

2025 Benefit Guide

BU Summary

Emerging Markets
Open Enrollment: <https://emopenenrollment.com/>
Employee Benefits: 517-708-5400

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Getting Started with Enrollment

Emerging Markets strives to offer you market competitive human resources programs that differentiate us from other companies. HR evaluates these programs annually and we encourage you to also evaluate your benefit options that will help you achieve the lifestyle you're looking for while protecting yourself and your family.

Healthcare is a primary consideration as part of this evaluation process. Oracle offers medical plan choices and support tools necessary for you to compare and choose the appropriate plan to suit your needs. As you do, you'll have a health care benefit budget to use as you compare and purchase health care benefits.

We also believe that adopting and maintaining healthy habits is key for prevention and living illness free. You can also earn additional money along the way by participating in *The Well*.

Finally, please consider utilizing Telemedicine for a convenient and cost-effective healthcare option. You have 24/7 virtual access to U.S. board certified doctors or licensed therapists.

Thank you for your continuing contributions to Emerging Markets.

Emerging Markets HR Team

Eligible Participants

Eligible health plan participants include full-time employees who are regularly scheduled to work at least 30 hours each week, and part-time employees who are regularly scheduled to work a minimum of 20 hours per week.

You can elect coverage for yourself and your eligible dependents, which include:

- Your legal spouse
- Your children or your spouse’s children

Under plan rules, an eligible child includes: children related to you by birth, marriage, legal adoption or legal guardianship through the end of the year in which they reach age 26.

The health plan offers a 4-tier benefit structure:

1. Employee Only
2. Employee + Child(ren)
3. Employee + Spouse
4. Family (Employee, Spouse, Child(ren))

Medical Plan Options

You have three health plan options to select from including traditional PPO, HMO and HDHP with various deductibles and out of pocket maximums levels. Finding the right coverage is a matter of choosing the plan that best meets your individual needs, family situation and budget.

Health Plan Contributions

Identify your health plan contributions by finding your desired coverage tier. The amounts listed are your per paycheck pre-tax contribution for employees who work 30 hours or more a week. *The HSA employer bi-weekly and lump sum contributions with the Simply Blue 1650 plan enrollment is automatic.

Health Plan Options Bi-Weekly Contributions			
Coverage Tier	Simply Blue 1650 HDHP PPO	Simply Blue 500 PPO	Healthy Blue Living 250 HMO
Employee Only	\$0.00	\$8.00	\$4.00
Employee + Child(ren)	\$0.00	\$16.00	\$8.00
Employee + Spouse	\$0.00	\$16.00	\$8.00
Family	\$0.00	\$24.00	\$12.00

Health Plan Comparisons

It's important to understand your plan's requirements when it comes to doctors, hospitals and other health care professionals.

Networks: Some plans require you to use doctors and hospitals in a specific provider network. Others let you go outside of the network for care but may not cover the costs at the same level.

Primary care physician: Some plans require you to choose a primary care physician (PCP) who is responsible for managing your care and providing referrals for specialists if necessary.

Medical Plan Comparison						
Covered Benefit	<i>Simply Blue 1650 HDHP PPO</i>		<i>Simply Blue 500 PPO</i>		<i>Healthy Blue Living 250 HMO (In-Network Only)</i>	
	In Network	Out of Network	In Network	Out of Network	Standard	Enhanced
Embedded Deductible (Single/Family)	\$1,650 / \$3,300	\$2,700/ \$5,600	\$500/ \$1,000	\$1,000/ \$2,000	\$250/\$500	\$0/\$0
Coinsurance (General Services)	20%	40%	10%	20%	10%	0%
Out-of-Pocket Maximum (Single/Family)	\$2,600/ \$4,600	\$5,200/ \$9,200	\$1,250/ \$2,500	\$2,500/ \$5,000	\$1,250/ \$2,500	\$1,250/ \$2,500
Office Visit	80% after deductible	60% after deductible	\$20	80% after deductible	\$20	\$10
Chiropractic Services	80% after deductible	60% after deductible	\$20	80% after deductible	\$20	\$10
Specialist Office Visit	80% after deductible	60% after deductible	\$20	80% after deductible	\$20	\$10
Urgent Care	80% after deductible	60% after deductible	\$20	80% after deductible	\$20	\$10
Emergency Room	80% after deductible	80% after deductible	\$150	\$150	\$100	\$50
Preventive Care	100% Covered	Not covered	100% Covered	Not covered	100% Covered	100% Covered
Pharmacy Retail	\$5/20/40 after deductible	\$5/20/40 + 20% after deductible	\$5/20/40	\$5/20/40 + 25%	\$15/\$50	\$5/\$20
Pharmacy 90-day	\$10/40/80	Not covered	\$10/40/80	Not covered	\$30/\$100	\$10/\$40

The Well

If you are looking to maintain or adopt healthy habits, access free educational resources, or simply to make some extra spending cash, then check out The Well. The Well is our holistic well-being program that is available for all regular employees. This program offers you access to fitness, financial wellness, healthy habit tracking (nutrition, sleep, activity), and stress management programs just to name a few!



Engaging in the program can earn you \$550 annually!

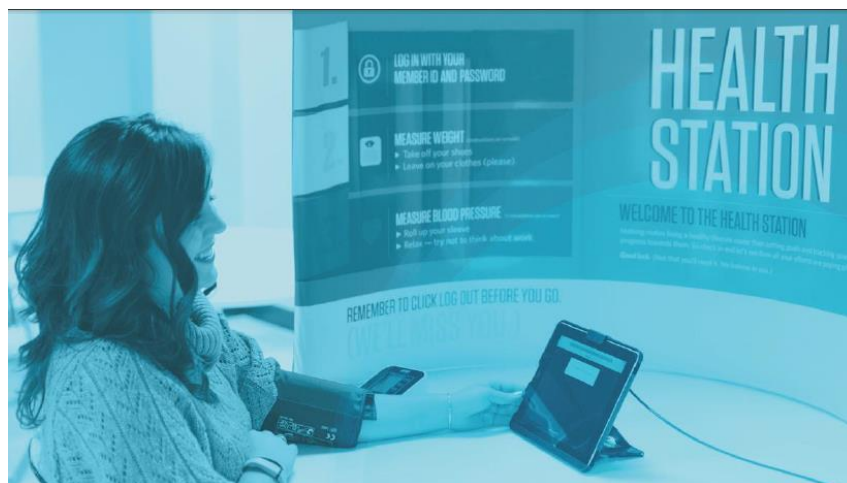
Fund Advantage

Annual reimbursement program for fitness related purchases. Total reimbursement is based on years of service.

- \$350 per year (Less than 10 years of service)
- \$550 per year (10-20 years of service)
- \$750 per year (20+ years of service)

Health Stations

The Health Stations provide an easy, accurate, and convenient way to measure and record your weight and blood pressure. Health stations are available nationwide. You can track your results to monitor your individual goal of maintaining or improving your healthy habits. What's more, you can earn reward points for taking your measurements! Oh yeah, it's free!



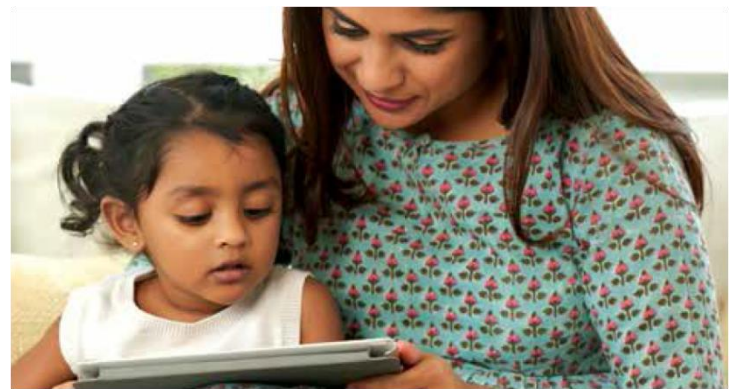
Telemedicine – Teladoc Health



When you use Teladoc Health, you'll have 24/7 access to online medical services anywhere in the U.S. and you'll save time and money.

Plan	Office Visit	Urgent Care	Emergency Room	Online Visit
HMO 250	\$20	\$20	\$100	\$20
PPO 500	\$20	\$20	\$150	\$20
HDHP 1650	Service cost to deductible; 20% after deductible			

You can rest assured knowing you and your covered family members can see and talk to a doctor for minor illnesses such as a cold, flu, or sore throat when your primary care doctor isn't available.



No Appointment Needed

You can get fast, convenient, affordable online health care 24 hours a day, seven days a week, wherever you are in the U.S. Just choose an available doctor, click and go. It's as simple as using your mobile device or computer to meet with a doctor face-to-face, online, when:

- Your primary doctor isn't available.
- You can't leave your home or workplace.
- You're on vacation or traveling for work.
- You're caring for children or a family member and can't leave home.
- You're looking for affordable after-hours care.

It's for the Whole Family

Your family members on your plan can also use Telemedicine. Just add children younger than age 18 to your account. Your spouse, and children age 18 and over, should create their own accounts.

When Should I Use an Online Doctor?

You can use Teladoc's easy-to-use online health care technology, for minor illnesses, such as:

- Sinus and respiratory infections
- Colds, flu and seasonal allergies
- Minor burns, cuts and scrapes
- Skin rash
- Painful urination
- Eye irritation or redness
- Sore throat
- Earache
- Vomiting

Sign Up

Mobile: Download the Teladoc Health App

Web: Go to www.teladoc.com

Phone: 1-800-835-2362

Visit BCBSM.com/virtualcare for a link to download the Teladoc Health App.

Health Savings Account (HSA)

HSAs are available to employees enrolled in the Simply Blue 1650 HDHP. HSAs are personal savings accounts owned by you that allow you to save and pay for qualified health-related expenses (medical/dental/vision). HSAs have a triple tax advantage allowing you to make pre-tax contributions and have no tax on interest or withdrawals. Unused funds roll over each year and earn interest monthly and are not “use it or lose it” like FSA plans.

Per IRS regulations, the total employer and employee annual contribution amount is up to \$4,300 per year for employee only coverage and \$8,550 per year for employee plus one or more dependents. Employees over the age of 55 are eligible to make an additional “catch-up” contribution up to a maximum of \$1,000.

- Employee hired prior to January 1, 2010 receive a lump sum credit of \$1,200 for employee only coverage and \$1,400 for employee + 1 or more coverage for staff.
- Employee hired on or after January 1, 2010 receive a lump sum credit of \$1,700 for employee only and \$1,900 for employee + 1 or more plus an additional \$750 lump sum credit for first time HDHP enrollees.
- *All HDHP participants receive a per pay period contribution based on coverage tier:*

Coverage Tier	HSA Credit Per Pay
Employee Only	\$28.85
Employee + Child(ren)	\$57.69
Employee + Spouse	\$57.69
Family	\$86.54

Flexible Spending Account (FSA)

Like an HSA, an FSA allows you to pay for out-of-pocket expenses such as prescriptions, office copays, dental and vision costs with pre-tax dollars. Unlike an HSA, FSA dollars are “use it or lose it”. Any money remaining in your FSA at the end of the calendar year will be forfeited if not used by the end of the grace period of March 15, 2026 to incur claims and through April 30, 2026 to submit for reimbursement. There are two types of Flexible Spending Accounts, Healthcare and Dependent Care.

Healthcare FSA: Employees can contribute up to \$3,200 per year. Covers deductibles, copays, medical expenses not covered by insurance (excludes premiums).

Note: Per IRS guidelines, employees may not elect a Healthcare FSA if they are enrolled in a High Deductible Health Plan with a HSA.

Dependent Care FSA: Employees can contribute up to \$5,000 per year. Covers dependent care expenses such as childcare for children up to age 13 and preschool costs. Also covers care for an elderly parent, disabled spouse or other dependent.

Dental Plan Offerings

You have two dental plan options to select from. The plan options differ in provider network and covered services. When selecting the dental plan best for you, it's important to review the In Network and Out of Network coverage and confirm whether your dentist is in In Network.

Covered Benefit	Traditional Dental		Exclusive Dental	
	In Network	Out of Network	In Network	Out of Network
Deductible <i>(Single/Family)</i>	\$0	Note: Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.	\$0	<i>No Out of Network Coverage</i>
Class I <i>(Preventive Services)</i>	100%		100%	
Class II <i>(Basic Services)</i>	75%		100%	
Class III <i>(Major Services)</i>	50%		85%	
Class IV <i>(Orthodontia Services)</i>	50%		70%	
Annual Maximum	\$2,600		\$2,600	

Your bi-weekly dental contributions by coverage tier

Coverage Tier	Dental Plan Options Bi-Weekly Contributions	
	Traditional Dental	Exclusive Dental
Employee Only	\$1.00	\$1.00
Employee + Child(ren)	\$2.00	\$2.00
Employee + Spouse	\$2.00	\$2.00
Family	\$2.00	\$2.00

Vision Plan Offering

We offer one vision plan with Blue Vision VSP. Plan coverage varies for In Network and Out of Network services.

Covered Benefit	Blue Vision VSP	
	In Network	Out of Network
Eye Examination <i>(one eye exam in any period of 12 consecutive months)</i>	\$5 copay	Reimbursement up to \$50 less a \$5 copay (member responsible for any difference)
Prescription Glasses <i>(lenses and/or frames)</i>	A combined \$7.50 copay	Member responsible for difference between approved amount and provider's charge, after \$7.50 copay
Medically Necessary Contact Lenses	\$7.50 copay	Member responsible for difference between approved amount and provider's charge, after \$7.50 copay
Standard Lenses <i>(one pair of lenses, with or without frames, in any period of 12 consecutive months)</i>	\$7.50 copay (one copay applies to both lenses and frames)	Member responsible for difference between approved amount and provider's charge, after \$7.50 copay (member responsible for any difference)
Standard Frames <i>(one frame in any period of 12 consecutive months)</i>	\$150 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less \$10 copay (one copay applies to both frames and lenses)	Reimbursement up to \$70 less \$7.50 copay (member responsible for any difference)
Prescribed Elective Contact Lenses <i>(not medically necessary)</i>	\$200 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$105 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)

Your contribution by coverage tier

Coverage Tier	Bi-Weekly Contribution
Employee Only	\$0.50
Employee + Spouse	\$1.00
Employee + Child(ren)	\$1.00
Family	\$1.00

Supplemental Benefits

Supplemental benefit plans are 100% paid by you and the following options are set-up as payroll deductions. These individual plans are optional and established between you and the provider.



Dearborn Group is a proud ancillary subsidiary of Health Care Services Corporation (HCSC), the largest non-investor owned health care insurer in the United States, which is an independent licensee of the Blue Cross and Blue Shield Association.

Supplemental Life insurance is additional employee coverage above the company-paid benefit of two (2) times your annual salary. You can also elect spousal or dependent life insurance coverage. Supplemental AD&D would be additional coverage to your company paid policy of \$100,000.

Supplemental AD&D is affordable coverage that can help protect your family's way of life and offer financial security if you or a dependent pass away. This is additional coverage to your company paid policy of \$100,000.

Critical Illness provides cash for the unexpected costs of a critical illness. This optional benefit is in addition to and independent of any other benefits you may be eligible for. You can use the money as you wish—to help cover your medical plan deductible and coinsurance, pay for uncovered medical treatment, or use it for your regular day-to-day living expenses.

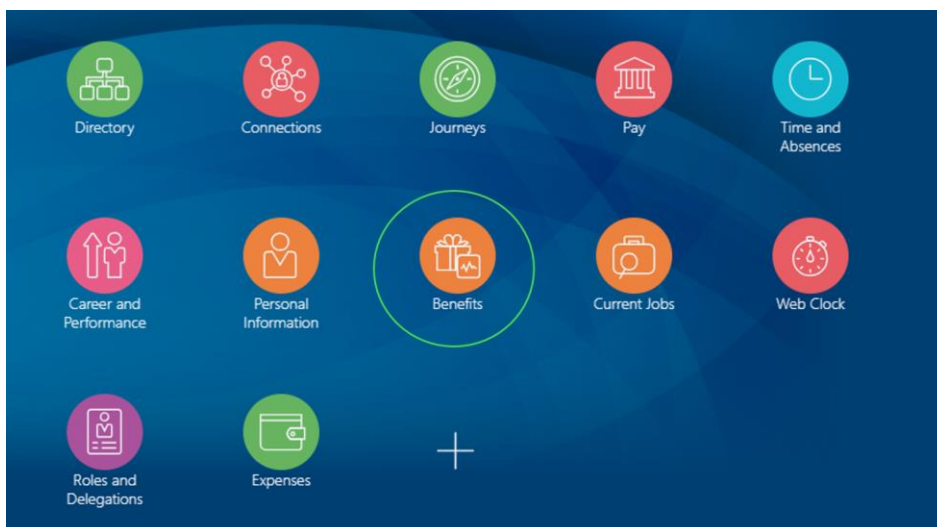


Teladoc-Chronic Condition Management

Teladoc for chronic condition management is a one-of-a-kind approach to chronic condition management using virtual care that inspires lasting changes.

With our program, you get unlimited access to connected health monitoring devices, certified health coaches and support from physicians and mental health specialists—all to help manage conditions like diabetes, hypertension and prediabetes.

You'll receive the program at no additional cost if you or your adult dependents are enrolled in a BCBSM or BCN employer health care plan and meet the specific health criteria. To register, visit TeladocHealth.com/Smile/EMERGINGMARKETSBU and answer a few simple questions about your health. You may also enroll by calling Teladoc Health Member Support at 800-835-2362.



2025 Enrollment Process - Oracle

All open enrollment benefit decisions are made in Oracle. You will be able to elect or decline coverage all in one place.

Log-in Credentials

To enroll, login to your Oracle account at <https://ejko.fa.us2.oraclecloud.com/>

Enrollment Steps

1. Click the upper left navigator pane (3 horizontal lines); Select Me>Benefits
2. Click “People to Cover” to add dependents and/or beneficiaries
3. Click “Make Changes” to enroll
4. Complete your benefit selections
5. Review in detail and submit
6. Click “Pending Actions” from the Benefits main page to review any pending actions to finalize your benefits
7. Click “My Benefits” from the Benefits main page to view/print/save your Benefits confirmation.

Additional Employer Paid Benefits

Retirement Programs

- **401(k) plan** - Employees are eligible to participate in the company's 401(k) plan through Fidelity Investments after completing three months of service. New employees and existing employees who have never enrolled in the 401(k) plan will be automatically enrolled at a 6% contribution rate upon eligibility. Contributions will be invested in the Fidelity Target Date Funds based on the employee's current age and assuming the normal retirement age of 65. Contributions are allowed between 1 and 96.5 percent (in half percent increments) of the employee's biweekly base compensation on a pre-tax and/or Roth (post-tax) basis, subject to annual IRS dollar limits. Employees who are 50 years of age or older are also eligible for participation in catch up contributions, up to the IRS maximum. After one year of service, the company will make matching contributions equal to 50 percent of the amount contributed, up to 10 percent of the employee's bi-weekly eligible compensation. The maximum the company matches is 5 percent.
- **Retirement Income Plan** - Accident Fund provides a fully company paid pension plan. All represented employees over 21 years of age, hired prior to January 1, 2010, with one year of service participate in the BCBSM retirement income plan and begin earning service credits as of their hire date. Vesting occurs after five years of credited service or at age 65 regardless of number of years of service. Employees hired on or after January 1, 2010, participate in the BCBSM cash balance plan. Pay credits are granted on a monthly basis and interest is based on the account balance as of the prior quarter. Vesting occurs after three years or at age 65, regardless of number of years of service, and the benefit is portable (rollover eligible) if the employee separates from the company after vesting. The Summary Plan Description, which provides more detailed information, is available on the Hub.

Paid Leave Time

- **Short-Term Disability** Employees become eligible for short-term disability benefits once they have completed an 80-hour pay period. Short-term disability works in conjunction with Accident Fund's paid leave programs. After 15 consecutive calendar days of qualifying disability, short-term disability benefits kick in, paying 66 2/3 percent of an employee's base salary for up to 180 days. The company will continue to provide health insurance during the STD period.
- **Long-Term Disability** Employees become eligible for long-term disability benefits once they have completed an 80-hour pay period. Long-term disability takes effect after 180 days of a continuous qualifying disability, and benefits are paid at 66 2/3 percent of the employee's base wage. Employee contributes a portion of the LTD premium through payroll deductions. The premium amount paid by the employee is based on the employee's sick leave balance. Continuation of health care coverage and flexible spending contributions will be offered under COBRA.

Company Sponsored

- **Employee Assistance Program** offers professional, confidential counseling and consultation that can help resolve both personal and work-related issues. These services are available at no cost to you, your spouse, and your dependents.
- **Education Reimbursement for Dependent Children** Eligible employees can apply for reimbursement of up to \$1,500 in post-secondary education expenses for their dependent children. Reimbursement application periods occur twice each year, and reimbursement is made on a first-come, first-served basis. The amount of individual reimbursement up to \$1,500 is dependent on the number of applications received.
- **Tuition Assistance** is available to full time employees who have completed at least 3 months service. This benefit covers 100% of all qualifying tuition, tests, fees, books, and other required expenses up to the tuition assistance limit of \$5,000 for undergrad level and \$5,500 for graduate level classes.

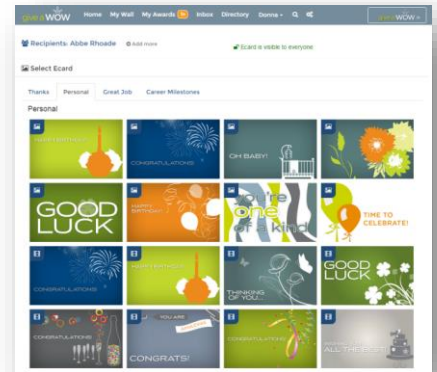
Reward & Recognition Programs

Employee recognition is a cornerstone of the Emerging Markets culture. There are a variety of informal and formal and monetary and non-monetary recognition opportunities. Our business units provide organizational specific programs that are meaningful to that company.

The EMMY program is an easy to use online and mobile based platform where you can give and receive recognition to anyone at anytime. Recognition can come in the form of specific written feedback to recognize team members who consistently shine, exceed a customer's expectation, stepped up and helped when you needed it most or deliver on a critical organizational initiative. You also can simply send an eCard to recognize a fellow team member.

The EMMY program also includes the service award program. We receive recognition awards for anniversary milestones at one-year, five-year, ten-year, and so on up to the retirement eligibility criteria of age of 55 with at least 10 years of service. In addition, at every five-year milestone through retirement, we are able to redeem a gift from the EMMY catalog. Life event gifts are also for newborns and immediate deaths in the family.

Check out the EMMY portal at <https://em.giveawow.com/>



Benefit Contacts

BCBSM (medical & dental)

Phone: 888-288-1718

Website: www.bcbsm.com

Mobile App: BCBSM

Group Number: 007000216

Teladoc Health

Mobile App: www.bcbsm.com/virtualcare

Phone: 800-835-2362

Website: www.teladoc.com

Enrollment Code: EMERGINGMARKETSBU

Blue Vision (VSP)

Phone: 800-877-7195

Website: www.vsp.com

Oracle <https://ejko.fa.us2.oraclecloud.com/>

Health Equity (HSA & FSA)

Phone: 866-346-5800

Website: www.healthequity.com

Also available through BCBSM Mobile App

ESPYR (EAP)

Phone: 800-869-0276

Website: <http://www.espyr.com/>

Registration Code: EMEAP

HR Benefits Team

<https://emopenenrollment.com/>

Phone: 517-708-5400

Dearborn Group Leave Requests

Phone: 844-361-4267

Website: GroupAbsenceManagement.com

BCBSM Retirement Administration

[pension & 401(k)]

Phone: 313-225-9609

Email: retirementadministration@bcbsm.com

Dearborn Group Supplemental Benefits

Group Policy: EAB1000113

Website: mydearborngroup.com

Email: AncillaryQuestions@mydearborngroup.com

Phone: (800) 721-7987

Frequently Asked Questions

Q: Do I have to complete my enrollment if I am not making changes or declining coverage?

A: No! Open Enrollment this year is passive. This means, if you're happy with the benefits you elected for 2024, you don't need to do anything to re-enroll for 2025. The only section that requires attention during open enrollment is to select your IRS spending accounts (FSA/HSA) if you choose. You will not be able to modify your elections until 2026 unless you experience a life event.

Q: What happens if I experience a life event during year?

A: Qualifying life events are the only time throughout the year where you have 30 days from the event date to modify your annual benefit elections. Life events include adding or removing a dependent (birth/marriage/divorce/legal order/Medicare) or loss of coverage.

Q: Will I receive a BCBSM medical/dental card?

A: You will not receive new cards for 2025 unless you change plans. You can use your existing or access virtual cards using the BCBSM mobile app.

Q: Will I automatically receive an HSA and FSA debit card?

A: If you currently have a HSA, your debit card will remain active and you will not receive a new one until it expires. If you currently have a FSA, you will receive a new card and your 2024 FSA will remain active through the March 31, 2025 grace period. If you have a new HSA or FSA in 2025, you will receive your debit card in the mail. You can request additional debit cards from Health Equity.

Q: How frequently can I update my HSA contribution amount?

A: You can modify your HSA contribution amount at anytime in Oracle. Contribution changes will be reflected on your paycheck within one to two payroll cycles.

Q: When can I change my 401(k) contribution amount?

A: You can modify your 401(k) contribution percent at anytime in the Fidelity portal (www.401k.com) or by calling (800) 378-4015. Contribution changes will be reflected on your paycheck within one to two payroll cycles.

Q: Do I need to elect the employer paid benefits of STD, LTD, Life Insurance, or AD&D policy?

A: If you want LTD, you need to elect it. No action is required on your part for the employer paid STD, Life Insurance and AD&D. You can elect additional supplemental life insurance or accident insurance through Dearborn National if you choose.

2025 - For bargaining unit employees only; This guide summarizes your benefits for 2025. Official plan documents govern your benefits, so if there is any inconsistency between the information in this guide and the plan documents, the plan documents will prevail. This guide is not a contract for employment. While the Company intends to continue the plan, it reserves the right to change the plan at any time. You will be notified of such changes.

