Ditta Enterprises, Inc.
2026-2027 Benefits Enrollment

DittaInc

Ditta Enterprises Inc.

Northeast Arkansas Glass, Inc.

DITTA DOOR AND HARDWARE

The Genuine OVERHEAD DOOR of Northeast Arkansas The Original

ACE Hardware

3620 Stadium Blvd - PO Box 2265 - Jonesboro, AR 72402
870.935.1260 - 870.972.0200 - 870.336.3667
www.dittainc.com

Welcome to Open Enrollment for 2026!

We're pleased to offer a full benefits package for you and your eligible dependents. This guide outlines the benefits available to you and how to make the most of them.

You can enroll or make changes during Open Enrollment or if you experience a Qualifying Life Event.

Important: You cannot cancel or drop your benefits mid-year unless you experience a qualifying event. Changes cannot be made simply because you change your mind.

If your employment ends, you are responsible for all elected plans through the end of that month. COBRA continuation options will be mailed to you the following month.

Your Benefits begin on September 1, 2026

And will continue through August 31, 2027

Your employee benefits information will be available to you at your fingertips. You will be one click away from accessing your benefits documents, annual notices, contact information, wellness education, and more. Just scan the QR Code!

https://page.higginbotham.com/dittaenterprises

Contents

Important Contacts

Program	Provider	Phone Number	Mobile App	Website/Email
Cigna	Cigna	1-866-494-2111		www.cigna.com
Dental	Delta Dental AR	1-844-788-7627		www.deltadentalar.com
Life Disability	Mutual of Omaha	1-800-775-6000		www.mutualofomaha.com
Vision	Mutual of Omaha	1-866-939-3633		www.eyemed.com
Telemedicine	MD Live	1-800-400-6354		www.mdlive.com

Benefits Team	Phone	Email
Ditta Enterprises, Inc. HR Team Anna Ditta Candace Burkheart	 870-935-1260 870-935-1260	 amditta@dittainc.com cburkheart@dittainc.com
Higginbotham Insurance Vanessa Criswell Stevie Ivy	 901-321-1009 901-321-1021	 vcriswell@higginbotham.net sivy@higginbotham.net

Eligibility – are you a ...

New Hire

Who is eligible?

- Newly hired full-time employees working at least 30 hours per week

When to enroll?

- Enroll by the deadline in your initial Employee Navigator email. You have 60 days from your hire date.

When does coverage start?

- The first day of the month after you complete 60 days of full-time employment

Existing Employee

Who is eligible?

- Full-time employees who are past their new-hire enrollment period and work at least 30 hours per week

When to enroll?

- During Open Enrollment, every August
- After a Qualifying Life Event, such as marriage, birth, or loss of other coverage

When does coverage start?

- Open Enrollment: September 1st
- Qualifying life event: The date depends on the event and when you submit your documents

Dependent(s)

Who is eligible?

- Your legal spouse
- Children under age 26
- A disabled child over age 26 who depends fully on you and is claimed on your federal tax return

When to enroll?

- When you first become eligible
- During Open Enrollment
- Within 30 days of a Qualifying Life Event

When does coverage start?

- Open Enrollment: September 1
- Newborn: Date of birth
- Adopted child: Date of adoption
- Loss of other coverage: First day of the following month

Qualifying Life Events (QLE)

CHANGING COVERAGE OUTSIDE OPEN ENROLLMENT

You may only change your coverage outside Open Enrollment if you have a Qualifying Life Event (QLE), such as:

- Marriage
- Divorce
- Legal separation
- Annulment
- Death
- Birth
- Adoption or placement for adoption
- Change in employment or benefits eligibility
- Gain or loss of other health coverage
- Significant change in the cost of a spouse's coverage
- FMLA or COBRA-related event
- Newly eligible for Medicare, Medicaid, or TRICARE
- Qualified Court or Child Support Order

You must notify Human Resources and request coverage changes within 30 days of the event. Documentation verifying the event is required.

How to Enroll Online

To begin the enrollment process, go to www.benefitsinhand.com

1	First-time users: Click on the New User Registration link. Once you register, you will use your username and password to log in.
2	Enter your personal information and the Company Identifier of Ditta and click ***Next***.
3	Create a username (same email on file with Employer) and password, then check the ***I agree to terms and conditions*** box before you click ***Finish***.
4	If you used an email address as your username, you will receive a validation email to that address. You may now log in to the system.
5	Confirm or update your personal information and click ***Save & Continue***.
6	Edit or add dependents who need to be covered on your benefits. Once all dependents are listed, click ***Save & Continue***. You must list their Full legal name, date of birth, & social security number.
7	Follow the steps on the screen for each benefit to select or decline coverage. To decline coverage, click ***Don't want this benefit*** and select the reason for declining.
8	When you finish making your benefit elections, review your selections. If correct, click the ***Click to Sign*** button to complete and submit your enrollment choices.

1	Returning users: Click the ***Start Enrollment*** button to begin the enrollment process.
2	Confirm or update your personal information and click ***Save & Continue***.
3	Edit or add dependents who need to be covered on your benefits. Once all dependents are listed, click ***Save & Continue***. You must list their Full legal name, date of birth, & social security number.
4	Follow the steps on the screen for each benefit to select or decline coverage. To decline coverage, click ***Don't want this benefit?*** and select the reason for declining.
5	When you finish making your benefit elections, review your selections. If correct, click the ***Click to Sign*** button to complete and submit your enrollment choices.

If you are adding a Spouse or children to any plan, you will need

1. Full legal name
2. Date of Birth
3. Social Security Number

Medical Plan Comparison – Cigna Health Insurance

	HDHP Base Plan		Buy-Up MOAP Plus Plan	
Provider Network	Cigna		Cigna	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible • Individual • Family	$7,000 $14,000	$14,000 $28,000	$1,500 $3,000	$4,500 $9,000
Out-of-Pocket Maximum • Individual • Family	$7,000 $14,000	$28,000 $56,000	$5,500 $11,000	$11,000 $22,000
Coinsurance	100%	80%	80%	60%
	Employee Pays		Employee Pays	
Preventive Care	100% covered	Not covered	100% covered	Not covered
Telemedicine	0% after deductible	20% after deductible	$30 copay PCP / $50 copay Specialist	40% after deductible
Primary Care Physician	0% after deductible	20% after deductible	$30 copay	40% after deductible
Specialist	0% after deductible	20% after deductible	$50 copay	40% after deductible
Diagnostic Lab and X-ray	0% after deductible	20% after deductible	20% after deductible	40% after deductible
Complex Imaging	0% after deductible	20% after deductible	20% after deductible	40% after deductible
Urgent Care	0% after deductible	20% after deductible	$50 copay	40% after deductible
Emergency Room	0% after deductible		20% after deductible	
Inpatient Hospital Services	0% after deductible	20% after deductible	20% after deductible	40% after deductible
Outpatient Services	0% after deductible	20% after deductible	20% after deductible	40% after deductible
Prescription Drugs – Retail Up to 30-day supply • Generic • Preferred brand name • Non-preferred brand name • Specialty	 0% after deductible 0% after deductible 0% after deductible 0% after deductible	 Not covered Not covered Not covered Not covered	 $15 copay $45 copay $65 copay $130 copay	 $15 copay $45 copay $65 copay $130 copay
Prescription Drugs – Home Delivery Up to 90-day supply • Generic • Preferred brand name • Non-preferred brand name	 0% after deductible 0% after deductible 0% after deductible	 Not covered Not covered Not covered	 $45 copay $112.50 copay $162.50 copay	 Not covered Not covered Not covered
Employee Weekly Paycheck Contributions				
Employee	$0.00		$94.66	
Employee & Spouse	$87.08		$261.27	
Employee & Child(ren)	$39.99		$171.17	
Employee + Family	$165.66		$411.61	

Ditta Enterprises, Inc. pays 100% of the Employee Only HDHP Base Plan for eligible full-time employees. Employees must enroll and work at least 30 hours per week.

- Employees may pay the additional cost to buy-up to the MOAP Plus Plan.
- Employees may add eligible family members at the rates listed above.
- During an extended leave, employees will be responsible for the full cost of their coverage.
- Upon termination, eligible employees will receive COBRA information by mail the following month.

Preventive health care.

Understanding what's covered.

What is preventive care?

Preventive care is a specific group of services recommended when you don't have any symptoms and haven't been diagnosed with a related health issue. It includes your periodic wellness exam (check-up) and specific tests, certain health screenings, and most immunizations. Most of these services typically can take place during the same visit. You and your health care provider will decide what preventive services are right for you, based on your:

- Age
- Gender
- Personal health history
- Current health

Why do I need preventive care?

Preventive care can help you detect problems at early stages, when they may be easier to treat. It can also help you prevent certain illnesses and health conditions from happening. Even though you may feel fine, getting your preventive care at the right time can help you take control of your health.

Make a plan for preventive care.

Use this space to write down the details for your next periodic wellness exam.

Date: _____

Time: _____

Questions for my provider: _____

_____

What's not considered preventive care?

Once you have a symptom or your health care provider diagnoses a health issue, additional tests are not considered preventive care. Also, you may receive other medically appropriate services during a periodic wellness exam that are not considered preventive. These services may be covered under your plan's medical benefits, not your preventive care benefits. This means you may be responsible for paying a share or all of the cost depending on your plan, including deductible, copay or coinsurance amounts.

Which preventive services are covered?

Many plans cover preventive care at no additional cost to you when you use a health care provider in your plan's network. Use the provider directory on **myCigna.com®** for a list of in-network health care providers and facilities.

See the following pages for the services and supplies considered preventive care under most health plans. Coverage for services recommended specifically for "men" or "women" is provided based on the anatomical characteristics of the individual and not necessarily the gender of the individual as indicated on the claim and/or an enrollment form.

Questions?

Check your plan materials, talk with your health care provider or call the number on the back of your ID card.

cigna healthcare

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Wellness exams

SERVICE	GROUP	CRITERIA AND FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	● ● ●	• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Additional visit at 2–4 days for infants discharged less than 48 hours after delivery • Ages 3 to 21, once a year • Ages 22 and older, periodic visits as doctor advises

Routine immunizations covered under preventive care

- COVID-19
- Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)
- Haemophilus influenzae type b conjugate (Hib)
- Hepatitis A (Hep A)
- Hepatitis B (Hep B)
- Human papillomavirus (HPV)
- Influenza vaccine
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Poliovirus (IPV)
- Respiratory Syncytial Virus (RSV)
- Rotavirus (RV)
- Varicella (chickenpox)
- Zoster (shingles)

You may view the immunization schedules on the CDC website: **cdc.gov/vaccines/schedules/**.

Health screenings and interventions

SERVICE	GROUP	CRITERIA AND FREQUENCY
Abnormal blood glucose and type 2 diabetes screening/counseling	● ●	Adults ages 35–70 who are overweight or obese; women with a history of gestational diabetes mellitus
Anxiety screening	● ● ●	Adults; children and adolescents, ages 8–18, includes pregnant and postpartum persons
Aspirin to reduce risk for preeclampsia[1]	●	Adults ages 50–59 with risk factors; pregnant women at risk for preeclampsia
Autism screening	●	18, 24 months
Bacteriuria screening	●	Pregnant women
Bilirubin screening	●	Newborns before discharge from hospital
Breast cancer screening (mammogram)	●	Women ages 40 and older, every 1–2 years
Breast cancer-discussion of benefits/risks of preventive medication	●	Women ages 35 and older at risk
Breast-feeding support/counseling, supplies[2]	●	During pregnancy and after birth
Cervical cancer screening (Pap test) HPV DNA test alone or with Pap test	●	Women ages 21–65, every 3 years Women ages 30–65, every 3 years
Chlamydia screening	●	Sexually active women at risk
Cholesterol/lipid disorders screening[1]	● ● ●	• Screening of children and adolescents ages 9–11 years and 17–21 years; children and adolescents with risk factors ages 2–8 and 12–16 years • All adults ages 40–75

● = Men ● = Women ● = Children/adolescents

Health screenings and interventions (continued)

SERVICE	GROUP	CRITERIA AND FREQUENCY
Colon cancer screening[1]	🔵🟠	The following tests will be covered for colorectal cancer screening, ages 45–75: • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Flexible sigmoidoscopy every 10 years + annual FIT • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years, including a follow-up colonoscopy, for when stool-based tests reveal abnormal results • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years – Requires prior authorization • Stool-based deoxyribonucleic acid (DNA) test (i.e., Cologuard) every 1–3 years
Congenital hypothyroidism screening	🟢	Newborns
Critical congenital heart disease screening	🟢	Newborns before discharge from hospital
Contraception counseling/education (including fertility awareness-based methods); contraceptive products and services[1,3,4]	🟠	Women with reproductive capacity
Dental application of fluoride varnish to primary teeth at time of eruption (in primary care setting)	🟢	Children to age 6 years
Dental caries prevention Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride[1]	🟢	Children older than 6 months
Depression screening/Maternal depression screening	🔵🟠🟢	Adults; Adolescents ages 12–18, including pregnant and postpartum women
Developmental screening	🟢	9, 18, 30 months
Developmental surveillance	🟢	Newborn, 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3–21
Fall prevention in older adults (including assessment of risk, individual and group exercise, and physical therapy)	🔵🟠	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation[1]	🟠	Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing	🟠	Women at risk, including those with a personal or family history of breast cancer, ovarian cancer, tubal cancer or peritoneal cancer, or an ancestry associated with BRCA 1/2 gene mutation • Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing • BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening	🟠	Pregnant women with no symptoms of diabetes, at 24 weeks of pregnancy or after
Gonorrhea screening	🟠	Sexually active women age 24 years and younger and older women at risk
Healthy diet and physical activity counseling	🔵🟠🟢	Ages 6 and older, including pregnant persons – to promote healthy weight status; individuals with risk factors for cardiovascular disease; behavioral health counseling while pregnant
Hearing screening (not complete hearing examination)	🟢	All newborns by 2 months. Ages 4, 5, 6, 8, 10. Adolescents once between ages 11–14, 15–17 and 18–21
Hemoglobin or hematocrit	🟢	12 months
Hepatitis B screening	🔵🟠🟢	Pregnant women; adolescents and adults at risk
Hepatitis C screening	🔵🟠	Adults ages 18–79
High blood pressure screening (outside clinical setting)[2]	🔵🟠	Adults ages 18 and older without known high blood pressure
HIV Preexposure Prophylaxis (PrEP) for prevention of HIV infection[1] HIV PrEP related services (HIV screening, kidney function testing, hepatitis B & C screening, pregnancy testing, sexually transmitted infection screening/behavioral counseling, adherence counseling)	🔵🟠🟢	Individuals at risk

🔵 = Men 🟠 = Women 🟢 = Children/adolescents

Health screenings and interventions (continued)

SERVICE	GROUP	CRITERIA AND FREQUENCY
HIV screening and counseling	● ● ●	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women (adolescent/adult), annually
Intimate partner/interpersonal violence screening	●	All women (adolescent/adult)
Lead screening	●	12, 24 months
Lung cancer screening (low-dose computed tomography)	● ●	Adults ages 50–80 with 20 pack year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires precertification
Metabolic/hemoglobinopathies (according to state law)	●	Newborns
Obesity screening/counseling	● ● ●	Ages 6 and older, all adults
Ocular (eye) medication to prevent blindness	●	Newborns
Oral health evaluation/assess for dental referral	●	6, 9 months. Ages 12 months, 18 months–6 years for children at risk
Osteoporosis screening	●	Age 65 or older (or under age 65 for women with fracture risk as determined by a Clinical Risk Assessment Tool). Computed tomographic bone density study requires precertification. *Limited to one screening every two years.*
PKU screening	●	Newborns
Perinatal depression preventive counseling	●	Pregnant and postpartum women with risk factors
Hypertensive disorders of pregnancy screening (blood pressure measurement)	●	Pregnant women
Prostate cancer screening (PSA)	●	Men ages 45 and older or age 40 with risk factors
Rh incompatibility test	●	Pregnant women
Sexually transmitted infections (STI) counseling	● ● ●	Sexually active adolescents; adults at increased risk; annually
Sexually transmitted infections (STI) screening	●	Adolescents ages 11–21
Sickle cell disease screening	●	Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	● ● ●	Ages 6 months–24 years
Statin use for the primary prevention of cardiovascular disease	● ●	Adults ages 40–75 who have cardiovascular disease risk factors
Syphilis screening	● ● ●	Individuals at risk; pregnant women
Tobacco use cessation: counseling/interventions[1]	● ●	All adults[1]; pregnant women
Tobacco use prevention (counseling to prevent initiation)	●	School-age children and adolescents
Tuberculosis screening	● ● ●	Children, adolescents and adults at risk
Ultrasound aortic abdominal aneurysm screening	●	Men ages 65–75 who have ever smoked
Unhealthy alcohol use and substance abuse screening	● ● ●	All adults; adolescents age 11–21
Unhealthy drug use screening	● ●	All adults
Urinary incontinence screening	●	Women
Vision screening (not complete eye examination)	●	Ages 3, 4, 5, 6, 8, 10, 12, and 15 or as doctor advises

● = Men ● = Women ● = Children/adolescents

It's easy to connect to care.

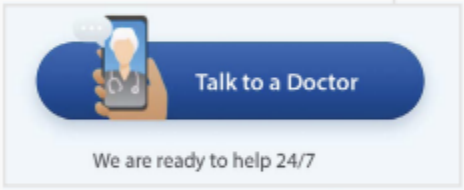
Virtual care visits are convenient and easy, whether you choose on-demand care or to schedule an appointment. And you can select an appointment in English or Spanish.

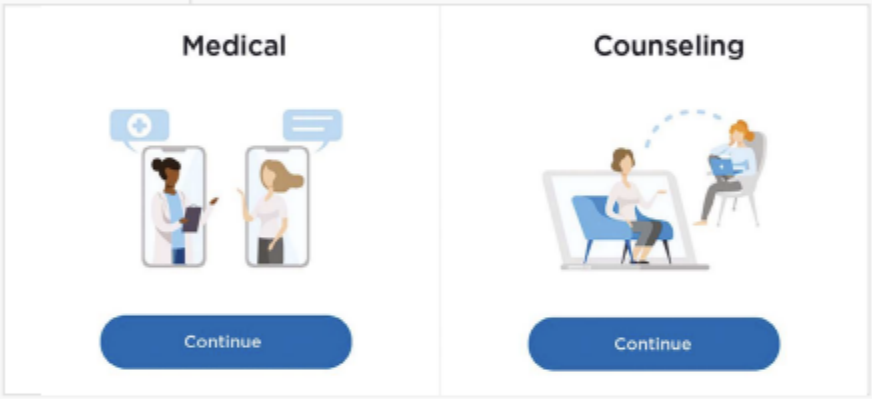
1.
Access MDLIVE by logging into **myCigna.com**® or by using the **myCigna**® **App**.

2.
Find the "Talk to a Doctor" button on the homepage. You may have to scroll down.

3.
Select the type of virtual care you need – Medical or Counseling. Estimated cost will be shown.[6]

4.
Schedule your appointment or start your visit today.





Visit myCigna.com or **call MDLIVE at 888.726.3171** when you need virtual care.

1. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.
2. Appointments are required. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost $0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.
5. E-Treatment care is available in U.S. states, except Kansas, Mississippi, New Mexico, West Virginia, and the District of Columbia.
6. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions.

Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs.

In California: Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.

Have your ID card handy?

With myCigna, the answer is always "yes."

Big news: You never have to worry about misplacing your ID card. It's always right there on myCigna®, whenever and wherever you need it.*

Accessing your digital ID cards is easy.

- Log in to **myCigna.com** or the **myCigna® App**
- Click or tap "ID Cards"
- View your card(s), as well as any dependents' card(s)**
- Email cards directly to doctors
- Save your digital ID cards in your Apple Wallet

Not registered on myCigna yet?
It's quick and easy.

Visit **myCigna.com®** or scan the QR code to download the **myCigna® App** and register now.

cigna healthcare

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Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Find a Provider

- Call 1-844-788-7627
- Visit www.deltadentalar.com
- Network: Delta Dental PPO and Delta Dental Premier

Dental Coverage – Delta Dental AR

Ditta Enterprises, Inc. will continue offering dental coverage through Delta Dental for 2026. This plan supports your oral health with affordable options for preventive care, including regular checkups, cleanings, and other dental services.

The DPPO plan offers two levels of coverage:

- In-Network: Lower out-of-pocket costs and the highest level of benefits
- Out-of-Network: You can still see any provider, but you may pay more for services

To get the most from your benefits, it's best to use an in-network provider whenever possible.

Dental Plan	
	In-Network
Calendar Year Deductible • Individual • Family	 $50 $150
Calendar Year Benefit Maximum Per Individual	$1,750
Lifetime Orthodontia Maximum Per Individual	Not covered
	Plan Pays
Preventive Care	100%
Basic Restorative Care	80%
Major Restorative	50%
Orthodontia	Not covered

Weekly Paycheck Contributions	
Employee	$3.24
Employee + Family	$14.24

- Ditta Enterprises, Inc. covers 50% of the Employee Only cost for full-time employees who work 30 or more hours per week.
- You may choose to add your family to your plan at the rates listed above.
- In the case of an extended leave, the employee is responsible for the entire plan amount.
- Upon termination of employment, COBRA options will be mailed to the employee.

Find a Provider

- Call 1-800-775-6000
- Visit www.mutualofomaha.com

Vision Coverage

Our vision plan provides quality care to help protect your eyesight and overall health. Routine eye exams can detect more than just vision issues — they may also reveal early signs of conditions like diabetes and high cholesterol.

You can visit any vision provider, but you'll receive the highest level of benefits when you choose an in-network provider.

Coverage is offered through Mutual of Omaha.

To Register:
> Go to member.EyeMedVisioncare.com
> Click "Need to register?"
> Fill out all information
Name = Legal Name
Date of Birth = Employees DOB
Skip Member ID
Last 4 of Social Security Number = Employees
Zip Code = Address in Employee Navigator
User ID/email = email address you have access to
Un-Check box if you don't want to news
> Click Create an Account & Follow instructions

Vision Summary

	In-Network You Pay	Out-of-Network Reimbursement
Exam	$10 copay	$37 allowance
Lenses		
• Single Vision	$25 copay	$20 allowance
• Bifocals	$25 copay	$36 allowance
• Trifocals	$25 copay	$64 allowance
Frames	$130 allowance + 20% discount over allowance	$58 allowance
Contacts		
In lieu of frames & lenses:		
• Medically Necessary	100% covered	$104 allowance
• Elective	$130 allowance + 15% discount over allowance	$89 allowance
Benefit Frequency		
Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
Contacts	Once every 12 months	
Employee Weekly Paycheck Contributions		
Employee	$1.42	
Employee + Spouse	$2.82	
Employee + Child(ren)	$2.35	
Employee + Family	$3.89	

Life and AD&D Insurance

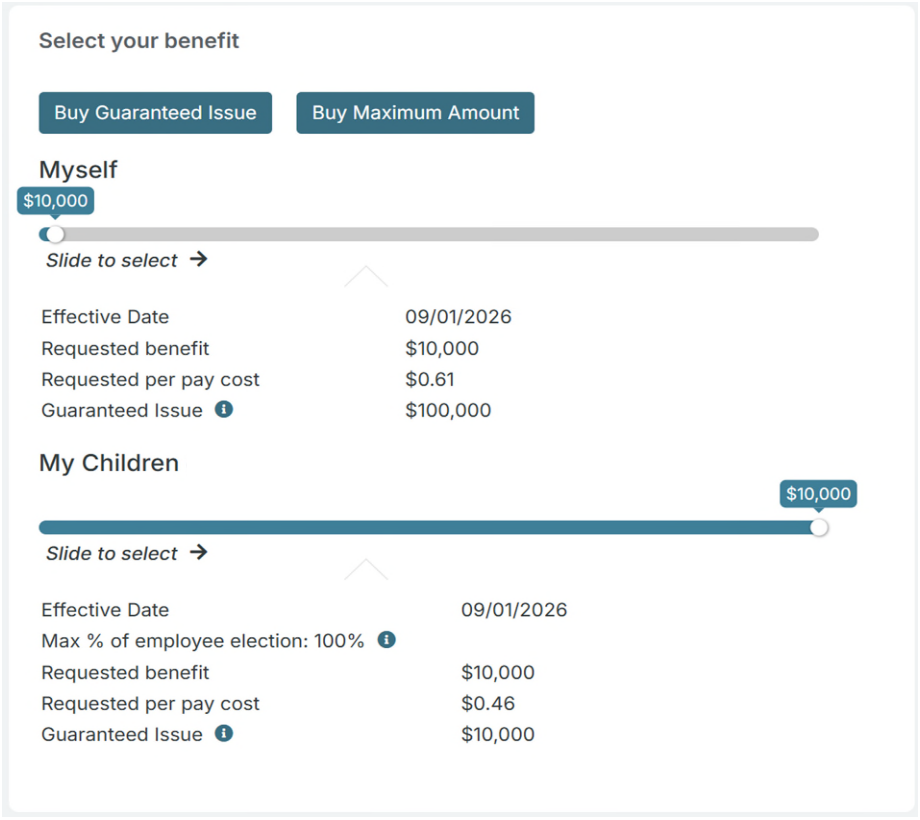
Life and Accidental Death and Dismemberment (AD&D) insurance through Mutual of Omaha is important to your financial security, especially if others depend on you for support or vice versa. With Life insurance, you or your beneficiary(ies) can use the coverage to pay off debts, such as credit cards, loans, and bills. AD&D coverage provides specific benefits in the event of an accident that causes bodily harm or loss (e.g., the loss of a hand, foot, or eye). If death occurs due to an accident, 100% of the AD&D benefit would be paid to your beneficiary(ies).

Voluntary Life and AD&D

You may buy Life and AD&D insurance for you and your eligible dependents. If you do not elect Voluntary Life and AD&D insurance within 60 days of your hire date or if you wish to increase your benefit amount later, you may need to provide proof of good health. You must elect Voluntary Life and AD&D coverage for yourself before you may elect coverage for your spouse or children. If you leave Ditta Enterprises, you may be able to take the insurance with you.

Voluntary Life and AD&D	
Employee	• Increments of $10,000 up to $500,000 or 5x annual salary • Guaranteed Issue $100,000
Spouse	• Increments of $5,000 up to $250,000 not to exceed 100% of employee amount • Guaranteed Issue $25,000
Child(ren)	• $1,000 increments to $10,000 • Guaranteed Issue $10,000

**Employee Navigator will give you the exact cost according to your birthdate **



Designating a Beneficiary

A beneficiary is the person or entity you elect to receive the death benefits of your Life and AD&D insurance policies. You can name more than one beneficiary, and you can change beneficiaries at any time. If you name more than one beneficiary, you must specify the percentage each beneficiary will receive (e.g., 50% or 25%).

Q & A

What if I've never elected this coverage before?

If you didn't elect any coverage during your initial eligibility period, any amount you elect during Open Enrollment will be subject to **Evidence of Insurability (EOI)**, also known as the **Health Questionnaire**.

Can I increase my coverage?

At open enrollment, you can increase your life insurance by 2 increments of $10,000 up to the Guarantee Issue amount.

Disability Insurance – Mutual of Omaha

Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. We offer Short-Term Disability (STD) insurance for you to purchase through Mutual of Omaha.

Short Term Disability

STD coverage pays a percentage of your weekly wage if you are temporarily disabled and unable to work due to an illness, pregnancy or non-work-related injury. STD benefits are not payable if the disability is due to a job-related injury or illness. If a medical condition is job-related, it is considered Workers' Compensation, not STD.

How to Calculate Cost

Find Your Rate:
Locate the cost associated with your age bracket on the rate chart.

Calculate Weekly Benefit using Weekly Wage at 40 hrs:
Multiply weekly wage time 60% = Weekly Benefit

Convert Weekly Benefit to Units of $10:
Weekly Benefit divided by 10 = Units

Calculate Per Paycheck Amount:
Units x Rate = Weekly Paycheck Amount

Example of Calculation:

1. 36-year-old Rate = $0.53
2. Weekly Wage = $680 (Hrly pay x 40)
3. $680 x 0.60 = $408 weekly benefit
4. $408 divided by 10 = 40.8 units
5. 40.8 x $0.53 = $21.62 per month
6. $21.62 x12 months then divide by 52 weeks = $4.99 per week

Voluntary Short Term Disability	
Benefits Begin - Accident	14th day
Benefits Begin - Illness	14th day
Percentage of Earnings You Receive	60%
Maximum Weekly Benefit	$1,000
Maximum Benefit Period	11 weeks
Pre-existing Condition Exclusion	3/6

Rates per $10 of Weekly Benefit			
Age	Rate	Age	Rate
<25	$0.51	50-54	$0.69
25-29	$0.51	55-59	$0.83
30-34	$0.52	60-64	$0.96
35-39	$0.53	65-69	$1.08
40-44	$0.54	70-74	$1.22
45-49	$0.55	75+	$1.22

**Employee Navigator will give you the exact cost according to your wage and birthdate

[1] Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 6 months.

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This brochure highlights the main features of the Ditta Enterprises employee benefits program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Ditta Enterprises reserves the right to change or discontinue its employee benefits plans at any time.