

# 2025-2026 EMPLOYEE BENEFITS GUIDE



**All States (Except California)**

**Benefits effective: October 1, 2025 – September 30, 2026**

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# Welcome

## To our Valued Employees of Dunlop Sports Americas

We are pleased to present this overview of your employee benefits! Dunlop Sports Americas offers a variety of benefits to help you protect your health, your family, and your way of life. As a valued employee, we want you to have the best benefits possible which is why we've carefully reviewed our benefits to ensure affordability, quality, and ease of use for Year 2025-2026.

Some of the benefits we offer are paid for in full by Dunlop Sports Americas. For others, it is a shared contribution between you and the Company. Other benefits are also available to you at reasonable group rates. Your benefits are an important part of your total compensation at Dunlop Sports Americas. Please take the time to review and evaluate all the options available to you and your family.

Kind regards,

Your Dunlop Sports Americas Team



# Eligibility

## Who is Eligible?

- An active full-time employee working 30 or more hours per week

## Your dependents are eligible if they are:

- Your legal spouse or domestic partner
- Your child(ren) <sup>†</sup> up to age 26 and your disabled children up to any age (pursuant to plan documents and state law, please see Human Resources for more information)

<sup>†</sup> Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

## Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through the end of the plan year which runs from October 1, 2025 – September 30, 2026. If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events are subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Qualifying Life Event		
Change in Marital Status	Change in Dependents	Change in Employment
<ul style="list-style-type: none"> <li>• Marriage</li> <li>• Divorce</li> <li>• Death of your spouse</li> </ul>	<ul style="list-style-type: none"> <li>• Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)</li> <li>• Death of your covered dependent</li> <li>• Gain or loss of Medicare or Medicaid during the year</li> </ul>	<ul style="list-style-type: none"> <li>• Change in you or your spouse’s work status that affects benefits eligibility</li> <li>• Your spouse’s Open Enrollment differs from yours</li> <li>• Relocation if the move impacts eligibility for the plan</li> </ul>

# Your Coverage

## When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the first of the month following date of hire.

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

## Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end.

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

### **Benefits can be canceled due to:**

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event

## A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Dunlop Sports Americas' medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at [www.healthcare.gov](http://www.healthcare.gov).

## Domestic Partners

Domestic partners are not generally eligible for continuation of coverage. See your plan documents or contact Human Resources for more information.

Contribution toward the cost of coverage for your domestic partner and his or her dependents is considered taxable income to you.

Domestic partner premiums will either be deducted on a post-tax basis or imputed as income based on the value of coverage. You may wish to consult with a tax adviser for more information.

# Enrollment

## When Can I Enroll in Benefits?

### You can enroll in benefits:

- Within 30 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

## How Do I Enroll?

- This is a good time to update your beneficiary for your life insurance, both company provided and voluntary life (if you participate in that plan).
- If you are adding a dependent to any of your plans, make sure you have elected the specific lines of coverage you want for that family member.
- No changes can be made in Paycom after August 29, 2025. The next opportunity to enroll in medical, dental and/or vision coverage will be at the next open enrollment for October 1, 2026 (without an eligible life event).

 **paycom**<sup>®</sup> <https://www.paycomonline.net/v4/ee/web.php/app/login>





Scan to view [Glossary of Health Coverage and Medical Terms](#)

# How a Health Plan Works

## **Coinsurance**

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

## **Copayment**

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

## **Deductible**

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

## **Evidence of Insurability (EOI)**

EOI is an application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage. EOI may be required for life and/or disability insurance elections.

## **Maximum Out-of-pocket Limit**

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

# Medical Overview

**We offer 2 medical plans through Nippon Life with the following features:**

- Deductible and out-of-pocket maximums accumulate on an annual basis, October 1, 2025 – September 30, 2026
- Includes prescription drug coverage
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions and limitations for all policies



## Medical Provider Finder

To search for in-network medical providers:

Go to [Nippon Life Benefits - Member Service](#)

Access care from your home through Telehealth Services.

Go to [Nippon Life Benefits - Teladoc](#)

Download the Mobile App Today!



# Medical

Aetna Signature Administrators Network		Base Plan
	In-Network	Out-of-Network
Plan Year Deductible (Individual / Family)	\$500 / \$1,000	\$20,000 / \$40,000
Out-of-Pocket Maximums per Calendar Year (individual / Family)	\$2,500 / \$5,000	\$30,000 / \$60,000
Coinsurance/Copays		
Preventive Care	No Charge deductible does not apply	Adult: Not Covered Child: 50% Coinsurance
Doctor Office Visits – Primary Care Includes Telehealth	\$20 Copay deductible does not apply	50% Coinsurance after deductible
Doctor Office Visits – Specialists Includes Telehealth	\$30 Copay deductible does not apply	50% Coinsurance after deductible
Teladoc Telemedicine Services (Does not apply to Dermatology and Smoking Cessation)	No Charge deductible does not apply	N/A
Diagnostic Test (X-ray, blood work): Non-office visits	20% Coinsurance after deductible	50% Coinsurance after deductible
Outpatient Laboratory Services – Non-Hospital Facility	No Charge (LabCard) deductible does not apply	50% Coinsurance after deductible
MRIs, CATs, PETS and SPECTS	20% Coinsurance after deductible	50% Coinsurance after deductible
Urgent Care Center	\$50 Copay deductible does not apply	50% Coinsurance after deductible
Emergency Room Visits (Waived if admitted)	\$150 Copay, then 10% Coinsurance deductible does not apply	\$100 Copay deductible does not apply
Hospital Outpatient Surgery	20% Coinsurance after deductible	50% Coinsurance after deductible
Hospital Inpatient Services	20% Coinsurance after deductible	50% Coinsurance after deductible
Prescription Drugs CVS Caremark Pharmacy Network – CA Formulary	In-Network	Out-of-Network*
Generic	\$15 Copay	\$15 Copay
Preferred Brand	\$30 Copay	\$30 Copay
Non-Preferred Brand	\$50 Copay	\$50 Copay

\* Out of Network Pharmacy is the in network copay PLUS the full cost above the allowed amount

Plan changes are marked in red

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Aetna Signature Administrators Network		Buy-Up Plan
	In-Network	Out-of-Network
Plan Year Deductible (Individual / Family)	\$250 / \$750	\$750 / \$2,250
Out-of-Pocket Maximums per Calendar Year (individual / Family)	\$3,500 / \$7,000	\$7,500 / \$15,000
Coinsurance/Copays		
Preventive Care	No Charge deductible does not apply	Adult: Not Covered Child: 50% Coinsurance
Doctor Office Visits – Primary Care Includes Telehealth	\$20 Copay deductible does not apply	30% Coinsurance after deductible
Doctor Office Visits – Specialists Includes Telehealth	\$40 Copay deductible does not apply	30% Coinsurance after deductible
Teladoc Telemedicine Services (Does not apply to Dermatology and Smoking Cessation)	No Charge deductible does not apply	N/A
Diagnostic Test (X-ray, blood work): Non-office visits	10% Coinsurance after deductible	30% Coinsurance after deductible
Outpatient Laboratory Services – Non-Hospital Facility	No Charge (LabCard) deductible does not apply	30% Coinsurance after deductible
MRIs, CATs. PETS and SPECTS	10% Coinsurance after deductible	30% Coinsurance after deductible
Urgent Care Center	\$50 Copay deductible does not apply	30% Coinsurance after deductible
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Prescription Drugs CVS Caremark Pharmacy Network – CA Formulary	In-Network	Out-of-Network*
Generic	\$15 Copay	\$15 Copay
Preferred Brand	\$30 Copay	\$30 Copay
Non-Preferred Brand	\$50 Copay	\$50 Copay

\* Out of Network Pharmacy is the in network copay PLUS the full cost above the allowed amount

# Dental PPO



Your dental plan does NOT require the use of a network dentist. The plan will reimburse dentists at negotiated usual and customary rate that has been set for each dental procedure code. This is referred to as the Maximum Allowable Charge (MAC).

If your dentist charges more than the set reimbursement amounts, you can be balance billed and will be responsible for paying the difference.



Dental PPO		
Benefit Maximum Per Person		
Annual Maximum	\$2,000	
Lifetime or Annual Maximum for Orthodontia	\$1,000	
Deductible (applies only to Basic & Major Services)		
Individual	\$50	
Family	\$150	
Benefit	You Pay	
	In-Network	Out-of-Network
Preventive Services	No Charge deductible does not apply	No Charge deductible does not apply
Basic Services	10% after deductible	20% after deductible
Major Services	40% after deductible	50% after deductible
Orthodontia Child only (to age 19)	50% to \$1,000 lifetime max	50% to \$1,000 lifetime max

# Vision



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

In-network coverage is provided when you use In-Network providers.



	In-Network Aetna Vision Network	Out-of-Network Reimbursement
<b>Exam</b> (Once every rolling 12 months) <ul style="list-style-type: none"> <li>• Eye Exam with dilation as necessary</li> <li>• Standard Contact Lens Fit/Follow Up</li> </ul>	<ul style="list-style-type: none"> <li>• \$20 Copay</li> <li>• \$40 discounted member fee</li> </ul>	<ul style="list-style-type: none"> <li>• \$30 Reimbursement</li> <li>• Not Covered</li> </ul>
<b>Frames</b> (Once every rolling 12 months)	<ul style="list-style-type: none"> <li>• \$0 Copay; \$130 Allowance*, 20% off balance over allowance</li> </ul>	<ul style="list-style-type: none"> <li>• \$65 Reimbursement</li> </ul>
<b>Standard Plastic Lenses</b> (Once every rolling 12 months) <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 Copay</li> <li>• \$0 Copay</li> <li>• \$0 Copay</li> <li>• \$0 Copay</li> </ul>	<ul style="list-style-type: none"> <li>• \$28 Reimbursement</li> <li>• \$44 Reimbursement</li> <li>• \$72 Reimbursement</li> <li>• \$72 Reimbursement</li> </ul>
<b>Contact Lenses</b> (instead of eyeglass lenses) (Once every rolling 12 months) <ul style="list-style-type: none"> <li>• Conventional</li> <li>• Disposable</li> <li>• Medically Necessary</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 Copay; \$130 Allowance*, 15% off balance over allowance</li> <li>• \$0 Copay; \$130 Allowance</li> <li>• Covered in Full</li> </ul>	<ul style="list-style-type: none"> <li>• \$104 Reimbursement</li> <li>• \$104 Reimbursement</li> <li>• \$200 Reimbursement</li> </ul>

\* Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

## Basic Life/AD&D

### Company Paid Benefit

All benefit eligible employees receive Basic Life with AD&D insurance at no cost. Dunlop Sports Americas pays the full cost for this benefit.

## Voluntary Life and AD&D

You can purchase Voluntary Life insurance through Mutual of Omaha for you, your legal spouse and dependent children. Please refer to the benefit summary for details.

Voluntary Life and AD&D	
Employee	\$10,000 increments up to the lesser of 5 times your annual earnings or \$500,000 Guaranteed issue <sup>†</sup> : 5 times annual salary, up to \$150,000
Spouse/Domestic Partner	\$5,000 increments to a maximum of \$250,000 Guaranteed issue <sup>†</sup> : \$50,000
Child (up to age 26)	\$1,000 increments to a maximum of \$10,000 Guaranteed issue <sup>†</sup> : 100% of Employee Benefit

<sup>†</sup> *Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions. Guaranteed issue is only available to newly benefit eligible employees.*



## Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

# Disability



## Long-Term Disability (LTD)

### Company Paid Benefit

All Benefit eligible employees receive Long-Term Disability Insurance at no cost. Dunlop Sports Americas pays the full cost of this benefit.



## Voluntary Short-Term Disability (STD)

Short-Term Disability (STD) benefits are payable when you are unable to work due to an injury or illness.

### When do the benefits start?

8<sup>th</sup> day of accident or illness

(Benefit duration is reduced by the initial disability waiting period (before benefits begin))

### How much would the benefit pay?

5% of your weekly earnings up to \$1,173 per week

See the Mutual of Omaha benefit summary for more detailed information.

A pre-existing condition is any accident or illness for which you have received advice or treatment in the months prior to your coverage effective date and will be excluded from this benefit for the month exclusion period listed.

STD benefits integrate with state mandated disability plans. Maternity claims fall under this policy.

# Employee Assistance Program (EAP)



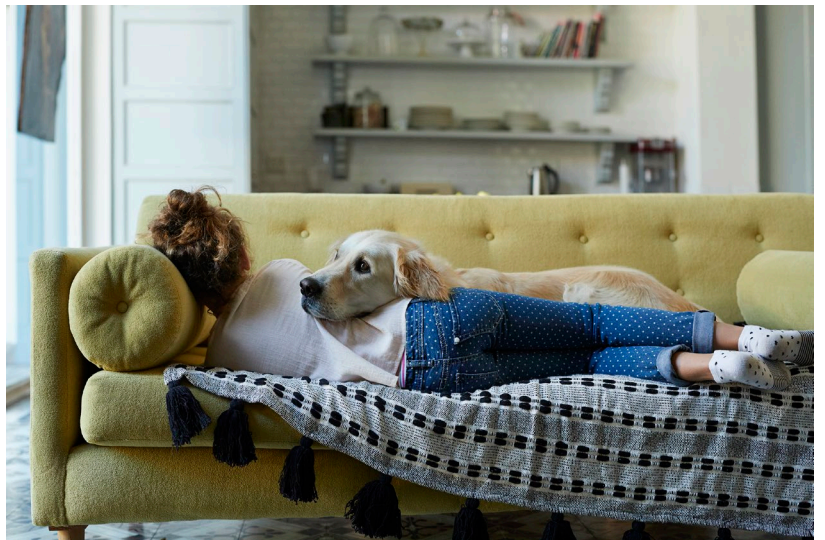
## Company Paid Benefit

The EAP can provide you and your family and household members with information and assistance on a wide range of topics and issues including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief and much more.

Offered through Mutual of Omaha, the Employee Assistance Program is provided no cost to you. Counselors are available for support by phone 24 hours a day, seven days a week.

### Counselors can talk to you about anything going on in your life, including:

- Family & Relationships
- Work
- Money
- Grief
- Legal Services
- Identity Theft Recovery
- Anxiety, Depression
- Health
- Everyday Life



Up to 3 Face to Face Counseling Sessions FREE of charge

# Additional Benefits

## Business Travel Accident Coverage Company Paid Benefit

All benefit eligible employees will receive Business Travel Accident coverage through Mutual of Omaha at no cost. Dunlop Sports Americas pays the full costs of this benefit.



## Colonial Life



If you wish to enroll in or make changes to your Colonial Life benefits, you must meet with a Colonial representative over the telephone.

Please review the Colonial Life Benefits flyers for detailed information on the different plan offerings and for details on how to schedule a meeting with a Benefits Counselor.

# Welcome to your Dunlop Sports Americas Employee perks!



Welcome to the Dunlop Sports Americas BenefitHub, where programs you want are now being offered at favorable pricing: home and auto insurance, legal assistance, identity theft protection, pet insurance, financial wellness assistance, and discount gym memberships! Enjoy!

**Discount Marketplace**

- Travel
- Tickets
- Pay Over Time
- Summer Getaways
- Gift Cards

[See All](#)

**Pet Insurance**

**Protect Your Pet**

Discover the power of pet insurance – your financial safety net for unexpected vet bills

- Up to 100% Reimbursement
- Multi-Pet Savings
- 24/7 Telehealth Services

**Auto Insurance**

- Compare Auto Insurance Rates
- Top National Insurance Carriers
- It's Easy and Takes Just Minutes
- Start Saving Now!

Special Discounts Available  
[Get Quote](#)

**HOME Insurance**

- Homeowners Insurance
- Renters Insurance
- Top National Insurance Carriers
- Start Saving Now!

Special Discounts Available  
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**Gift Card Outlet**

**Discounted Gift Cards**

- Shop top brands
- Use your discounted gift card to stack savings
- Use in store or online
- Gifts for any occasion

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**HOSK GYM NETWORK**

**Fitness Discounts**

Activate your benefit to start saving today!

- Gym Membership Savings
- Virtual Fitness
- Nutrition Coaching

Signup:

<https://clevelandgolf.benefithub.com/welcome/signup>

- Enter your first and last names, Zip, email and create a password.
- Accept Terms and Conditions and click “Register”

Already have an account? Login:

<https://clevelandgolf.benefithub.com/welcome/login>



If you need assistance, please contact the BenefitHub Customer Care Team:

Telephone: (866) 664-4621 | Email: [customer care@benefithub.com](mailto:customer care@benefithub.com)

# Cost of Coverage

Contributions are made per pay period from each paycheck toward the benefits below. These are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. Since contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay, and you end up paying lower taxes on the same salary.

## Medical Contributions EMPLOYEE COST PER PAY PERIOD

Per Pay Period	Base Plan	Buy Up Plan
Employee Only	\$16.28	\$57.54
Employee + Spouse	\$68.94	\$168.00
Employee + Child(ren)	\$52.15	\$132.77
Employee + Family	\$104.80	\$243.24

## Dental Contributions

Per Pay Period	Dental PPO
Employee Only	\$9.27
Employee + Spouse	\$24.26
Employee + Child(ren)	\$23.55
Employee + Family	\$39.28

## Vision Contributions

Per Pay Period	Vision
Employee Only	\$1.85
Employee + 1	\$3.52
Employee + Family	\$5.14

# Contact Information



Benefit	Partner	Website / Phone
<b>Medical</b> Group #: D71900	Nippon Life Benefits	<a href="https://www.nipponlifebenefits.com/member-service/">https://www.nipponlifebenefits.com/member-service/</a> 800.888.8288
<b>Pharmacy</b>	CVS Caremark	800.552.8159
<b>Dental</b> Group #: 141236	Aetna	<a href="http://www.aetna.com/individuals-families/find-a-doctor.html">www.aetna.com/individuals-families/find-a-doctor.html</a> 877.238.6200
<b>Vision</b> Group #: 141236	Aetna	<a href="http://www.aetnavision.com">www.aetnavision.com</a> 855.679.3815
<b>Life and Disability</b> Group #: G000BLPW	Mutual of Omaha	<a href="https://www.mutualofomaha.com/support/forms">https://www.mutualofomaha.com/support/forms</a> 800.655.5142
<b>Employee Assistance Program (EAP)</b> Group #: G000BLPW	Mutual of Omaha	800.705.1892
<b>Supplemental Benefits</b>	Colonial Life	888-319-4315

## Benefits Help Desk

You have access to the Employee Benefits Help Desk through Orion Risk Management. The Help Desk serves as a liaison between Dunlop Sports Americas' employees and insurance carriers to help you understand and navigate your benefits.

Phone: **888.744.1875**

Email: [helpline@orionrisk.com](mailto:helpline@orionrisk.com)

(Enter Your First Name, Last Name & "Cleveland" in the Subject Line)

Available Monday - Friday, 8AM - 5PM PST

## Benefits Effective October 1, 2025 – September 30, 2026

(\*) **DISCLAIMER:** This document has been prepared by Alera Group, Inc. (collectively with its parent, subsidiaries and affiliates, "Alera Group") to provide an overview of your employer's benefits program. Alera Group, its directors, officers, managers, employees, representatives and affiliates, make no representation or warranty, express or implied, as to the accuracy or completeness of the information contained herein regarding those lines of coverage for which Alera Group is not the exclusive broker of record. This document is not a contract and confers no contractual rights between you and Alera Group. The terms of your benefits are governed by the legal plan documents and insurance contracts ("Plan Documents") between your employer and one or more insurance carriers. This document is not a certificate of coverage, and the benefit descriptions in this document are not a guarantee of current or future claim coverage, nor does it replace or amend the underlying Plan Documents. If there is any difference between the benefit descriptions in this document and the Plan Documents, the terms of the Plan Documents will control. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.