Benefits **Summary**

W2 Full-time Associates



DAHL

IT'S THE PEOPLE.

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This document outlines the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

This document intends to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all your specific issues. It should not be construed as, nor is it intended to provide legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

Dahl Consulting is proud to offer a comprehensive benefits package to eligible employees that will allow you to choose the best coverage to meet your family's needs.

You share the costs of some benefits and DAHL provides other benefits at no cost to you.

The employee benefits offered are:

» Medical

» Health Savings Account (HSA)

» Dental

» 401(k) Retirement Savings Plan

» Direct Deposit

» Employee Referral Reward Program



Eligibility

You and your dependents are eligible for Dahl Consulting's medical and dental benefits on the first of the month after 60 days of full-time employment, and the first of the month following your start date for the 401k. Eligible dependents include your spouse, unmarried children under age 26, or other DAHL-eligible dependents. Elections made now will remain in effect until the next open enrollment unless you or your family experience a qualifying event. If you experience a qualifying event, please contact your DAHL Representative.

Medical Benefits

Administered by Medica

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention can go a long way—especially in healthcare. A comprehensive medical plan also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Dahl Consulting.

Dahl Consulting offers a choice of 2 different Medica networks and 2 HSA-eligible medical plans in addition to a PPO plan to all employees who work 30 or more hours per week.

Medica offers exciting health rewards, including the possibility of earning up to $900 toward your HSA for those enrolled in HSA-eligible plans. Please review the flyer links to the right for additional information.

» My Health Rewards Invest Flyer

» My Health Rewards Standard Member Guide

» Medica Member Account Flyer

» Medica Call Link Member Flyer

» Emotional Wellbeing Solutions (EAP)

» Omada for Prevention Member Flyer

» Ovia Member Flyer

» Calm Health Member Tip Sheet

» Virtual Care Member Flyer

» How to Find a Network Provider

Medica Network Options

Network Information	Choice Passport	VantagePlus with Medica
Network Type	National network	Accountable Care Organization network
Network Area	Nationwide	Twin Cities metro area
Special Features	Largest network of providers.	Same-day primary care appointments; multiple virtual care options, pharmacy perks, nurse advisor 24/7/365, and a secure online portal.
Referrals Needed	No referrals are needed if you see a Medica Choice Passport network provider.	See any primary or specialty care provider in the VantagePlus network without a referral.
Finding a Network Provider	How to Find a Network Provider	How to Find a Network Provider
Plan Details	View Medica Choice Passport Plan Details >	View VantagePlus with Medica Plan Details >

Medica Plan Options

Deductible	$2,000-30-20% PPO	$4,000-20% HDHP-HSA	$5,500-25% HDHP-HSA
Annual Deductible	$2,000 individual; $4,000 family	$4,000 individual; $8,000 family	$5,500 individual; $11,000 family
Annual Out-of-Pocket Maximum	$4,000 individual; $8,000 family	$7,500 individual; $15,000 family	$8,700 individual; $17,400 family
Doctor's Office			
Office Visits	$30 copay/visit. Deductible does not apply.	20% coinsurance after deductible	25% coinsurance after deductible
Wellness Care (routine exams, x-rays/tests, immunizations, well-baby care, etc.)	No charge	No charge	No charge
Prescription Drugs - Retail			
Generic	$12/Prescription. Deductible does not apply.	20% coinsurance after deductible; no charge for preventive drugs	25% coinsurance after deductible; no charge for preventive drugs
Preferred Brand	$50/Prescription. Deductible does not apply.	20% coinsurance after deductible; no charge for preventive drugs	25% coinsurance after deductible; no charge for preventive drugs
Non-Preferred Brand	$90/Prescription. Deductible does not apply.	20% coinsurance after deductible; no charge for preventive drugs	45% coinsurance after deductible; no charge for preventive drugs

	$2,000-30-20% PPO	$4,000-20% HDHP-HSA	$5,500-25% HDHP-HSA
Hospital Services			
Emergency Room	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Urgent Care	$30 copay/deductible does not apply	20% coinsurance after deductible	25% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Ambulance Service	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Mental Health Services			
Inpatient Services	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Outpatient Services	$30 copay/deductible does not apply	20% coinsurance after deductible	25% coinsurance after deductible
Pregnancy Services			
Office Visits	No Charge. Deductible does not apply.	Prenatal care: No charge. Deductible does not apply. Postnatal care: 20% coinsurance after deductible.	Prenatal care: No charge. Deductible does not apply. Postnatal care: 25% coinsurance after deductible.
Childbirth/Delivery Professional Services	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Other Services			
Rehabilitation Services	$30 copay/deductible does not apply	20% coinsurance after deductible	25% coinsurance after deductible
Home Health Care	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Skilled Nursing Care	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible
Children's Eye Exam	No Charge. Deductible does not apply.	No Charge. Deductible does not apply.	No Charge. Deductible does not apply.
Dental Check-up	Not Covered	Not Covered	Not Covered
Preferred Specialty	20% coinsurance after deductible. No more than $200 copay/ Prescription	20% coinsurance after deductible. No more than $200 copay/ Prescription	25% coinsurance after deductible. No more than $200 copay/ Prescription



Health Savings Accounts (HSAs)

Administered by Optum Bank

Save money on your qualified healthcare expenses by using a Health Savings Account (HSA) to reimburse yourself or pay providers directly. Please refer to www.irs.gov for annual limits and restrictions.

Dental Benefits

Administered by Delta Dental

Good oral care enhances overall physical health, appearance, and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Dahl Consulting dental benefits plan. Click here to find a dentist.

Plan Benefit Highlights	Delta Dental PPO	Delta Dental Premier	Non-Participating
Calendar Year Plan Maximum	$1,500	$1,500	$1,000
Lifetime Ortho Maximum	$1,500	$1,500	$1,000
Deductible	$50/person, $150/family	$50/person, $150/family	$50/person, $150/family
Covered Services	**Dental Benefit Plan Coverage**		
Diagnostic & Preventive Services	100%	100%	90%
Basic Services	80%	70%	70%
Endodontics	80%	70%	70%
Periodontics	80%	70%	70%
Oral Surgery	80%	70%	70%
Major Restorative	50%	50%	50%
Prosthetic Repairs and Adjustments	50%	50%	50%
Prosthetics	50%	50%	50%
Orthodontics (Available for dependent children ages 8-18)	50%	50%	50%



401(k) Retirement Savings Plan

Administered by The Standard
Don't leave your retirement behind! Dahl Consulting offers all eligible employees the opportunity to participate in its 401(K) Retirement Savings Plan administrated by The Standard (subject to plan provisions) and includes investment options designed to accommodate any investor's needs. In 2027, up to 100% of annual compensation can be deferred, subject to a projected IRS $25,500 year maximum. With an additional catch-up contribution of $8,500 for workers ages 50-59 & 64+. Employees ages 60-63 are eligible for an enhanced "Super" catch-up contribution up to $11,750.

In 2027, DAHL plans to match 25% of the first 8% that you contribute to your 401(K). Since matches are made on a discretionary basis, the final decision is made at year-end. Matching contributions will be sent to The Standard at the end of each calendar year. You must be employed on December 31st of the calendar year and have worked a minimum of 1,000 hours within the calendar year to receive the company match. Please refer to the vesting schedule below for additional information.

Vesting Schedule	
1 year of service	25%
2 years of service	50%
3 years of service	75%
4+ years of service	100%



Direct Deposit

In today's world, DAHL recognizes how convenient getting your paycheck directly deposited to your checking and/or savings account can be. We offer a safe and reliable direct deposit option: you authorize, and we deposit.

Employee Referral Reward Program

We love quality referrals and are always looking to add to our Talent Network. If you refer someone new to DAHL that we place on a sourced, contract assignment, or direct hire placement, you will be eligible to receive up to a $250 bonus. If you refer a Hiring Manager that you know at your current company or elsewhere that becomes a DAHL client, you could earn up to $1000 bonus. Learn more at www.dahlconsulting.com/careers/refer-a-friend/.

Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website
Medical	Medica	952.945.8000	www.medica.com
Health Savings Account	Optum Bank	866.234.8913	www.optumbank.com
Dental	Delta Dental	800.553.9536	www.deltadentalmn.org
401(k) Retirement Savings Plan	The Standard	800.858.5420	www.standard.com/retirement
Employee Referral Reward Program	Dahl Consulting	651.772.9225	www.dahlconsulting.com

If you have any questions about the interpretation of these policies or the forms required to elect any of these benefits, please contact your DAHL representative.

DAHL reserves the right to change or modify these benefits/this information at any time, in whole or in part, with or without notice. 401K/other plan changes/renewals/rates will be communicated to employees prior to change dates.



Women's Health & Cancer Rights Act

On October 21, 1998, the Women's Health and Cancer Rights Act of 1998 was signed into law. The following information explains the most important provisions of the Act. Please review this information carefully. If your spouse is covered under the Dahl Consulting Group Health Plan, please make sure that he/she also has the opportunity to review this information.

The Women's Health and Cancer Rights Act of 1998 requires that all group health plans providing medical and surgical benefits for a mastectomy must also provide coverage for:

a) reconstruction of the breast on which the mastectomy has been performed; and
b) surgery and reconstruction of the other breast to produce a symmetrical appearance; and
c) prosthesis and physical complications in all stages of mastectomy including lymphedema.

The Act requires that coverage be provided in a manner consistent with other benefits provided under the plan and may be subject to annual deductibles and co-insurance provisions.

In addition, the Women's Health, and Cancer Rights Act of 1998 prohibits any group health plan from:

a) discriminating against a plan participant/beneficiary or failing to renew a group health plan in order to avoid the requirements of the Act;
b) penalizing, reducing, or limiting reimbursement of the attending provider (e.g., doctor, hospital) to induce the provider to provide care inconsistent with the Act;
c) providing incentives (monetary or otherwise) to an attending provider to induce the provider to provide care inconsistent with the Act.

The Women's Health and Cancer Rights Act of 1998 applies to your group coverage. Please keep this information with your other group health plan documents.



⚠ Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you are a participant in the Health Plan(s) Subject to HIPAA sponsored by Dahl Consulting ("The Plan"), The Plan is subject to a Federal Law called The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). HIPAA requires that The Plan take certain steps to maintain the privacy of certain information about you, called "protected health information" (PHI). PHI is health and plan-related information that identifies you.

This notice describes how your PHI is used to administer the plan and the rights you have under the law. The Plan may hire another organization, called a Business Associate, to provide administrative services to the plan. If this is the case, The Plan will require that organization to comply with an agreement that requires the business associate to also protect your PHI.

Uses and Disclosures of Your PHI

1. Uses and disclosures for Payment and Plan Operations

HIPAA allows for the use of your PHI for treatment, payment, and health care operation purposes. The Plan does not provide treatment but does use your information for a number of the allowed payment and operation purposes.

- **a)** Payment includes activities such as actions to make coverage determinations and the payment of claims submitted by you. Other payment activities The Plan may engage in include but are not limited to, billing, claims management, and collection activities. An example of a payment use would be when The Plan reviews medical information from a doctor to determine if a claim is for a covered service.
- **b)** Health care operations include, but are not limited to, underwriting, legal services, auditing functions including fraud and abuse compliance programs, and business planning and management. For example, The Plan may use information about your claims to audit the accuracy of our claims processing functions.

In addition, The Plan may use or disclose PHI to the employer that acts as the plan sponsor, for allowable plan administration functions.

2. Other uses and disclosures, which are allowed by HIPAA.

HIPAA allows The Plan to use and disclose your PHI for several other reasons. It is important that you are informed of other possible uses and disclosures, even though they may never apply to The Plan's use of your PHI.

- **a)** When required by federal, state, or local law, judicial proceedings, or by law enforcement. For example, your PHI may be disclosed in response to a court order.
- **b)** When permitted for purposes of public health activities or when required for health oversight activities. For example, The Plan could provide information to assist a government investigation of a healthcare provider or organization.
- **c)** For purposes of organ donation.
- **d)** In some cases, The Plan may use or disclose PHI to prevent or lessen a threat to the health or safety of a person or the public, or for national security purposes.
- **e)** To the extent necessary to comply with workers' compensation or other similar programs established by law.
- **f)** Use and disclosure of your PHI may be required by the Secretary of Health and Human Services to determine The Plan's compliance with HIPAA.

3. Uses and disclosures that require your written authorization.

The Plan will not use or disclose PHI for reasons other than those defined in sections A and B unless the individual who is the subject of the information provides a valid written authorization to do so. Individuals have a right to revoke an authorization at any time by contacting the office listed at the end of this notice.

A written authorization generally will be obtained before The Plan will use or disclose psychotherapy notes. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

4. Uses and disclosures that require you to be given an opportunity to agree or disagree. The Plan will disclose your PHI to family members, other relatives, and friends when you are present and have either verbally agreed to the disclosure, or have been given an opportunity to object, and the information is directly relevant to the family or friend's involvement with your care or payment for that care.

Rights of Individuals

Right to Request Restrictions on PHI Uses and Disclosures

You may request that The Plan restrict certain uses and disclosures of your PHI. Restriction of the use of PHI could affect our ability to pay claims. The Plan will attempt to honor reasonable requests, but HIPAA does not require us to agree to these restrictions.

Right to Request Confidential Communications

You may also request that The Plan send communications to you by alternative means or at alternative locations. For example, if you feel you would be harmed if we send information to your current mailing address, you could request that we send information to another address. You may be required to make certain requests in writing. Requests for restrictions or confidential communications should be made to The Plan contact listed at the end of this notice.

Rights to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in what is called the "designated record set". "Designated Record Set" includes certain enrollment, payment, billing, claims medical management record systems maintained by The Plan, and other information used in whole or in part to make decisions about you. The Plan is allowed to charge a reasonable fee to supply this information. You must request access or copies of records in writing. Requests should be made to The Plan contact listed at the end of this notice.

The requested information will be provided within 30 days of your written request if the information is maintained on-site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if The Plan is unable to comply with the deadline. In certain cases, we are allowed to deny your request. If access is denied, you will be provided with a written denial setting forth the basis for the denial, and a description of how you may appeal the denial.

Right to Amend PHI

You have the right to request The Plan to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

The Plan has 60 days after your written request to act on the request. A single 30-day extension is allowed if The Plan is unable to comply with the deadline. If the request is denied in whole or part, The Plan must provide you with a written denial that explains the basis for the denial.

Requests for amendment of PHI in a designated record set should be made to The Plan contact listed at the end of this notice.

The Right to Receive an Accounting of PHI Disclosures

At your request, The Plan will also provide you with an accounting of certain disclosures of your PHI by The Plan during the six years prior to the date of your request. Such accounting will not include PHI disclosures made: (1) to carry out treatment, payment, or health care operations; (2) to individuals about their own PHI; (3) for reasons involving national security, to corrections or law enforcement personnel; (4) prior to the compliance date; or (5) disclosures made subject to a valid authorization provided by you.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if you are given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, The Plan will charge a reasonable, cost-based fee for each subsequent accounting.

Personal Representatives

You may exercise your rights through a personal representative. Your personal representative may be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you.

The Plan retains the discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

The Plan's Duties

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices. The Plan is also required to abide by the terms of this notice.

If a Plan's privacy practice is changed, a revised version of this notice will be mailed to individuals for whom the Plan still maintains PHI within 60 days of the effective date of any material change to the uses and disclosures, the individual's rights, the duties of The Plan or other privacy practices stated in this notice.

Contact Information and Your Right to File a Complaint

If you believe that your privacy rights have been violated, you may complain to The Plan in care of the Plan contact listed below. The Plan will not retaliate against you for filing a complaint.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, at the regional office that handles your area. You can get information on DHHS regional offices and how to file a complaint at www.hhs.gov/ocr/privacy/hipaa/understanding/ by calling 1-800-368-1019.

We reserve the right to change the terms of this notice and our privacy policies at any time. For questions regarding this notice or to request a copy of this notice contact your company Privacy Officer at:

Doherty Consulting, Inc
dba; Dahl Consulting
7625 Parklawn Ave
Edina, MN 55435
651-256-7437



HIPAA Special Enrollment Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to inform you of your rights to special enrollment under the Dahl Consulting Group Health Plan if you acquire a new dependent, or you and/or your eligible dependent(s) decline coverage under this plan because of alternate coverage and later lose such coverage due to certain qualifying reasons. In addition, effective April 1, 2009, a special enrollment right also applies upon gaining or losing eligibility under a state's Medicaid plan or children's health insurance program, as described below.

HIPAA Notice of Special Enrollment:

If you are declining enrollment for yourself and/or your dependents (including your spouse) in the Dahl Consulting Group Health Plan because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Dahl Consulting sponsored Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

In addition, if you acquire a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in the Dahl Consulting Group Health Plan provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

CHIPRA Notice of Special Enrollment:

The Children's Health Insurance Reauthorization Act (CHIPRA) requires that, effective April 1, 2009, group health plans allow you and your dependents to enroll in the employer's plan if either you or a dependent loses coverage under the State Children's Health Insurance Plan; or loses coverage under the Medicaid program; or becomes eligible for a premium assistance subsidy. However, you must request enrollment in these circumstances within 60 days after the loss of coverage or eligibility for premium assistance.

If you have any questions, please contact your DAHL representative.

