

2021 BENEFITS GUIDE

# Decide what's best for you and your family



# Learn about the high-value benefits available to you and your family.

Dover offers a broad range of benefits designed to care for your total health — your physical, financial and personal well being. It's up to you to take full advantage of your options.

| Physical well-being   | Financial well-being   | Personal well-being   |
|---|--|---|
| Medical and prescription drug coverage; Health Savings Account (HSA) and critical illness coverage (if enrolled in a CDHP); telehealth; dental and vision coverage; wellness programs like weight management, fitness and nutrition; health support services; and health club discounts; among others | 401(k) plan, Flexible Spending Accounts (FSAs), disability coverage, basic life and accidental death and dismemberment (AD&D) insurance, business travel accident insurance, and supplemental life insurance | Employee Assistance Program, work-life services, legal and financial services, vacation, paid holidays, and a scholarship program |

As a Dover employee — even if you don't enroll in any benefits — you automatically receive basic life and AD&D insurance, long-term disability and business travel accident insurance, and can take advantage of the EAP.

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## bswift, our benefits partner

You can learn about, enroll in and manage your benefits through **Dover.bswift.com**, our benefits website:

- Find loads of benefits information personalized just for you, plus Live Chat, videos, a benefits library and more
- Use Ask Emma, your private, personalized virtual benefits assistant that helps you get the most from your benefits. Once you answer a few questions, Ask Emma is ready to explain your plan options, estimate your costs, make recommendations, define terms, even show you helpful video clips along the way. Ask Emma makes it easy to choose benefit options that make the most sense for you and your family

You can call the **Dover Benefits Center** for help with your benefits at 1-866-DOVERCO (1-866-368-3726), Monday through Friday from 7:00 am – 7:00 pm CT.

Download the free **bswift benefits mobile app** from the App Store or Google Play.

**En español:** Para leer esta Guía y otra información sobre beneficios en español, vaya a **Dover.bswift.com** y dé un clic en "En Español" (en la parte superior de la página de inicio).

## Learn about valuable health and wellness resources

For contact info for the resources listed below, refer to How to contact our supplier partners at the back of this guide.

- **Castlight:** If you participate in Dover's medical plan, Castlight can help you make informed decisions about your care:
  - See what's covered by your medical plan, how much services will cost and where you've spent your health care dollars
  - Locate in-network doctors and pharmacies near you, view doctor ratings and read user reviews
  - Know where you stand with your plan's annual deductible and out-of-pocket limit
  - View your medical and prescription drug claims from the last two years

All employees — and their spouses/partners only if enrolled in a Dover medical plan — can use Castlight to access wellness programs.

- **Telehealth through your provider or MDLIVE:** If you are enrolled in a Dover medical plan, you have the option to connect with a doctor through online video. Consider telehealth for non-emergency medical needs (even prescriptions) and mental/emotional health needs
- **24/7 Nurseline:** If you are enrolled in a Dover medical plan, you can call the BCBSIL Nurseline at 1-800-299-0274 whenever you need answers to everyday health questions. From sore throats and fevers to back pain and baby's nonstop crying, the nurses can help you decide whether to make an appointment with your doctor or go to an urgent care center or emergency room. Plus, you can access an audio library of more than 1,000 health topics, many available in Spanish. Put the 24/7 Nurseline phone number in your contacts today, so you'll always have it handy
- **BCBSIL Primary Nurse Program:** The Primary Nurse Program is available at no cost to you and your family members enrolled in a BCBSIL medical plan. BCBSIL Primary Nurses are trained to work with you, your doctor and other caregivers to find the best ways to help you manage your health care
- **BCBSIL Women's and Family Health pregnancy and parenting support:** Women who are pregnant or planning to get pregnant can take advantage of Ovia Health™ apps, telephonic case management for high-risk pregnancies (formerly known as Special Beginnings), and digital self-management courses through Well onTarget®.
- **Magellan Employee Assistance Program and Work Life Resources:** For counseling services, legal and financial consultations, ID theft service, work-life balance and other support services

## Take control of your health: Medical and prescription drugs

Explore your medical coverage options.

The CDHPs and the PPO cover the same services and prescription drugs and use the same provider network. But the plans differ in how you pay for care. It's important to understand these differences so you can decide which option is best for you and your family.

### Learn the differences between the plan types

|  | CDHP  | PPO   |
|--|---|---|
| <b>How does the single deductible work</b> (the amount I pay out-of-pocket before the plan pays benefits)?*  | <ul style="list-style-type: none"> <li>You pay the full price for medical services and prescription drugs (other than preventive drugs — see below) until you meet your deductible; then you and Dover begin sharing costs through coinsurance</li> </ul>   | <ul style="list-style-type: none"> <li>You pay the full price for medical services until you meet your deductible, then you and Dover begin sharing costs through coinsurance; there's no deductible for prescription drugs, doctor office visits, emergency room visits</li> </ul>   |
| <b>How do I pay for medical care?*</b>   | <ul style="list-style-type: none"> <li>First you pay your deductible, then you pay coinsurance for medical expenses</li> <li>Your HSA can help offset your deductible</li> <li>Critical illness coverage may provide a cash benefit up to \$5,000</li> </ul>  | <ul style="list-style-type: none"> <li><i>For physician/specialist office visits:</i> You pay a copay per visit (no deductible)</li> <li><i>For additional services in the doctor's office and for hospital services:</i> First you pay your deductible, then you pay coinsurance</li> </ul>  |
| <b>Do I have to pay for preventive care?</b>   | <ul style="list-style-type: none"> <li>All Dover medical plans cover in-network preventive care at 100%, including routine well-child and well-baby care, well-woman/well-man exam, mammogram, immunizations, some preventive tests, routine eye exam (see Vision Plan section for more details) and routine hearing exam</li> <li>For a full list of procedures covered at 100%, go to <a href="https://bcbsil.com/dover">bcbsil.com/dover</a> (from the Home page under Coverage, click Wellness Guidelines)</li> </ul> |   |
| <b>How do I pay for prescriptions?</b>   | <ul style="list-style-type: none"> <li>First you pay your deductible, then you pay copays or coinsurance for prescriptions based on drug category (generic or brand)</li> </ul>   | <ul style="list-style-type: none"> <li>You pay copays or coinsurance based on drug category until you meet the prescription drug out-of-pocket limit</li> </ul>   |
| <b>What are preventive drugs and how are they covered?</b><br><br><b>Note:</b> Just because you take a medicine every day does not mean it meets the IRS definition of a preventive drug | <ul style="list-style-type: none"> <li>You pay the copay or coinsurance based on drug category; deductible does not apply</li> <li>You can find a list of preventive drugs at <a href="https://caremark.com/dover">caremark.com/dover</a> (under Available Drugs, click the Preventative Drug List)</li> </ul>  | <ul style="list-style-type: none"> <li>Preventive drugs are covered the same as other prescription drugs</li> </ul>   |
| <b>How do I meet my out-of-pocket limit?</b><br><br><b>Note:</b> In-network claims are paid at 100% after the out-of-pocket limit is met   | <ul style="list-style-type: none"> <li>Your expenses for medical and prescription drugs count toward your out-of-pocket limit</li> </ul>  | <ul style="list-style-type: none"> <li>Your medical expenses, including copays, count toward your medical out-of-pocket limit</li> <li>You have a separate out-of-pocket limit for prescriptions</li> </ul>   |
| <b>I have family coverage. How do my deductible and out-of-pocket limit work?</b>  | <ul style="list-style-type: none"> <li><i>Deductible:</i> The family deductible must be met before medical and prescription drug benefits start for <i>any</i> family member</li> <li><i>Out-of-pocket limit:</i> The family out-of-pocket limit must be met before any family member receives 100% coverage; any combination of family members' expenses can be added together to meet the family out-of-pocket limit (for CDHP 2500, no individual will pay more than \$6,850)</li> </ul>                               | <ul style="list-style-type: none"> <li><i>Deductible:</i> Any combination of family members' expenses can meet the family deductible, but each family member only has to meet the single deductible before coinsurance begins for that person</li> <li><i>Out-of-pocket limit:</i> Any combination of family members' expenses can meet the family out-of-pocket limit, but each family member only has to meet the single out-of-pocket limit</li> </ul> |

\* The deductible is waived for COVID-related services. You pay no copay/coinsurance for COVID *testing and related visits, based on billing codes*. COVID *treatment* is subject to copay/coinsurance. Telehealth deductible, coinsurance and copays for non-COVID visits are waived until further notice.

| Medical and prescription drugs   | CDHP 2500   |                                   | CDHP 1400                     |   | PPO 750   |                                   |
|--|---|-----------------------------------|-------------------------------|---|---|-----------------------------------|
|  | IN-NETWORK<br>(single/family)   | OUT-OF-NETWORK<br>(single/family) | IN-NETWORK<br>(single/family) | OUT-OF-NETWORK<br>(single/family)   | IN-NETWORK<br>(single/family)                   | OUT-OF-NETWORK<br>(single/family) |
| Dover's annual contribution to your HSA  | See amount at <b>Dover.bswift.com</b> > My Benefits   |                                   |                               |   | NA  |                                   |
| Critical illness   | Up to \$5,000 cash benefit through Voya   |                                   |                               |   | NA  |                                   |
| Annual deductible <sup>1,4</sup>   | \$2,500 / \$5,000   | \$5,000 / \$10,000                | \$1,400 / \$2,800             | \$2,800 / \$5,600   | \$750 / \$1,500                                 | \$1,500 / \$3,000                 |
| Coinsurance <sup>4</sup>   | You pay 20%   | You pay 40%                       | You pay 20%                   | You pay 40%   | You pay 20%                                     | You pay 40%                       |
| Annual out-of-pocket limit <sup>1</sup><br>(includes deductible)<br>(for family coverage, no one individual will pay more than \$6,850 annually out-of-pocket) | \$5,000 / \$10,000  | \$10,000 / \$20,000               | \$2,800 / \$5,600             | \$5,600 / \$11,200  | Medical   |                                   |
|  |   |                                   |                               |   | \$3,750 / \$7,500                               | \$7,500 / \$15,000                |
|  |   |                                   |                               |   | Prescription drug<br>\$2,850 / \$5,700          |                                   |
| Physician services (office visits) <sup>4</sup>  |   |                                   |                               |   |   |                                   |
| • Primary care visits  | You pay 20%   | You pay 40%                       | You pay 20%                   | You pay 40%   | \$25 copay                                      | You pay 40%                       |
| • Specialist visits  | You pay 20%   | You pay 40%                       | You pay 20%                   | You pay 40%   | \$50 copay                                      | You pay 40%                       |
| • Virtual visits   | You pay \$0   | You pay 40%                       | You pay \$0                   | You pay 40%   | You pay \$0                                     | You pay 40%                       |
| MDLIVE telehealth (deductible, coinsurance and copays for non-COVID visits are waived until further notice) <sup>2</sup>                                       |   |                                   |                               |   |   |                                   |
|  | \$0   | NA                                | \$0                           | NA  | \$0   | NA                                |
| Hospital and emergency services (includes medical, surgery, mental health and chemical dependency)   |   |                                   |                               |   |   |                                   |
| • Inpatient care   | Pre-certify inpatient care to avoid \$350 non-compliance penalty  |                                   |                               |   |   |                                   |
|  | You pay 20%   | You pay 40%                       | You pay 20%                   | You pay 40%   | You pay 20%                                     | You pay 40%                       |
| • Outpatient care  | You pay 20%   | You pay 40%                       | You pay 20%                   | You pay 40%   | You pay 20%                                     | You pay 40%                       |
| • Emergency room   | You pay 20%   |                                   | You pay 20%                   |   | \$250 copay, no deductible (waived if admitted) |                                   |
| • Ambulance  | You pay 20%   |                                   | You pay 20%                   |   | You pay 20%                                     |                                   |
| Prescription drugs <sup>3</sup>  |   |                                   |                               |   |   |                                   |
| • Retail pharmacy and specialty medications  | Pay in-network for up to a 30-day supply: <ul style="list-style-type: none"><li>• Generic: \$5</li><li>• Brand Primary Preferred: 25% (\$60 max.)</li><li>• Brand Non-Primary Preferred: 50% (\$100 max.)</li></ul> |                                   |                               | <ul style="list-style-type: none"><li>• Get up to 3 fills of a 30-day supply for long-term medications at retail before the copay or coinsurance maximums double. To avoid this, use the mail service or a local CVS Pharmacy</li><li>• You must fill specialty medications at a CVS Caremark network pharmacy. There is no out-of-network coverage</li></ul> |   |                                   |
| • Mail service   | Pay in-network for a 90-day supply: <ul style="list-style-type: none"><li>• Generic: \$10</li><li>• Brand Primary Preferred: 25% (\$120 max.)</li><li>• Brand Non-Primary Preferred: 50% (\$200 max.)</li></ul>     |                                   |                               | <ul style="list-style-type: none"><li>• Fill a 90-day supply at a CVS Pharmacy retail store or through the mail service</li></ul>   |   |                                   |

For more information, contact BlueCross BlueShield at [bcbsil.com/dover](https://bcbsil.com/dover) or 1-877-284-9296 for details on covered medical services, and CVS Caremark at [caremark.com/dover](https://caremark.com/dover) or 1-866-273-8407 for details on prescription drugs.

1. In-network expenses do not count toward the out-of-network deductible or out-of-pocket limit, and out-of-network expenses do not count toward the in-network deductible or out-of-pocket limit. The deductible does not apply to COVID-related testing or treatment, based on billing codes.

2. See [Dover.bswift.com](https://dover.bswift.com) for more details.

3. If you use a drug manufacturer's payment assistance, such as a coupon or rebate, amounts paid by the manufacturer do not count toward your deductible or out-of-pocket limit under this plan.

4. The deductible is waived for COVID-related services. You pay no copay/coinsurance for COVID testing and related visits, based on billing codes. COVID treatment is subject to copay/coinsurance.

## Get to know the CDHP and HSA

Let them work for you.

All Dover medical plan options include lower costs of care when you use in-network providers, free in-network preventive care and 100% coverage for eligible expenses once you meet your out-of-pocket limit. Plus, the CDHP (a high-deductible plan) offers these additional features to help you save even more:

- Most people pay lower contributions than other Preferred Provider Organization (PPO) plans
- No deductible for most preventive medications (you pay copay/coinsurance only)
- Dover provides critical illness coverage of **up to \$5,000** for you and your covered dependents at no cost to you as part of the CDHP to help offset your out-of-pocket costs in case of certain catastrophic medical events such as cancer, heart attack, stroke, major organ transplant and paralysis, as well as infectious diseases (including COVID-19), advanced dementia, coronary angioplasty and multiple sclerosis. For details and the complete list of eligible conditions, call Voya at 1-877-236-7564
- A Health Savings Account (HSA) is opened for you, which Dover funds quarterly (see amount at **Dover.bswift.com** > My Benefits)

To see your potential cost savings with the CDHP, go to **hsabank.com** > HSA Savings Calculator.

### The HSA — like a 401(k) for your health care

The HSA is a tax-advantaged account to use for health care expenses. When you participate in an HSA, you can:

- Receive contributions from Dover (see amount at **Dover.bswift.com** > My Benefits)
- Make your own pre-tax contributions. Combined employer/employee maximums are:
  - Employee only coverage: \$3,600
  - Family coverage: \$7,200
  - Employees age 55 and older can contribute up to \$1,000 more each plan year
  - You can change your contribution amount at any time
- Pay no taxes when you use money in your account to pay for eligible expenses, including medical, prescription drug, dental and vision costs, certain over-the-counter (OTC) medications *with or without* a doctor's prescription and menstrual products
- Use your HSA now to help offset your deductible, or save it for future health care expenses — even in retirement. Put your money in a choice of investment options and let your account grow

### You own it!

The funds in your account are yours to keep. You can carry over a balance from year to year. And even if you change health plans, leave Dover or retire, the full value of the account belongs to you.

**Important:** If your address on file with Dover is a P.O. box, you will need to provide HSA Bank with a physical address (a street address) to have an account for employee and employer contributions.

### Are you eligible for the HSA?

You are not eligible to contribute to an HSA or receive Dover HSA contributions if:

- You are covered by another health plan that isn't a qualified high deductible plan
  - You are enrolled in any part of Medicare.
- Note:** You may be able to contribute on a post-tax basis for a period of time. Contact HSA Bank for more information
- You are claimed as a dependent on someone else's tax return (except your spouse's), or
  - You are covered by TriCare or have received VA benefits other than for a service-related disability within the last 90 days. In that case, you are eligible for the HSA after 90 days. If you received VA benefits for a service-related disability, the 90-day exclusion does not apply

The HSA is a tax-advantaged savings account and you may incur IRS penalties if you violate eligibility rules. Consult with a tax advisor or visit **irs.gov** for more information.

If you are not eligible, you are responsible for notifying a Dover Benefits Center representative at 1-866-DOVERCO (1-866-368-3726).

## Keep smiling: Dental

Improve or maintain your dental health with coverage options from Delta Dental.

Choose between the Dental 1000 and Dental 2000 plans. Both plans provide the same level of benefits — the differences are in the deductibles, annual maximum benefit and orthodontia lifetime maximum.

### Get more out of your coverage

- Visit the dentist of your choice in both plans, but the plans pay the highest level of benefits when you use Delta Dental participating dentists<sup>1</sup>
- The Delta Dental network includes a Premier network and a PPO network. The PPO dentists typically provide the largest discounts
- Plan ahead for elective procedures. There are limits for some benefits, and some services may be excluded. Contact Delta Dental if you wish to confirm coverage before you receive care
- The orthodontia lifetime maximum applies, even if you switch dental plans<sup>2</sup>

| FEATURES                              | DENTAL 2000 PLAN<br>(in- and out-of-network)                         | DENTAL 1000 PLAN<br>(in- and out-of-network)                         |
|---------------------------------------|--|--|
| <b>Deductible</b>                     | \$75 single / \$150 family   | \$25 single / \$50 family  |
| <b>Annual maximum benefit</b>         | \$2,000  | \$1,000  |
| <b>Preventive/diagnostic services</b> | You pay 0%, no deductible  | You pay 0%, no deductible  |
| <b>Basic restorative services</b>     | After deductible you pay 20%   | After deductible you pay 20%   |
| <b>Major restorative services</b>     | After deductible you pay 50%   | After deductible you pay 50%   |
| <b>Orthodontia</b>                    | You pay 50%, no deductible;<br>\$1,500 lifetime maximum <sup>2</sup> | You pay 50%, no deductible;<br>\$1,000 lifetime maximum <sup>2</sup> |

For more information, contact Delta Dental at [deltadentalins.com/dover](https://deltadentalins.com/dover) or call 1-800-932-0783.

1. Both Delta Dental Premier and PPO dentists agree to Delta Dental's contracted fees versus the dentist's submitted fees, so you typically pay less.
2. The orthodontia lifetime benefit maximum transfers with you if you switch your dental plan. For example, if you were enrolled in Dental 1000 one year and met the \$1,000 orthodontia lifetime maximum, then enrolled in Dental 2000 the next plan year, you are only eligible for an additional \$500 in orthodontia benefits (to meet the Dental 2000 plan's \$1,500 orthodontia lifetime maximum). Likewise, if you were enrolled in Dental 2000 one year and met the \$1,500 orthodontia lifetime maximum, then enrolled in Dental 1000 the next year, you will not receive an additional \$1,000 orthodontia benefit.

## Focus on good eye health: Vision

Choose from two vision plans with coverage for the whole family.

The Vision 12 and Vision 24 plans both provide the same level of benefits — the difference is in the frequency of services: every 12 or every 24 months. See the chart below for the coverage levels (including the benefit for eye exams so you can compare this plan with your medical plan).

| FEATURES  | VISION 12 PLAN*                                   | VISION 24 PLAN                                    |
|---|---|---|
| Frequency of services   | Every 12 months<br>(every calendar year)          | Every 24 months<br>(every other calendar year)    |
| <b>In-network VSP Choice provider</b>   |   |   |
| • Eye exam copay  | \$15  | \$15  |
| • Materials copay   | \$15  | \$25  |
| • Lens enhancements:  |   |   |
| – Standard progressive  | \$0   | \$0   |
| – Premium progressive   | \$95 – \$105                                      | \$95 – \$105                                      |
| – Custom progressive  | \$150 – \$175                                     | \$150 – \$175                                     |
|   | Average 30% savings<br>on other lens enhancements | Average 30% savings<br>on other lens enhancements |
| • Frames allowance  | 20% off amount over allowance**                   | 20% off amount over allowance**                   |
| – Wide selection  | \$200   | \$150   |
| – Featured brands   | \$250   | \$200   |
| – From Walmart®, Sam's Club,<br>Costco®   | \$110   | \$80  |
| • Contact lenses allowance  | \$200 plus \$60 maximum fitting fee               | \$150 plus \$60 maximum fitting fee               |
| <b>VSP Diabetic Eyecare Plus Program</b>  |   |   |
| • Retinal screening if you have diabetes<br>(as needed)   | \$0   | \$0   |
| • Additional exams if you have diabetes,<br>glaucoma, or age-related macular<br>degeneration (as needed). Limitations<br>and coordination with your medical<br>coverage may apply | \$20 per exam                                     | \$20 per exam                                     |
| <b>Out-of-network providers</b>   |   |   |
| • Eye exam allowance  | Up to \$45  | Up to \$45  |
| • Single vision lenses allowance  | Up to \$30  | Up to \$30  |
| • Lined bifocal lenses allowance  | Up to \$50  | Up to \$50  |
| • Lined trifocal lenses allowance   | Up to \$65  | Up to \$65  |
| • Frames allowance  | Up to \$70  | Up to \$70  |
| • Contact lenses allowance  | Up to \$105                                       | Up to \$105                                       |

\*When you access your vision benefit, you can choose one of the following upgrade options: Additional \$75 frame allowance, fully covered premium or custom progressive lenses, fully covered light-reactive lenses, fully covered anti-glare coating, or additional \$75 contact lens allowance.

\*\*Does not apply to Walmart®, Sam's Club, Costco®

## Get more out of your coverage

- Take advantage of in-network benefits. The plan pays more when you use VSP Choice providers
- Plan for your vision needs. You can get either eyeglasses or contact lenses once every 12 or 24 months, depending on the plan you choose
- The materials copay covers eyeglasses, both lenses and frames. Covered lenses include single vision, lined bifocal and lined trifocal. See the chart on the previous page for the maximum frame benefit
- The contact lens benefit provides maximum dollar amounts for lenses and, often, the separate fitting fee. See the chart on the previous page for details
- If you switch from the Vision 12 plan to the Vision 24 plan but you received services the prior year while enrolled in Vision 12, you will not be eligible to receive services the first year you are enrolled in Vision 24
- If you don't enroll in vision coverage, you can be covered for an annual eye exam through the Dover medical plans by using an in-network provider

For more information, contact VSP at **vsp.com** or call 1-800-877-7195.

## More ways to save

Visit **vsp.com/offers** for information on:

- Laser vision correction
- Routine retinal screening
- Glasses and sunglasses discounts

## Save with Flexible Spending Accounts (FSAs)

Set aside money on a pre-tax basis to help you pay for eligible health care and dependent day care expenses.

Estimate your expenses carefully before making your FSA elections. You lose any money not used to reimburse eligible expenses incurred **through the end of the year**. You have until **March 31 of the following year** to request reimbursement for eligible expenses.

### Health Care FSA

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**Contribute pre-tax** From \$100 up to a maximum of \$2,500 annually

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**Use your FSA for eligible health-related expenses**

(For details, see IRS Publication 502 for Health Care FSA at [irs.gov](https://www.irs.gov).)

For you and your eligible family members, even if you don't have medical coverage through Dover. This includes health-related expenses not covered by your medical, dental or vision coverage such as:

- Copays, coinsurance and deductibles
- Prescription drugs
- Glasses, contact lenses and solutions
- Certain over-the-counter (OTC) medications with or without a prescription
- Menstrual products

If you are in a CDHP medical option:

- Meet your medical plan deductible before using your limited-purpose Health Care FSA for medical expenses
- Use your limited-purpose Health Care FSA immediately for dental and vision expenses
- Also use HSA funds for medical, dental or vision expenses

If you are in a PPO medical option:

- Use your Health Care FSA immediately for eligible medical, dental and vision expenses
- 

**Choose how you pay** Use your PayFlex card or online payment options, or complete a claim form.

You can be reimbursed up to your full annual FSA contribution amount, even if you have not yet made those contributions at the time of reimbursement. Save your receipts in case you need to verify card usage and for tax purposes.

For more information for your health care FSA elections and claims for reimbursement, contact PayFlex at [payflex.com](https://payflex.com) or 1-844-PAYFLEX (1-844-729-3539).

## Dependent Day Care FSA

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|  |  |   |
|--|--|---|
| <b>Contribute pre-tax</b>  | From \$100 up to the lesser of: <ul style="list-style-type: none"><li>• \$5,000 if you are married and file a joint tax return or if you are single</li><li>• \$2,500 if you are married and file separate tax returns</li><li>• Your or your spouse's annual earned income — if your spouse is disabled or a full-time student, the IRS assumes your spouse's monthly earned income is:<ul style="list-style-type: none"><li>– \$250 for one dependent</li><li>– \$500 for two or more dependents</li></ul></li></ul> |   |
| <b>Pay for dependent day care expenses</b><br>(For details, see IRS Publication 503 for Dependent Day Care FSA at <a href="https://www.irs.gov">irs.gov</a> .) | Expenses that allow you and/or your spouse to work, or for your spouse to attend school full-time, including many child care expenses you do not claim for a federal dependent tax credit on your federal tax return such as: <ul style="list-style-type: none"><li>• Day care center charges</li><li>• Nursery school expenses, or</li><li>• Social Security and unemployment taxes paid on behalf of a care provider</li></ul>   | Expenses can be for dependents as follows: <ul style="list-style-type: none"><li>• Children under age 13</li><li>• Handicapped children of any age</li><li>• Spouse/parent incapable of self-care</li></ul> |
| <b>Pay yourself back with FSA dollars</b>  | Submit claims for eligible expenses; you can be reimbursed up to your current account balance  |   |

For more information for your dependent day care FSA elections and claims for reimbursement, contact PayFlex at [payflex.com](https://payflex.com) or 1-844-PAYFLEX (1-844-729-3539).

## Protect your family: Life/AD&D/business travel accident

Learn about your basic life, accidental death and dismemberment (AD&D), and business travel accident benefits.

Dover automatically provides you with basic life insurance and an equal amount of basic AD&D insurance equal to 2x your annual base salary\* (rounded to the nearest \$1,000) at no cost to you. This coverage is administered by The Hartford.

### Supplemental life insurance benefits

Purchase the following supplemental life insurance (subject to Evidence of Insurability [EOI] rules, if applicable):

- For you: 1x, 2x, 3x, 4x or 5x your annual base salary, up to \$1 million
- For your spouse/partner: \$10,000, \$25,000, \$50,000 or \$100,000 (maximum of 50% of your elected and approved combined basic and supplemental coverage)
- For your children: \$5,000 or \$10,000

If you and your spouse/partner are both Dover employees:

- You may not elect coverage for your spouse/partner if he or she is already covered under the Dover supplemental life insurance plan as an employee
- Only one of you may cover your dependent children

**Note:** You can only enroll your eligible dependents if you elect and are approved for supplemental coverage.

**Important for your employee life insurance beneficiary:** To make sure the people you want protected *are* protected, add your beneficiary's complete information when enrolling for basic and supplemental coverage when enrolling:

- Beneficiary's full legal name,
- Address, and
- Phone number

*If your beneficiary is an estate, trust, organization or trustee(s), you will need that entity's full legal name, address and phone number. You can make updates anytime during the year. For spouse or child coverage, you are always the beneficiary.*

### Dependent eligibility

If your dependent is confined in a hospital or elsewhere due to a disability on the date coverage would normally begin, coverage (or an increase in coverage) is delayed for that dependent until he or she is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days.

Dependents must be under age 26 to be eligible. Coverage for children begins at live birth.

### What you pay for supplemental life insurance

The cost of coverage for you and your spouse/partner depends on:

- Age
- How much coverage you purchase
- Whether you or your spouse/partner is a tobacco user

Go to **Dover.bswift.com** > My Benefits for costs for supplemental life insurance.

\* Annual base salary is your annual salary excluding overtime and bonuses. For commission-based positions, your annual base salary is your annual salary plus your last 12 months of commissions.

## Business travel accident insurance

Dover also automatically provides you with business travel accident insurance, which offers you protection against covered accidents while traveling on authorized Company business. The plan pays you a benefit if you suffer one of certain losses within one year from the date of the accident while traveling on a covered business trip. You can find details of this information through Dover's travel booking partner, Concur.

## Evidence of Insurability (EOI)

In certain instances, you must provide Evidence of Insurability (EOI) — or proof of good health — to The Hartford, Dover's life insurance administrator, before receiving coverage.

If EOI is required:

- The Hartford will send you a letter with EOI completion instructions
- Complete the online EOI process or return the Personal Health Application to The Hartford within 45 days
- The Hartford will notify you by mail if and when coverage is approved
- The new coverage amount is not effective until it is approved by The Hartford
- Your cost for coverage does not change until the new coverage amount is approved

| COVERAGE                          | CURRENT EMPLOYEES<br>(Enrolling or increasing coverage at annual enrollment)   | NEW HIRES<br>(When first eligible to enroll)  | QUALIFYING<br>CHANGE IN STATUS  |
|-----------------------------------|--|---|---|
| <b>Employee basic life</b>        | NA   | EOI not required  | NA  |
| <b>Employee supplemental life</b> | <p>If currently enrolled:</p> <ul style="list-style-type: none"> <li>• Increase coverage from 1x to 2x annual base salary up to \$500,000 without EOI. Additional increase requires EOI</li> </ul> <p>If not currently enrolled:</p> <ul style="list-style-type: none"> <li>• Elect 1x annual base salary up to \$500,000 without EOI. Additional increase requires EOI</li> </ul> | Elect 2x annual base salary up to \$500,000 without EOI if you enroll during your initial enrollment period | <p>If currently enrolled:</p> <ul style="list-style-type: none"> <li>• EOI required for any amount of coverage</li> </ul> <p>If not currently enrolled:</p> <ul style="list-style-type: none"> <li>• EOI required for any amount of coverage</li> </ul>   |
| <b>Spouse/partner life</b>        | <p>If currently enrolled for \$10,000:</p> <ul style="list-style-type: none"> <li>• Spouse/partner amount may be increased to \$25,000 without EOI. Additional increase requires EOI</li> </ul> <p>If not currently enrolled:</p> <ul style="list-style-type: none"> <li>• Elect \$10,000 without EOI. Additional increase requires EOI</li> </ul>                                 | Elect up to \$25,000 without EOI if enrolled during the initial enrollment period                           | <p>If currently enrolled:</p> <ul style="list-style-type: none"> <li>• EOI required for any increase in coverage</li> </ul> <p>If not currently enrolled:</p> <ul style="list-style-type: none"> <li>• EOI required for any amount of coverage</li> </ul> |
| <b>Dependent child life</b>       | EOI not required for children  | EOI not required for children   | EOI not required for children   |

## Protect your income: Long-term disability

Long-term disability (LTD) coverage pays you a portion of your earnings if you cannot work because of a disability.

LTD coverage is provided to you automatically by Dover and administered by The Hartford. You do not need to enroll for this coverage.

| FEATURE                    | LTD PROVISIONS   |   |
|----------------------------|--|---|
| <b>LTD benefits</b>        | Your LTD coverage equals 60% of your annual base salary*, up to the maximum monthly benefit of \$24,000. The minimum monthly benefit is the greater of \$100 or 10% of your disability benefit |   |
| <b>When payments begin</b> | You must be disabled for 180 days before LTD benefits begin (the Elimination Period)   |   |
| <b>When payments end</b>   | <b>If you are disabled:</b>  | <b>Payments end when you are no longer disabled or, if earlier, after receiving payments:</b> |
|                            | Before age 63  | To the greater of Social Security normal retirement age or 42 months                          |
|                            | Age 63   | To the greater of Social Security normal retirement age or 36 months                          |
|                            | Age 64   | 30 months   |
|                            | Age 65   | 24 months   |
|                            | Age 66   | 21 months   |
|                            | Age 67   | 18 months   |
|                            | Age 68   | 15 months   |
|                            | Age 69 and older   | 12 months   |

For information on short-term disability (STD) benefits, contact your local HR representative.

\* Annual base salary is your annual salary excluding overtime and bonuses. For commission-based positions, your annual base salary is your annual salary plus your last 12 months of commissions.

## Who can enroll?

If you are a regular Dover employee working 30 hours or more each week, you are eligible to enroll in the benefits described in this guide.

### Eligible dependents

You may also be able to enroll your eligible dependents, including:

- Your spouse to whom you are legally married: This does not include a spouse from whom you are legally separated or divorced, even if the courts require you to provide coverage
- Your same- or opposite-sex domestic partner and his/her eligible children
- Your dependent children up to age 26: Includes your natural children, stepchildren, children placed with you for adoption and children for whom you are the legal guardian
- Your disabled dependents over age 26 whose disability was certified while an eligible dependent under the Dover plan before age 26. If your disabled dependent is over age 26 when you are hired, he or she is not eligible to be enrolled

**Note:** If you enroll an ineligible dependent or don't tell Dover when a dependent is no longer eligible, you will be violating Dover policy, which may lead to the following:

- You could receive disciplinary action up to and including termination of employment
- You may be required to repay the cost of health care claims the plan paid while the dependent was not eligible
- The dependent is not eligible for COBRA coverage if his or her coverage is terminated because you don't provide eligibility documentation or the documentation is insufficient

### Provide documentation

You will be asked for documentation proving your dependents are eligible for coverage under the plan if you add new dependents during annual enrollment, as a new hire or if you have a qualifying change in status. Your dependents will not be enrolled for benefits coverage until the required documentation is provided. Documentation must be provided within 30 days of adding your dependent. Unlike dependents who are terminated due to qualifying life events or age limits, if your dependent was ineligible (didn't meet the eligibility definition), no COBRA coverage would be available.

### Is your spouse/partner or child also a Dover employee?

Many employees also have family members who work for Dover. If that's the case for you, please note you and your dependents may not be covered twice by a Dover benefit plan for the same benefits. If dual Company benefit coverage applies, there is no coordination of benefits — only the primary plan will pay.

## Important information

If there is ever a conflict between the information provided in this Benefits Guide and the plan documents, the plan documents will govern. Participation in the benefits program does not constitute a right to continued employment with the Company. While it is Dover's intent to continue these programs, we reserve the right to amend or terminate them at any time for any reason.

### Summary of plan changes

This Benefits Guide is also a summary of material modifications (SMM) and describes any changes made to the Dover Corporation Health and Wellness Plan (plan number 530) effective January 1, 2021. This summary updates your latest SPD. Please keep this SMM with your current SPD. The employer identification number for Dover Corporation is 53-0257888.

### Your privacy is our priority

Our **independent** supplier partners\* **protect the confidentiality** of your personal health information, following the federal guidelines as defined by the Health Insurance Portability and Accountability Act (HIPAA). The partners may identify your eligibility for incentive programs, certain plan options and plan contribution levels through medical or pharmacy claims, in addition to Personal Health Assessment results. Dover and your Operating Company will not be notified of specific health numbers or diagnoses but may be notified whether you meet certain health standards or participation criteria.

Your information may be used only for benefit plan administration purposes and to help identify programs that may benefit Dover and its companies' employees and their families. Your personal health information will not be used as a basis for employment decisions, such as promotions, discipline or termination.

Your personal health information, medical conditions and health results are not shared for purposes other than benefit plan administration. Even your spouse/partner or other family members cannot review this information without your approval and documented permission.

\* Our supplier partners include BlueCross BlueShield of Illinois (BCBSIL), bswift, Castlight Health, CVS Caremark, Magellan Healthcare, MDLIVE, PayFlex, Quest Diagnostics, Voya, and all other Dover health plan supplier partners.

### Paying for coverage – retroactive deductions

**When you first enroll for coverage or if you add a dependent due to a qualified status change,** contributions will be deducted from your pay retroactive to the date coverage began.

If you elect to continue medical, dental, vision or supplemental life coverage **while on an unpaid leave of absence**, you will be billed for your contributions. Invoices will be sent to you monthly beginning the first pay period 30 days after your leave starts. **If you don't pay an invoice by the due date, your coverage will be canceled retroactive to the first day of your leave.**

## Required information and legal notices

Find the following information at **Dover.bswift.com** > Library. Access this website from any computer, tablet or smartphone with an Internet connection. If you do not have access to a computer, you may request a paper copy of these notices and the Summary Plan Description by calling the Dover Benefits Center at 1-866-DOVERCO (1-866-368-3726).

### Summary of Benefits and Coverage and Uniform Glossary (SBC)

Health Care Reform requires employers to provide SBCs for the medical plans to all group health plan participants and beneficiaries.

### Legal notices

- Medicaid and Children's Health Insurance Program (CHIP)
- Medicare Part D: Important notice about your prescription drug coverage and Medicare
- Reasonable Alternative Standards (RAS)
- Wellness program notice
- Notice of privacy practices
- Changing your elections during the year
- Women's Health and Cancer Rights Act
- COBRA
- Newborns' and Mothers' Health Protection Act
- Health Insurance Marketplace coverage options and your health coverage

### Summary Plan Description (SPD)

The Dover Corporation Health and Wellness Plan Summary Plan Description (SPD) is available online at **Dover.bswift.com** > Library. An SPD is a summary of the key features, terms and provisions of a benefit plan.

If you don't know whom to call, contact the Dover Benefits Center:  
1-866-DOVERCO (1-866-368-3726).

|                              |   |
|------------------------------|---|
| <b>bswift website</b>        | <b>Dover.bswift.com</b><br>Access from any web-enabled computer, tablet or smartphone |
| <b>Dover Benefits Center</b> | 1-866-DOVERCO (1-866-368-3726)<br>M – F: 7:00 am – 7:00 pm CT                         |

| BENEFIT   | SUPPLIER PARTNER   | CONTACT INFORMATION   |
|---|--|---|
| <b>Medical</b> <ul style="list-style-type: none"> <li>• PPO medical plan</li> <li>• Consumer-Driven Health Plans (CDHP)</li> <li>• BCBSIL Primary Nurse Program</li> <li>• 24/7 Nurseline</li> <li>• MDLIVE telehealth</li> </ul>   | <b>BlueCross BlueShield of Illinois</b><br><br><br><br><br><br><br><br><br><br><b>MDLIVE</b> | <b>bcbsil.com/dover</b><br>1-877-284-9296<br>M – F: 7:00 am – 7:00 pm CT<br>Primary Nurse: M – F: 8:00 am – 5:00 pm CT<br>Nurseline: 1-800-299-0274<br>24 hours a day, 7 days a week<br>MDLIVE.com/bcbsil<br>1-888-676-4204 24 hours a day, 7 days a week |
| <b>Prescription drugs</b><br>If you are in a Dover medical plan   | <b>CVS Caremark</b>  | <b>caremark.com/dover</b><br>1-866-273-8407<br>24 hours a day, 7 days a week  |
| <b>Castlight personalized online benefits resource</b><br>If you are in a Dover medical plan <ul style="list-style-type: none"> <li>• Manage your health care spending</li> <li>• Review network doctors and pharmacies</li> <li>• Access wellness programs</li> <li>• Access targeted programs such as Livongo Diabetes Management, if eligible</li> </ul> | <b>Castlight</b>   | <b>mycastlight.com/dover</b><br>1-800-682-1640<br>M – F: 7:00 am – 8:00 pm CT   |
| <b>Health Savings Account (HSA)</b><br>If you are in a CDHP   | <b>HSA Bank</b>  | <b>enterprise.hsabank.com</b><br>1-855-731-5220<br>24 hours a day, 7 days a week  |
| <b>Critical Illness</b><br>If you are in a CDHP   | <b>Voya Financial</b>  | <b>presents.voya.com/EBRC/Dover</b><br>1-877-236-7564<br>1-888-238-4840 (for claims)<br>M – F: 8:00 am – 5:30 pm CT   |

**Physical well-being (continued)**

| BENEFIT       | SUPPLIER PARTNER    | CONTACT INFORMATION  |
|---------------|---------------------|--|
| <b>Dental</b> | <b>Delta Dental</b> | <b>deltadentalins.com/dover</b><br>1-800-932-0783<br>M – F: 7:00 am – 7:00 pm CT                     |
| <b>Vision</b> | <b>VSP</b>          | <b>vsp.com</b><br>1-800-877-7195<br>M – F: 7:00 am – 10:00 pm CT<br>Sat – Sun: 9:00 am – 10:00 pm CT |

**Financial well-being**

| BENEFIT  | SUPPLIER PARTNER | CONTACT INFORMATION  |
|--|------------------|--|
| <b>Flexible Spending Accounts (FSAs)</b> <ul style="list-style-type: none"><li>• Health Care FSA (including limited-purpose FSA for CDHP)</li><li>• Dependent Day Care FSA</li></ul> | <b>PayFlex</b>   | <b>payflex.com</b><br>1-844-PAYFLEX (1-844-729-3539)<br>M – F: 7:00 am – 7:00 pm CT<br>Sat: 9:00 am - 2:00 pm CT |

**Personal well-being**

| BENEFIT  | SUPPLIER PARTNER           | CONTACT INFORMATION  |
|--|----------------------------|--|
| <b>Employee Assistance Program and Work Life Resources</b><br>Available to ALL employees and household members <ul style="list-style-type: none"><li>• Employee Assistance Program (EAP)</li><li>• Work-life services</li><li>• Legal, financial and ID theft services</li></ul> | <b>Magellan Healthcare</b> | <b>magellanascend.com</b><br>1-800-327-6375<br>24 hours a day, 7 days a week |

