THE DIMOCK CENTER

2025 EMPLOYEE BENEFITS GUIDE

Effective July 1st

Welcome to your 2025 Employee Benefits!

Your needs, and those of your family, are unique to you. That's why The Dimock Center provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for in full by The Dimock Center. For others, it is a shared contribution between you and the Company. Other benefits are also available to you at reasonable group rates.

Your benefits are an important part of your total compensation at The Dimock Center. Please take the time to review and evaluate all the options available to you and your family.

This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. Controlling provisions are provided in each benefit plan policy. This guide also serves as a Summary of Material Modifications ("SMM") and includes updates that affect *The Dimock Center****'s Summary Plan Descriptions. Please keep this guide with your Summary Plan Descriptions for future reference. If there is any discrepancy between this guide, the Summary Plan Descriptions and the Plan document, the Plan document will control. Dimock reserves the right to end, suspend, or amend their plans or the benefits provided thereunder, at any time, for any reason, in whole or in part.***

Important updates for 2025

What's Changing?

•We've **reduced the number of medical plans** to simplify options and ensure better value.

•There will be a **slight increase in plan costs** for the upcoming year.

•**Open Enrollment is active this year**, meaning **you must log in and choose your benefits** during the enrollment period.

Plans that are being eliminated:
Full Silver; Focus Gold; Focus Bronze

Plans that are being kept:
Full Gold; Full Bronze; Focus Silver; HSA

If you **do not** make your benefit elections in the UKG system (and are currently enrolled in one of the health plans), you will be migrated to the following renewal plans:

1.If currently enrolled in the **Best Buy Silver Plan**, you will be migrated over to the **Best Buy Bronze Plan**.
2.If you are currently enrolled in the **Focus Gold Plan**, you will be migrated over to the **Focus Silver Plan**
3.If you are currently enrolled in the **Focus Bronze Plan**, you will be migrated over to the **Focus Silver Plan**

Open Enrollment Dates: Tuesday, May 27th – Friday, June 6th

We will provide plan comparison tools and info sessions to help guide your decision:

In person:
May 27th, 10am to 3pm

Virtual:
*May 29th - 12:30pm-1:30pm
*June 4th - 12:30pm-1:30pm
*June 5th - 7:00pm -8:00pm

What You Need to Do:

1.Review the updated plan options, including cost and coverage changes.

2.Log in to UKG during the enrollment window.

3.Make your selections by **June 6th** to ensure you have the coverage you want.

If you have questions or need assistance, please contact **Aswani McPherson** at **amcpherson@dimock.org** or **(617) 442-8800 x1340**.

Benefits Overview

Company Paid Benefits

- Life and Accidental Death Insurance
- Disability Insurance

Benefit Options Requiring Employee Contributions

- Medical Harvard Pilgrim Healthcare
  - Full HMO Network
  - Focus HMO Narrow Network
  - HMO HSA 2900
  - Plans include prescription drug coverage
- Difference Card Reimbursement
- Delta Dental
- EyeMed Vision Program
- Flexible Spending Healthcare
- Flexible Spending Dependent Care

Exciting new program!

Introducing Class Pass - A monthly subscription service that provides access to a wide range of fitness and wellness experiences through a credit-based system. Members receive a set number of credits each month, which can be used to book various services such as fitness classes, gym sessions, spa treatments, and even food and beverage options at participating locations. The number of credits required for each service varies based on factors like location, time, and popularity. Unused credits can roll over to the next month, up to the limit of your current plan. This flexible model allows users to explore diverse health and wellness activities without committing to a single gym or studio membership.

Eligibility

Who is Eligible?

You are eligible for The Dimock Center benefits if you have:

- Works for **20** or more hours per week

Your dependents are eligible if they are:

- Your legal spouse or domestic partner
- Your and/or your domestic partner's child(ren)* up to age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19)*

** Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.*

About Domestic Partner Coverage

To enroll your same-sex or opposite-sex domestic partner and his or her dependents for coverage, you will be required to submit:

- Proof of domestic partnership
- Appropriate declaration forms

Under federal law, Dimock's contribution toward the cost of healthcare coverage for your domestic partner and his or her dependents is considered taxable income to you.

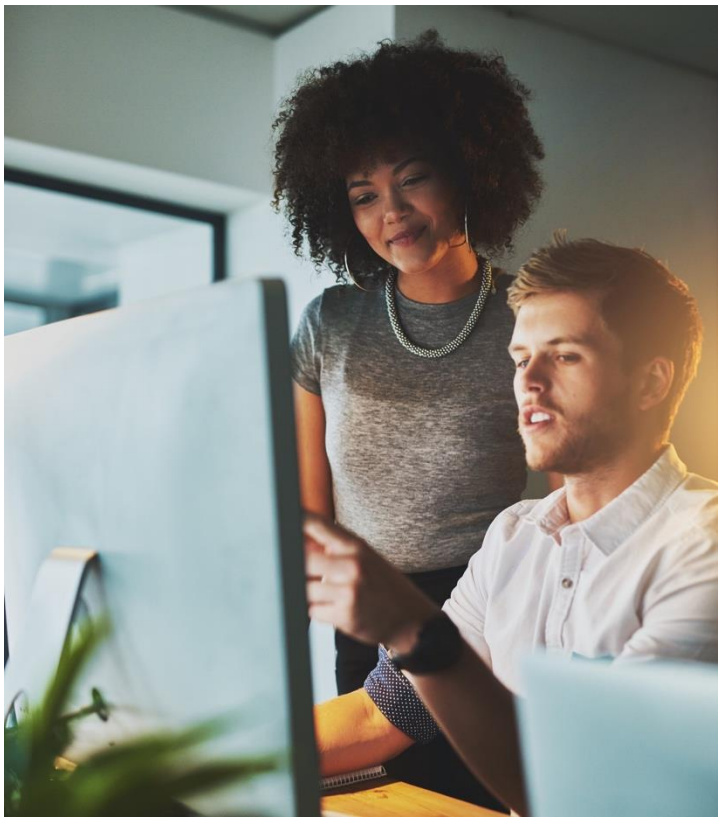
Domestic partner premiums will be deducted on a post-tax basis. You may wish to consult with a tax adviser for more information.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your medical, dental, and vision coverage will end on the pay period in which you leave.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, and vision coverage.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.



Enrollment

When Can I Enroll in Benefits?

You can enroll for benefits:

- 1st of month following your start date or up to 30 days after and with a Qualifying Life Event and/or during Open Enrollment
- During the plan year, if you experience a Qualifying Life Event

How Do I Enroll in Benefits?

You must actively enroll in all benefits that require employee contributions. You will be automatically enrolled in all Company paid benefits.

1. Review the updated plan options, including cost and coverage changes.
2. Log in to UKG during the enrollment window.
3. Make your selections by **June 6th** to ensure you have the coverage you want.

Please Note:

Federal regulations require The Dimock Center to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

Open Enrollment

Open Enrollment is your once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family.

Changes to medical, dental, vision and flexible spending accounts can be made during Open Enrollment with an effective date of July 1, 2025.

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through June 30th. If you have a "qualified life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within **30** days of the event. Proof of life events is subject to approval by The Dimock Center are effective retroactive to the date of the event.

Qualifying life events include, but are not limited to:

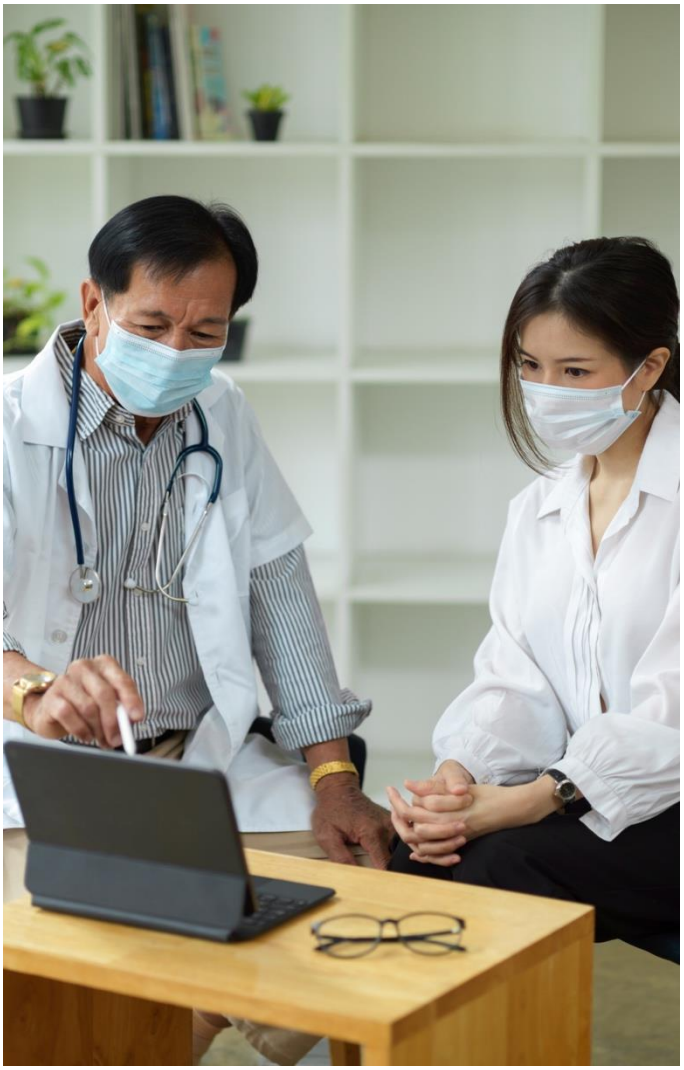
- Your marriage
- Your divorce or legal separation
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse, domestic partner or covered child
- Change in you or your spouse/domestic partner's work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.)
- Your spouse's Open Enrollment
- A change in your child's eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation

Other qualifying events may also apply. Please contact Human Resources.

Medical Plans

We are excited to offer 3 medical plans through our medical partner, Harvard Pilgrim with the following features:

- You may only receive care from in-network providers on your HMO Plans
- Preventive care is covered at 100% on all plans
- All plans Include prescription drug coverage.
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs **July 1st to June 30th**
- If you enroll in the **Best Buy H SA** you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs]
- For a comparison of the plans, please refer to the Medical Plans Comparison Chart. Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC).



Finding In-Network Providers

To search for in-network medical providers, log onto HPHC Provider Look up

Access to Your Healthcare

After you are enrolled in a medical plan, log onto The Patient Portal and register to access self-service tools and resources to help manage your medical benefits.

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because The Dimock Center's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at **www.healthcare.gov**.

Medical Plan Options

HMO Plans	Full Network & Focus Network	Best Buy HSA 2900
Plan Year		
Medical		
	In-Network	**In-Network**
Plan Year Deductible (Individual / Family)	$3500 / $7000	$2900 / $5800
Coinsurance	20% *	20% *
Plan Year Out-of-Pocket Max[1] (Individual / Family)	$6,350 / $12,700	$6,350 / $12,700
Preventive Care	$0.00	$0.00
Primary Care Office Visit	$50.00	20% *
Specialty Care Office Visit	$50.00	20% *
Virtual Care Visit	$50.00	20% *
Urgent Care Facility	$50.00	20% *
Emergency Room Care	$300.00	20% *
Inpatient Hospital	20% *	20% *
Outpatient Surgery	20% *	20% *
Advanced Radiology (MRI, MRA, CAT, PET Scan)	20% after Deductible	20% *

*** After Deductible**

Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage (SBC) for more information.

[1] *Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance*

Difference Card

BENEFIT CATEGORY	DIFFERENCE CARD PLAN DESIGNS		
Your Plan Options for 2025-2026	**Gold Plan**	**Bronze Plan**	**Silver Plan**
Harvard Pilgrim Network Platform	HPHC Full HMO Network		HPHC Limited Network
	Member Costs for Services Listed		
Primary Care	$15 Copay	$35 Copay	$25 Copay
Specialist Care	$15 Copay	$35 Copay	$25 Copay
Member Costs: Emergency Room	$150 Copay	$250 Copay	$250 Copay
Urgent Care	$15 Copay	$35 Copay	$25 Copay
Lab Work	Ded	Ded	Ded
X-Ray	Ded	Ded	Ded
Major Diagnostic Imaging	Ded	Ded	Ded
Inpatient Copay	$150 Copay	Ded	Ded
Outpatient Copay	$150 Copay	Ded	Ded
INN Deductible	$500	$2,500	$1,500
Out of Network Coverage	Not Available – Only In Network Coverage Available		
Pharmacy Deductible	$0	$0	$0
Pharmacy Copay	$12 / $24 / $48	$16 / $32 / $64	$14 / $28 / $56

The Difference Card

Prescription Drugs

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through Harvard Pilgrim.

Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage.

Harvard Pilgrim Health Plan	Full Network & Focus Network HMO	Best Buy HSA 2900
Retail (up to 30-day supply)		
Generic copay	$20	$15*
Tier 2 copay	$ 40	$25*
Tier 3 copay	$ 80	$40*
Mail Order (up to 90-day supply)	**You Pay**	**You Pay**
Tier 1 / 2 / 3 / 4 copays	$40 /$80 /$160	$30 /$50 /$80

** Please note, any retail or mail order copays listed for the HSA-qualified plan(s) apply only after the medical plan deductible is met. The deductible will not apply to certain medications classified as preventive in accordance with the approved prescription drug list.*

Ways to Obtain Prescription Drugs

1 Retail Pharmacy (up to 30-day supply)

Learn about your Pharmacy Coverage

- ✓ Locate a participating retail pharmacy
- ✓ View a list of approved drugs

2 Mail Order (up to 90-day supply)

Mail Order

- ✓ Use for maintenance drugs such as medication for high blood pressure, arthritis or diabetes
- ✓ Pay less than retail pharmacy for a 90-day supply
- ✓ No additional cost for delivery

Benefit Definitions

What is a premium?

A premium (also referred to as a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck on a pre-tax basis.

What is a deductible?

A deductible is the amount you pay out of your pocket before your insurance pays.

Our Deductible runs from July 1st to June 30th on Medical and January 1st to December 31st for Dental each year. Once you have met that dollar amount, you have met the requirements for the plan year.

What does a copay pay for?

Copayments, or copays, are pre-set dollar amount you are expected to pay for office visits, procedures or prescription drugs under your insurance plan.

Once the copay has been met, the insurance Company pays all remaining costs.

What does coinsurance mean?

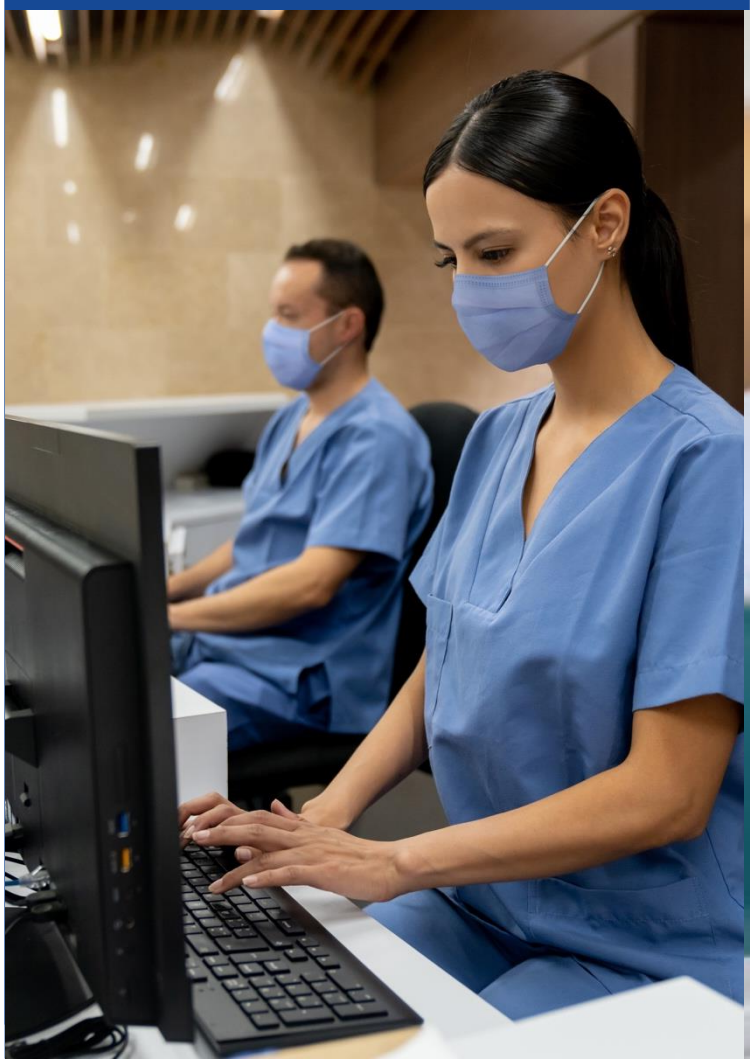
Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the full cost of the service and you pay the coinsurance, or remaining percentage.

What counts towards my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining medical expenses for the year.



Virtual Care

Telehealth

Provided by Doctor On Demand

Access virtual health care in minutes 24/7

Connect with a U.S. board-certified provider via your smartphone, tablet or computer from anywhere in the world[1,2] and in less than 15 minutes. Get care for concerns such as bronchitis, sinus issues, pink eye, UTIs, or skin rashes.

Access confidential therapy your way

Doctor On Demand licensed providers can support you with concerns such as anxiety, depression, grief, family issues, trauma or PTSD. Choose from a variety of therapists with different backgrounds and specialties, and build a relationship with the provider who best meets your needs. Doctor On Demand providers can also order your prescription[3] at your local pharmacy when medically necessary.

95% case resolution rate

4.5 min average wait time

4.9 out of 5 stars average rating

Providers with 17+ years average experience and diverse background

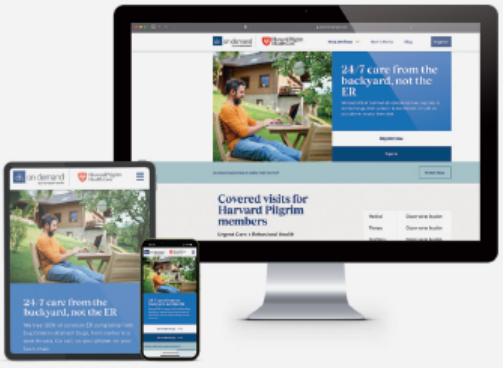


60%	69%	20%
Female	Parents	LGBTQ+

What our members are saying:

"With Doctor On Demand I don't have rearrange my schedule and worry about the logistics of driving to an office. The service works around me and my family instead."

-Harvard Pilgrim Health Care Member



Set up your account at doctorondemand.com/harvard-pilgrim

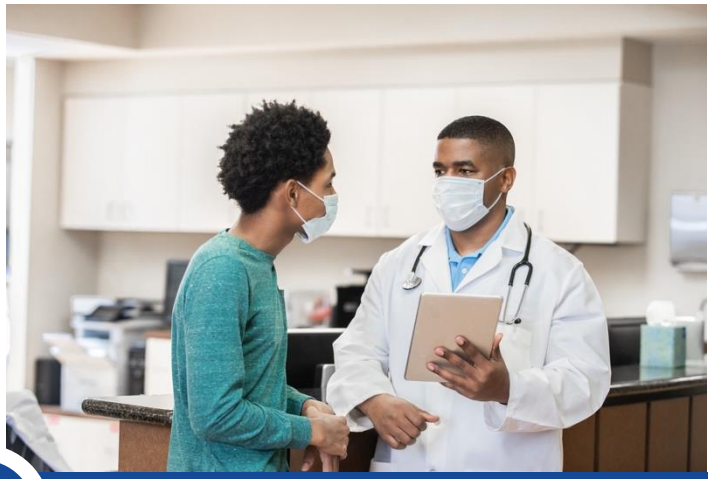
Where to Seek Care

Emergency Care vs. Urgent Care

When you need help in a hurry, you have choices. Of course, when it's a **life-threatening problem, you should call 911 or go straight to the nearest hospital emergency room (ER).**

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, call your doctor, access virtual care services or go to an urgent care center.



Go to Emergency Room	or	Go to Urgent Care
Heart attack or stroke		Moderate fever
Chest pain or intense pain		Colds, cough or flu
Shortness of breath		Bruises and abrasions
Severe abdominal pain		Cuts and minor lacerations
Head injury or other major trauma		Minor burns and skin irritations
Loss of consciousness		Eye, ear, or skin infections
Major burns or severe bleeding		Sprains or strains
One-sided weakness or numbness		Possible fractures
Open fractures		Urinary tract infections
Poisoning or suspected overdose		Respiratory infections

Health Savings Account (HSA)

Only available for those enrolled in the ***HMO Best Buy HSA 2900 medical plan***

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by a High Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay amount.

HSA funds can only be used for yourself, your spouse and your taxable dependents. Expenses for dependents who do not qualify as tax dependents are not reimbursable under the HSA.

Advantages of an HSA

- **Balance rolls over each year so you won't lose your contributions**
- **Triple tax savings — you do not pay federal tax* on:**
  - **Contributions to the account**
  - **Spending on qualified expenses**
  - **Interest that accrues**
- **Account is portable, so the funds are yours even if you change medical plans next year or leave the Company**
- **Use the funds (now or in the future) for eligible medical, dental or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia and more**
- **Money left in the savings account earns tax-free interest***

****Tax treatment of HSAs for state tax purposes may vary by state.***

Health Savings Account (HSA) (continued)

Who Can Open an HSA?

You can contribute to an HSA if you:

- **Are covered under an HSA-qualified high deductible health plan (HDHP).**
- **Are not enrolled in Medicare*, TRICARE or TRICARE for Life.**
- **Cannot be claimed as a dependent on someone else's tax return.**
- **Have not received Veterans Affairs (VA) benefits within the past 3 months**
- **You (or your spouse) do not contribute to a Healthcare FSA.**

**** Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.***

Other restrictions and exceptions may also apply. For more information, visit www.irs.gov/publications/p969/.

2025 HSA Contributions and Limits

	2025 IRS Contribution Limit
Employee Only	$4,300
Employee + Dependents	$8,550

Each year, you can contribute up to the IRS annual limit for HSAs will contribute to your HSA on a per pay basis up to the annual amounts listed below].

* If you are age 55 or older, you may contribute an additional $1,000 in catchup contributions.

IMPORTANT! If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than age 65. To view additional information: HR Concepts HSA

How To Save $$$!

When Using Your Medical and Prescription Plans

Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money.

Use freestanding imaging centers for MRIs, CT scans and other imaging.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

Use Mail Order Program

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

Through the Mail Order Program , you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. And because shipping is free, you'll also save on gas money!

** If you use GoodRx vs. the BCBS of MA pharmacy benefits, or if you pay the lower cash price, the amount you pay will not apply toward your deductible or out-of-pocket maximum.*

Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

Search GoodRx for Cheaper Prices

Drug prices sometimes vary significantly between pharmacies. GoodRx collects and compares prices for every FDA approved prescription drug at more than 70,000 pharmacies.

Access GoodRx at www.goodrx.com to find the lowest price pharmacy near you and/or print FREE coupons. You can also get coupons on-the-go through Good Rx's mobile app – just show your phone to the pharmacist*.

Ask Your Pharmacy for the Cash Price

Call and ask your pharmacy for the cash price* of a prescription drug. Sometimes these prices are lower than the prescription drug plan copay.

Dental

The Dimock Center offer's one dental plan through **DeltaDental**. Your choice of dentists can determine the cost savings you receive. In-network providers are paid directly by DeltaDental and agree to accept negotiated fees as "payment in full" for services rendered. When you use out-of-network providers DeltaDental will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill.

In-network coverage is provided when you use Delta providers. To search for in-network providers, go to Search a provider and populate the search bar with **the type of dentist you wish to find**.

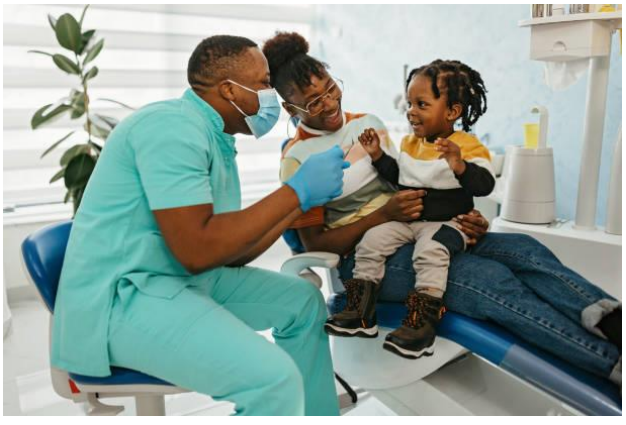
Employees share in the cost of dental benefits.

DeltaDental	Delta Program 1		Delta Program 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum * (plan pays)	Up to $1000 per member		Up to $1000 per member	
Calendar Year Deductible * (applies to Basic and Major Services)	$50 Individual $150 per Family		$25 Individual $75 per Family	
Preventive Services (no deductible)	100%	100%	100%	100%
Basic Services (after deductible)	80%	80%	50%	50%
Major Services (after deductible)	50%	50%	40%	40%
Orthodontia (to age [19])	Not Covered	Not Covered	Not Covered	Not Covered
Orthodontia Lifetime Maximum (per person)	[N/A]	[N/A]	[N/A]	[N/A]

** Plan deductibles and maximums accumulate on a **calendar year** (January 1 – December 31). These amounts reset on January 1 of each year.*

Important Information!

If you do not enroll in dental benefits when you are first eligible, you will become a late entrant. Late entrants will only be eligible for exams, cleanings and fluoride applications for the first 12 months they are covered.



Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The **EyeMed** vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use **EyeMed** providers. To search for providers, log onto EyeMed Providers and select **Insight Network**.

No ID card will be provided; give the group number and your SSN to your vision provider when obtaining services.

Employees pay the full cost of vision benefits.

Blue 20/20	Frequency	In-Network	Out-of-Network
			Plan [Allowance / Reimbursement]
Eye Exam	Once every [12] months	$0.00	Up to $50
Frame	Once every [12] months	$130 allowance, 20% off balance	Up to $74
Lenses (Single vision, lined bifocal, lined trifocal)	Once every [12] months	$130 allowance	NA
Contacts—instead of glasses	Once every [12] months	$130 allowance, 15% off balance	Up to $210

40% OFF Complete pair of prescription eyeglasses

20% OFF Non-prescription sunglasses

20% OFF Remaining balance beyond plan coverage

Life and Disability

Group Life Insurance

INDIVIDUAL EFFECTIVE DATE: The day immediately following completion of the Waiting Period, if applicable

INDIVIDUAL REINSTATEMENT: 6 months

AMOUNT OF INSURANCE:

Basic Life and Accidental Death and Dismemberment: One (1) times Earnings, rounded to the next higher $1,000, subject to a minimum Amount of Insurance of $25,000 and a maximum Amount of Insurance of $100,000.

For Insureds age 70 and over, the Amount of Basic Life and Accidental Death and Dismemberment Insurance is subject to automatic reduction. Upon the Insured's attainment of the specified age below, the Amount of Basic Life and Accidental Death and Dismemberment Insurance will be reduced to the applicable percentage. This reduction also applies to Insureds who are age 70 or over on their Individual Effective Date.

Age	Percentage of available or in force amount at age 69
70+	50%

The Life amount will be reduced by any benefit paid under the Accelerated Benefit Rider.

CHANGES IN AMOUNT OF INSURANCE: Increases and decreases in the Amount of Insurance because of changes in age, class or earnings (if applicable) are effective on the date of the change.

With respect to increases in the Amount of Insurance, the Insured must be Actively At Work on the date of the change. If an Insured is not Actively At Work when the change should take effect, the change will take effect on the day after the Insured has been Actively At Work for one full day.

Group Long Term Disability Insurance

ELIGIBLE CLASSES: Each active employee, except any person employed on a temporary or seasonal basis, according to the following classifications:

CLASS 1: Full-Time employee

CLASS 2: Part-Time employee hired prior to August 1, 2005

CLASS 2: "Part-time" means working for you for a minimum of 20 hours during a person's regular work week.

WAITING PERIOD:

Present Employees: None
Future Employees: 90 days of continuous employment.

INDIVIDUAL EFFECTIVE DATE: The day immediately following completion of the Waiting Period, if applicable.

INDIVIDUAL REINSTATEMENT: 6 months

LONG TERM DISABILITY BENEFIT

ELIMINATION PERIOD: 180 consecutive days of Total Disability.

MONTHLY BENEFIT: The Monthly Benefit is an amount equal to 60% of Covered Monthly Earnings, payable in accordance with the section entitled Benefit Amount.

MINIMUM MONTHLY BENEFIT: In no event will the Monthly Benefit payable to an Insured be less than the greater of:
(1) 10% of the Covered Monthly Earnings multiplied by the Monthly Benefit percentage(s) as shown above; or
(2) $100

MAXIMUM MONTHLY BENEFIT:

CLASS 1: $10,000 (this is equal to a maximum Covered Monthly Earnings of $16,667).

CLASS 2: $8,000 (this is equal to a maximum Covered Monthly Earnings of $13,333).

403(b) Retirement Savings Plan

SAVE TODAY FOR A MORE CONFIDENT TOMORROW

You recognize the importance of saving for your future. Enrolling in your retirement plan is a smart decision — and we're here to help you plan ahead, with information for every step along your journey to retirement.

Q&A: Know the basics

What's a 403(b) plan?

A 403(b) plan is a tax-deferred retirement plan designed to help you invest regularly for your retirement. Your contributions are taken directly from your salary before it's taxed and can be invested among a selection of investment options.

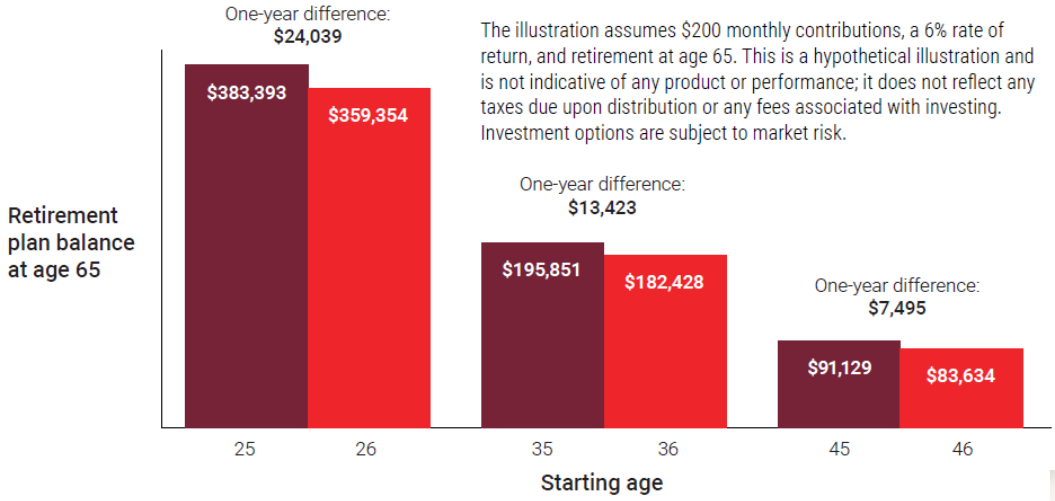
Why should I consider a 403(b) plan?

It's a great way to save for retirement:

- **It's easy!** You contribute through convenient automatic payroll deductions.
- **You get tax-deferred growth**. You don't pay taxes on your contributions and earnings until you withdraw them, which leaves more money in the plan to provide greater growth potential.
- **You'll be consistently saving.** Saving a set amount every payday can help you build the savings you need.
- **You may receive "free" money**. Your employer may match all or a portion of your contributions.

When should I start contributing to the plan?

Today! The earlier you start saving, the longer your money can grow. Beginning to save even one year earlier can make a difference.



Contributing the maximum every year can help you achieve your retirement goals.

Are there limits to the amount I can contribute?

Federal tax laws limit the total amount of annual elective deferrals that can be made to all employer-sponsored plans on your behalf, including pretax salary deferrals and employer contributions. Visit LincolnFinancial.com/Retirement or IRS.gov for the most current information.

If you join the plan midyear, you can make up for missed contributions through your current employer's payroll deduction. Your total contributions with your current and prior employers can't exceed the annual limit.

403(b) Retirement Savings Plan

Q&A: Making contributions

How do I make contributions?

It's simple. Once you're eligible, complete the necessary forms or enroll online, if that option is available. The amount you choose will be withdrawn automatically from your paycheck and contributed to your retirement plan account. You can contribute to your 403(b) plan as long as you're an eligible employee, and you can change or discontinue your contributions, as allowed by your plan.

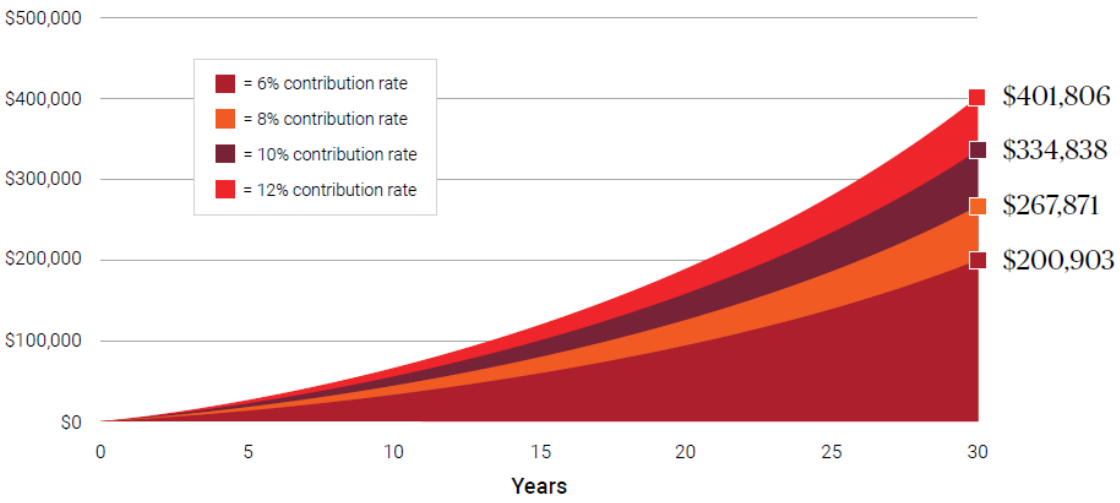
Saving just 2% more can help give your long-term savings a boost.

What if I can save only a small amount? Is it worth it?

Yes! Saving for retirement may be easier than you think. Commit just $20 a week — what you might spend on coffee or soda — to your 403(b) plan, and see how even small contributions can add up over time. That $20 each week may grow to $40,176 in 20 years; $87,418 in 30 years; or $173,471 in 40 years.[1]

How much should I contribute?

That depends on how much you can afford and how long you have until retirement. Even a small amount, invested regularly, can grow to significant savings. Challenge yourself to save an additional 2% each year — building up to a savings rate of 10% to 15% or more. These gradual steps can have a big impact over time.



These examples assume a $40,000 annual salary and a 6% annual rate of return, compounded monthly, in a tax-deferred account. This is a hypothetical example. It is not indicative of any product or performance and does not reflect any expenses associated with investing. Distributions taken before age 59½ may be subject to an additional 10% federal tax. Taxes will be due upon distribution of the tax-deferred amount and, if shown, results will be lower. Actual investment results will fluctuate with the market so that, when you withdraw your investment, it may be worth more or less than the original amount invested.

Payroll Deductions – Full & Part Time

Benefit Plan Options		Bi-Weekly Employee Contribution
HMO FULL NETWORK		
Gold	Employee	**$174.44**
	Employee + One	**$348.77**
	Family	**$505.89**
Bronze	Employee	**$135.96**
	Employee + One	**$271.80**
	Family	**$394.28**
HMO FOCUS NETWORK		
Silver	Employee	**$141.81**
	Employee + One	**$283.61**
	Family	**$411.24**
HMO HSA FULL NETWORK		
	Employee	**$114.68**
	Employee + One	**$229.16**
	Family	**$332.44**

	Delta Dental	EyeMed Vision
	Delta PPO	Insight Plan
Employee Only	$5.43	$4.73
Employee + Spouse	$15.99	$8.98
Employee + Children	$15.99	$9.46
Full Family	$15.99	$13.90

NEW FOR 2025!!	ClassPass Benefit		
Employer Monthly Cost:	$14.00	Employee Monthly:	$10.00

Benefits Rating Report

THE DIMOCK CENTER

GREAT BENEFITS COMPARED TO COMPANIES LIKE YOU:

Industry:
Hospitals and Healthcare
Member of the healthcare & social services industry

Size:
100-499 Employees

Region:
New England

AVERAGE ANNUAL BENEFITS INVESTMENT:

Average investment across an individual and family **$28,500**

Individual Plan	$20,000
Family Plan	$37,000

This report evaluates the competitiveness of your employer's benefits package compared to other employers in your industry, region and size. It assigns a standard dollar value to benefit plans and compares it your benchmarking group. This provides an objective, pay-neutral analysis of your employer's benefit plan.

Segment	Structure	Summary
Medical	**% Premium Coverage** Individual - 74% Family - 74%	On average, your employer covers 74% of the employee's medical expenses for an individual and 74% for a family which is a significant percentage of your annual costs. These benefits are valued at approximately $28,500, in addition to your compensation.
Ancillary	✓ Dental ✓ Vision ✓ Life ✓ Disability	Your employer provides a comprehensive list of ancillary benefits including dental, vision, life, and disability. Although these benefits are not required, your employer chooses to make them available.
Leave	✓ Non-Consolidated ✓ 15 days leave (after 5 yrs.) ✓ 11 holidays ✓ Remote working policy	Your company provides significantly better leave benefits compared to other similar companies. Let's celebrate this flexibility!
Retirement	✓ Great Employer Contribution	Your employer offers extra contributions to your retirement. Take full advantage of this opportunity.

Mployer is an independent service that benchmarks employers' benefit plans against a specific cohort of similar employers in their industry, size group, and region, with over 15,000 plans from the past 12 months and updates throughout the year. Plans are rated across five categories: Market Laggard, Below Market, Market Competitive, Market Leading, and Top Benefits. Our unbiased ratings aim to simplify employee benefits, providing clarity and transparency for employees and employer. To learn more, go to MployerAdvisor.com.