohhs.ri.gov/ | Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line)
NEBRASKA – Medicaid	**SOUTH CAROLINA – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178	Website: https://www.scdhhs.gov | Phone: 1-888-549-0820
NEVADA – Medicaid	**SOUTH DAKOTA – Medicaid**
Medicaid Website: http://dhcfp.nv.gov | Medicaid Phone: 1-800-992-0900	Website: http://dss.sd.gov | Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid	**TEXAS – Medicaid**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 | Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ | Phone: 800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 | CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov | Phone: 1-888-222-2542 | Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
NEW YORK – Medicaid	**VERMONT – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ | Phone: 919-855-4100	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select or https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
NORTH DAKOTA – Medicaid	**WASHINGTON – Medicaid**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OKLAHOMA – Medicaid and CHIP	**WEST VIRGINIA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
OREGON – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm | Phone: 1-800-362-3002
PENNSYLVANIA – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html | Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) | CHIP Phone: 1-800-986-KIDS (5437)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ | Phone: 1-800-251-1269

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Legal Notices

Women's Health and Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

- $1,000 Deductible, 20% Coinsurance
- $2,200 Deductible, 20% Coinsurance
- $3,500 HDHP, 30% Coinsurance

If you would like more information on WHCRA benefits, contact DBMG Benefits Department at benefits@dbmglobal.com.

Newborns' and Mothers' Health Protection Act

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

The 'No Surprises' Rules

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 10.22% in 2027 of your modified adjusted household income.

Paperwork Reduction Act Statement

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

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

Legal Notices

Medicare Part D Notice

Important Notice from DBM Global About Your Prescription Drug Coverage and Medicare

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

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. DBM Global has determined that the prescription drug coverage offered by UnitedHealthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your DBM Global coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under UnitedHealthcare is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your DBM Global prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

Legal Notices

Medicare Part D Notice Continued

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

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

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

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

For more information about Medicare prescription drug coverage:

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

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

Date:	January 1, 2027
Name of Entity:	DBM Global Inc
Contact:	Benefits Manager
Email Address:	Benefits@DBMGlobal.com
Phone Number:	(844) 200-7392

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

BANKER
STEEL

A DBM GLOBAL COMPANY