

Dillard's

MyQHealth™
by QUANTUM HEALTH



BENEFITS FOR
The Style of Your Life.

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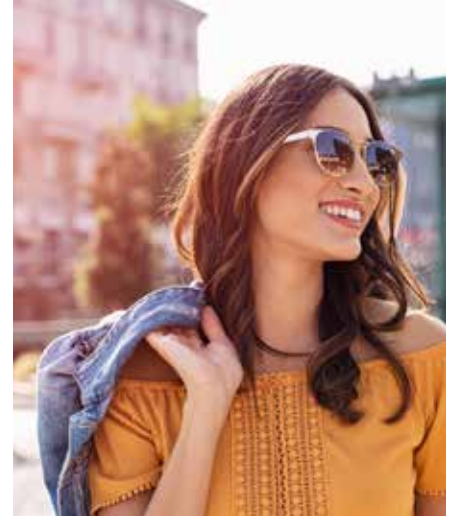


Welcome to Dillard's Benefits Overview!

Dillard's offers you and your family a quality, comprehensive benefits program to keep you happy and healthy at work and at home. This overview is designed to assist you in making your benefit enrollment choices. The benefits described include the following:

- Group Health Options
- MyQHealth
- Dental Insurance
- Vision Insurance
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Life Insurance
- Accident Insurance
- Group Critical Illness Insurance
- Hospital Indemnity Insurance

When you speak to a Benefit Specialist, use the checklist on page 23 to record your elections. We hope you take this opportunity to review the benefits available to you and choose the best options for you and your family.



IMPORTANT

This brochure is a summary only. For specific plan information including limitations and exclusions, please refer to the Summary Plan Description located in My.Dillards.com (Docushare) OR mydillardsbenefits.com. Printed copies of the Summary Plan Description are available upon request. You will also receive a copy of the Summary Plan Description once enrolled.

Important Note:

- If you have a **change in status** (part-time to full time, hourly to salary...) or a change in family status (marriage, birth...), you have 31 days to make changes to your benefits.

Who is Eligible?

To be eligible to participate in the Dillard's benefit plans, you must satisfy the eligibility requirements described in the benefit sections. If you are a new associate and you are eligible to participate, coverage will be effective on the first day of the month following 60 days of employment. Associate eligibility requirements for each benefit can be found in the section describing the benefit.

Your eligible dependents also have access to many of the benefits we offer. Eligible dependents include:

- Your legal spouse
- Dependent children until age 26
- Dependent children of any age who are mentally or physically handicapped and meet certain requirements

How to Enroll: by phone or online

Enroll by Phone or Online

By Phone	<p>Call Dillard's Enrollment Center at 1-866-857-2132</p> <ul style="list-style-type: none">• An experienced Benefit Specialist can answer any questions and walk you through the enrollment process.• Before you reach a benefit counselor, your call is tagged in case the call is disconnected or for call back purposes. If you are placed on hold, maximum hold time is 5 minutes. At 5 minutes if your call has not been answered, a call back request is automatically generated and the call will be disconnected. Do not hang up and call again, as this will cause backed-up phone lines and you will lose your place in line for call back.
Online	<p>Enroll online at www.electbenefits.com/dillards</p> <p>Member Login: First two letters of first name and first four letters of last name plus last four digits of SSN. <i>Example: Robert Smith = rosmit1234</i></p> <p>Password: Your birth date as month month day day year year year year. <i>Example: 06111968 (June 11, 1968)</i></p> <p>NOTE: For any employee whose last name has two to three letters, only those letters are used (i.e., Jimmy Kim would be jikim1234). Also, any blank spaces in employee names are disregarded (Jimmy Le Blanc would be jilebl1234).</p> <p>Enrolling online:</p> <ul style="list-style-type: none">• If you leave the enrollment at any time prior to completion, your elections will not be saved.• Once you receive your confirmation number, you know that your enrollment is complete.• Pay attention to additional items that may be required based on your elections.

All new associates must complete their enrollment within 30 days of becoming eligible to enroll and must be enrolled by the 90th day of employment (unless it is open enrollment).

Before you enroll:

- Gather the necessary information for your dependents: name, Social Security number, and date of birth.
- Know your User ID, SSN or AIN (same one used to view E-stub or schedules). Ask your store manager if you do not know your User ID.

Need Help Choosing a Plan?

Access the online medical tool for advice on which Group Health Plan Option is best for you. Whether you're single or have a family to consider, the medical decision tool will help you think through your options.

To connect, visit www.electbenefits.com/dillards and click the "Start Now" button on the medical page.

Making Benefit Changes

Because premiums are run through the Section 125 Plan benefits, the benefit choices you make during your enrollment will remain in effect for the entire plan year unless you have a change in status.

Examples of a qualified change in family status include, but are not limited to, the following:

- Marriage or divorce
- Change in employment for you or your spouse that affects your benefit eligibility
- Birth or adoption of a child
- Loss of other health coverage

It is your responsibility to notify Dillard's within 31 days of a qualifying event. You will need to provide documentation of the event, such as a marriage license or birth certificate. Any benefit changes must be directly related to the change of status.

Group Health Plan Options

Eligibility

- To be eligible for coverage, you must work an average of 30 hours per week.
- New full-time associates will be eligible for coverage on the first day of the month following a 60-day waiting period.
- Ongoing associates and part-time associates who average at least 30 hours of service per week during an applicable measurement period will be eligible for coverage following the end of the measurement period and associated administrative period.
- Your hours of service per week will be determined by the Plan Administrator based on the measurement period rules as described in the Summary Plan Description.
- For additional details regarding the eligibility requirements for Group Health Benefits, refer to the Summary Plan Description.

DESCRIPTION	A - Health Reimbursement Account (HRA)	B - Traditional	D - Health Savings Account (HSA)	F - Qualified
Summary of Coverage (This summary <i>only illustrates</i> differences. Details of coverage are contained in the summary plan description.)	This option provides essential catastrophic coverage in the event of an unforeseen major illness or injury. Grandfathered	For a higher contribution, this option provides lower copays, deductibles and out-of-pocket maximum. Grandfathered	This is an option that allows the member to establish a "Health Savings Account" (HSA). Grandfathered	This is an option that is intended to meet the affordability safe harbor under PPACA Non-Grandfathered
Tax favored account: Health Reimbursement Account (HRA) Health Savings Account (HSA)	Health Reimbursement Account (HRA) \$1,000 (employer funded at \$250 per quarter). Unused amounts carried forward to next year.	None	Health Savings Account (HSA) Dillard's match \$1 for \$1 up to \$1,800 per year. 2021 HSA Calendar Year Limits \$3,600 Individual \$7,200 Family	HSA Qualified No Match
Calendar Year Deductible (Copays do not count toward meeting the annual deductible) Family Deductible applies to all tiers of coverage other than Associate Only.	In-Network: Associate \$5,000 Family \$10,000 Out-of-Network: Associate \$7,000 Family \$14,000	In-Network: Associate \$2,000 Family \$4,000 Out-of-Network: Associate \$5,500 Family \$11,000	In-Network: Associate \$5,000 Family \$10,000 Out-of-Network: Associate \$7,000 Family \$14,000 Important: When dependent coverage is selected, one or all dependents must reach the Family deductible before benefits are payable.	In-Network: Associate \$6,350 Family \$13,300 Out-of-Network: Associate \$13,300 Family \$26,600 Important: When dependent coverage is selected, one or all dependents must reach the Family deductible before benefits are payable.
Calendar Year Out-of-Pocket Maximum Copays and deductibles do not count toward meeting the out-of-pocket maximum — except for Option D and Option F and except for copays applicable to Telemedicine and Urgent Care. Family Out-of-Pocket Maximum applies to all tiers of coverage other than Associate Only.	In-Network: Associate \$9,500 Family \$19,000 Out-of-Network: Associate \$13,500 Family \$27,000	In-Network: Associate \$8,500 Family \$17,000 Out-of-Network: Associate \$13,500 Family \$27,000	In-Network: Associate \$5,000 Family \$10,000 Out-of-Network: Associate \$13,000 Family \$26,000 Important: Out-of-pocket maximum includes the deductible in this option.	In-Network: Associate \$6,350 Family \$13,300 Out-of-Network: Associate \$13,300 Family \$26,600 Important: Out-of-pocket maximum includes the deductible in this option.

Note: See ways to lower your deductible on page 8.

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Group Health Plan Options *continued*

DESCRIPTION	A - Health Reimbursement Account (HRA)	B - Traditional	D - Health Savings Account (HSA)	F - Qualified
Physician Office Visit (Primary and Specialist) Other services are subject to the deductible.	In-Network: First 3 office visits each year after \$40 copay, then 80% after deductible Out-of-Network: 60% after deductible	In-Network: \$40 copay Out-of-Network: 60% after deductible	In-Network: 100% after deductible Out-of-Network: 60% after deductible	In and Out-of-Network: 100% after deductible
Preventive Care (See plan summary for schedule of preventive benefits.)	In-Network: 100% with no copay (no deductible) Out-of-Network: 60% after deductible	In-Network Only: 100% with no copay (no deductible)	In-Network: 100% with no copay (no deductible) Out-of-Network: 60% after deductible	In-Network: 100% with no copay (no deductible)
Telemedicine	Consultation Fee Primary: \$49 Specialist (Dermatology): \$85	Consultation Fee Primary: \$49 Specialist (Dermatology): \$85	In-Network: 100% after deductible	In-Network: 100% after deductible
Chiropractic Care 16-visit limit per calendar year	In-Network: 80% after deductible Out-of-Network: 60% after deductible	In-Network: 80% after deductible Out-of-Network: 60% after deductible	In-Network: 100% after deductible Out-of-Network: 60% after deductible	In and Out-of-Network: 100% after deductible
Urgent Care	In-Network: 100% after \$75 copay Out-of-Network: 80% after deductible	In-Network: 100% after \$75 copay Out-of-Network: 60% after deductible	In-Network: 100% after deductible Out-of-Network: 80% after deductible	In and Out-of-Network: 100% after deductible
Emergency Care (within 48 hours of event) Facility and Physician	In and Out-of-Network: 80% after deductible	In and Out-of-Network: \$100 copay then 80% after deductible (Copay waived if admitted)	In-Network: 100% after deductible Out-of-Network: 100% after deductible	In and Out-of-Network: 100% after deductible
Ambulance Services	In and Out-of-Network: 100% after deductible	In and Out-of-Network: 80% after deductible	In and Out-of-Network: 100% after deductible	In and Out-of-Network: 100% after deductible
Hospital Services	In-Network: 80% after deductible Out-of-Network: 60% after deductible	In-Network: 80% after deductible and \$300 admission copay Out-of-Network: 60% after deductible and \$500 admission copay	In-Network: 100% after deductible Out-of-Network: 60% after deductible	In and Out-of-Network: 100% after deductible
Mental Health Services Inpatient Hospital	In-Network: 80% after deductible Out-of-Network: 60% after deductible	In-Network: 80% after deductible and \$300 admission copay Out-of-Network: 60% after deductible and \$500 admission copay	In-Network: 100% after deductible Out-of-Network: 60% after deductible	In and Out-of-Network: 100% after deductible

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Group Health Plan Options *continued*

DESCRIPTION	A - Health Reimbursement Account (HRA)	B - Traditional	D - Health Savings Account (HSA)	F - Qualified
Mental Health Outpatient Physician	<p>In-Network: 80% after deductible</p> <p>Out-of-Network: 60% after deductible</p> <p>The 3 physician office visit copays can be used toward mental health</p>	<p>In-Network: 100% with \$40 copay</p> <p>Out-of-Network: 60% after deductible</p>	<p>In-Network: 100% after deductible</p> <p>Out-of-Network: 60% after deductible</p>	<p>In and Out-of-Network: 100% after deductible</p>
Other Covered Expenses	<p>In-Network: 80% after deductible</p> <p>Out-of-Network: 60% after deductible</p>	<p>In-Network: 80% after deductible</p> <p>Out-of-Network: 60% after deductible</p>	<p>In-Network: 100% after deductible</p> <p>Out-of-Network: 60% after deductible</p>	<p>In and Out-of-Network: 100% after deductible</p>
<p>Prescription Drugs — Retail</p> <p>Members must use generic medications (when available) or pay the brand copay plus the additional difference in price from brand.</p> <p><i>One copay per 30-day supply, up to a 30-day supply only.</i></p>	<p>Network Pharmacy Generic: 100% after \$15 copay</p> <p>Preferred Brand: 100% after \$50 copay</p> <p>Non-Preferred Brand: 100% after \$75 copay</p>	<p>Network Pharmacy Generic: 100% after \$15 copay</p> <p>Preferred Brand: 100% after \$35 copay</p> <p>Non-Preferred Brand: 100% after \$50 copay</p>	<p>100% after deductible</p> <p>Member I.D. card will entitle member to discounts at participating pharmacies.</p>	<p>In and Out-of-Network: 100% after deductible</p> <p>Member I.D. card will entitle member to discounts at participating pharmacies.</p>
<p>Prescription Drugs — Mail Order</p> <p>Members must use generic medications (when available) or pay the brand copay plus the additional difference in price from brand.</p> <p><i>One copay per 30-day supply, up to a 90-day supply.</i></p>	<p>Network Pharmacy Generic: 100% after \$15 copay</p> <p>Preferred Brand: 100% after \$50 copay</p> <p>Non-Preferred Brand: 100% after \$75 copay</p>	<p>Network Pharmacy Generic: 100% after \$15 copay</p> <p>Preferred Brand: 100% after \$35 copay</p> <p>Non-Preferred Brand: 100% after \$50 copay</p>	<p>In-Network Only: 100% after deductible</p>	<p>In and Out-of-Network: 100% after deductible</p>

Things to Consider When Choosing Your Coverage Option

- Consider your health, personal finances, and past and potential future medical plan usage.
- Determine the right balance for you: To pay less in per pay period deductions for medical coverage and more at the time of service, or to pay more in per pay period deductions and less at the time of service.
- Do you have financial resources available to pay for unexpected medical needs if they were to occur?



ALERT. As long as the Public Health Emergency relating to the coronavirus pandemic remains in effect, the Group Health Plan will provide coverage for FDA approved COVID-19 (coronavirus) testing as well as the cost of administering the test and the associated healthcare visit. Coverage for testing will be available at no cost to participants in any of the options of the Group Health Plan.

Cost of Group Health Coverage

Your contributions for Group Health Options are withheld on a pre-tax basis. The weekly associate contributions indicated below assume working a 40-hour week, except with regard to Option F which has a fixed weekly contribution. **For Plans A, B and D, your actual weekly contribution will vary based upon actual hours worked.**

Rates are subject to change.

	A-HRA	B-Traditional	D-HSA	F-Qualified
Associate Only	\$21.12	\$82.09	\$59.95	\$25.54
Associate + Spouse	\$121.95	\$284.90	\$164.08	\$161.92
Associate + 1 Child	\$70.97	\$212.80	\$114.23	\$95.38
Associate + 2 or more Children	\$121.95	\$289.33	\$164.08	\$161.92
Associate + Family	\$202.91	\$516.65	\$253.79	\$271.61

Note: If a covered associate works more or less than 40 hours per week and elects Options A, B, or D, the associate contribution will be decreased or increased by \$2.10 per hour. These premiums are based on a 52 week year.

For Option F, the associate weekly contribution remains fixed and is based on a 48 week year.

Wellness Surcharge

If you did not complete your annual preventive exam and applicable age & gender cancer screening, a \$9.00 weekly surcharge will be added to the Associate's premium on options A, B, and D.

Use Tobacco?

If you use any tobacco products, you will pay an additional \$25 per week in premiums for Group Health Coverage.

For Information on a tobacco cessation program, refer to page 13.

Network Provider by Location

All Locations will now access the UnitedHealthcare Choice Plus Network with the exception of the Arkansas Locations that will continue to access the QualChoice Network. Quantum Health will be the concierge service for all enrolled associates.

Wellness Incentive

Because your wellness is important to Dillard's, we are challenging each participant to get engaged in their wellness. In the past several years, we have offered you a way to reduce your deductible and avoid the premium surcharge in the following year. Like last year, if you get your annual physical and age & gender appropriate cancer screening you can reduce your deductible and avoid a premium surcharge of \$9.00 per pay period in 2022.

All you have to do is get your annual physical and age & gender appropriate cancer screenings before 12/31/2021 and you have lowered your 2022 deductible and avoided a higher 2022 premium. It's that easy.

You can contact your Care Coordinator at MyQHealth (877-674-3047) for questions or help regarding Annual Exams and age and gender screenings.



CARE COORDINATORS

IF THERE'S A BETTER WAY FOR YOU TO EXPERIENCE HEALTHCARE, WE'LL FIND IT.

When you don't know where to begin, start with your MyQHealth Care Coordinators.

877-674-3047 Monday - Friday, 7:30 a.m. - 9:00 p.m. CST or visit mydillardsbenefits.com.

Q: I don't understand my medical bill.

A: Claims and benefits can be complicated. Your Care Coordinators are experts at explaining your employer's health plans and helping you understand even the most complex medical bills.

Q: I've lost my medical ID card.

A: No problem. Just give your Care Coordinators a call or visit your member website to request a new one, and we will get a replacement in the mail to you right away.

Q: Is my doctor in the network?

A: A great way to avoid surprise fees is to verify that your doctor is in your plan's network prior to your appointment.

Q: I want to talk to someone about my treatment plan.

A: It's OK to have questions about your diagnosis or treatment plan. Get help and guidance whenever you are uncertain about your care from a Nurse Care Coordinator.

Q: I have diabetes or another chronic condition.

A: Many chronic conditions, such as heart disease or diabetes, can be challenging to manage. Your Care Coordinators work with you and your doctor to provide assistance with prescriptions, specialist referrals and insurance coverage eligibility. We are also your go-to resource for helpful information you can use to be proactive about your health, such as nutrition and exercise tips.

Q: How do I know if my MRI is covered?

A: Many procedures and services require precertification, also known as an authorization, to verify that they are covered. Contact your Care Coordinators to get a precertification from your health plan prior to your appointment.

Q: There's got to be an easier way!

A: Call us. For all aspects of your healthcare, we will do whatever it takes to simplify your experience.

Dillard's

MyQHealth[™]
by QUANTUM HEALTH



Download your MyQHealth – Care Coordinators mobile app from the App StoreSM or Google Play[™].



Smart Care Centers

As an additional benefit under the Group Health Plan, covered employees and family members are eligible to access the Edison Healthcare network of Smart Care Centers. These Smart Care Centers are nationally recognized facilities for the treatment of certain conditions and procedures where their structure, knowledge and expertise enable them to provide high quality care and outcomes.

If you or a family member has been diagnosed with cancer and are on the Dillard's Group Health Plan you may be required to get a second opinion through one of our Smart Care Centers. We know this can be a difficult time, but we want to ensure your diagnosis and treatment plan is correct so that you can get back on the road to recovery. Please see additional information on your medical ID card or contact your MyQHealth Care Coordinator at the number below.

Take advantage of Edison Healthcare and its Smart Care Medical Centers at no cost to you. When allowed by law, our health plan will waive all deductibles and coinsurance associated with your use of this program. In addition, it will cover travel and most temporary living expenses for you and a caregiver.

That's right, if you or an eligible dependent is facing complex spine, heart/valve or transplant surgery, solid organ and bone marrow transplants, hepatitis C evaluation, or cancer treatment and diagnosis, contact Edison Healthcare today and take advantage of this surgical benefit program offered by Dillard's at no cost to you.

To learn more call a MyQHealth Care Coordinator at **877-674-3047** or visit www.EdisonHealthcare.com.

Please Note: Not available on Health Plan Option D or F.

Teladoc

Get virtual access to licensed doctors and dermatologists. Teladoc is a convenient and affordable option for general medical and dermatology services. Access quality healthcare from the comfort of home, during your lunch break or while traveling. You can even get a prescription sent to your local pharmacy, when medically necessary.

- Connect with a licensed doctor or dermatologist **by web, phone or mobile app***
- Over **1,000,000** telehealth visits performed
- **95%** member satisfaction
- Speak with a doctor in less than **10 minutes**
- Teladoc doctors average **20 years** of experience

General Medical	<ul style="list-style-type: none"> • Board-certified doctors are available 24/7/365 by web, phone or app* • Treat flu, allergies, sinus infection, rash, strep throat and more 	<div style="background-color: #FFD700; padding: 5px; text-align: center;"> General Medical </div> <p>\$49 Consultation Fee</p>
Dermatology	<p>Our licensed dermatologists can treat ongoing or complex skin conditions like psoriasis, skin infection, rosacea, suspicious moles and many more — quickly, conveniently and discreetly. Simply log into your account and upload images of your issue. You will receive a response online through Teladoc's message center within two business days.</p> <ul style="list-style-type: none"> • Log into your account to upload images of your skin issue • Receive a response through Teladoc's secure online message center within two business days • Treat ongoing or complex issues like psoriasis, eczema, acne and more 	<div style="background-color: #FFD700; padding: 5px; text-align: center;"> Dermatology </div> <p>\$85 Consultation Fee <i>(Includes a free follow-up visit within 7 days)</i></p>

To get started, go to www.Teladoc.com or call **1-800-Teladoc (835-2362)**. You can also set up an account by phone (toll-free) web, mobile app or by texting "Get Started" to 469-844-5637.

*Subject to state restrictions governing telemedicine services.

- Idaho - video only
- Arkansas and Delaware - Initial visit must be video
- Georgia - 3 day Rx limitation

Health Reimbursement Account (HRA)

Accompanying Option A is a Health Reimbursement Account (HRA) that is funded annually by Dillard's. Your HRA funds are yours to use for out-of-pocket medical expenses for yourself and your covered dependents as long as you are covered under Option A.

- Dillard's gives \$1,000 per year (\$250 per quarter) to your HRA
- Unused funds carry forward to the next year

How does the HRA work?

Since you are responsible for 100% of most covered services until you meet your annual medical deductible, your HRA will help cover your out-of-pocket costs.

- When you have eligible medical expenses, your HRA pays those costs first.
- Once you have exhausted your HRA funds, you pay the full cost of your care until you meet your annual deductible.
- Once you meet your deductible, the plan, under Option A, will generally pay 80% for in-network covered services (60% out-of-network) until you reach the annual out-of-pocket maximum (after which time the plan will generally pay 100% for covered services).

Selecting in-network providers gives you the highest level of benefits while also allowing you to maximize your HRA dollars.



Health Savings Account (HSA)

An HSA provides a tax-favored account that allows you to save and pay for qualified medical expenses tax-free. If you elect Group Health Options D or F and wish to fund an HSA, you must establish the HSA account yourself.

- If you would like this to be set-up through payroll deduction on a pre-tax basis, these accounts can only be set-up through Dillard's Federal Credit Union (see Tip box below).
- If you already have an HSA established through Dillard's Federal Credit Union, you can email benefit.department@dillards.com to change weekly HSA deductions.

HEALTH SAVINGS ACCOUNT	
2021 Calendar Year Limits	Single: \$3,600 Two-Party/Family: \$7,200 Age 55 + (Single): \$4,600 Age 55 + (Two-Party/Family): \$8,200
Dillard's Contribution	FOR OPTION D ONLY - Dillard's matches \$1 for \$1 up to \$1,800 (Weekly maximum of \$34.61)
Eligible Expenses	Health, dental, vision care expenses, such as deductibles, copays, and prescriptions
When are funds available?	You can be reimbursed for qualified medical expenses up to the amount available in your account.
Payment or Reimbursement Options	Debit Card, ATM
Carry Over Rules	Any unused funds in your HSA roll over from year-to-year regardless of employment status

TIP

Dillard's Federal Credit Union is a not-for-profit organization owned by the members. Other services include:

- Checking
- Savings
- Money Market Checking
- Club Account
- IRA Account
- Loans

Find more detail at www.mydfcu.com or call 1-800-643-1139.



Important Information

Health Reform – This Dillard’s, Inc. Group Health Plan (the “Plan”) believes that Options A, B, and D of the Plan are “grandfathered health plan” options under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Dillard’s, Inc., Attn: Corporate Benefits Department, 1600 Cantrell Road, Little Rock, AR 72202, 1-501-376-5972. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Understanding the advantages of paying benefits pre-tax – With Dillard’s Flexible Benefit Plan (Cafeteria Plan), you can take advantage of the current tax laws by paying the premiums for certain benefits on a pre-tax basis. This lowers your taxable income and could increase your take home pay. Each benefit in this guide is designated as either pre- or post-tax. The benefit choices you make will remain in effect until the next open enrollment, unless you experience certain qualifying change of status events (such as marriage, divorce, birth or adoption of a child, or spouse’s loss of coverage).

Attention Tobacco Users – Dillard’s is committed to helping you achieve your best health. If you use tobacco, you may still qualify for the lower non-tobacco user rate. Associates who use tobacco may complete the MyQHealth Tobacco Cessation program to avoid the higher tobacco-user rate. Participation in the tobacco cessation program is available to all associates. This free program provides five coaching sessions which help you create a personalized plan to meet your goals. You’ll also receive helpful resources and learn about how you can access free medications and nicotine replacement therapies. Visit www.mydillardsbenefits.com or contact your friendly Care Coordinators at 877-674-3047 to schedule a call with a tobacco cessation coach. The Plan will work with you (and if you wish, your physician) to find a program that is right for you in light of your health status.

Group Health Option F – The Plan continues to offer Option F, which is intended to meet the minimum value and safe harbor affordability standards under the Affordable Care Act. This Option F, unlike the other Group Health Plan Options, is considered non-grandfathered. For more information about the differences between grandfathered and non-grandfathered options, refer to the Health Care Reform description above. Option F also qualifies as a “Qualified High Deductible Health Plan” for the 2021 Plan Year — which means that associates enrolled in Option F will be able to set up and contribute to a Health Savings Account (HSA).

Dental Insurance

If you work an average of at least 20 hours per week, you will be eligible for coverage in the Lincoln Dental plan. To enroll in group dental, you must also enroll in group vision coverage. This overview highlights some of the benefits available under your plan.

Find a Provider

To find a provider near you, visit www.lincolnfinancial.com/FindADentist or call 1-800-423-2765 (ID: DILLARDS).

The value of the Lincoln DentalConnect Network

While you are free to see any dentist you choose, an in-network dentist will ensure you receive the deepest discounts and lowest out-of-pocket costs. An in-network dentist has agreed to accept discounted, negotiated fees for covered services. There is no waiting period for services if you enroll when you are first eligible for benefits. If you elect to enroll at a future time, there is a 12-month waiting period for all services except preventative.

A complete description regarding the terms of coverage, exclusions and limitations, including benefits will be provided in your booklet-certificate. In case of discrepancy between this overview and the booklet-certificate, the booklet-certificate will prevail. All booklet-certificates are available on My.Dillards.com (Docushare).

Eligibility: You must average at least 20 hours per week.

Dental Plan Features	In-Network	Out-of-Network
Calendar Year Maximum	Types I, II, and III expenses: \$1,500	
Orthodontia Lifetime Maximum Per Covered Person	Type IV expenses: \$1,000	
Calendar Year Deductible Per Individual/Per Family	\$50/\$150	\$75/\$225
MaxRewards® This valuable plan benefit lets you and your covered family members roll a portion of unused dental benefits from one year into the next. So you have extra benefit dollars available when you need them most. <ul style="list-style-type: none"> Eligible Range (claim threshold): \$800 Rollover Amount: \$350 per calendar year Rollover Amount with Preferred Provider: \$500 per calendar year Maximum Rollover Account Balance: \$1,250 You and each of your covered family members can build up your own <i>MaxRewards®</i> account balances over time to cover large claims.		
Type I Procedures – Diagnostic & Preventive Services <ul style="list-style-type: none"> Routine Oral Examinations - up to 2 per year Bitewing X-rays (including those as part of full-mouth series) - 1 set per year Complete full-mouth or panoramic X-rays - 1 per 5 years 	<ul style="list-style-type: none"> Routine Cleanings - Up to 2 per year Fluoride Treatment - Through age 18; 1 per year Space Maintainers - Through age 13; 1 per lifetime Sealants (Undecayed and unrestored first and second permanent molars only) - Through age 15; 1/lifetime 	100% covered No deductible
Type II Procedures – Basic Services <ul style="list-style-type: none"> Other Dental X-rays (including periapical films) - 6 per year Problem Focused Exams - 4 per year Consultations Palliative Treatment (including emergency relief of dental pain) Injections of antibiotics and other therapeutic medications 	<ul style="list-style-type: none"> Fillings - 1 per 24 months Prefabricated Stainless Steel and Resin Crowns Biopsy and Examination of Oral Tissue (including brush biopsy) Periodontal Maintenance procedures following active periodontal therapy - up to 2 per year 	80% after deductible
Type III Procedures – Major Services <ul style="list-style-type: none"> Simple Extractions Surgical Extractions Oral Surgery General Anesthesia and I.V. Sedation Prosthetic Repair and Recementation Services Endodontics (including Root Canal Treatment) Non-surgical Periodontal Therapy 	<ul style="list-style-type: none"> Periodontal Surgery - 1 per 36 months Bridges - 1 per 5 years Full and partial dentures - 1 per 5 years Denture Reline and Rebase Services Crowns, Inlays, Onlays and related services - age 16 and above; 1 per 5 years Implants and related services - age 16 and above; 1 per 10 years 	50% after deductible
Type IV Procedures – Orthodontics for Family <ul style="list-style-type: none"> Orthodontic Treatment - Including Orthodontic Exams, X-rays, Extractions, Study Models and Appliances 		50%
Dependent Age		26

IMPORTANT: This is a summary only. For specific plan information including limitations and exclusions, please refer to the SPD located in My.Dillards.com (Docushare). Printed copies of the SPD are available upon request.

Vision Insurance

Dillard's offers a comprehensive vision plan through EyeMed to help you keep your eyes healthy and save money on eye care purchases. You may visit a doctor within the network and take advantage of higher benefits coverage, or visit an out-of-network provider of your choice for a reduced benefit. Keep in mind that dental and vision coverage is packaged together. To enroll in group vision coverage you must also enroll in group dental coverage.

Find a Network Provider

To find a provider near you, visit EyeMed's website, www.eyemed.com, or call 1-866-804-0982.

	Dillards Vision
Exam	\$10 copay
Contact Lens Fit and Follow-Up (Contact lens Fit and Follow-Up visits are available once a comprehensive eye exam has been completed)	Standard: Up to \$40 Premium: 10% off Retail
Frames	\$0 Copay, \$170 Allowance, 20% off balance over \$170 (Up to \$70 out-of-network)
Standard Plastic Lenses <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Standard Progressive Lens • Lenticular • Photochromic/Transitions 	<ul style="list-style-type: none"> • \$10 copay • \$10 copay • \$10 copay • \$75 copay • \$10 copay • \$75 copay
Contact Lenses (Contact lens allowance includes materials only) <ul style="list-style-type: none"> • Conventional • Disposable • Medically Necessary 	<ul style="list-style-type: none"> • \$0 Copay, \$170 Allowance, 15% off balance over \$170 • \$0 Copay, \$170 Allowance, plus balance over \$170 • \$0 Copay, Paid in Full
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price (in-network coverage only)
Frequency <ul style="list-style-type: none"> • Examination • Lenses or Contact Lenses • Frame 	<ul style="list-style-type: none"> • Once every 12 months • Once every 12 months • Once every 12 months

Important: This is a summary only. For specific plan information including limitations and exclusions, please refer to the SPD located in My.Dillards.com (Docushare). Printed copies of the SPD are available upon request.

Cost of Dental and Vision Insurance

Weekly Associate Cost	Dental/Vision
Associate Only	\$6.12
Associate + 1	\$12.10
Associate + 2 or more	\$18.68

*Eligible after 60 days of employment.

Disability Insurance

Dillard's recognizes the importance of your financial well being in the event of a disability. Your regular monthly obligations, such as your mortgage or rent, utility bills, food, and other necessities, continue even if you are unable to work. That is why we provide associates with short-term and long-term disability options to purchase through Lincoln Financial Group, as described below.

Eligibility: You must average at least 20 hours per week.

Disability Insurance					
Disability Insurance Type	Associates	Elimination Period	Coverage Duration	Benefit Amount	Who pays?
Short-Term Disability	Hourly Associates Only	Coverage begins after 14 days of disability	From 15th day up to 6 months	50% of base salary (up to \$400 per week)	Associates and Dillard's <i>Dillard's pays 50% of the premium.</i>
Long-Term Disability*	Hourly Associates	Coverage begins after 6 months of disability	From 6 months up to 5 years	50% of monthly income (up to \$4,000 per month)	Associates pay full cost
Long-Term Disability*	Salaried Associates	Coverage begins after 6 months of disability	From 6 months up to age 65	60% of monthly income (up to \$6,000 per month)	Associates and Dillard's <i>Dillard's pays 50% of the premium.</i>

* LTD benefits may be offset with other sources of income, such as Social Security.

Payments received under this policy may be considered taxable income to you under federal and/or state law. Because federal and state tax rules are complex, it is recommended that you consult with a professional tax advisor if you receive a payment under this policy.



Life Insurance

As an important part of your personal financial planning, Dillard's offers you basic and supplemental term life insurance options to purchase through Lincoln Financial Group, as described below.

Eligibility: You must average at least 20 hours per week.

Insurance Type	Amount	Who Pays?
Basic Group Term Life Insurance	1 times your estimated annual earnings up to a maximum of \$50,000	Associates and Dillard's <i>Dillard's pays 25% of the premium.</i>
Supplemental Group Term Life Insurance	Associate: \$5,000 up to \$250,000	Associates
	Spouse: \$5,000 increments up to \$30,000 not to exceed 100% of associate amount	
	Child: \$10,000 (one cost for ALL dependent children)	

Choosing a Beneficiary

Your beneficiary is the person who receives the proceeds from the life insurance plans in the event of your death. If you elect spouse and/or child life insurance, you are automatically the beneficiary of that coverage. To designate your beneficiaries, complete the appropriate information during the enrollment process.

TIP

The individual Universal Life insurance products described on the following page may help to provide additional permanent life insurance benefits to supplement your Dillard's group term life and supplemental group term life insurance. Please discuss these plans with a Benefit Specialist to learn more.



Trustmark Universal LifeEvents[®] Insurance with Long-Term Care

In addition to basic and supplemental life insurance, you have the opportunity to purchase universal life insurance with Trustmark Universal LifeEvents[®]. This benefit provides permanent life insurance to help shield your family from financial hardship.

Eligibility: You must average at least 20 hours per week.

Living Benefits (Long-Term Care)

Living benefits make it easy to advance part of your death benefit to help pay for home healthcare, assisted living, nursing home and adult day care services, should you ever need them.

The Universal LifeEvents advantage

Universal LifeEvents is designed to match needs throughout your lifetime.

It pays a:

- **Higher Death Benefit** during working years when expenses are high and your family needs maximum protection. Then, at age 70 when financial needs are typically lower, the death benefit reduces to one-third.
- **Consistent Level of Living Benefits** throughout retirement when you are most likely to need long-term care services.

Your benefits can be paid as:

- A Death Benefit (reduces to 1/3 at age 70)
- Living Benefits, for long-term care, or
- A combination of both

Universal LifeEvents death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary; issue age is 18-64.

Additional Features	Benefit	Description
Built-In Living Benefits	Long-Term Care Benefit ¹	Pays a monthly benefit equal to four percent of your death benefit for up to 25 months after 90 days of confinement. The Long Term Care benefit accelerates the death benefit and proportionately reduces it.
	Benefit Restoration Insurance Rider	Restores the death benefit that is reduced by the Long-Term Care benefit, so your family receives the full death benefit amount when they need it most.

¹The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Living Benefits may not be available in all states or may be named differently. Please consult your policy for complete details.

Underwritten by Trustmark Insurance Company, Lake Forest, Illinois. Trustmark[®] and LifeEvents[®] are registered trademarks of Trustmark Insurance Company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Benefits, availability, exclusions and limitations may vary by state and may be named differently. Pre-existing condition limitations may apply. Your policy/certificate will contain complete information.

When considering universal life insurance, think of short- and long-term expenses such as:

- Funeral cost
- Rent or mortgage payments
- Debt
- Retirement
- College tuition for children or grandchildren

Voya Accident Insurance

Accident insurance provides a lump sum payment based on the accident/injuries sustained; it's paid directly to you, and you decide whether to spend it on medical expenses, the mortgage, car payments or even utility bills. It's that simple.

Eligibility: You must average at least 20 hours per week.

Other advantages of accident insurance are:

- Cash benefits for expenses that may not be covered under your medical insurance
- There are no health questions to answer
- You can cover your spouse and children
- There is no limit to the amount of accidents you can claim under the policy (with exception to policy rules)

Why do I need Accident Insurance?

Ride bikes or drive a car? Jog or play sports? Accidents can happen when you least expect it. Are you prepared financially to pay the expenses that can occur as a result? Accident insurance is a way to ensure you can stay ahead of the out-of-pocket expenses associated with medical treatments. Your medical plan's copays, coinsurance, and deductibles add up quickly after a sudden or unexpected injury. While you can't predict when an accident will happen, you can be prepared financially.

Plan Highlights

- There are High and Low option plan levels to choose from.
- Both Plan options include Accidental Death & Dismemberment.
- Sickness Hospital Confinement is included in the High option plan.
- Both plans are portable.
- The Wellness Benefit Rider provides \$150 per covered employee and covered spouse, and \$75 per covered child up to a maximum of \$300 per calendar year for completing a health screening test. Wellness benefits are paid once per person per calendar year.
- Premiums are affordable and payroll deducted.



Insurance products issued by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Home and Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401. Policy provisions and product availability may vary by state.

Payments received under this policy may be considered taxable income to you under federal and/or state law. Because federal and state tax rules are complex, it is recommended that you consult with a professional tax advisor if you receive a payment under this policy.

Aflac Group Critical Illness Insurance

Aflac can help ease the financial stress of surviving a critical illness. It can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack or a stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction and stress over out-of-pocket costs. With the Aflac group Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Eligibility: You must average at least 20 hours per week.

You can elect up to the following coverage amounts with no health questions:

- Associates/Spouse: \$5,000 - \$30,000
- Child: Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge.

This is a brief product overview only. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. AGC1600377 R1 (3/18).

Payments received under this policy may be considered taxable income to you under federal and/or state law. Because federal and state tax rules are complex, it is recommended that you consult with a professional tax advisor if you receive a payment under this policy.

Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage is portable. That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in about four days.



Aflac Group Hospital Indemnity Insurance

When you are hospitalized, your out-of-pocket expenses can quickly add up. To help you offset the additional costs, Hospital Indemnity Insurance provides financial protection when you need it most. These benefits are provided to you when your hospital stay is a direct result from a covered accident or illness. It must also begin within seven days of a covered accident or sickness and last for at least 24 hours. You may choose one of the three plans shown below.

Eligibility: You must average at least 20 hours per week.

Plan Benefits	Plan 1	Plan 2	Plan 3
Initial Hospital Confinement Benefit - Payable once per plan year	\$750	\$1,000	\$2,000
Hospital Confinement Benefit - Maximum 3 days per plan year	\$250 per day	\$500 per day	\$1,000 per day
Hospital Intensive Care Benefit - Maximum 4 days per plan year	\$250 per day	\$500 per day	\$1,000 per day
Intermediate Intensive Care Step-Down Unit Benefit - Maximum 4 days per plan year	\$100	\$200	\$300
Outpatient Surgical Benefit (up to 1 Outpatient Surgery per Plan Year) Payable once per plan year	\$500 per Outpatient Surgery	\$500 per Outpatient Surgery	\$750 per Outpatient Surgery
Outpatient Anesthesia Benefit	25% of the corresponding Outpatient Surgery Benefit	25% of the corresponding Outpatient Surgery Benefit	25% of the corresponding Outpatient Surgery Benefit
Emergency Room Observation - One visit for each covered sickness or accident per calendar year, maximum of five (5) total visits per calendar year for each insured. We will pay the amount shown for each period of observation that, because of a covered accidental injury or covered sickness, an insured: <ul style="list-style-type: none"> Receives treatment in a hospital emergency room, and Is held in a hospital for observation without being admitted as an inpatient. Minimum four (4) hours More than 24 hours	\$25 \$50	\$50 \$100	\$75 \$150

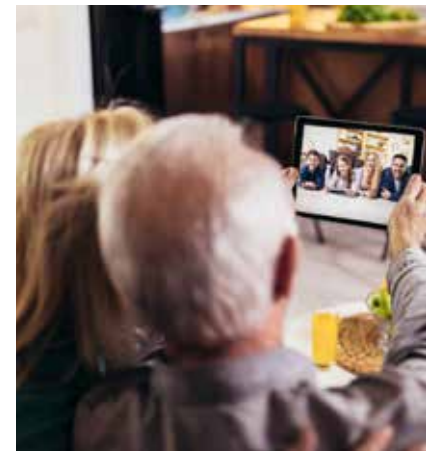
Cost of Hospital Indemnity Insurance

	Plan 1	Plan 2	Plan 3
Associate Only	\$2.62	\$4.49	\$8.97
Associate + Spouse	\$5.98	\$9.91	\$19.81
Associate + Child(ren)	\$4.49	\$7.66	\$15.14
Associate + Family	\$7.85	\$13.08	\$25.98

This is a brief product overview only. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

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Payments received under this plan may be considered taxable income to you under federal and/or state law. Because federal and state tax rules are complex, it is recommended that you consult with a professional tax advisor if you receive a payment under this plan.



Important Contact Information

If you do not have internet access, you can visit My.Dillards.com (Docushare) at a store kiosk or call a provider for plan information. After you enroll, use the following contact information for Customer Service. Please remember, SPDs are available on My.Dillards.com (Docushare).

Dillard's Group Health Options	Provider	Customer Service	
Dillard's Benefits Enrollment Center		1-866-857-2132	My.Dillards.com (Docushare) or enroll www.electbenefits.com/dillards
Group Health Options	UMR / MyQHealth Group # 76-413458	MyQHealth 1-877-674-3047 7:30 AM – 9:00 PM CST	MyQHealth mydillardsbenefits.com
	QualChoice Option A Group #00091001 Option B Group #00091003 Option D Group #00091004 and #00091005 Option F Group #00091008		
MyQHealth (For all benefit questions)	Quantum Health	1-877-674-3047 7:30 AM – 9:00 PM CST	mydillardsbenefits.com
Telemedicine		1-800-Teladoc (835-2362)	www.teladoc.com
Health Savings Account (HSA)	Dillard's Federal Credit Union	1-800-643-1139	www.mydfcu.com
Dental Insurance	Lincoln DentalConnect PPO Group # 00001D037222	1-800-423-2765 Group ID: DILLARDS	www.lincolnfinancial.com
Vision Insurance	EyeMed Group #1000303	1-866-804-0982	www.eyemed.com
Life Insurance • Term Life Insurance	Lincoln Financial Group Group #01-0241522	1-800-423-2765 Group ID: DILLARDS	www.lincolnfinancial.com
• Universal Life Insurance	Trustmark	1-800-918-8877 M-TH – 7 a.m to 7 p.m. CST Friday – 7 a.m. to 6 p.m. CST	http://trustmarksolutions.com/individuals/policyholders
Disability Insurance • Short Term Disability (Hourly associates only)	Lincoln Financial Group Group ID: DILLARDS STD Policy #01-0241524	1-800-423-2765 Customer Service 1-866-783-2255 Claims Department	www.lincolnfinancial.com
• Long Term Disability	Lincoln Financial Group Group ID: DILLARDS LTD Policy #01-0241523	1-800-423-2765	www.lincolnfinancial.com
Voya Accident Insurance	Voya	1-888-238-4840	https://claimscenter.voya.com/static/claimscenter/
Group Critical Illness Insurance	Aflac	1-800-433-3036	www.aflacgroupinsurance.com Online Claims access: https://www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx
Group Hospital Indemnity Insurance	Aflac	1-800-433-3036	www.aflacgroupinsurance.com Online Claims access: https://www.aflacgroupinsurance.com/customer-service/file-a-claim.aspx
401(k)	Wells Fargo	1-800-728-3123	
Dillard's Corporate Benefits		1-501-376-5972, 8 a.m. – 5 p.m. CST	

This brochure is a summary only. For specific plan information including limitations and exclusions, please refer to the Summary Plan Description located in My.Dillards.com (Docushare). Printed copies of the Summary Plan Description are available upon request.

Enrollment Confirmation Worksheet

Please complete this worksheet with the Benefit Specialist, who will review and confirm your choices with you so you can write them down.

BENEFITS FOR THE STYLE OF YOUR LIFE.	CHOICE	ESTIMATED COST
Dillard's Group Health Options		Weekly
<input type="checkbox"/> ENROLL Option: _____ <input type="checkbox"/> DECLINE	<input type="checkbox"/> Associate Only <input type="checkbox"/> Associate + Spouse <input type="checkbox"/> Associate + 1 child <input type="checkbox"/> Associate + 2 or more children <input type="checkbox"/> Associate + Family	\$ _____ pre-tax*
Dillard's Group Dental/Vision Options		Weekly
<input type="checkbox"/> ENROLL Option: _____ <input type="checkbox"/> DECLINE	<input type="checkbox"/> Associate Only <input type="checkbox"/> Associate + Spouse <input type="checkbox"/> Associate + 2 or more	\$ _____ pre-tax
Dillard's Group Short Term/Long Term Disability (May require health questions)		Monthly
<input type="checkbox"/> ENROLL <input type="checkbox"/> DECLINE	<input type="checkbox"/> Short Term—Hourly Associates <input type="checkbox"/> Long Term	\$ _____ pre-tax**
Dillard's Group Basic Term Life Insurance (May require health questions)		Monthly
<input type="checkbox"/> ENROLL <input type="checkbox"/> DECLINE		\$ _____ pre-tax***
Dillard's Group Supplemental Life Insurance		Monthly
<input type="checkbox"/> ENROLL <input type="checkbox"/> DECLINE	<input type="checkbox"/> Associate \$ _____ <input type="checkbox"/> Spouse \$ _____ <input type="checkbox"/> Child \$ _____	\$ _____ post-tax***
Individual Universal Life Insurance		Weekly
<input type="checkbox"/> ENROLL <input type="checkbox"/> DECLINE		\$ _____ post-tax
Voya Accident Insurance		Weekly
<input type="checkbox"/> ENROLL <input type="checkbox"/> DECLINE		\$ _____ pre-tax****
Aflac Group Critical Illness Insurance		Weekly
<input type="checkbox"/> ENROLL <input type="checkbox"/> DECLINE		\$ _____ pre-tax****
Aflac Group Hospital Indemnity Insurance		Weekly
<input type="checkbox"/> ENROLL <input type="checkbox"/> DECLINE		\$ _____ pre-tax****
		Total WEEKLY Benefits Cost
		\$ _____
		Total MONTHLY Benefits Cost
		\$ _____

* Assumes 40-hour work week for Options A, B, and D. Fixed cost for Option F.

** Pre-tax deductions and employer contributions do not apply to those associates whose earnings are above the IRS taxable wage base.

*** Basic Group Term Life and Supplemental Term Life premiums are deducted pre-tax up to the first \$50,000 in total life benefits; premiums for total life benefits over \$50,000 are deducted post-tax.

**** Coverage that requires health questions (Life Insurance and Disability Insurance) will not be effective until approved by Lincoln Financial underwriting. If denied coverage, denial will be mailed to your home.

Life Insurance and Disability Insurance will not require health questions during 2021 open enrollment.

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