

2026



BENEFITS GUIDE

SUPPORTING THE WHOLE YOU



You have **31 days** from your date of hire to complete enrollment.

Welcome

Welcome to Your Benefits Enrollment:

At dentsu, we believe our greatest strength is our people and supporting your total wellbeing is our top priority.

That's why our BenefitsPlus program is more than just a collection of plans and policies – it's your starting point for living well, both at work and in life. Designed with intention and flexibility to support the whole you, our benefits are here to give you support to be healthy, resilient, prepared, and balanced every single day.

This guide is full of tools, resources, and information to help you take charge of your health, finances, time, and future. We know that one size doesn't fit all, so our offerings reflect a wide array of choices to meet your unique needs, no matter where you are in life and career.

We encourage you to explore what's inside and take full advantage of these incredible programs built with the whole you and your family in mind. Because when you feel your best, you can bring your best to everything you do.

This document highlights the benefits offered under the dentsu BenefitsPlus program. If there is a conflict between the information in this document and the legal plan documents which govern the BenefitsPlus program, the legal plan documents will govern. In addition, statements of company policies, benefits, and regulations in this document do not constitute the terms and conditions of an employment contract, either expressed or implied. Dentsu reserves the right to change its policies, benefits, and regulations at any time, without notice.

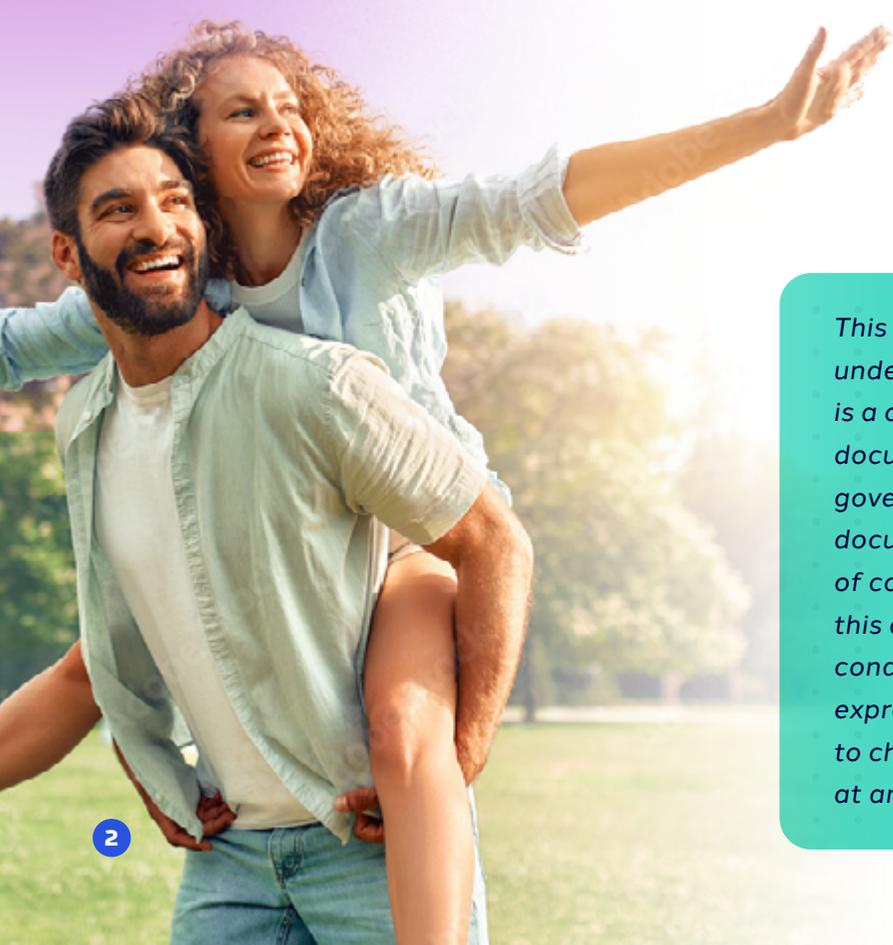


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More
Healthy



More
Resilient



More
Prepared



More
Balanced

Benefits Eligibility

Supporting You and Your Family

To be eligible for benefits, you must be an active regular employee (full time or part-time) working a minimum of 21 hours per week.

You can select one of the four coverage options:

Coverage Option	Who Does This Cover?
Employee Only	You
Employee + Spouse/DP	You and your Spouse or Domestic Partner*
Employee + Child(ren)	You and your child(ren) up to age 26
Employee + Family	You and: <ul style="list-style-type: none"> • Your Spouse or Domestic Partner* • Child(ren) up to age 26

*There are financial and tax implications you should consider before enrolling a domestic partner and their dependent children for coverage.

Updating Your Benefits When Life Changes

Making Changes Throughout the Year – Qualifying Life Events (QLEs)

Your benefit elections will remain in effect for the entire plan year unless you have a qualifying life event, such as a birth, adoption, marriage, divorce, or loss of coverage under another plan.

You must register your changes by visiting www.dentsubenefitsplus.com.

If you have any questions about your benefits eligibility, dependent coverage, or how to update your benefits when you have a QLE, please contact the [BenefitsPlus Solutions Center](#) at 800-597-2335.



Coverage Options that Support Every Part of You

What Benefits Are Available?

Refer to this chart of coverage effective dates and enrollment information for the various benefit programs offered through BenefitsPlus.

Benefit Plan	Is it Necessary to Enroll?	When Does Coverage Begin?
Health Plans		
<ul style="list-style-type: none"> • Medical • Dental • Vision • Flexible Spending Accounts • Health Savings Account 	<ul style="list-style-type: none"> • Yes • Yes • Yes • Yes • Yes 	1st day of the month after you are hired or coincident with hire date
Life and AD&D Insurance		
<ul style="list-style-type: none"> • Basic Life Insurance • Supplemental Life Insurance • Dependent Life Insurance • Basic AD&D Insurance • Supplemental AD&D Insurance 	<ul style="list-style-type: none"> • No • Yes • Yes • No • Yes 	1st day of the month after you are hired or coincident with hire date
Disability Insurance		
<ul style="list-style-type: none"> • Short Term Disability • Long Term Disability 	<ul style="list-style-type: none"> • No • Yes* 	<ul style="list-style-type: none"> • Immediately • 1st day of the month after you are hired or coincident with hire date
Additional Programs		
<ul style="list-style-type: none"> • 401(k) Savings Plan • Bright Horizons Care Advantage • Employee Assistance Program (EAP) 	<ul style="list-style-type: none"> • Yes • No • No 	<ul style="list-style-type: none"> • Immediately** • Immediately • Immediately
Voluntary Options		
<ul style="list-style-type: none"> • Commuter Benefits • Legal Insurance • Critical Illness • Accident Insurance • Hospital Indemnity Insurance • Auto/Home and Pet Insurance 	<ul style="list-style-type: none"> • Yes • Yes • Yes • Yes • Yes • Yes 	<ul style="list-style-type: none"> • 1st day of the month after you are hired • 1st day of the month after you are hired • 1st day of the month after you are hired • 1st day of the month after you are hired • 1st day of the month after you are hired • Immediately

*Employees are auto enrolled in Long Term Disability but have the option to waive coverage.

**After 90 days of employment, you'll be automatically enrolled in the 401(k) Savings Plan at a 6% pre-tax contribution rate if you don't take action on your own.

How to Enroll and Support the Whole You

Where to Start:

- **Write down things happening for you and your family in the year ahead.**
 - Are you planning to bring home a new baby, have a major surgery, or have a child getting braces, etc.?
- **Review your current life insurance coverage. Do you have enough coverage to protect your family?**
 - The company provides basic life and AD&D insurance coverage, but you may want to consider adding more coverage through supplemental life and AD&D insurance, and/or dependent life insurance. Be sure to review and update your beneficiaries as well.
- **Would you benefit from any of the Voluntary Plans we offer?**
 - Many of our voluntary benefits act as financial safety nets during life's unexpected moments. Critical Illness, Accident, Hospital Indemnity, Legal, ID Theft, Auto/Home, Pet Insurance – are some of the options available to meet your unique needs and give you peace of mind.

When You're Ready to Enroll:

- Go to <http://www.dentsubenefitsplus.com>
- **Click Get Started.**
 - Make sure you have social security numbers and birthdates handy for you and any dependents you may be enrolling.
- **New Users:**
 - Click on 'Register' to set up your account. The system will walk you through setting up your account and creating a username and password.
- **Returning users:**
 - Simply enter your login information.
- **Need Help?**
 - Call the BenefitsPlus Solutions Center at 800-597-2335.



Be Healthy

Your health is the foundation of your overall wellbeing, and your benefits enrollment is an opportunity to choose coverage that helps you thrive. From preventive care to ongoing support, your medical benefits are here to help you feel your best in all aspects of life. Taking care of your health is the first step in supporting the whole you.

Medical Benefits – Care That Covers Every Part of You

Good health powers your life at work and beyond. That's why we partner with UnitedHealthcare (UHC) to offer health insurance that fits your lifestyle, helps you access high-quality care, and supports your budget.

From preventive screenings to medical emergencies and everything in between, we offer a comprehensive national medical plan with UHC's Choice Plus network. All plan options have both in-network and out-of-network coverage and provide in-network preventive care visits and testing at no cost to you.

You can choose from four plans. There are two PPO plans (Enhanced and Standard), one High-Deductible Health Plan (Classic HDHP) and a copay-based plan, Surest. On all plans, once you reach your out-of-pocket maximum, all eligible expenses are covered at 100%.

UHC Medical Plan Comparison: Find the Fit That's Right For You

Explore the highlights below to understand the key differences between each medical plan and choose the coverage that best supports the whole you.

Enhanced PPO - Best for those who want richer coverage with lower deductibles.

- **Virtual visits:** 100% covered.
- **Diagnostics:** \$30 or \$50 copay, then 100% covered.
- **Prescriptions:** Copays based on medication tier.
- **In-network coverage:** 90% after \$750 individual / \$1,500 family deductible.

Standard PPO - Balanced coverage with a slightly higher deductible and lower paycheck cost.

- **Virtual visits:** 100% covered.
- **Diagnostics:** \$30 or \$50 copay, then 100% covered.
- **Prescriptions:** Copays based on medication tier.
- **In-network coverage:** 80% after \$1,250 individual / \$2,500 family deductible.

Classic HDHP (High-Deductible Health Plan with HSA) - Ideal for those who want lower premiums and the chance to save tax-free for healthcare expenses.

- **In-network coverage:** 80% after \$2,250 individual / \$4,500 family deductible.
- **Health Savings Account (HSA):** Dentsu gives you a \$500 annual contribution (\$1,000 for family coverage) to your Health Savings Account (HSA) to help offset your deductible. Contributions are posted monthly and prorated based on your benefits eligibility date.
- **Prescriptions and office visits:** Covered at 80% after deductible.

Surest - Simple, predictable costs with copays instead of deductibles.

- **Virtual visits:** 100% covered
- **Office visits & prescriptions:** Covered by copays that vary based on provider and medication tier
- **All services:** Paid by copay, making costs easier to understand up front

The Right Plan for the Whole You

UHC Medical Plan Highlights:

	Enhanced PPO		Standard PPO		Classic HDHP		Surest	
Plan Feature*	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Contributions Per Semi-Monthly Pay Period								
Employee	\$141.00		\$92.00		\$72.00		\$40.00	
Employee + Spouse/DP	\$341.50		\$248.00		\$195.50		\$129.00	
Employee + Child(ren)	\$275.50		\$181.00		\$155.50		\$93.50	
Family	\$521.50		\$376.00		\$263.00		\$182.00	
Deductible								
Individual	\$750	\$3,000	\$1,250	\$3,750	\$2,250	\$6,750	\$0	\$0
Family	\$1,500	\$6,000	\$2,500	\$7,500	\$4,500	\$13,500	\$0	\$0
Company HSA Contribution								
Individual/Family	N/A		N/A		\$500/\$1,000		N/A	
Out of Pocket Maximum								
Individual	\$5,500	\$11,000	\$5,500	\$16,500	\$5,500	\$16,500	\$6,000	\$12,000
Family	\$11,000	\$22,000	\$11,000	\$33,000	\$9,000	\$27,000	\$12,000	\$24,000
Plan Feature								
Plan Coinsurance	90%	70%	80%	60%	80%	60%	N/A	N/A
Preventive	100%	Ded & Coin	100%	Ded & Coin	100%	Ded & Coin	100%	\$210
Virtual Visits	\$0	Not Covered	\$0	Not Covered	\$0 after Ded	Not Covered	\$0	Not Covered
Primary Care	\$30	Ded & Coin	\$30	Ded & Coin	Ded & Coin	Ded & Coin	\$40 to \$140	\$420
Specialist	\$50	Ded & Coin	\$50	Ded & Coin	Ded & Coin	Ded & Coin	\$40 to \$140	\$420
Inpatient	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	\$600 to \$4,500	Up to \$11,000
Outpatient	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	Ded & Coin	\$600 to \$4,500	Up to \$11,000
Emergency Room	\$500		\$500		Ded & Coin		\$850	

Supporting Your Health – One Prescription at a Time

Pharmacy Benefits

Your pharmacy benefit is designed to make managing medications simple, affordable, and convenient. Whether you prefer picking up your prescriptions locally or having them delivered straight to your door, you have options that fit your life.



Pharmacy Plan Highlights

Plan Feature*	Enhanced PPO		Standard PPO		Classic HDHP		Surest	
	Retail	Mail Order/ Retail 90	Retail	Mail Order/ Retail 90	Retail	Mail Order/ Retail 90	Retail	Mail Order/ Retail 90
Tier 1	\$10 copay	\$20 copay	\$10 copay	\$20 copay	Deductible and Coinsurance		\$10 copay	\$20 copay
Tier 2	\$50 copay	\$100 copay	\$50 copay	\$100 copay			\$50 copay	\$100 copay
Tier 3	\$75 copay	\$150 copay	\$75 copay	\$150 copay			\$75 copay	\$150 copay

Retail Pharmacy Network

You have access to a nationwide network of 67,000+ retail pharmacies. For 90-day prescription supplies, you can choose the retail pharmacy that works best for you.

Optum Home Delivery

If you'd like the ease of having your prescriptions shipped, Optum Home Delivery is available to you at no additional cost.

- Sign In or Register: Visit the Optum Home Delivery website to log in or create your account.
- Submit or Transfer: Ask your provider to send a new prescription directly or transfer your existing prescription.
- Get It Delivered: Your medication will arrive in 3–5 business days with free standard shipping.

Why It Matters

With expanded pharmacy access, you'll enjoy:

- Greater freedom of choice in where to fill your prescriptions.
- The convenience of home delivery when you want it.
- Reliable access to your medications needs, when you need them, on your schedule.

Your pharmacy benefit is here to support your health with flexibility and peace of mind.

The Classic HDHP covers preventive medications at no cost to plan participants. View the Preventive Drug List on the [UHC pre-member website](#) to learn more.

Helping You Navigate Your Health with Confidence

Access Your Coverage:

UHC PPO and HDHP Plan Members:

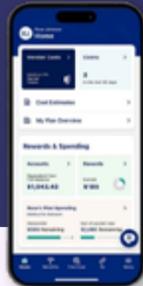
UnitedHealthcare's myUHC.com helps you manage all of your medical benefits:

- Find a doctor close to home or work
- Estimate treatment or visit costs ahead of time.
- View your current and past claims, along with your monthly statements

Get connected with a UHC Advocate!

They help connect the dots to make our benefits easier to navigate. This program includes a virtually integrated nurse advocate team to help you find clinical and wellness programs that might be beneficial for you.

UHC Advocates are available by phone, via myUHC.com webchat, or on the **UnitedHealthcare app**, Monday through Friday.



Once you have registered your account, download the UnitedHealthcare mobile app for your digital ID card and more!



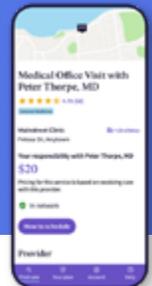
UHC Surest Members:

Manage your health at Surest:

- Find doctors that are in-network
- Discover actual costs of procedures or visits.
- Easily search symptoms within the Surest app or website to determine your next steps for care.

To access these resources or speak to a Surest representative for additional assistance with your medical plan, call **866-683-6440** or visit Surest website (<https://join.surest.com/dentsu/access-login>) with the access code: **dentsu2026**

Clear answers are available for your costs, coverages, and options on the Surest mobile app. Download the Surest app to learn more:



If you enroll in the UHC Surest plan, you will be required to utilize a Center of Excellence to access the \$50,000 lifetime maximum benefit for fertility solutions.



Make the Most of Your Healthcare Dollars – Tools to Support the Whole You

Flexible Spending Accounts (FSAs)

You have two different FSA options, the Health Care FSA and the Dependent Care FSA.

Health Care FSA

The Health Care FSA gives you a valuable tax break by letting you set aside pre-tax dollars for reimbursement of certain health care expenses you or your family might have over the course of a year. Key features include:

- The funds in your account can be used for medical, dental, and vision expenses.
 - You may contribute up to the annual IRS maximum. In 2026, the annual maximum is \$3,400.
 - You can access your full annual election immediately.
 - If you elect a High-Deductible Health Plan in 2026, you may not contribute to a Health Care FSA during 2026. HDHPs are paired with Health Savings Accounts (HSAs) instead.
 - FSA funds are “use it or lose it”. At the end of the year, remaining funds up to \$680 may roll over to the following year. Any balance above \$680 will be forfeited after the grace period, so choose your election amount carefully.
- You may contribute up to \$7,500 each year when married filing jointly or \$3,750 each year when married filing separately.*
 - You can access the funds as they are deposited into your account.
 - Any unused balance at year-end is forfeited, so estimate your election amount carefully.

**Dependent Care FSAs are subject to IRS nondiscrimination testing. If testing requirements are not met, contributions for certain highly compensated employees (HCEs) may be limited or refunded to ensure the plan remains compliant.*

Important Things to Note About FSAs

- If you enroll in an FSA, you will receive a debit card from HSA Bank to pay for your eligible expenses. You may also submit manual reimbursement requests.
- Over-the-counter (OTC) medications generally require a prescription for reimbursement through FSAs.
- Do the math. Estimate your eligible expenses carefully before enrolling to avoid forfeiting unused funds that cannot be carried over.
- Don't forget to keep your receipts in case you need to verify an expense!
- For a complete list of eligible expenses refer to *IRS Publication 502* and *IRS Publication 503*.

Dependent Care FSA

Just like the Health Care FSA, the Dependent Care FSA gives you a valuable tax break to help you pay for certain child and adult day care expenses. Key features include:

- The funds in your account can be used for expenses such as before and after school care, daycare, preschool or nursery school, nanny services, and summer camp.

Your Health. Your Savings. Your Future.

Health Savings Account (HSA)

If you enroll in a High-Deductible Health Plan (HDHP), you'll automatically have a Health Savings Account (HSA) opened for you with Optum Bank. Dentsu will contribute funds to your account to help offset out-of-pocket medical expenses.

An HSA is a great way to pay for your medical expenses now and save for the future. An HSA offers triple tax advantages. This means your contributions are federal tax free, your withdrawals for qualified expenses are tax free, and any investment earnings grow tax free.

The 2026 maximum HSA Contributions Limits are:

- Single Coverage | \$4,400
- Family Coverage | \$8,750
- If you are age 55 or older, you can also make an additional catch-up contribution of up to \$1,000

Keep in mind, your HSA is yours to keep. It goes where you go, and any unused balances carry over each year.

Company Contributions to Your HSA:

In 2026, dentsu contributes a pro-rated monthly amount to your Health Savings Account based on the plan you elected:

- \$500 annual contribution for individual coverage
- \$1,000 annual contribution for family coverage



Manage Your HSA On the Go:

Download the Optum Bank Mobile App for a faster, easier way to manage your Health Savings Account.

With the app, you can pay medical bills, view account balances and transactions, upload and store receipts, access tax documents, and more!



Supporting You When Life Takes an Unexpected Turn



Critical Illness, Accident, and Hospital Insurance

Unexpected medical events can lead to significant out-of-pocket costs—even with a health plan. If you're looking for added financial protection, consider enrolling in Critical Illness, Accident, and/or Hospital Insurance coverage offered through UnitedHealthcare. These plans pay cash benefits directly to you to help cover expenses if you or a covered family member experiences a serious illness, injury, or hospital stay.

Critical Illness

The Critical Illness group plan pays a lump-sum benefit if a covered person is diagnosed with a heart attack, stroke, cancer or many other conditions. It can help cover out-of-pocket medical expenses for treatments that aren't covered by your medical plan such as deductibles and coinsurance.

You may choose group Critical Illness insurance as follows:

- Employees—can elect coverage in increments of \$5,000 for a benefit between \$10,000 and \$40,000. Children are automatically covered at 50% of your election.
- Spouses—can elect coverage in increments of \$5,000 up to \$20,000. This election cannot exceed 50% of the employee coverage amount.

Group Accident

The Group Accident Insurance plan helps protect your finances by providing a cash benefit if you or a covered family member experiences an injury from an accident.

You can use these benefits to help pay for expenses like copays, deductibles, hospital stays, or even everyday bills while you recover. Coverage includes common injuries such as broken bones, sprains, concussions, or emergency room visits.

Accident Insurance works alongside your medical plan, giving you an added layer of financial protection and peace of mind when life takes an unexpected turn.

You can elect coverage for yourself and for your family.

Hospital Indemnity

The Hospital Indemnity Insurance program pays a cash benefit to you for covered hospital stays, outpatient surgery costs, intensive care stays, and post hospital skilled nursing facility care. This cash payment can be used however you choose.

You can elect coverage for yourself and for your family.

Each supplemental plan is designed to work with your medical coverage to give you added financial protection. Think about your lifestyle, family needs, and budget as you choose the options that best support the whole you. To learn more about these plans, visit the [UnitedHealthcare Pre-Member website](#).

Examples of Building the Right Coverage for Your Life

When it comes to benefits, one size doesn't fit all. Your health needs, family situation, and lifestyle are unique — and your coverage should reflect that. That's why dentsu offers multiple medical plan options and supplemental coverages like Critical Illness, Accident, and Hospital Indemnity Insurance. Together, these benefits give you the flexibility to build protection that fits your life.

The scenarios below show how employees with different needs and priorities combine their medical plan with supplemental coverage to create peace of mind, financial protection, and support for the whole you



Meet Jordan – Optimizing Coverage with a Financial Safety Net

Jordan is in her late 20s, healthy, and looking for the lowest cost of coverage per paycheck. She enrolls in the Classic HDHP to take advantage of Dentsu's HSA contribution, giving her savings she can use now or in the future. Because she bikes to work and plays in a recreational soccer league on the weekends, Jordan also enrolls in Accident Insurance for some extra peace of mind. If she gets injured, this benefit will help cover costs like copays and deductibles, without draining her HSA.

Meet Miguel – Growing His Family and Protection

Miguel and his partner are expecting their second child. They choose the Enhanced PPO for more comprehensive coverage and lower deductibles since they anticipate more doctor visits this year. To help with costs related to a hospital stay for delivery or potential complications, they add Hospital Indemnity Insurance. And with two young kids at home, they also add Accident Insurance to protect their savings from those inevitable bumps, falls, and ER visits





Meet Priya – Chronic Conditions and Preparing for the Future

Priya is in her 40s and has a family history of heart disease. She chooses the Standard PPO for a balance between paycheck costs and coverage. To protect her finances, she adds Critical Illness Insurance. If she were diagnosed with a serious condition like a stroke or cancer, she'd receive a lump-sum benefit to help cover out-of-pocket medical expenses or everyday costs like mortgage payments, giving her extra security.

Meet David – Active Lifestyle and Traveler

David travels frequently for work and stays active with marathons and outdoor adventures. He likes the predictability of copays under the UHC Surest plan, so he knows costs up front. To round out his coverage, he elects Accident Insurance for sports injuries, Critical Illness Insurance for financial protection if faced with a serious diagnosis, and Hospital Indemnity Insurance to provide cash benefits in case of an unexpected hospital stay while traveling



Your Medical Plan Programs With Added Layers of Support

Virtual Visits:

Skip the wait and schedule a virtual visit for quick and convenient care! There's no driving, no waiting, and no appointment necessary. In the Enhanced PPO, Standard PPO, and Surest medical plans, there's no cost. HDHP members pay less than \$50 per visit until the deductible is met. Visit www.myuhc.com and complete a one-time registration and begin appointments using the UnitedHealthcare mobile app.

Kaia

Whether it's a stiff neck, aching shoulders, or more severe back issues, it can be hard to enjoy life when pain shows up. That's where Kaia steps in. This app gives you a personalized pain relief program, all from the convenience of your mobile device.

Kaia is available at no additional cost if you have medical coverage through dentsu with UnitedHealthcare.



- Key Features Include:
- On-demand pain relief care
- Personalized workouts
- Bite-sized lessons
- 1-on-1 health coaching
- Real-time feedback



Whole-You Support, Even for Complex Care

Dario Healthy Living Programs

Your health goals deserve the right tools, support, and resources — and now you have them at no cost through Dario Healthy Living Programs. Available to employees, spouses, and adult dependents enrolled in a UHC or UHC Surest medical plan, Dario makes it easier to manage your well-being with confidence.

What You Get with Dario

- Connected devices such as a smart scale, glucose monitor, or blood pressure cuff to help you track your progress in real time
- One-on-one coaching for motivation, accountability, and personalized guidance
- Digital health tools, including a grocery scanner, meal planning resources, activity and medication trackers, and an easy-to-use mobile app



Programs Available - Beginning January 1, 2026, Dario offers support in key areas of health management:

- Diabetes Management
- Blood Pressure Management
- Weight Management & GLP-1 Support

Getting Started - Enrollment is quick and simple:

1. Answer a few short questions online or by phone to determine eligibility.
2. Complete your enrollment.
3. Download the Dario app and begin using your program.



For more information, visit <https://about.dariohealth.com/dentsu> or call: 1-833-708-3061

2nd.MD: Expert Second Opinions When You Need Them Most!



When life changes quickly, you need fast and responsive support. 2nd.MD connects you with board-certified, leading doctors across the country for an expert second opinion via video or phone within 3-5 days. Your personal Care Team coordinates the details, so you and your family can focus on getting the best care possible.

Call **1-866-841-2575**, visit 2nd.md/dentsu, or download the free mobile app to get started.

You will receive \$200 funded into your appreci8tion account when you use 2nd.MD for certain second opinion services.

Specialist Management Solutions (SMS)

Specialist Management Solutions (SMS) offers unmatched access to high quality, localized, and cost-effective specialty and outpatient surgical care. You are eligible for SMS at no additional cost if you are enrolled in a UnitedHealthcare Medical plan.

Whether scheduling a routine colonoscopy, orthopedic surgery or other specialty care procedure, an SMS Care Advocate will help you find a specialist for your condition, schedule an appointment and connect you to a local Ambulatory Surgery Center or Center of Excellence.

Important: Enrollment in the Specialist Management Solutions (SMS) program is required to access benefit coverage for inpatient and outpatient hip, knee or spine surgery. If surgery is the right path for you, a registered nurse can help find a designated provider and facility and you will receive 100% coverage at a Center of Excellence. Call **1-800-379-6898** and ask how SMS can help you navigate your health care needs.

Bariatric Resource Services

Bariatric Resource Services (BRS) provides you with access to a team of clinical experts who specialize in weight loss and bariatric surgery. You'll receive complete support before, during, and after bariatric surgery. Nurses can help you find quality providers, learn about surgical options, meet pre-surgery requirements and understand how nutrition and fitness can help you achieve and maintain success. To learn more, call **1-888-936-7246**.



Dental Benefits – A Healthy Smile, A Healthier You

Protect your oral health and overall well-being with dental coverage that keeps you smiling with confidence. Our dental plan, administered by Delta Dental, gives you the flexibility to receive dental care in- or out-of-network. However, you'll usually pay less when you visit a Delta Dental PPO dentist.



	Standard Plan (without Ortho)		Enhanced Plan (with Ortho)	
Contributions Per Semi-Monthly Pay Period				
Employee	\$7.50		\$13.50	
Employee + Spouse/DP	\$19.00		\$30.50	
Employee + Child(ren)	\$26.50		\$41.00	
Family	\$34.00		\$54.50	
Carrier	Delta Dental		Delta Dental	
Network	PPO/Premier	Out-of-Network	PPO/Premier	Out-of-Network
Deductible	\$50/\$150		\$50/\$150	
Annual Max	\$1,000		\$2,000	
Preventive	100%	100%	100%	100%
Annual Cleanings	2		3	
Basic	80%	80%	100%	80%
Major	50%	50%	60%	50%
Orthodontia (Adult and Child)	Not Covered		50% to \$2,000	

A Note About Dental Coverage

Your annual maximum is the most your plan will pay toward covered dental services in a given year. This limit applies to each person covered under the plan.

The orthodontia maximum of \$2,000 in the Enhanced Plan is a lifetime limit. Unlike your annual maximum, this benefit does not reset each year—it's the total amount your plan will pay for orthodontia services per member, per lifetime.



Vision Benefits – See Life Clearly



Stay focused on what matters with vision coverage designed to support your everyday clarity and long-term eye health. Our vision plan, administered by VSP, provides you with affordable eye care including discounts on routine eye exams, frames, prescription glasses and/or contact lenses.

Vision Service Plan—Advantage Network		
Contributions Per Semi-Monthly Pay Period		
Employee		\$4.70
Employee + Spouse/DP		\$9.39
Employee + Child(ren)		\$10.05
Family		\$16.06
	In-Network	Out-of-Network
Plan Feature		
Well Vision Exam	\$10 copay	Up to \$45
Lenses/Prescription Glasses	\$25 copay	Single: up to \$30 Bifocal: up to \$50 Trifocal: up to \$60 Lenticular: up to \$75
Frames	\$200 allowance + 20% off amount over allowance	Up to \$50
Elective Contact Lens Care	\$200 allowance for contacts; fitting and evaluation up to \$60 copay	Up to \$100
Medically Necessary Contact Lens Care	\$25 Copay	Up to \$210
Laser Vision Correction (contracted facilities only)	Average 15% off regular price or 5% off promotional price	Not covered
Lens Enhancements		
• Scratch Resistant Coatings	\$0 Copay	N/A
• Anti-Reflective Coatings	\$25 Copay	N/A

**You are eligible for all services once every calendar year*

UV and Blue Light Protection

Your eyes need protection too! With VSP LightCare, you can use your frame or lens benefit to get ready-made, non-prescription sunglasses or blue light-filtering glasses. This enhanced coverage is included at no additional cost and is available if you haven't already used your frame or lens allowance. VSP will reimburse non-prescription sunglasses or blue light-filtering glasses up to your plan's frame allowance. You can also access this benefit through [eyeconic.com](https://www.eyeconic.com).

Visit [Eyeconic.com](https://www.eyeconic.com) and Virtually Try On Eyewear and Find Your Perfect Fit

Explore additional services with your VSP coverage at [eyeconic.com](https://www.eyeconic.com). The site features the latest deals and promotions on eyewear and contact lenses, keeping you up to date on the newest brands, trends, and styles. You can even use a virtual "dressing room" to try on frames before placing your order.

Whole-Family Wellbeing Starts Here

You and Your Growing Family

We're here to support you every step of the way, from preconception through dropping your child off at college. As you consider starting or growing your family, be sure to take advantage of the services and programs highlighted below.

Maven



Maven is a comprehensive digital women's and family health platform that supports all paths to parenthood. It is available to all dentsu employees and their partners, providing a suite of services to guide you at every stage.

Services include:

- On-demand video appointments with top-rated providers
- Unlimited coaching, education appointments and messaging 24/7 with Maven OB-GYNs, mental health specialists, prenatal nutritionists, lactation consultants, career coaches, pediatricians, and many others.
- Your own Care Advocate for personalized, one-on-one support to help answer questions about your benefits, get connected to the right Maven provider for your needs, and for referrals to in-person support when you need it.
- Comprehensive resources for your fertility journey
- Parenting and pediatric support. Consult providers like pediatricians, speech therapists, nutritionists, and sleep coaches whenever you need them, 24/7.
- A library of expert content vetted by health care providers and tailored to your experience. Maven also offers **empowering virtual classes** led by providers.
- Activate your free membership at mavenclinic.com/join/dentsu.

Be Rewarded!

If you register for the Maven Maternity program in your first 16 weeks of pregnancy, you will receive \$200 funded into your appreci8tion account from BenefitsPlus.



Adoption & Surrogacy Assistance

Maven provides virtual support for adoption and surrogacy. As a dentsu employee, you and your partner can access 24/7 support from specialists, including coaches and mental health experts, and manage related expenses through the Maven app.

You may be reimbursed for adoption or surrogacy expenses, with a lifetime maximum of \$15,950 for adoption and \$25,000 for surrogacy.

Services include:

- Unlimited video and texting with experts and specialists in the adoption and surrogacy experience
- Appointments that fit your schedule through a convenient and easy-to-use digital platform
- One-on-one support from your personal Care Advocate
- Easy expense reimbursement request through Maven's mobile app.

Join Maven at any time as you consider adoption or surrogacy at mavenclinic.com/register.

Optum Fertility Solutions

Fertility Solutions provides information, emotional support, and expert guidance as you explore options for growing your family. You must be enrolled in one of dentsu's medical plans to utilize the Fertility Solutions benefit.

Through the program, you can:

- Self-schedule calls with a nurse at a time that works best for you.
- Search for Centers of Excellence (COE) to connect with specialists who have demonstrated higher success rates in fertility care
- Access 24/7 online learning resources

Benefit Maximums:

- \$20,000 drug lifetime maximum
- \$50,000 lifetime maximum for care received at a COE
- \$25,000 lifetime maximum for care when a COE is not used

For more information, call **866-774-4626**

Rethink Benefits

Caring for children can be challenging, and when your child has learning, social, or behavioral differences—or developmental disabilities such as ADHD or autism—it can feel overwhelming. You are not alone: about 18% of children in the United States have a developmental disability.

That's why we offer Rethink Benefits, a program providing 24/7 virtual access to board-certified behavioral clinicians and educators, along with online, evidence-based training designed for parents and caregivers. This program is free, helping you better understand, teach, and communicate with your child.

Getting Started:

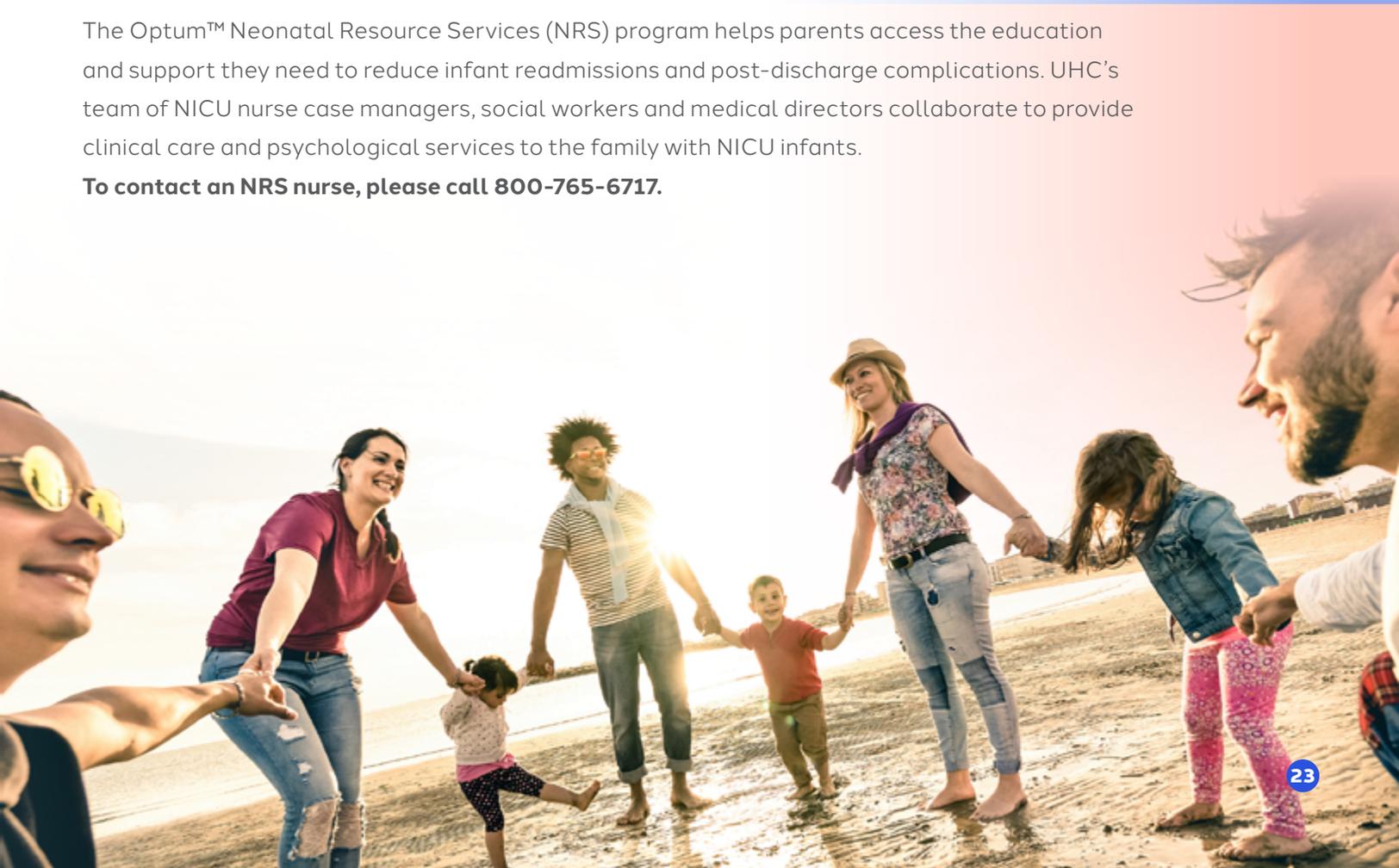
- Visit connect.rethinkcare.com/sponsor/dentsu
- Complete the brief enrollment fields
- Verify your account or use the code: dentsu
- Log in and schedule a consult by phone or web conference
- Download the mobile app for convenient access in the future
- Use code **dentsu** to enroll



Neonatal Resource Services (NRS)

The Optum™ Neonatal Resource Services (NRS) program helps parents access the education and support they need to reduce infant readmissions and post-discharge complications. UHC's team of NICU nurse case managers, social workers and medical directors collaborate to provide clinical care and psychological services to the family with NICU infants.

To contact an NRS nurse, please call 800-765-6717.



Be Resilient

Life is full of ups, downs, and unexpected turns – building resilience helps you navigate them with strength and confidence. Whether you are facing stress, uncertainty, or everyday pressures in life, your benefits include resources to help support your mental and emotional well-being so you can bounce back, stay grounded, and keep moving forward.

Mental Health and Wellbeing Support You Can Count On

Your mental and emotional health is just as important as your physical health, and we're here to support both. Whether you're managing everyday stress, navigating a personal challenge, or simply trying to stay balanced, your benefits include confidential resources designed to meet you where you are.

From virtual therapy and coaching to mindfulness tools and 24/7 support, these programs are here to help you feel your **best—at work, at home, and everywhere in between.**

Employee Assistance Program (EAP)

Feeling overwhelmed by life's challenges?

Start with our EAP partner, CCA@YourService, to help manage life more effectively and improve your overall well-being. With CCA, you have 24/7 access to free professional consultation, referrals, and counseling for any issue that matters to you and your family.



Support includes:

- **Emotional Health** – relationships, life transitions, grief and loss, depression and anxiety, addiction
- **Career** – work/life balance, time management, interpersonal skills, teamwork, training and education
- **Personal Health** – exercise, nutrition, managing illness, and chronic conditions.
- **Family and Caregiving** – childcare, eldercare, adoption, special needs, and new parent resources.
- **Legal and Financial** – estate planning, budgeting, loans and mortgages.

Our EAP is available to all employees at no additional cost! Getting started with CCA@YourService is easy. For free, confidential, and professional support for you and your family, visit www.myccaonline.com (login code: dentsu) or call 800-833-8707.

Medical Plan Members – Mental Wellbeing Resources at Your Fingertips

If you have an ongoing mental or behavioral health concern and need long-term support from a behavioral health professional, these resources are available to you:

Talkspace



Talkspace offers access to Behavioral Health Providers and Virtual Visits (Available to UHC and Surest Medical Plan Members).

Log in to myuhc.com to search for network therapists and behavioral health specialists that meet your preferences. Then connect via phone or online video chat —right from the comfort of home.

Behavioral Health visits by appointment with video and in-person options.

*Virtual Visits available by phone or video chat 24/7. There is a \$0 copay for PPO plan members, and the cost is approximately \$50 for HDHP members until your deductible is met.

**These programs are available to UnitedHealthcare medical plan members. Network and out-of-network visit costs apply according to your health plan*

Destress with Calm Health by UHC



Calm Health is your go-to app whenever you need to recenter and destress, and it's included at no cost to you. Calm offers personalized content focused on better sleep, less stress, and more mindfulness—all from your pocket, anytime, anywhere. To get started, visit myuhc.com, download the app, and sign in with your UHC login. Start relaxing today!



Maven: Menopause & Midlife Health Support

Did you know that 75% of those who seek help for menopause symptoms don't receive it and 1 in 3 feel that their doctor is not knowledgeable in discussing pre- and post-menopause? This is where Maven supports you by filling in the gaps in care and helping identify symptoms while providing unlimited access to specialists, education, and mental health support.

Your Maven Care Team and Program Provides:

- 24/7/365 virtual access to menopause specialists to guide you based on your unique needs.
- Clinically validated menopause education at your fingertips including articles and live classes.
- Dedicated mental health support who can address the multitude of anxiety and depression-related issues impacting your journey.

Maven is committed to reducing the stigma around hormone-related health and providing the care you need to thrive—both at work and at home.

Activate your free membership at mavenclinic.com/join/dentsu.

Be Prepared

Taking steps today to protect your future is one of the most meaningful ways to support your whole self and those you care about. From building financial security, planning ahead, or safeguarding what matters most, your benefits include valuable tools to help you feel ready for whatever life brings.

Supporting the Ones Who Matter Most

Life and Accidental Death & Dismemberment (AD&D) Insurance

Our Life and AD&D insurance plans provide financial protection in the event of death or certain losses resulting from an accident. The company-paid Life and AD&D plan includes basic coverage at no cost to you. You also have the option to elect voluntary benefits if you want additional coverage.

Basic Life and AD&D Insurance	
Benefit Amount	2x annual salary to a max of \$1,500,000
Supplemental Employee Life Insurance	
Benefit Amount	Up to 5 times salary or a maximum of \$1,000,000
Benefit Increments	\$10,000
Guaranteed Issue Amount (GI)	\$250,000
Supplemental Spouse Life Insurance	
Benefit Amount	Up to 100% of the employee election or \$500,000, whichever is less
Benefit Increments	\$10,000
Guaranteed Issue Amount (GI)	\$50,000
Supplemental Child Life Insurance	
Benefit Amount	\$10,000
Supplemental AD&D—Employee, Spouse and Child	
Benefit Amount	Up to 5 times salary or a maximum of \$1,000,000
Benefit Increments	\$10,000
Guarantee Issue Amount (GI)	Full Amount
Limitations	Spouse benefit is 50% of the employee election; Child benefit is 10% of employee election, not to exceed \$10,000

The Guaranteed Issue (GI) amount applies to newly eligible individuals. Limited elections may be available during annual enrollment, but coverage above the GI amount is not guaranteed and will always require Evidence of Insurability (EOI).

You must name a beneficiary(ies) for any life or AD&D coverage. You are the beneficiary on any spousal or dependent coverage you elect.

Your Safety Net, When You Need It Most

Disability Insurance

Short Term Disability (STD)

Eligible employees receive a Short-Term Disability (STD) benefit, which provides a source of income to replace 70% of your base pay if you are unable to work due to illness, injury, or pregnancy for up to 26 weeks. You are automatically enrolled in this benefit.

Note: If you live in a state with a statutory disability law (California, Hawaii, New Jersey, New York, or Rhode Island), your STD benefits may be reduced by any statutory benefits payable.

Long Term Disability (LTD)

Long Term Disability (LTD) protects your income by providing you with 60% of your income if you are still disabled after 26 weeks. As a new hire, **you will be automatically enrolled in LTD insurance**, and premiums will be paid by you. You may elect to waive this coverage at any time.

Because premiums are paid by you, any LTD benefits you receive while disabled are tax-free. This provides peace of mind knowing you'll be covered and receive valuable protection should you become disabled.

Paid Leaves of Absences

In addition to disability coverage, you have access to additional paid leaves to support life's important moments.

Parental Leave: Up to 16 weeks of fully paid leave for new parents who had a child through birth, adoption, guardianship, or foster placement.

Caregiver Leave: Up to 6 weeks of fully paid leave should you need to care for a family member with a serious health condition.

Military Leave: Up to 16 weeks of fully paid leave for service members called to active duty.

All leave programs are administered by Lincoln Financial Group. Paid leave benefits are offset by any state benefits you may be eligible for.

To learn more, visit our [Paid Leave Programs](https://dentsubbenefitsplus.com) page at dentsubbenefitsplus.com.





401(k) Profit Sharing Plan

Contribution Options

Our 401(k) Profit Sharing Plan, administered by Schwab Retirement Plan Services, Inc. helps make it convenient to save for your future. You can contribute 1–75% of your eligible pay* on a pre-tax, Roth (post-tax), or after-tax basis, up to the annual IRS limit.

Catch-Up Contributions

If you will be age 50 or older during the calendar year, 1/1 – 12/31, you may make an additional catch-up contribution (of \$8,000 for 2025 or \$11,250 for 2026 if you are between 60 – 63 years old) on a pre-tax basis. You don't have to make a separate catch-up election. If you are eligible, contributions will continue automatically until the annual IRS limit is reached.

For the group age 50 or older earning \$150,000 or more in W-2 wages in 2025, the additional catch-up contribution (above the 402(g) limit) will be required to be Roth contributions in 2026, which will need to be made by logging onto www.workplace.schwab.com.

Or by calling Schwab Participant Services at: **800-724-7526**, Monday – Friday (8:00 AM – 10:00 PM ET)

Contributions Limits (2026)

- \$24,500 for pre-tax and/or Roth contributions
- \$32,500 if you are age 50 or older*

** In 2026, the annual IRS compensation is \$360,000*

Enrollment

You may enroll in the Plan at any time. **If you don't take action within 90 days from your date of hire, you will automatically be enrolled in the Plan at a pre-tax contribution rate of 6%.** Your automatic contributions will be invested in an age-appropriate target date fund.

Company Match and Vesting Schedule

Once you're enrolled, the Plan will provide you with a company match of 50% of every dollar you contribute in pre-tax, Roth 401(k) and catch-up contributions, up to the first 6% of your eligible pay. The company match will be 100% vested after 3 years of service (33% at each service anniversary).



You must name a beneficiary(ies) for any life or AD&D coverage. You are the beneficiary on any spousal or dependent coverage you elect.



Accessing Your Plan

You can manage your account online, via the Schwab Workplace Retirement App, or by phone—whichever is most convenient for you. The Plan also offers a variety of retirement planning tools and resources, **including:**

- My Learning Resources for retirement saving, budgeting, investing, and other financial topics
- Advice provided by Morningstar Investment Management LLC, an independent investment adviser
- Support from Participant Services Representatives for help Monday–Friday, 7AM–11PM ET

More information about the Plan can be found online and in the enrollment guide at workplace.schwab.com in the “For Your Plan” box.

Schwab Financial Concierge



Planning for your future just got a lot easier. Through our partnership with Charles Schwab, you have access to The Schwab Financial Concierge™ team for financial guidance and planning support at no cost.

Think of Schwab Financial Concierge as the first stop for all your personal finance needs. If you have a question, want guidance on the next step to take, or are looking to map out your financial goals, the Schwab Financial Concierge team is here to help.

Here's how it works:

- You can *make an appointment* or call at your convenience.
- A Schwab financial professional will answer questions, address concerns, and put your needs and best interests first when offering guidance.
- If you want to focus on planning, you can work with a Schwab professional to create a personalized financial plan at no cost to you.

You're in charge of your future, but a little help never hurts.

Schedule an appointment today, call **877-566-2027** to speak with a team member, or *learn more* online.

Want to get started or have questions?
Visit workplace.schwab.com or contact Schwab Participant Services at **800-724-7526**.

Plan Today – Protect Tomorrow with Financial Wellness Support

SoFi Dashboard



We realize your financial ambitions are an outstanding achievement, and we want to help you get there. That's why BenefitsPlus partners with SoFi—an online platform that helps you build financial independence for you and your family.

Through SoFi, you can access:

- **Personalized Debt Navigator:** Guidance on repayment options and discounted refinancing rates
- **SoFi Relay:** Securely connect your accounts to track spending and set monthly budgeting goals
- **Credit Score Monitoring:** Stay informed about your score and the factors influencing it
- **Discounts and Cash Bonuses:** For student loan refinancing, personal loans, mortgages, and more
- **529 Savings & Selection Tool:** Understand how much to save for college and choose the best 529 plan for your needs

Get started today:

Visit SoFi.com/Dentsu or download the app to create your SoFi account and begin exploring this incredibly useful financial dashboard.



Extra Layers of Support Because Life Isn't One-Size-Fits-All

LifeLock Identity Theft Coverage



Your identity is worth protecting, and we're pleased to provide LifeLock coverage.

In an always-on, ever-connected world, the risk of identity theft is real. LifeLock protection alerts you to suspicious activity and help ID Theft issues. This includes, but is not limited to:

- Identity alerts via phone, email and text
- Investment account activity alerts
- Identity Restoration Support
- Breach notifications
- \$100,000 Stolen Funds Reimbursement (limitations apply)
- \$1 Million Service Guarantee (limitations apply)

You can choose between two LifeLock programs: the *Benefit Essential* plan or the *Benefit Premier* plan.

Legal Plan

You may also consider joining the group legal plan, administered by MetLaw Hyatt Legal Plans, a MetLife company. This plan helps you resolve a wide range of personal legal matters, including:

- Preparing a will
- Buying or selling a primary residence
- And much more

You'll have access to telephone advice and office consultations with a network attorney of your choice. Coverage extends to you, your spouse/ domestic partner, and your children.

Need Help?

Call **800-821-6400** or visit www.legalplans.com for tips and additional resources.

Identity Theft Protection



Members of the MetLife Legal program also receive basic identity theft protection at no additional cost, which includes:

- Document replacement
- Proactive monitoring services
- Fraud assistance services

If you're looking for basic ID theft coverage separate from our LifeLock plan, this may be a good option.



Be Balanced

Taking care of others starts with taking care of yourself. Whether you are managing a busy schedule or seeking space to recharge, you benefits provide a variety of tools and resources to help you stay centered, productive, and present—both at work and at home.

The Extras That Support Your Everyday Life

Commuter Benefits Program

The commuter benefit allows you to set aside money from your pay on a pre- and post-tax basis to pay for eligible costs associated with commuting to and from work. This can lower your taxable income, giving you more savings.

There are two types of benefits offered, **Transportation (transit) and Parking**.

- **Transportation:** Visa debit card your account at www.dentsubenefitsplus.com
- **Parking:** Visa debit card or file a manual claim
- **Commuter funds** are not available for use on your debit card or for manual claim filing until they are withheld from your paycheck
- **Commuter elections** can be made by logging onto
- Any changes to your commuter elections will take effect on the 1st of the following month.
- In 2026, the current pre-tax maximum contribution is \$340/month.

Note: Mileage, tolls, fuel, carpooling, and business travel are not eligible for this program

Wellhub – Your All-in-One Wellbeing Membership



Taking care of your health and wellbeing should be flexible, fun, and accessible. With Wellhub, you and your family (up to 3 additional members) can purchase a monthly membership that gives you access to a wide variety of wellness options — all in one place. Enrollment information coming soon!

What You Get with Wellhub

- **Nationwide fitness network:** Discounted access to thousands of gyms and studios, including popular names like Life Time, LA Fitness, Orangetheory, Crunch, F45, SoulCycle, and more.
- **Wellness apps:** Premium memberships to top-rated apps for nutrition, fitness, meditation, and healthy habits, such as MyFitnessPal, Meditopia, and FizzUp.
- **Personalized coaching:** One-on-one virtual sessions with certified trainers and nutrition coaches to help you stay motivated and accountable.
- **Workout flexibility:** Choose from live-streamed or on-demand classes that fit your schedule, your style, and your goals.

Why Choose Wellhub?

Wellhub gives you the flexibility to focus on what matters most - whether it's strength training at your favorite gym, a mindfulness app to help you recharge, or live classes that keep you moving at home.

You'll have the tools and support to keep your physical and mental wellbeing balanced, on your terms.

Click [HERE](#) for to register with Wellhub.



Bright Horizons Care Advantage

Backup Child Care or Adult/Elder Care

- You have 15 days of back-up care per year.
- Center based childcare costs \$20/child/day with a maximum of \$35/family/day.
- In-home care costs \$10/hour.

Sittercity

- Free caregiver database for babysitters, nannies and pet care.
- Unlimited, free basic background checks are included

Adult/Elder

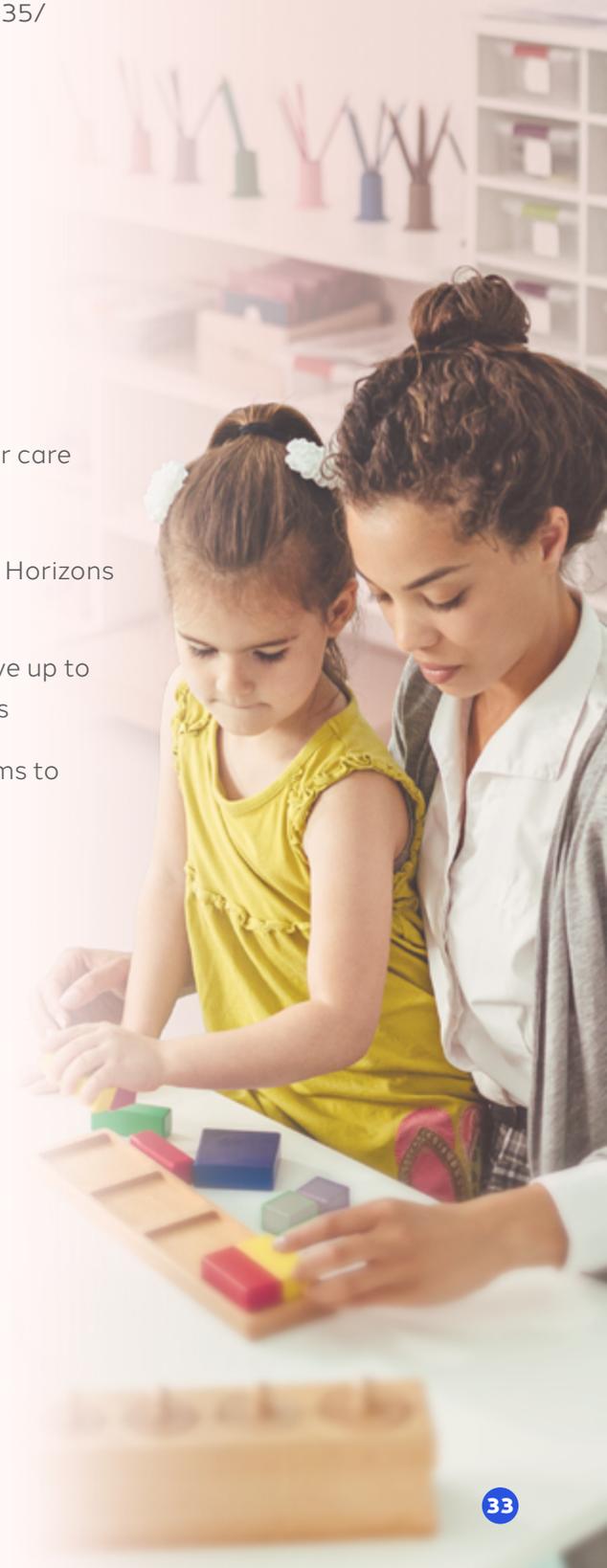
- Exclusive access to Senior Care Advisors
- Unlimited one-on-one planning and financial advice for paying for care

Additional Perks

- Priority placement and registration credit after 30 days at Bright Horizons Centers
- Tuition discounts at participating Extended Network centers—save up to 10% for children ages 2+ and waive up to \$250 in registration fees

Enhanced Family Support - Bright Horizons offers additional programs to help your family thrive in a virtual learning environment:

- Expanded access to educational caregivers for guided learning through SitterCity
- 20% discount on tutoring services via Varsity Tutors, Revolution Prep, and Marco Polo
- Partnership with KinderCare: access to 1,400 new center-based care options
- Additional tutoring resources to help children adapt



Call **877-242-2737** or visit:
clients.brighthouse.com/dentsu.
Create your own login and password
under the Family Support section.

Auto and Home Insurance



Farmers can help you find affordable solutions for your auto and home insurance needs.

Visit myautohome.farmers.com for more information or call **800-438-6381** for a quote.

Plum Benefits



Enjoy popular shows, exciting events, and exclusive experiences—with Plum Benefits, you can have fun while saving money! Powered by TicketsatWork, Plum offers savings up to 60% on over 80,000 offers at destinations and experiences around the world.

Want to sign up? It's free and easy:

- Visit www.plumbenefits.com
- Use your work email address and company code: **ac0122245**.

Pet Insurance with Figo



It's easier to get pet insurance plans now that UnitedHealthcare has teamed up with Figo Pet Insurance. Choose from customized care plans—designed to help take good care of your dog or cat if unexpected injuries and illnesses occur—including the deductible and reimbursement levels that best meet your needs, as well as optional add-ons like dental coverage.

Advantages for pet parents

- Freedom to see any veterinarian for your pet's care
- 24/7 access to live veterinary professionals
- An easy claims process with personalized, caring customer service and direct-deposit reimbursements



Visit www.uhc.care/dentsu or call **844-738-3446** to review coverage options and request a quote.



2026 Employee Contributions

Plan	Coverage Tier	Semi-Monthly	Bi-Weekly
Medical			
Enhanced PPO	Employee	\$141.00	\$130.15
	Employee + Spouse/Domestic Partner	\$341.50	\$315.23
	Employee + Child(ren)	\$275.50	\$254.31
	Family	\$521.50	\$481.38
Standard PPO	Employee	\$92.00	\$84.92
	Employee + Spouse/Domestic Partner	\$248.00	\$228.92
	Employee + Child(ren)	\$181.00	\$167.08
	Family	\$376.00	\$347.08
Classic HDHP	Employee	\$72.00	\$66.46
	Employee + Spouse/Domestic Partner	\$195.50	\$180.46
	Employee + Child(ren)	\$155.50	\$143.54
	Family	\$263.00	\$242.77
Surest	Employee	\$40.00	\$36.92
	Employee + Spouse/Domestic Partner	\$129.00	\$119.08
	Employee + Child(ren)	\$93.50	\$86.31
	Family	\$182.00	\$168.00
Dental			
Enhanced	Employee	\$13.50	\$12.46
	Employee + Spouse/Domestic Partner	\$30.50	\$28.15
	Employee + Child(ren)	\$41.00	\$37.85
	Family	\$54.50	\$50.31
Standard	Employee	\$7.50	\$6.92
	Employee + Spouse/Domestic Partner	\$19.00	\$17.54
	Employee + Child(ren)	\$26.50	\$24.46
	Family	\$34.00	\$31.38
Vision			
VSP	Employee	\$4.70	\$4.33
	Employee + Spouse/Domestic Partner	\$9.39	\$8.67
	Employee + Child(ren)	\$10.05	\$9.28
	Family	\$16.06	\$14.82
Group Accident			
United Healthcare	Employee	\$4.07	\$3.76
	Employee + Spouse/Domestic Partner	\$6.50	\$6.00
	Employee + Child(ren)	\$8.09	\$7.47
	Family	\$12.49	\$11.52
Hospital Indemnity			
United Healthcare	Employee	\$4.14	\$3.82
	Employee + Spouse/Domestic Partner	\$8.28	\$7.64
	Employee + Child(ren)	\$8.31	\$7.67
	Family	\$13.38	\$12.35
Identity Theft Protection—Essential			
Life Lock	Employee	\$3.50	\$3.23
	Family	\$6.99	\$6.45
Identity Theft Protection—Premiere			
Life Lock	Employee	\$5.75	\$5.30
	Family	\$11.49	\$10.61
Legal Insurance			
MetLaw/Hyatt Legal	Employee	\$8.25	\$7.62

Need Help? Call Your Benefits Support Team!

Keeping track of all the benefit websites, phone numbers, and passwords can be challenging. If you have questions about your benefits or a claim at any time, your BenefitsPlus Solutions Center is here to help.

Contact Information:

- Phone: 800-597-2335
- Hours: 8:00 AM to 5:00 PM CST, Monday through Friday.

Assistance Available For:

- Eligibility, enrollment, or accessing the platform
- Flexible Spending Accounts (Health Care & Dependent Care)
- Commuter Benefits (Transit & Parking)

Specific Benefits Vendors Contact Information:

Benefit	Vendor	Policy No - or Company Name	Phone Number	Website
Medical	UHC	705362	800-765-6717	www.myuhc.com
	Surest	78800532	866-683-6440	www.benefits.surest.com
Dental	Delta Dental	Standard 17417-1	800-932-0783	www.deltadentalins.com
		Enhanced 17417-2		
Vision	VSP	30070757	800-877-7195	www.vsp.com/choice
Back-up Care	Bright Horizons		877-242-2737	clients.brighthorizons.com/dentsu
Wellbeing	Wellhub			wellhub.com
Work/Life Assistance	CCA	Company ID: Dentsu	800-833-8707	www.myccaonline.com
401(k) Plan	Charles Schwab		800-724-7526	www.workplace.schwab.com
Disability	Lincoln Financial	GF-890-LF0307-01	800-523-0428	mylincolnportal.com
Life/AD&D	Lincoln Financial	SA3-890-LF0307-01	888-787-2129	mylincolnportal.com
Voluntary Benefits	UHC		800-444-5854	www.myuhcftp.com
Behavioral Support for Children	ReThink Benefits	Company ID: Dentsu		connect.rethinkcare.com/sponsor/dentsu
Auto/Home	Farmer's Insurance	Dentsu International Americas, LLC	800-438-6381	myautohome.farmers.com
Pet Insurance	Figo	7880532	844-738-3446	www.uhc.care/dentsu
Legal Plan	MetLife Legal Plans	Dentsu International Americas, LLC	833-214-4172	www.legalplans.com
Identity Theft	LifeLock	Dentsu International Americas, LLC	800-607-9174	my.norton.com
International Business Travel	RSA	PAO4281218	RSA@healix-com	www.rsatravelinsurance.com
Maternity/Fertility/ Adoption & Surrogacy/Parenting/ Menopause & Mid-life Health	Maven	Dentsu		mavenclinic.com/join/dentsu

dentsu International Americas, LLC

HEALTH PLAN NOTICES

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1. Medicare Part D Creditable Coverage Notice
2. HIPAA Comprehensive Notice of Privacy Policy and Procedures
3. Notice of Special Enrollment Rights
4. General COBRA Notice
5. Women's Health and Cancer Rights Notice

IMPORTANT NOTICE

This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From dentsu International Americas, LLC About Your Prescription Drug Coverage and Medicare."

MEDICARE PART D CREDITABLE COVERAGE NOTICE

IMPORTANT NOTICE FROM DENTSU INTERNATIONAL AMERICAS, LLC ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with dentsu and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Dentsu has determined that the prescription drug coverage offered by the dentsu Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15

through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without “creditable” prescription drug coverage** (that is, prescription drug coverage that’s at least as good as Medicare’s prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the dentsu Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the dentsu Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the dentsu Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your dentsu prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s

eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to add coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information, or call 800-597-2335. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through dentsu changes. You also may request a copy.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	October 15, 2025
Name of Entity/Sender:	BenefitsPlus Flexible Benefits Plan
Contact—Position/Office:	BenefitsPlus Solution Center
Address:	150 East 42nd Street, 13th Floor New York, NY 10017
Phone Number:	800-597-2335

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents’) right to coverage under the Plan is determined solely under the terms of the Plan.

[HIPAA COMPREHENSIVE NOTICE OF PRIVACY POLICY
AND PROCEDURES](#)

DENTSU INTERNATIONAL AMERICAS, LLC
IMPORTANT NOTICE
COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

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.

This notice is provided to you on behalf of:

BenefitsPlus Flexible Benefits Plan*

* This notice pertains only to healthcare coverage provided under the plan.

For the remainder of this notice, dentsu International Americas, LLC is referred to as
Company.

1. Introduction: This Notice is being provided to all covered participants in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is intended to apprise you of the legal duties and privacy practices of the Company's self-insured group health plans. If you are a participant in any fully insured group health plan of the Company, then the insurance carriers with respect to those plans is required to provide you with a separate privacy notice regarding its practices.

2. General Rule: A group health plan is required by HIPAA to maintain the privacy of protected health information, to provide individuals with notices of the plan's legal duties and privacy practices with respect to protected health information, and to notify affected individuals follow a breach of unsecured protected health information. In general, a group health plan may only disclose protected health information (i) for the purpose of carrying out treatment, payment and health care operations of the plan, (ii) pursuant to your written authorization; or (iii) for any other permitted purpose under the HIPAA regulations.

3. Protected Health Information: The term "protected health information" includes all individually identifiable health information transmitted or maintained by a group health plan, regardless of whether or not that information is maintained in an oral, written or electronic format. Protected health information does not include employment records or health information that has been stripped of all individually identifiable information and with respect to which there is no reasonable basis to believe that the health information can be used to identify any particular individual.

4. Use and Disclosure for Treatment, Payment and Health Care Operations: A group health plan may use protected health information without your authorization to

carry out treatment, payment and health care operations of the group health plan.

- An example of a "treatment" activity includes consultation between the plan and your health care provider regarding your coverage under the plan.
- Examples of "payment" activities include billing, claims management, and medical necessity reviews.
- Examples of "health care operations" include disease management and case management activities.

The group health plan may also disclose protected health information to a designated group of employees of the Company, known as the HIPAA privacy team, for the purpose of carrying out plan administrative functions, including treatment, payment and health care operations.

5. Disclosure for Underwriting Purposes: A group health plan is generally prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of underwriting.

6. Uses and Disclosures Requiring Written Authorization: Subject to certain exceptions described elsewhere in this Notice or set forth in regulations of the Department of Health and Human Services, a group health plan may not disclose protected health information for reasons unrelated to treatment, payment or health care operations without your authorization. Specifically, a group health plan may not use your protected health information for marketing purposes or sell your protected health information. Any use or disclosure not disclosed in this Notice will be made only with your written authorization. If you authorize a disclosure of protected health information, it will be disclosed solely for the purpose of your authorization and may be revoked at any time. Authorization forms

are available from the Privacy Official identified in section 23.

7. Special Rule for Mental Health Information: Your written authorization generally will be obtained before a group health plan will use or disclose psychotherapy notes (if any) about you.

8. Uses and Disclosures for which Authorization or Opportunity to Object is not Required: A group health plan may use and disclose your protected health information without your authorization under the following circumstances:

- When required by law;
- When permitted for purposes of public health activities;
- When authorized by law to report information about abuse, neglect or domestic violence to public authorities;
- When authorized by law to a public health oversight agency for oversight activities;
- When required for judicial or administrative proceedings;
- When required for law enforcement purposes;
- When required to be given to a coroner or medical examiner or funeral director;
- When disclosed to an organ procurement organization;
- When used for research, subject to certain conditions;
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person

reasonably able to prevent or lessen the threat; and

- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

9. Minimum Necessary Standard: When using or disclosing protected health information or when requesting protected health information from another covered entity, a group health plan must make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request. The minimum necessary standard will not apply to: disclosures to or requests by a health care provider for treatment; uses or disclosures made to the individual about his or her own protected health information, as permitted or required by HIPAA; disclosures made to the Department of Health and Human Services; or uses or disclosures that are required by law.

10. Disclosures of Summary Health Information: A group health plan may use or disclose summary health information to the Company for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan. Summary health information summarizes the participant claims history and other information without identifying information specific to any one individual.

11. Disclosures of Enrollment Information: A group health plan may disclose to the Company information on whether an individual is enrolled in or has disenrolled in the plan.

12. Disclosure to the Department of Health and Human Services: A group health plan may use and disclose your protected health information to the Department of Health

and Human Services to investigate or determine the group health plan's compliance with the privacy regulations.

13. Disclosures to Family Members, other Relations and Close Personal Friends: A group health plan may disclose protected health information to your family members, other relatives, close personal friends and anyone else you choose, if: (i) the information is directly relevant to the person's involvement with your care or payment for that care, and (ii) either you have agreed to the disclosure, you have been given an opportunity to object and have not objected, or it is reasonably inferred from the circumstances, based on the plan's common practice, that you would not object to the disclosure.

For example, if you are married, the plan will share your protected health information with your spouse if he or she reasonably demonstrates to the plan and its representatives that he or she is acting on your behalf and with your consent. Your spouse might do so by providing the plan with your claim number or social security number. Similarly, the plan will normally share protected health information about a dependent child (whether or not emancipated) with the child's parents. The plan might also disclose your protected health information to your family members, other relatives, and close personal friends if you are unable to make health care decisions about yourself due to incapacity or an emergency.

14. Appointment of a Personal Representative: You may exercise your rights through a personal representative upon appropriate proof of authority (including, for example, a notarized power of attorney). The group health plan retains discretion to deny access to your protected

health information to a personal representative.

15. Individual Right to Request Restrictions on Use or Disclosure of Protected Health Information: You may request the group health plan to restrict (1) uses and disclosures of your protected health information to carry out treatment, payment or health care operations, or (2) uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the group health plan is not required to and normally will not agree to your request in the absence of special circumstances. A covered entity (other than a group health plan) must agree to the request of an individual to restrict disclosure of protected health information about the individual to the group health plan, if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the protected health information pertains solely to a health care item or service for which the individual (or person other than the health plan on behalf of the individual) has paid the covered entity in full.

16. Individual Right to Request Alternative Communications: The group health plan will accommodate reasonable written requests to receive communications of protected health information by alternative means or at alternative locations (such as an alternative telephone number or mailing address) if you represent that disclosure otherwise could endanger you. The plan will not normally accommodate a request to receive communications of protected health information by alternative means or at alternative locations for reasons other than your endangerment unless special circumstances warrant an exception.

17. Individual Right to Inspect and Copy Protected Health Information: You have a right to inspect and obtain a copy of your

protected health information contained in a “designated record set,” for as long as the group health plan maintains the protected health information. A “designated record set” includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the group health to make decisions about individuals.

The requested information will be provided within 30 days. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline, provided that you are given a written statement of the reasons for the delay and the date by which the group health plan will complete its action on the request. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may contact the Secretary of the U.S. Department of Health and Human Services.

18. Individual Right to Amend Protected Health Information: You have the right to request the group health plan to amend your protected health information for as long as the protected health information is maintained in the designated record set. The group health plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline. If the request is denied in whole or part, the group health plan must provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your protected health information.

19. Right to Receive an Accounting of Protected Health Information Disclosures: You have the right to request an accounting of all disclosures of your protected health information by the group health plan during the six years prior to the date of your request. However, such accounting need not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own protected health information; (3) prior to the compliance date; or (4) pursuant to an individual’s authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is 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 group health plan may charge a reasonable fee for each subsequent accounting.

20. The Right to Receive a Paper Copy of This Notice Upon Request: If you are receiving this Notice in an electronic format, then you have the right to receive a written copy of this Notice free of charge by

contacting the Privacy Official (see section 23).

21. Changes in the Privacy Practice. Each group health plan reserves the right to change its privacy practices from time to time by action of the Privacy Official. You will be provided with an advance notice of any material change in the plan's privacy practices.

22. Your Right to File a Complaint with the Group Health Plan or the Department of Health and Human Services: If you believe that your privacy rights have been violated, you may complain to the group health plan in care of the HIPAA Privacy Official (see section 24). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The group health plan will not retaliate against you for filing a complaint.

23. Person to Contact at the Group Health Plan for More Information: If you have any

questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Official

Privacy Official

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is

BenefitsPlus Solution Center
800-597-2335

Effective Date

The effective date of this notice is: October 15, 2025.

NOTICE OF SPECIAL ENROLLMENT

DENTSU INTERNATIONAL AMERICAS, LLC EMPLOYEE HEALTH CARE PLAN

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within *30 days* after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within *60 days* of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within *60 days* after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within *30 days* after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

BenefitsPlus Solution Center
800-597-2335

** This notice is relevant for healthcare coverages subject to the HIPAA portability rules.*

GENERAL COBRA NOTICE

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;

- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice in writing to the Plan Administrator. Any notice you provide must state the name of the plan or plans under which you lost or are losing coverage, the name and address of the employee covered under the plan, the name(s) and address(es) of the qualified beneficiary(ies), and the qualifying event and the date it happened. The Plan Administrator will direct you to provide the appropriate documentation to show proof of the event.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. If you believe you are eligible for this extension, contact the Plan Administrator.

Second qualifying event extension of 18-month period of continuation coverage
 If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.
Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

For additional information regarding your COBRA continuation coverage rights, please contact the Plan Administrator below:

BenefitsPlus Solution Center
150 East 42nd Street, 13th Floor
New York, NY 10017
800-597-2335

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Dentsu International Americas, LLC Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

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

The dentsu Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

Enhanced PPO	In-Network	Out-of-Network
Individual Deductible	\$750	\$3,000
Family Deductible	\$1,500	\$3,000
Coinsurance	90%	70%
Standard PPO	In-Network	Out-of-Network
Individual Deductible	\$1,250	\$3,750
Family Deductible	\$2,500	\$7,500
Coinsurance	80%	60%

Classic HDHP	In-Network	Out-of-Network
Individual Deductible	\$2,250	\$6,750
Family Deductible	\$4,500	\$13,500
Coinsurance	80%	60%

Surest	In-Network	Out-of-Network
Individual Deductible	\$0	\$0
Family Deductible	\$0	\$0
Coinsurance	N/A	N/A

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at:

BenefitsPlus Solution Center: 800-597-2335

dentsu



BenefitsPlus

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