



# Ditta Enterprises, Inc. 2025-2026 Benefits Enrollment



Ditta Enterprises Inc.



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[www.dittainc.com](http://www.dittainc.com)



## Welcome to Open Enrollment for 2025!

We're pleased to offer a full benefits package for you and your eligible dependents. This guide outlines the benefits available to you and how to make the most of them.

You can enroll or make changes during Open Enrollment or if you experience a Qualifying Life Event.

Important: You cannot cancel or drop your benefits mid-year unless you experience a qualifying event. Changes cannot be made simply because you change your mind.

If your employment ends, you are responsible for all elected plans through the end of that month. COBRA continuation options will be mailed to you the following month.

**Your Benefits begin on September 1, 2025**

**And will continue through August 31, 2026**

### NEW THIS YEAR!

Your employee benefits information will be available to you at your fingertips. You will be one click away from accessing your benefits documents, annual notices, contact information, wellness education, and more. Just scan the QR Code!



<https://page.higginbotham.com/dittaenterprises>

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## Important Contacts

Program	Provider	Phone Number	Mobile App	Website/Email
Cigna	Cigna	1-866-494-2111		<a href="http://www.cigna.com">www.cigna.com</a>
Dental	Delta Dental AR	1-844-788-7627		<a href="http://www.deltadentalar.com">www.deltadentalar.com</a>
Life Disability	Mutual of Omaha	1-800-775-6000		<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Vision	Mutual of Omaha	1-866-939-3633		<a href="http://www.eyemed.com">www.eyemed.com</a>
Telemedicine	MD Live	1-800-400-6354		<a href="http://www.mdlive.com">www.mdlive.com</a>

Benefits Team	Phone	Email
<b>Ditta Enterprises, Inc. HR Team</b> Anna Ditta Candace Burkheart	870-935-1260 870-935-1260	<a href="mailto:amditta@dittainc.com">amditta@dittainc.com</a> <a href="mailto:cburkheart@dittainc.com">cburkheart@dittainc.com</a>
<b>Higginbotham Insurance</b> Billie Ann Heugel Tisha Dudley Vanessa Criswell	501-940-9052 901-321-1021 901-321-1009	<a href="mailto:bheugel@higginbotham.net">bheugel@higginbotham.net</a> <a href="mailto:tdudley@higginbotham.net">tdudley@higginbotham.net</a> <a href="mailto:vcriswell@higginbotham.net">vcriswell@higginbotham.net</a>

# Eligibility

## New Hire

### Who is eligible?

- A regular, full-time employee working 30 or more hours per week

### When to enroll?

- You must enroll by the deadline listed in the initial email you receive from Employee Navigator.

### When coverage starts

- Coverage starts on the first day of the month following 60 days of full-time employment

## Existing Employee

### Who is eligible?

- A regular, full-time employee working 30 or more hours per week

### When to enroll?

- During Open Enrollment Period every August
- When you have a Qualifying Life Event (like marriage, birth, or loss of other coverage)

### When does coverage start?

- Open Enrollment: Coverage begins September 1st
- Qualifying Life Event: Start date depends on the specific event and when documentation is submitted.

## Dependent(s)

### Who is eligible?

- Your legal spouse
- Children under age 26, regardless of student, marital, or dependency status
- Children over age 26 who are fully dependent on you due to a mental or physical disability, and are claimed as dependents on your federal tax return

### When to enroll?

- When you first become eligible
- During Open Enrollment
- Within 30 days of a Qualifying Life Event.

### When does coverage start?

- September 1<sup>st</sup> with Open Enrollment
- Date of Birth for a newborn
- Adoption Date for adopted child
- 1<sup>st</sup> of the month following the loss of coverage for other qualifying events

## Qualifying Life Events (QLE)

### CHANGING COVERAGE OUTSIDE OF OPEN ENROLLMENT

**You may only change coverage during the plan year if you have a Qualifying Life Event (QLE), such as:**

- Marriage
- Divorce
- Legal separation
- Annulment
- Death
- Birth
- Adoption/placement for adoption
- Change in benefits eligibility
- Gain or loss of benefits coverage
- Change in employment status
- A significant change in the cost of a spouse's coverage
- FMLA, COBRA event, court judgment/decreed
- Newly eligible for Medicare, Medicaid, or TRICARE
- Qualified Medical Child Support Order

**You have 30 days from the event to notify Human Resources and make any necessary changes. You may need to provide documents to verify the change.**



# How to Enroll Online

To begin the enrollment process, go to [www.benefitsinhand.com](http://www.benefitsinhand.com)

**First time users:** Follow steps 1-4

**Returning users:** Log in and start at step 5.

1	<b>First-time users:</b> Click on the New User Registration link. Once you register, you will use your username and password to log in.
2	Enter your personal information and Company Identifier of <b>Ditta</b> and click <b>Next</b> .
3	Create a username (work email address recommended) and password, then check the <b>I agree to terms and conditions</b> box before you click <b>Finish</b> .
4	If you used an email address as your username, you will receive a validation email to that address. You may now log in to the system.
5	<b>Returning users:</b> Click the <b>Start Enrollment</b> button to begin the enrollment process.
6	Confirm or update your personal information and click <b>Save &amp; Continue</b> .
7	Edit or add dependents who need to be covered on your benefits. Once all dependents are listed, click <b>Save &amp; Continue</b> .
8	Follow the steps on the screen for each benefit to select or decline coverage. To decline coverage, click <b>Don't want this benefit?</b> and select the reason for declining.
9	When you finish making your benefit elections, review your selections. If correct, click the <b>Click to Sign</b> button to complete and submit your enrollment choices.

If you are adding a Spouse or children to any plan, you will need

1. Full legal name
2. Date of Birth
3. Social Security Number



# Medical Plan Comparison – Cigna Health Insurance

	HDHP Base Plan		Buy-Up MOAP PPO Plan	
Provider Network	Cigna		Cigna	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$7,000 \$14,000	\$14,000 \$28,000	\$1,500 \$3,000	\$4,500 \$9,000
<b>Out-of-Pocket Maximum</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$7,000 \$14,000	\$28,000 \$56,000	\$5,500 \$11,000	\$11,000 \$22,000
<b>Coinsurance</b>	100%	80%	80%	60%
	Plan Pays		Plan Pays	
<b>Preventive Care</b>	100% covered	Not covered	100% covered	Not covered
<b>Telemedicine</b>	100% after deductible	80% after deductible	\$30 copay PCP / \$50 copay Specialist	60% after deductible
<b>Primary Care Physician</b>	100% after deductible	80% after deductible	\$30 copay	60% after deductible
<b>Specialist</b>	100% after deductible	80% after deductible	\$50 copay	60% after deductible
<b>Diagnostic Lab and X-ray</b>	100% after deductible	80% after deductible	80% after deductible	60% after deductible
<b>Complex Imaging</b>	100% after deductible	80% after deductible	80% after deductible	60% after deductible
<b>Urgent Care</b>	100% after deductible	80% after deductible	\$50 copay	60% after deductible
<b>Emergency Room</b>	100% after deductible		80% after deductible	
<b>Inpatient Hospital Services</b>	100% after deductible	80% after deductible	80% after deductible	60% after deductible
<b>Outpatient Services</b>	100% after deductible	80% after deductible	80% after deductible	60% after deductible
<b>Prescription Drugs – Retail</b> Up to 30-day supply <ul style="list-style-type: none"> <li>Generic</li> <li>Preferred brand name</li> <li>Non-preferred brand name</li> <li>Specialty</li> </ul>	100% after deductible 100% after deductible 100% after deductible 100% after deductible	Not covered Not covered Not covered Not covered	\$15 copay \$45 copay \$65 copay \$130 copay	\$15 copay \$45 copay \$65 copay \$130 copay
<b>Prescription Drugs – Mail Order</b> Up to 90-day supply <ul style="list-style-type: none"> <li>Generic</li> <li>Preferred brand name</li> <li>Non-preferred brand name</li> </ul>	100% after deductible 100% after deductible 100% after deductible	Not covered Not covered Not covered	\$45 copay \$112.50 copay \$162.50 copay	Not covered Not covered Not covered
<b>Employee <span style="color: red;">Weekly Paycheck</span> Contributions</b>				
<b>Employee</b>	\$0.00		\$102.81	
<b>Employee &amp; Spouse</b>	\$74.06		\$263.25	
<b>Employee &amp; Child(ren)</b>	\$34.01		\$176.48	
<b>Employee + Family</b>	\$140.89		\$408.03	

- Ditta Enterprises, Inc. fully covers the Employee Only HDHP Base Plan at no cost for full-time employees. To be eligible, employees must sign up and work a minimum of 30 hours per week.
- You may choose to buy-up to the MOAP PPO Plan
- You may choose to add your family to your plan at the rates listed above.
- In the case of an extended leave, the employee is responsible for the entire plan amount.
- Upon termination of employment, COBRA options will be mailed to the employee the following month.





# Telemedicine – MD Live

Your medical coverage offers telemedicine services through MD Live. Connect anytime day or night with a board-certified doctor via your mobile device or computer.

While telemedicine does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering an after-hours health care clinic, urgent care clinic, or emergency room for treatment
- Are on a business trip, vacation, or away from home
- Are unable to see your primary care physician

## Registration is Easy

Register so you are ready to use this valuable service when and where you need it.

- **Online** – [www.mdlive.com](http://www.mdlive.com)
- **Phone** – 1-800-400-6354
- **Mobile** – Download the mobile app to your smartphone or mobile device.

## When to Use Telemedicine

Use telehealth services for minor conditions such as:

- Sore throat
- Allergies
- Headache
- Fever
- Stomachache
- Urinary tract infections
- Cold/Flu

Do not use telemedicine for serious or life-threatening emergencies.

# Have your ID card handy?

With myCigna, the answer is always “yes.”



**Big news:** You never have to worry about misplacing your ID card. It's always right there on myCigna®, whenever and wherever you need it.\*

Accessing your digital ID cards is easy.



Log in to **myCigna.com** or the **myCigna® App**



Click or tap “ID Cards”



View your card(s), as well as any dependents' card(s)\*\*



Email cards directly to doctors



Save your digital ID cards in your Apple Wallet



**Not registered on  
myCigna yet?**  
It's quick and easy.

Visit **myCigna.com®**  
or scan the QR code  
to download the  
**myCigna® App** and  
register now.







### Find a Provider

- Call 1-844-788-7627
- Visit [www.deltadentalar.com](http://www.deltadentalar.com)
- Network: Delta Dental PPO and Delta Dental Premier

## Dental Coverage – Delta Dental AR

Ditta Enterprises, Inc. will continue offering dental coverage through Delta Dental for 2025. This plan supports your oral health with affordable options for preventive care, including regular checkups, cleanings, and other dental services.

The DPPO plan offers two levels of coverage:

- In-Network: Lower out-of-pocket costs and the highest level of benefits
- Out-of-Network: You can still see any provider, but you may pay more for services

To get the most from your benefits, it's best to use an in-network provider whenever possible.

Dental Plan	
	In-Network
Calendar Year Deductible	
• Individual	\$50
• Family	\$150
Calendar Year Benefit Maximum Per Individual	\$1,750
Lifetime Orthodontia Maximum Per Individual	Not covered
	Plan Pays
Preventive Care	100%
Basic Restorative Care	80%
Major Restorative	50%
Orthodontia	Not covered

Weekly Contributions	
Employee	\$3.24
Employee + Family	\$14.24

- Ditta Enterprises, Inc. covers 50% of the Employee Only cost for full-time employees who work 30 or more hours per week.
- You may choose to add your family to your plan at the rates listed above.
- In the case of an extended leave, the employee is responsible for the entire plan amount.
- Upon termination of employment, COBRA options will be mailed to the employee.





## Find a Provider

- Call 1-800-775-6000
- Visit [www.mutualofomaha.com](http://www.mutualofomaha.com)

## Vision Coverage

Our vision plan provides quality care to help protect your eyesight and overall health. Routine eye exams can detect more than just vision issues — they may also reveal early signs of conditions like diabetes and high cholesterol.

You can visit any vision provider, but you'll receive the highest level of benefits when you choose an in-network provider.

Coverage is offered through Mutual of Omaha.

To find a participating provider:

1. Visit Mutual of Omaha's website
2. Go to Employers > Group Benefits > Vision Insurance
3. Scroll down to Find an EyeMed Insight Care Provider
4. Enter your ZIP code



### Vision Summary

	In-Network You Pay	Out-of-Network Reimbursement
<b>Exam</b>	\$10 copay	\$37 allowance
<b>Lenses</b>		
• Single Vision	\$25 copay	\$20 allowance
• Bifocals	\$25 copay	\$36 allowance
• Trifocals	\$25 copay	\$64 allowance
<b>Frames</b>	\$130 allowance + 20% discount over allowance	\$58 allowance
<b>Contacts</b> In lieu of frames & lenses:		
• Elective	100% covered	\$104 allowance
• Medically Necessary	\$130 allowance + 15% discount over allowance	\$89 allowance

### Benefit Frequency

<b>Exam</b>	Once every 12 months
<b>Lenses</b>	Once every 12 months
<b>Frames</b>	Once every 24 months
<b>Contacts</b>	Once every 12 months

### Employee **Per Paycheck** Contributions

<b>Employee</b>	\$1.42
<b>Employee + Spouse</b>	\$2.82
<b>Employee + Child(ren)</b>	\$2.35
<b>Employee + Family</b>	\$3.89





# Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance through Mutual of Omaha is important to your financial security, especially if others depend on you for support or vice versa. With Life insurance, you or your beneficiary(ies) can use the coverage to pay off debts, such as credit cards, loans, and bills. AD&D coverage provides specific benefits in the event of an accident that causes bodily harm or loss (e.g., the loss of a hand, foot, or eye). If death occurs due to an accident, 100% of the AD&D benefit would be paid to your beneficiary(ies).

## Voluntary Life and AD&D

You may buy Life and AD&D insurance for you and your eligible dependents. If you do not elect Voluntary Life and AD&D insurance within 60 days of your hire date or if you wish to increase your benefit amount later, you may need to provide proof of good health. You must elect Voluntary Life and AD&D coverage for yourself before you may elect coverage for your spouse or children. If you leave Ditta Enterprises, you may be able to take the insurance with you.

## Designating a Beneficiary

A beneficiary is the person or entity you elect to receive the death benefits of your Life and AD&D insurance policies. You can name more than one beneficiary, and you can change beneficiaries at any time. If you name more than one beneficiary, you must specify the percentage each beneficiary will receive (e.g., 50% or 25%).

## How to Calculate Cost

### Find Your Rate:

Locate the cost associated with your age bracket on the rate chart (cost is per \$1,000 of coverage, monthly).

### Calculate Monthly Cost:

Multiply the rate by the number of **thousands** you want in coverage.  
*Example: If you want \$100,000 in coverage, multiply the rate by 100.*

### Calculate Per-Paycheck Cost:

Multiply your monthly cost by 12 (for the year), then divide by 24 (if you're paid twice a month).

**Weekly Paycheck Amount =**  
**(Monthly Cost × 12) ÷ 24**

## Can I increase my coverage?

At open enrollment, you can increase your life insurance by 2 increments of \$10,000 up to the Guarantee Issue amount.

Voluntary Life and AD&D	
Employee	<ul style="list-style-type: none"> <li>Increments of \$10,000 up to \$500,000 or 5x annual salary</li> <li>Guaranteed Issue \$100,000</li> </ul>
Spouse	<ul style="list-style-type: none"> <li>Increments of \$5,000 up to \$250,000 not to exceed 100% of employee amount</li> <li>Guaranteed Issue \$25,000</li> </ul>
Child(ren)	<ul style="list-style-type: none"> <li>\$1,000 increments to \$10,000</li> <li>Guaranteed Issue \$10,000</li> </ul>

Monthly Rates per \$1,000			
Employee and Spouse <sup>1</sup>			
<sup>1</sup> Spouse rates are based on employee's age.			
Age	Rate	Age	Rate
<25	\$0.088	50-54	\$0.426
25-29	\$0.088	55-59	\$0.654
30-34	\$0.096	60-64	\$1.009
35-39	\$0.113	65-69	\$1.796
40-44	\$0.164	70+	\$3.200
45-49	\$0.266		
Child(ren)			
To age 26		\$0.200	

**\*\*Employee Navigator will give you the exact cost according to your birthdate \*\***

Example of Calculation:

- 36-year-old Rate = \$0.113
- \$100,000 divided 1,000 = 100
- 100 x 0.113 = \$11.30 per month
- \$11.30 x 12 months = \$135.60 per year
- \$135.60 divided by 52 pay periods = \$2.61 per paycheck







# Disability Insurance – Mutual of Omaha

Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. We offer Short-Term Disability (STD) insurance for you to purchase through Mutual of Omaha.

## Short Term Disability

STD coverage pays a percentage of your weekly salary if you are temporarily disabled and unable to work due to an illness, pregnancy or non-work-related injury. STD benefits are not payable if the disability is due to a job-related injury or illness. If a medical condition is job-related, it is considered Workers' Compensation, not STD.

### How to Calculate Cost

#### Find Your Rate:

Locate the cost associated with your age bracket on the rate chart.

#### Calculate Weekly Benefit using Weekly Wage at 40 hrs:

Multiply weekly wage time 60% = Weekly Benefit

#### Convert Weekly Benefit to Units of \$10:

Weekly Benefit divided by 10 = Units

#### Calculate Per Paycheck Amount:

Units x Rate = Weekly Paycheck Amount

Example of Calculation:

1. 36-year-old Rate = \$0.460
2. Weekly Wage = \$680 (Hrly pay x 40)
3.  $\$680 \times 0.60 = \$408$  weekly benefit
4.  $\$408$  divided by 10 = 40.8 units
5.  $40.8 \times \$0.46 = \$18.77$  per week

### Voluntary Short Term Disability

Benefits Begin - Sickness	14th day
Benefits Begin - Illness	14th day
Percentage of Earnings You Receive	60%
Maximum Weekly Benefit	\$1,000
Maximum Benefit Period	11 weeks
Pre-existing Condition Exclusion	3/6

### Rates per \$10 of Weekly Benefit

Age	Rate	Age	Rate
<25	\$0.440	50-54	\$0.600
25-29	\$0.440	55-59	\$0.720
30-34	\$0.450	60-64	\$0.830
35-39	\$0.460	65-69	\$0.940
40-44	\$0.470	70-74	\$1.060
45-49	\$0.480	75+	\$1.060

**\*\*Employee Navigator will give you the exact cost according to your wage and birthdate**





for a  
healthy  
you

This brochure highlights the main features of the Ditta Enterprises employee benefits program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Ditta Enterprises reserves the right to change or discontinue its employee benefits plans at any time.