

KIDS Central Incorporated

To embrace our children, teach our children and to inspire our children



TEAM MEMBER

INSURANCE BENEFITS GUIDE

SEPTEMBER 1, 2024 - AUGUST 31, 2025

IMPORTANT MESSAGE:

This summary of benefits is not intended to be a complete description of the terms of Kids Central' insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Kids Central maintains its benefit plans on an ongoing basis, Kids Central reserves the right to terminate or amend each plan, in its entirety or in any part, at any time.



AVAILABLE BENEFITS:

- Medical
- Health Reimbursement Arrangement
- Dental
- Vision
- Company Paid Term Life and AD&D
- Company Paid Short-Term Disability
- Voluntary Term Life and AD&D
- Whole Life
- Accident Insurance
- Critical Illness
- Cancer Insurance
- 401k Program

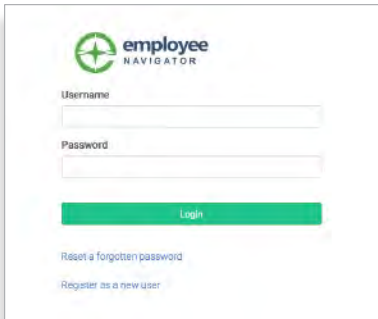
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Are you a New Hire needing assistance with your benefit enrollment? Please scan the QR Code to the left to schedule a date and time to speak with a Licensed Benefits Counselor to help assist with completing your benefit elections and waivers.

ENROLL IN YOUR BENEFITS: One step at a time



The login page features the Employee Navigator logo at the top left. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom left, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

Step 1: Log In

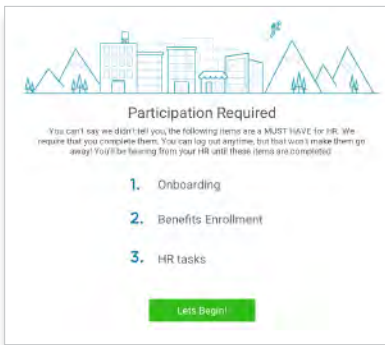
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

Company Identifier - Kids Central

Step 2: Welcome!

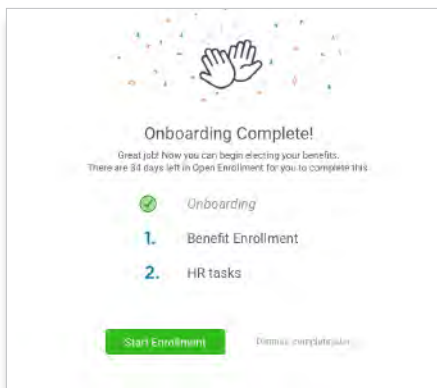
After you login click **Let's Begin** to complete your required tasks.



The page has a header with a city skyline illustration. The main heading is 'Participation Required'. Below it is a note: 'You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.' A numbered list follows: 1. Onboarding, 2. Benefits Enrollment, 3. HR tasks. A green 'Let's Begin!' button is at the bottom.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.



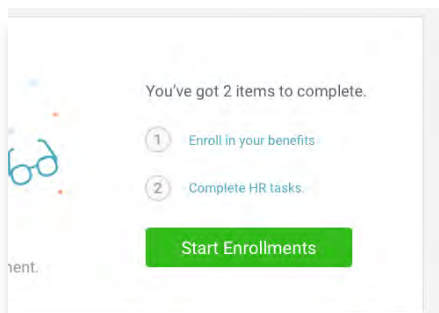
The page features a hand icon surrounded by confetti. The heading is 'Onboarding Complete!'. Below it is a message: 'Great job! Now you can begin selecting your benefits. There are 34 days left in Open Enrollment for you to complete this.' A progress indicator shows 'Onboarding' as complete with a green checkmark. A numbered list follows: 1. Benefit Enrollment, 2. HR tasks. A green 'Start Enrollment' button and a 'Dismiss complete page' link are at the bottom.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.



The page has a header with a pair of glasses illustration. The main heading is 'You've got 2 items to complete.' Below it is a numbered list: 1. Enroll in your benefits, 2. Complete HR tasks. A green 'Start Enrollments' button is at the bottom.

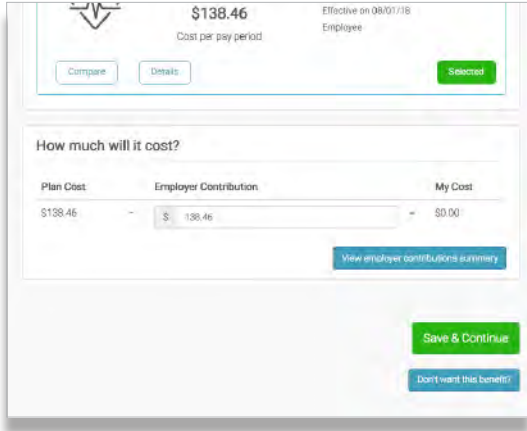
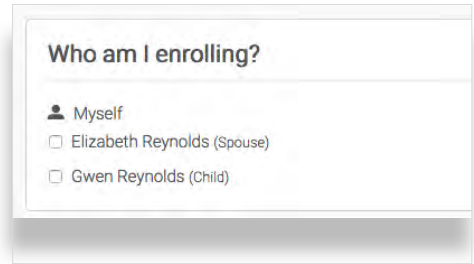
TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

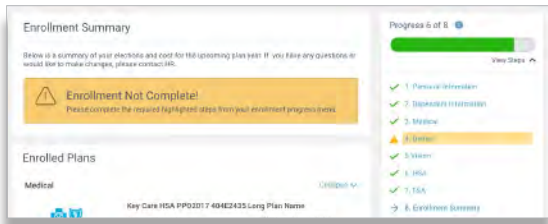


Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

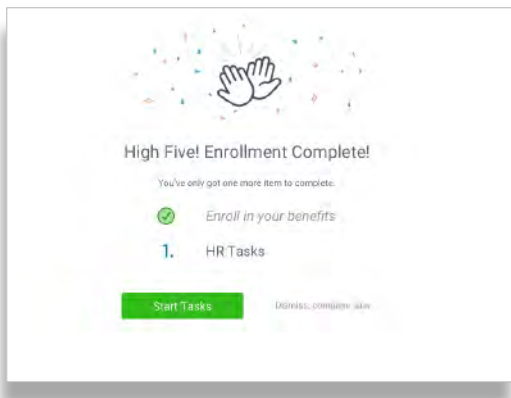


Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



Please contact the Resource Center if you experience trouble registering or logging into your account:

You can login to review your benefits 24/7

866-488-0458 M-F 9:00AM - 5:00PM

TEAM MEMBER BENEFITS OVERVIEW

CHOOSE THE BEST BENEFITS FOR YOU AND YOUR FAMILY

Kids Central strives to provide you and your family with a valuable benefits package. We want to make sure you're getting the most out of our benefits - that's why we've put together this Benefits Guide. If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to the coverage providers or the Human Resources Department.

WHO IS ELIGIBLE FOR BENEFITS?

You are considered a benefit eligible Team Member if you are Full Time. Eligible Dependents include: Spouse, Children from birth to age 26 and Disabled dependents, regardless of their age.

WHEN CAN YOU ENROLL?

You can sign up for benefits or change your benefit elections at the following times:

- Prior to your benefits effective date as a Newly Hired Team Member
- During the Annual Benefits Open Enrollment Period for a September 1st effective date.
- Within 30 days of experiencing a Qualifying Life Event (QLE). See additional information on QLEs below.

If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

CHANGING YOUR BENEFITS DURING THE YEAR

Kids Central allows you to pay your portion of the medical, dental and vision premiums on a pre-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next Annual Open Enrollment Period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event, and you must submit a paper enrollment form and supporting documentation for qualifying life event changes.

To request a benefits change, notify your Human Resources representative within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Change in your spouse's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.
- Loss or gain of other coverage.

IMPORTANT LEGAL NOTICES

Copies of the following notices are available on the Employee Navigator Online Platform. If you have difficulty accessing them from the internet or on your smartphone, please contact Human Resources for printed copies.

- Women's Health and Cancer Rights Act of 1998 (WCHRA)
- The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)
- Notice for how medical information about you may be used and disclosed
- Medicare Prescription Notice
- Premium Assistance Under Medicaid and The Children's Health Insurance Program (CHIP)
- New Health Insurance Marketplace Coverage Options and your Health Coverage
- Summary of Benefits and Coverage (SBC)
- Summary Plan Description (SPD)

KEY TERMS YOU SHOULD KNOW

DEDUCTIBLE

The amount you must pay for medical expenses before the insurance plan will begin to pay.

COINSURANCE

A form of cost-sharing where you and the insurance plan share expenses in a specified percentage after you meet your deductible (until you reach the out-of-pocket maximum).

COPAYS

The flat dollar amount you pay for certain services such as office visits and prescription drugs.

OUT-OF-POCKET MAXIMUM

The maximum amount of money you will pay during the plan year. The out-of-pocket maximum is the sum of your deductible, coinsurance payments, and medical copays.

DEPENDENT COVERAGE

If you elect dependent coverage, the individual deductible and Out-of-Pocket Maximum (OOP) will apply to each individual. If only one person in the family uses the plan they will only be subject to the individual deductible and OOP. The OOP maximum for the entire family is two times the individual and can be obtained by a combination of family members. (Once the family out-of-pocket maximum is met, expenses are paid 100% by the plan for the entire family if you stay in-network).

PREVENTIVE CARE

The Medical plans cover in-network preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

You won't have to pay anything - no deductible, copay, or coinsurance - for preventive services when:

- You get them from a doctor or other health care provider in the Medical network.
- The main purpose of your visit is to get preventive care.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam.

SENTARA MEDICAL INSURANCE

Kids Central offers Health Insurance plans through Sentara. Locate a Sentara network provider at www.sentarahealthplans.com. Please refer to the official Plan Documents and the Summary Benefits of Coverage (SBC), available on the Kids Central Benefit Administration Online Portal, Employee Navigator, for additional information on coverages and exclusions.

For all employees who are covered under Kids Central medical plan, a HRA debit card will be issued to be used for expenses incurred towards the in-network or out-of-network deductible for the year.

Please see pages 8 & 9 for additional information regarding the Health Reimbursement Arrangement (HRA).

Summary of Covered Benefits	Sentara POS Equity	Sentara POS
	\$5,000/0% In-Network	\$5,000/30/30% In-Network
Calendar Year Deductible Individual/Family	\$5,000 / \$10,000	\$5,000 / \$10,000
Out-of-Pocket Maximum Individual/Family <small>Includes Deductible, Coinsurance, & Copays</small>	\$7,000 / \$14,000	\$8,000 / \$10,000
Preventive Care	No Charge	No Charge
Physicians Services Primary Care Physician Specialist Urgent Care	0% Coinsurance AD* 0% Coinsurance AD* 0% Coinsurance AD*	\$30 Copay \$50 Copay \$50 Copay
Diagnostic Testing X-Ray / Blood Work	0% Coinsurance AD*	30% Coinsurance AD*
Imaging MRIs, CT/PET Scans	0% Coinsurance AD*	30% Coinsurance AD*
Hospital Services Inpatient Outpatient	0% Coinsurance AD* 0% Coinsurance AD*	30% Coinsurance AD* 30% Coinsurance AD*
Emergency Room	0% Coinsurance AD*	30% Coinsurance AD*
Prescriptions		
Prescription Drugs (31-Day Supply)	Must Satisfy Medical Deductible	No Deductible
Tier 1 - Selected Generic	\$10 Copay AD*	\$15 Copay
Tier 2 - Selected Brand	\$40 Copay AD*	\$40 Copay
Tier 3 - Non-Selected Brand	\$75 Copay AD*	\$75 Copay
Tier 4 - Specialty	20% Coinsurance up to max \$300 AD*	20% Coinsurance up to max \$300
Preventive Drug List	Copays not subject to medical ded.	N/A

AD* After Deductible

Kids Central Deductible Reimbursement HRA Summary

9/1/2024 - 8/31/2025

Claims Filing Dead line: October 31st, 2024

Benefit Summary

For all employees covered under Kid Central's medical plan, a debit card will be issued to be used for expenses incurred towards the in-network or out-of-network deductible for the year. These funds can be used for expenses such as doctor's visits, hospital services, urgent care services, etc., and can cover expenses for any eligible family members also covered on the company's medical plan.

Maximum Reimbursement:

**Sentara POS \$5,000/30/30% Copay Plan - \$1,000 Employee
\$1,500 Employee + Dependent(s)**

**Sentara POS Equity \$5,000/30 Plan - \$2,500 Employee
\$3,000 Employee + Dependent(s)**

Any unused funds will NOT be eligible to rollover in to subsequent plan years.

Reimbursement Process

1

Incur an eligible expense, and either use the debit card to pay the provider directly, or obtain the itemized receipt/tag. The receipt must show the date, amount, and patient the service was for.

2

Use the debit card to pay the provider directly, or submit the itemized receipt along with a copy of your Claim Form to Flores for processing. You can file claims via: Upload through www.flores247.com, Smartphone app eReceipt, fax or mail.

3

Your claim will be processed and paid on a Weekly basis. If we have your e-mail address on file, you will be sent an e-mail notification when we receive your claim and when processed. Your reimbursement will be issued through check or direct deposit.

HRA Guide

IMPORTANT INFORMATION & FAQs

WHAT IS AN HRA?

A Health Reimbursement Arrangement (HRA) is an employer funded account that helps you pay for qualified out-of-pocket medical expenses, such as deductible, co-insurance, and prescriptions.

HOW CAN I FILE CLAIMS?

You may fax, mail, upload, or use e-Receipt to file your claims for reimbursement. Claims may be filed at any time during the plan year, but these must be submitted by the claims filing deadline for the plan year in which the expenses were incurred.

WHAT INFORMATION MUST BE INCLUDED ON DOCUMENTATION?

Most HRA plans require that you submit an Explanation of Benefits (EOB) from your insurance carrier. Please consult your specific plan documents for more information.

HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address, unless you have setup direct deposit. You may add your direct deposit information on the participant website or by submitting a completed Direct Deposit Information form to Flores.

WHAT IF I AM ALSO ENROLLED IN A MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA)?

If you are also enrolled in an FSA, any out-of-pocket medical expenses that are not reimbursed by the HRA plan may be submitted to this account. If you are enrolled in both the HRA and FSA plans with Flores, you are able to submit one claim that will automatically rollover to be paid from both accounts. This allows you to maximize the reimbursement available to you with less paperwork.



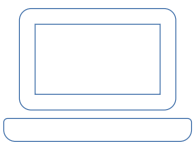
DOES THE MONEY I HAVE IN MY HRA ROLL OVER FROM YEAR TO YEAR, OR DO I LOSE THE MONEY AT THE END OF THE PLAN YEAR?

Whether or not your money rolls over to the next plan year is subject to plan design and may vary from year to year. Contact your Human Resources department for specific information about your plan design, or visit the participant website for more information about your plan.

WHAT HAPPENS TO THE MONEY IN MY HRA IF I LEAVE MY JOB OR RETIRE?

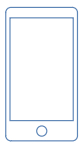
In most cases, the HRA is a COBRA eligible benefit. Contact your Human Resources department for specific information about your plan design, or log in to our website to view more information about your plan.

HOW DO I OBTAIN MY ACCOUNT DETAILS?



WEBSITE

Visit www.flores247.com and log in using Participant ID or User Name and password



MOBILE WEBSITE

Visit our mobile website at m.flores247.com



INTERACTIVE VOICE SYSTEM

Dial 800.331.9610
Enter PID for your account details

PID & PASSWORD ASSISTANCE

Dial 800.840.7684

HOW DO I SUBMIT DOCUMENTS TO FLORES?

ONLINE

Visit www.flores247.com and upload scanned documents securely

MOBILE

Download e-Receipt smartphone app
Available for Apple or Android devices

MAIL

Flores & Associates, LLC
PO Box 31397
Charlotte, NC 28231

FAX

800.726.9982 or 704.335.0818



CUSTOMER SERVICE 1.800.532.3327

UNITED HEALTHCARE DENTAL INSURANCE

Kids Central offers Dental Insurance through United HealthCare. The table below provides a brief summary of the key features of the Dental plan. Please refer to the official plan documents, available on the Online Portal, Employee Navigator, or through your Human Resources Department, for additional information on coverages and exclusions.

	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Individual Annual Deductible	\$25	\$25	\$0	\$0
Family Annual Deductible	\$75	\$75	\$0	\$0
Annual Maximum Benefit* <i>(The total benefit payable by the plan will not exceed the highest listed maximum amount for either Network or Non-Network services.)</i>	\$1000 per person per calendar year	\$1000 per person per calendar year	\$1000 per person per lifetime	\$1000 per person per lifetime
Annual Deductible Applies to Preventive and Diagnostic Services	No			
Annual Deductible Applies to Orthodontic Services	No			
Waiting Period	No waiting period			
Orthodontic Eligibility Requirement	Up to age 19			

COVERED SERVICES**	NETWORK PLAN PAYS***	NON-NETWORK PLAN PAYS****	BENEFIT GUIDELINES
DIAGNOSTIC SERVICES			
Periodic Oral Evaluation	100%	100%	Limited to 2 times per consecutive 12 months.
Radiographs	100%	100%	Bitewing: Limited to 1 series of films per calendar year. Complete/Panorex: Limited to 1 time per consecutive 36 months.
Lab and Other Diagnostic Tests	100%	100%	
PREVENTIVE SERVICES			
Dental Prophylaxis (Cleanings)	100%	100%	Limited to 2 times per consecutive 12 months.
Flouride Treatments	100%	100%	Limited to covered persons under the age of 16 years and limited to 2 times per conservative 12 months.
Sealants	100%	100%	Limited to covered persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.
Space Maintainers	100%	100%	For covered persons under the age of 16 years, limit 1 per consecutive 60 months.
BASIC DENTAL SERVICES			
Restorations <i>(Amalgam or Composite; Anterior only)</i>	80%	80%	Multiple restorations on one surface will be treated as a single filling.
General Services <i>(including Emergency Treatment)</i>	80%	80%	Palliative Treatment: Covered as a separate benefit only if no other service was done during the visit other than X-rays. General Anesthesia: when clinically necessary. Occlusal Guard: Limited to 1 guard every consecutive 36 months.
Simple Extractions	80%	80%	Limited to 1 time per tooth per lifetime.
Oral Surgery <i>(includes surgical extractions)</i>	80%	80%	
Periodontics	80%	80%	Perio Surgery: Limited to 1 quadrant or site per consecutive 36 months per surgical area. Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months. Periodontal Maintenance: Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement.
Endodontics	80%	80%	
MAJOR DENTAL SERVICES			
Inlays/Onlays/Crowns	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
Dentures and other Removable Prosthetics	50%	50%	Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.
Fixed Partial Dentures (Bridges)	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
ORTHODONTIC SERVICES			
Diagnose or correct misalignment of the teeth or bite	50%	50%	Course of treatment is typically 24 months, with initial payment at banding of 20% and remaining payment spread over the course of treatment.

UNITED HEALTHCARE VISION INSURANCE

Kids Central offers Vision Insurance through United HealthCare. The table below provides a brief summary of the key features of the Vision plan. Please refer to the official plan documents, available on the Online Portal, Employee Navigator, or through your Human Resources Department, for additional information on coverages and exclusions.

Vision Benefit Summary	In-Network
<ul style="list-style-type: none"> • Comprehensive Vision Exam • Materials - Eyeglass Lenses/Eyeglass Frames or Contact Lenses 	<p style="text-align: center;">\$10 Copay</p> <p style="text-align: center;">\$25 Copay</p> <p>Exam - Once every 12 months</p> <p>Lenses - Once every 12 months</p> <p>Frames - Once every 24 months</p>
<ul style="list-style-type: none"> • Frames Any available frame at provider location 	<p style="text-align: center;">\$130 retail frame allowance, (after applicable copay)</p>
<ul style="list-style-type: none"> • Standard Lenses (for Eyewear) Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses Lenticular Lenses 	<p style="text-align: center;">Covered in full after applicable copay</p> <p>Includes standard scratch-resistant coating</p>
<ul style="list-style-type: none"> • Contact Lenses (material only) Conventional and Disposable Medically Necessary 	<p>Up to 4 boxes of contact lenses plus the fitting/evaluation fees and up to two follow-up visits are covered-in-full (after applicable copay). Covered in full after applicable copay</p>

Located a provider by calling (800) 839-3242

MEDICAL, DENTAL AND VISION PLAN PER PAY RATES

The displayed rates below are **26 times** and **19 times** per year, representing the employees' per pay period costs. The **Total Monthly Rate** column includes the total cost of the medical insurance plans, including the employer's monthly contribution. Kids Central contributes a significant portion towards the cost of the medical plans.

SENTARA MEDICAL INSURANCE RATES

Coverage Level	Sentara POS Equity \$5,000/0%			
	26x Year	19x Year	Employee Monthly Rate	Total Monthly Rate
Employee Only	\$66.70	\$91.28	\$144.52	\$1,161.58
Employee + Child(ren)	\$163.20	\$223.33	\$353.61	\$1,579.75
Employee + Spouse	\$397.89	\$544.47	\$862.09	\$2,596.71
Employee + Family	\$612.28	\$837.85	\$1,326.60	\$3,525.74

Coverage Level	Sentara POS \$5,000/30/30%			
	26x Year	19x Year	Employee Monthly Rate	Total Monthly Rate
Employee Only	\$100.29	\$137.24	\$217.29	\$1,421.56
Employee + Child(ren)	\$218.39	\$298.84	\$473.17	\$1,933.32
Employee + Spouse	\$505.59	\$691.87	\$1,095.46	\$3,177.89
Employee + Family	\$767.97	\$1,050.91	\$1,663.94	\$4,314.85

United Healthcare Dental Insurance

Coverage Level	26x Year	19x Year
Employee Only	\$5.85	\$8.01
Employee + Child(ren)	\$19.61	\$24.02
Employee + Spouse	\$17.55	\$26.84
Employee + Family	\$33.11	\$45.31

United Healthcare Vision Insurance

Coverage Level	26x Year	19x Year
Employee Only	\$2.76	\$3.78
Employee + Child(ren)	\$6.12	\$7.17
Employee + Spouse	\$5.24	\$8.37
Employee + Family	\$8.63	\$11.81

COMPANY PROVIDED TERM LIFE AND AD&D

Life insurance is an important element of your income protection planning, especially for those who depend on you for financial security. **Kids Central automatically provides Term Life and AD&D Insurance through Anthem to all eligible employees at no cost!** Your benefit may reduce due to age. You will still have benefits as your age increases, but they will reduce according to the schedule in the Certificate. You also have the option of purchasing additional Permanent/Whole Life Insurance through Boston Mutual.

Company Provided Term Life and AD&D Benefit: \$25,000

COMPANY PROVIDED SHORT TERM DISABILITY

Kids Central provides eligible employees with Short-Term Disability Insurance through Anthem at no cost! Short-Term Disability Insurance helps replace your income if a doctor deems you unable to work due to an off the job injury or sickness.

Plan Highlights:

- **Guaranteed Issue** no health questions asked first time offered
- **Pregnancy** is covered same as any other illness
- **Claim Payments & Amounts** paid on a weekly basis
- **Non-Occupational Coverage** off the job only

Elimination Periods: Benefits begin on day 15 for Accident or Sickness Disabilities

Benefit Period: 26 Weeks

Benefit Amounts: Employees receive 67% of their weekly earnings, not to exceed \$600

VOLUNTARY TERM LIFE AND AD&D

Kids Central offers eligible employees the option to purchase additional Term Life and AD&D Insurance through Anthem Life. Please refer to the official plan documents, available on the Online Portal, Employee Navigator, or through your Human Resources Department, for additional information on coverages and exclusions.

Employee Optional Life Insurance

- Purchased in \$10,000 increments with a maximum benefit of \$300,000 OR 5 times annual earnings.
- Guaranteed issue amount \$80,000 (if applied for when initially eligible)
- Amounts above guaranteed issue or elected after initially eligible, will be subject to Proof of Insurability

Employee Optional Accidental Death and Dismemberment Insurance

- Purchased in \$10,000 increments with a maximum benefit of \$300,000 OR 5 times annual earnings.
- Guaranteed issue amount \$80,000 (if applied for when initially eligible)
- Amounts above guaranteed issue or elected after initially eligible, will be subject to Proof of Insurability

Dependents Optional Life and AD&D Insurance

- **Spouse:** purchased in increments of \$5,000 up to a maximum of \$150,000; guaranteed issue amount \$20,000
- **Child(ren):** purchased in increments of \$2,000 up to a maximum of \$10,000
- Amounts above guaranteed issue or elected after initially eligible, will be subject to Proof of Insurability

BOSTON MUTUAL WHOLE LIFE INSURANCE



Whole Life Insurance

Employers want to provide employees with a benefits package that fits their ever-changing needs. With its guaranteed premiums, benefits, and values, as well as the option to insure your entire family,

Life changes...so it may be time to review how much coverage you have and consider what your family might need if something should happen. Whether you're just starting out at your first job, or nearing retirement, whole life insurance should be an integral part of your financial plan.

Just like Boston Mutual has always been there for our policyholders, whole life coverage will always be there to provide you and your family protection and security for the future.

HIGHLIGHTS

Affordable



Flexible

Worldwide coverage



Portable

Benefits

Available for you, your spouse, children, and grandchildren.

Guaranteed coverage with no medical questions, up to certain amounts.

You select the amount of insurance you need and how much you can afford.

Payroll deduction makes payment easy.

Your payment amount will stay the same, even if you change employment or retire.

Builds cash value.

Annual statements provide current policy value information.

Paid up options, based on accrued cash values.

Our Whole Life workplace insurance is an endowment at age 95 policy, which means the face value would be paid to the insured, if living, at age 95.

Guarantees

Premium – As long as you continuously pay your premiums, the cost of your life insurance policy can never go up.

Cash Value – The cash value illustrated at the time of purchase are guaranteed as long as your coverage stays in force*.

Interest Rate – This policy provides a 3% guaranteed credited interest rate on accruing cash values.

Portability – Even if your employer changes, you can arrange to pay us directly and keep your coverage.

Coverage Issued – Employees and their spouses who are actively at work for a minimum of 20 hours per week can purchase this insurance up to certain limits, despite past or present health problems.

Additional Purchase – If you buy a minimum amount of coverage, you guarantee yourself the right to purchase any remaining portion of the guaranteed issue limit at future approved enrollments (*subject to product and payroll deduction availability*).

* The actual cash value may be decreased by loans or withdrawals.

BOSTON MUTUAL ACCIDENT INSURANCE

Accident Insurance is available through Boston Mutual. Accident Insurance helps with out-of-pocket costs that arise when you have a covered accident such as a fracture, dislocation or laceration. Listed below are examples of some conditions that would qualify under the Accident Insurance. Please refer to the official plan documents for a full list of covered injuries and expenses.

G HOSPITAL CARE	
\$2,000	Hospital Admission: Within 6 months after the covered accident. Amount will be doubled if placed in a Hospital Intensive Care Unit within the first 24 hours of admission.
\$500	Hospital Confinement: Per day up to 365 days. Within 6 months after the covered accident.
\$1,000	Hospital Intensive Care Unit Confinement: Per day up to 30 days. Within 30 days after the covered accident.
\$200	Lodging: Per day up to 30 days per covered accident for companion. Hospital must be more than 100 miles round trip from the residence of the insured.
\$150	Rehabilitation Unit: Per day up to 30 days. When confined in a rehab unit following hospitalization.
\$600	Transportation: Up to 3 round trips per covered accident. Insured must travel more than 100 miles round trip for treatment.
EMERGENCY CARE	
\$1,000	Air Ambulance: Within 48 hours after the covered accident. <i>(In Utah, within 48 hours after the covered accident or as soon as reasonably possible.)</i>
\$200	Ground Ambulance: Within 90 days after the covered accident.
\$100	Appliance: Within 90 days after the covered accident. For personal locomotion or mobility.
\$200	Blood, Plasma, Platelets: Within 90 days after the covered accident.
\$50	Physician Office/Urgent Care - Initial Visit: Within 60 days of a covered accident.
\$200	Outpatient Surgery Facility Service: Torn Knee Cartilage, Ruptured Disc, Tendon/Ligament/Rotator Cuff.
\$1,000	Abdominal or Thoracic with repair: Within 72 hours of a covered accident. <i>(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)</i>
\$100	Abdominal or Thoracic without repair: Within 72 hours of a covered accident. <i>(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)</i>
\$100	Hernia: Diagnosed within 30 days and repaired within 90 days of the covered accident.
EMERGENCY ROOM	
\$200	Emergency Room Treatment: Within 72 hours after a covered accident. <i>(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)</i>
DIAGNOSTIC IMAGING	
\$200	Medical Imaging: For CT scan, MRI or EEG as the result of a covered accident.
\$50	X-Rays: Payable for diagnosis and treatment of injuries received as the result of a covered accident.
CONTINUING CARE	
\$100	Epidural Pain Management: Within 6 months after the covered accident. Payable once per 12 month period, regardless of the number of covered accidents.
\$100	Physician Follow-Up Care: Within 180 days of the covered accident. Payable twice per covered accident.
\$30	Spinal Manipulation: Payable for 1 visit per day, up to a maximum of 5 visits per 12 month period, regardless of the number of covered accidents.
\$30	Therapy Services – Occupational, Physical & Speech: Maximum of 10 visits per covered accident and completed within 2 years after the covered accident.

\$50 Health Screening Benefit Included!

HEALTH SCREENING BENEFIT RIDER (WPS-ACC HS Rider 07/15)

Pays the selected amount once per calendar year per insured person for any one or more of the following health screening tests listed below performed by a Physician more than 30 days after the rider effective date. *(In Idaho, no 30-day wait.)*

1. Biopsy for Skin Cancer
2. Blood test for triglycerides
3. Bone marrow testing
4. CA 125 *(blood test for ovarian cancer)*
5. CA 15-3 *(blood test for breast cancer)*
6. CEA *(blood test for colon cancer)*
7. Chest X-ray
8. Colonoscopy
9. Electrocardiogram (EKG)
10. Fasting blood glucose test
11. Flexible sigmoidoscopy
12. Hemocult stool analysis
13. Lipid Panel *(total cholesterol count)*
14. Mammography/Breast Ultrasound
15. Oral Cancer screening using ViziLite, OraTest or other similar test
16. Pap smear *(including ThinPrep Pap Test)*
17. PSA *(blood test for prostate cancer)*
18. Serum Protein Electrophoresis *(blood test for myeloma)*
19. Stress test on a bicycle or treadmill
20. Thermography

G

SPECIFIC LOSS

- **Burns:** Treated by a physician within 72 hours after the covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*
 - \$1,500 → - 2nd degree burns which cover at least 36% of the body.
 - \$3,000 → - 3rd degree burns which cover at least 9 square inches of the body but less than 35 square inches.
 - \$20,000 → - 3rd degree burns which cover 35 or more square inches of the body.
- **Skin Grafts:** 25% of the applicable burn benefit.
- \$300 **Concussion:** Diagnosed by a physician within 72 hours after the covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*
- **Emergency Dental Work:**
 - \$300 → - Broken teeth repaired with crown(s)
 - \$100 → - Broken teeth resulting in extraction(s)
- \$500 **Eye Injury:** Within 90 days after the covered accident.
- \$2,000 **Gunshot Wound:** Treated in a hospital or by a physician as the result of a covered accident.
- **Laceration:** Repaired by a physician within 72 hours after the covered accident. *(In Utah, within 72 hours of a covered accident or as soon as reasonably possible.)*
 - \$50 → - Treated without stitches, staples or glue.
 - \$100 → - Total of all lacerations is not more than 3 inches long and repaired by stitches.
 - \$400 → - Total of all lacerations is greater than 3 inches but not more than 5 inches and repaired by stitches.
 - \$800 → - Total of all lacerations is over 5 inches and repaired by stitches.
- \$1,000 **Organized Sports:** Pays an additional 25% of the total benefit paid for the covered accident up to this amount. Payable once per 12 month period per insured.
- **Prosthetic Device/Artificial Limb:** Within 1 year of the covered accident.
 - \$1,000 → - One
 - \$2,000 → - More than one
- \$1,000 **Ruptured Disc:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.
- **Tendon, Ligament, Rotator Cuff:** Must be repaired within 1 year after the covered accident.
 - \$1,200 → - Repair of one
 - \$1,800 → - Repair of more than one
 - \$300 → - Exploratory without repair
- **Torn Knee Cartilage:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.
 - \$1,500 → - Surgery with Repair
 - \$300 → - Exploratory surgery

MAJOR INJURY

- **Accidental Death:** Within 90 days from the date of a covered accident. *(In Oregon & Utah, within 180 days from the date of a covered accident. No time limitation in Pennsylvania.)*
 - \$100,000 → - Employee
 - \$100,000 → - Spouse
 - \$20,000 → - Children
- **Accidental Death/Common Carrier:** Within 90 days from the date of a covered accident. *(In Oregon & Utah, within 180 days from the date of a covered accident. No time limitation in Pennsylvania.)*
 - \$200,000 → - Employee
 - \$200,000 → - Spouse
 - \$40,000 → - Children
- \$10,000 **Coma:** Unconscious with permanent neurological deficit for 30 consecutive days if as a result of a covered accident.
- **Dismemberment:** Within 90 days after the covered accident. *(In Oregon & Utah, within 180 days from the date of a covered accident.)*
 - \$20,000 → - Loss of both hands, or both feet or the sight of both eyes or any combination of two or more listed.
 - \$10,000 → - Loss of one hand, or one foot or sight of one eye.
 - \$2,400 → - Loss of two or more fingers or two or more toes or any combination of two or more fingers and toes.
 - \$1,200 → - Loss of one finger or one toe.
- **Catastrophic Accident:** Payable after a 365 day elimination period.
 - \$100,000 → - Employee *(reduced by 50% at age 70)*
 - \$100,000 → - Spouse *(reduced by 50% at age 70)*
 - \$20,000 → - Children

Hospital Sickness Rider - Included!

We will pay \$200 per day for hospital confinement of up to 30 days if an insured is confined in a hospital as a result of a covered sickness. This benefit is not payable concurrently with the Hospital Confinement Benefit in the certificate.

Coverage Level	26X Year	19X Year
Employee	\$5.42	\$7.42
Employee + Spouse	\$10.06	\$13.77
Employee + Child(ren)	\$12.86	\$17.59
Employee + Family	\$17.50	\$23.94

BOSTON MUTUAL CRITICAL ILLNESS

Critical Illness Insurance is available through Boston Mutual. Critical Illness Insurance can help with the treatment costs of covered critical illnesses upon initial diagnosis. This plan provides a lump sum benefit paid upon the diagnosis and treatment of a covered illness. Please refer to the official plan documents for a full list of covered conditions and benefits. Rates are based on each Employee's and Spouse's individual age and benefit amount elected.

Members may choose a lump sum benefit amount of either \$5,000 or \$10,000

Did you know? ●●●

- We offer **Guaranteed Issue** at approved enrollments.
- Our plans are **Issue Age** and don't get more expensive as an employee gets older.
- **Employee, spouse and children**, up to age 26 (regardless of marital status or dependency) are **eligible to participate**.
- **Children** are covered 25% at **no additional cost!**
- **Each benefit is eligible** for benefit payout.
- **UNLIMITED re-occurrence** - this is important! This means the plan will continue to pay with no benefit reductions.
- Plans are **portable** at the same rates and same design plan.

COVERED CONDITIONS	BENEFIT AMOUNT
Cancer	100%
Carcinoma in Situ	30%
Skin Cancer (one time lifetime)	\$300
Heart Attack (Myocardial Infarction)	100%
Coronary Artery Bypass Surgery	30%
Angioplasty & Stent Insertion	30%
Stroke	100%
Apoplexy or Cerebral Vascular Accident	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Major Organ Transplant	100%
Alzheimer's disease	100%
ALS (Lou Gehrig's Disease)	100%
Loss of Sight, Hearing or Speech	100%
End Stage Renal Disease	100%
Benign Brain Tumor	100%
Cerebral Palsy (children)	25%
Cleft Lip or Palate (children)	25%
Down Syndrome (children)	25%
Cystic Fibrosis (children)	25%
Spina Bifida (children)	25%
Health Screening Benefits (Wellness)	\$50 - \$150



This coverage contains a **30 day Waiting Period**. This means no benefits are payable for any Insured who has been diagnosed with a Specified Critical Illness during the Waiting Period.

Prior History of Cancer: No benefits are payable for Cancer or Carcinoma in Situ if the Insured was previously diagnosed before this Coverage was in force and, after the previous diagnosis, the Insured has not gone 12 months without Treatment before a new diagnosis of Cancer/Carcinoma in situ is made.

Health Screening Benefit:

Boston Mutual will pay a \$50 benefit if an insured has a covered screening test after the 30 day waiting period. This benefit is paid only once per calendar year, regardless of the number of tests. This benefit is paid regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness.

This benefit is payable for the covered employee (and spouse if spouse coverage is included). This benefit is not paid for dependent children.

Please log into your Employee Navigator portal to view your rates.

ALLSTATE CANCER INSURANCE

Kids Central provides you the option to purchase Cancer Insurance through Allstate to help protect you financially in the case of a cancer diagnosis. Cancer Insurance can supplement your major medical and disability insurance as you incur various medical and related expenses during cancer treatment. Please refer to the official plan documents for a full list of covered conditions and benefits. Listed below are the Benefit Outlines and the per-pay period costs for the Voluntary Cancer Insurance.

BENEFIT AMOUNTS Cancer Insurance (GVCP3)

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$200	\$300
Government or Charity Hospital (daily)	\$200	\$300
Private Duty Nursing Services (daily)	\$200	\$300
Extended Care Facility (daily)	\$200	\$300
At Home Nursing (daily)	\$200	\$300
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$200	\$300
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$5,000	\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000	\$10,000
Hematological Drugs ¹ (every 12 months)	\$100	\$200
Medical Imaging ¹ (every 12 months)	\$250	\$500
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery ²	\$1,500	\$3,000
Anesthesia (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	\$500	\$1,000
2. Non-autologous (cancer or specified disease treatment)	\$1,250	\$2,500
3. Non-autologous (Leukemia)	\$2,500	\$5,000
Ambulatory Surgical Center (daily)	\$250	\$500
Second Opinion	\$200	\$400
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	\$100	\$100
Non-Local Transportation ¹ (coach fare or amount shown per mile*)	0.40/Mile	0.40/Mile
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days and Transportation (coach fare or amount shown per mile**))	0.40/Mile	0.40/Mile
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000	\$5,000
Prosthesis ³ (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25
Nonsurgical External Breast Prosthesis ¹	\$50	\$50
Anti-Nausea Benefit ¹ (once per calendar year)	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
OPTIONAL/ADDITIONAL BENEFITS/RIDER	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$2,000	\$5,000
Intensive Care (ICU)		
ICU (daily)	\$200	\$200
Step-Down (daily)	\$100	\$100
Ambulance	Actual Charges	Actual Charges
Wellness Benefit	\$100	\$100
PSA Testing/Digital Rectal Examinations	\$100	\$100
Cancer Initial Diagnosis Progressive Benefit Rider*** (one-time benefit)	\$0	\$400

¹Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement. ***Multiplied by years in force at time of diagnosis.

PLAN 1 PREMIUMS

Coverage Level	26x Year	19x Year
Employee	\$7.81	\$10.70
Employee + Spouse	\$12.41	\$16.98
Employee + Child(ren)	\$10.79	\$14.76
Employee + Family	\$15.37	\$21.03

PLAN 2 PREMIUMS

Coverage Level	26x Year	19x Year
Employee	\$15.67	\$21.45
Employee + Spouse	\$25.67	\$35.13
Employee + Child(ren)	\$21.34	\$29.21
Employee + Family	\$31.58	\$43.21

Issue ages: 18 and over if actively at work



Pre-Existing Condition Limitations:

Allstate will not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

401K PLAN HIGHLIGHTS (pages 19-24)

This document summarizes the Plan's provisions based on information provided to John Hancock as of July 15, 2021 and is not the Plan's Summary Plan Description (SPD). To obtain the SPD, speak with your plan administrator. Where this summary conflicts with the SPD and/or plan document, the plan document governs.

Eligibility You are eligible to join the Plan once you have met the following requirements:
Minimum age: 18
Period of service (consecutive): 12 Months

Entry Dates January 1, April 1, July 1, October 1

Your Contributions You can make "before tax" 401(k) contributions between 1% and 100% of your compensation, subject to the annual maximum amount allowed by law (\$19,500 in 2021). If you are 50 years of age or older, you can make an additional catch-up contribution (up to \$6,500 in 2021). Changes to your contribution amount can be made as of each payroll period.

You can also make "after tax" **Roth 401(k)** contributions. The combined total of your "before tax" and "after tax" contributions cannot exceed the maximum above.

Rollovers from other eligible plans are allowed at any time.

Your Employer's Contributions

Money Type	Your Employer's Contribution
EMPLOYER MATCHING CONTRIBUTIONS	Your employer may make a discretionary contribution.
EMPLOYER PROFIT SHARING	Your employer may make a discretionary contribution.

Vesting Your contributions are always 100% vested.

Your employer's contributions are vested as follows:

Years of Service	Percent Vested
1	0%
2	20%
3	40%
4	60%
5	80%
6 +	100%

Loans You can borrow up to 50% of your vested account balance to a maximum of \$50,000, subject to limits imposed by law. The minimum loan amount is \$1,000. Only 3 loans can be outstanding at any time. Loans will be repaid by "after tax" payroll deductions.

Withdrawals Money can be withdrawn from your account in the event of retirement, termination of employment, death, disability or financial hardship. *The plan may also allow for pre-retirement and/or early retirement withdrawals; refer to the SPD for specific details on the option(s) permitted by your plan including any age and/or service requirements.*

Withdrawals can be taken as follows: a lump-sum or a partial withdrawal.

Note: Any taxable withdrawal you receive that is not rolled over to another qualified plan or IRA will be included as part of your taxable income and be subject to federal income tax withholding. If the withdrawal is made before age 59½, it may be subject to an additional 10% penalty. State and local taxes may also apply.

Investment Options All money in your account can be directed to any of the investment options available under the Plan. If you do not provide instructions, your money will be invested in one of the BlackRock LifePath® Index Funds, which is the default investment option selected by the Plan Trustee.

Reporting and Changes You will receive quarterly retirement account statements that summarize your account balance, investment option performance and personal rates of return. You can also review your account at any time, rebalance your investments and make other changes by visiting www.jhpensions.com or calling the toll-free service line at 1-800-395-1113. Para ayuda en español, por favor marque 1-800-363-0530.



How to get the most from your retirement plan *benefit*

Steps you can take now—to be prepared later

Welcome to John Hancock

Your employer is partnering with John Hancock to offer a retirement plan benefit that gives you a tax-advantaged way to save for your future. Register your account and enroll now, if you haven't done so already!

Let's get started!

Your retirement plan is one of the most important sources of income you'll have when you retire. To help you get started, you'll need to answer two important questions: "How much can I put away each payday?" and "How should I invest?". Let's take them one by one.

The benefits of participating

- Convenient automatic payroll deductions
- Pretax contributions
- **Compound earnings that can really add up**
- Tax-deferred savings
- And more



Need help with enrollment? Call us at 855-JHENROLL (543-6765) .

Register

Register your account to help keep it secure. Go to myplan.johnhancock.com or download John Hancock's retirement app. Either way, you'll find a convenient, safe way to access your retirement account.



Download John Hancock's retirement app



Android



iOS

Enter your information, including:

Your contract number

Then follow these steps:

- 1 Create a username and password,
- 2 Choose your challenge questions and answers, and
- 3 Confirm your information, and you're all set!

If you're joining for the first time, after you register, click "Enroll now "

You'll need your enrollment access number

Save for tomorrow, today

You can contribute as much of your salary as you want each payday—up to plan or IRS limits. The more you contribute to your account, the greater the impact of compounding (when your earnings are reinvested and generate their own earnings) and the more you're likely to save over the long term.

There's a cost to waiting. Consider that the earlier you start saving, the more time your money has the potential to grow.

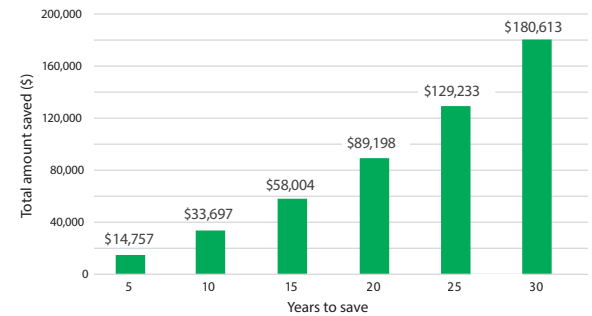
Tip

Even a 1% increase in your contribution amount can make a big difference. Use the online retirement planner at myplan.johnhancock.com or the mobile app to see how changing your current contribution amount can make a big difference. You can change your contribution rate at any time.*

Example

Let's say your take-home pay is usually \$500 per week. If you want to save \$50, your take-home pay should be \$450. But, if you save on a pretax basis, your take-home pay would be \$460, which is only \$40 less. You'll contribute \$2,600 per year and lower your annual income taxes by \$525.

Here's how that \$50 could add up over time:



This hypothetical example assumes \$0 savings, a 5% annual rate of return, and contributions of \$50 per week/\$217 per month. It assumes no withdrawals and does not take into account investment fees. There is no guarantee that the results shown will be achieved, and the assumptions provided may not be reflective of your situation.

Ways to invest

Your retirement plan offers a wide range of investments that match your retirement goals and risk tolerance. And you can choose the option that works best for the level of involvement you want to have.

Level of involvement

High	<p>Do it yourself by selecting and managing your investments. Choose a mix of investments from the plan's options (build your own portfolio).</p>
Medium	<p>Determine which type of investor you are, such as conservative or aggressive. Choose a professionally managed portfolio targeted to your risk tolerance (target-risk portfolio).*</p>
Low	<p>Have investment professionals do it for you. Choose a professionally managed portfolio targeted closest to your expected retirement date (target-date fund).*</p>

Choosing investments within different asset classes (such as cash, bonds, and stocks) is called **diversification**. Dividing your money among those groups is called **asset allocation**. Using both approaches when selecting your investments can help you find the right balance of risk and reward to fit your situation.

Every investment comes with a mixture of risk and return



Past performance is no guarantee of future results.

* Check your plan's investment lineup to see which options are available.

Neither asset allocation nor diversification guarantees a profit or protects against a loss. An asset allocation investment option may not be appropriate for all participants, particularly those interested in directing their own investments.

There is no guarantee that any investment strategy will achieve its objectives.

Your retirement at your fingertips

Go to

myplan.johnhancock.com
or John Hancock's retirement app to review, manage, and personalize your plan for retirement whenever it's convenient for you.



Questions about your account?

Details about your plan's features, investment options, contribution limits, calculators, and more can be found online or on the retirement app—or call us anytime at 800-395-1113 .

Not yet ready to make a choice?

Your money will be invested in the plan's "default" investment option. You can return at any time to update or change your investments. Whatever you choose, be sure to review your investments periodically and make adjustments as needed.

Tip

Take the Risk Quiz to find out which type of investor you are. Go to jhriskquiz.com or scan the QR code.

Your quiz results may change over time. We encourage you to take the risk quiz each year to ensure that your risk profile accurately matches your risk tolerance.



Access hands-on tools and educational resources to help you get financially fit



Track

View your account details at a glance, including balance, rate of return, and investments, making it easy to monitor progress toward your retirement goal.



Analyze

Take a closer look at your cash flow, spending habits, and debts to help manage your budget.



Combine

Consider combining your retirement accounts from past employers to see your total retirement savings in one place. Contact us at 800-555-5165 for more information.†



† Available for plans using John Hancock's Consolidation Services; rollovers are subject to the provisions of a company's plan. As other options are available, participants are encouraged to review these options to determine if combining their retirement accounts is suitable for them.

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Kids Central 401(k) Plan

Service Team Contact Information



**Edward
Jones**

Lori Lawson, Financial Advisor

(423) 230-0535 office hours: M-F 9:00 am – 5:00 pm

Weekend and after hours by appointment

(276) 328-6253 mobile

Lori.Lawson@edwardjones.com



John Hancock

myplan.johnhancock.com

or call

1-800-395-1113

KIDS CENTRAL HOLIDAYS AND PTO PACKAGES

Holidays

Holidays are recognized as non-work days for employees. Kids Central provides full-time and regular part-time employees the benefit of paid holidays.

PROCEDURE

1. The following are recognized by Kids Central as holidays:

- a. New Year's Day
- b. Good Friday
- c. Memorial Day
- d. Independence Day
- e. Thanksgiving Day
- f. Day after Thanksgiving
- g. Christmas Eve
- h. Christmas Day

i. Full-year and part-year staff will receive six (6) designated holidays (floating days off) to be scheduled during the Christmas/New Years holidays by the Executive Director and Senior Staff for inclusion in the full-year planning calendar. These floating days represent the following state and/or federal holidays: Labor Day, Veterans Day, Lee- Jackson Day, Martin Luther King, Jr. Day, Washington's Birthday, and Columbus Day.



Personal Time Off

All Full -Time/Full Year and Full -Time/Part Year employees will accrue and use personal time off (PTO) in accordance with the guidelines outlined below.

PROCEDURE

- 1. New full-time employees will begin earning vacation time on their date of hire, however, they must complete one year of service before they are eligible to use their time.
- 2. The established PTO year is the fiscal year June 1 through May 31.
- 3. Unused PTO cannot be carried over from one fiscal year to another PTO time must be used by May 31st or be forfeited.
- 4. Full-Time/Full Year and Full -Time/Part Year employees earn PTO time based on the following:

Personal Time Off	Full Year Employees	Part Year Employees	Part time/Hourly Employees
PTO After 1 Year of Service	40 hours	24 hours	0
PTO After 2 Year of Service	80 hours	40 hours	0
PTO After 5 Year of Service	120 hours	64 hours	0
PTO After 10 Year of Service	160 hours	80 hours	0

IMPORTANT CONTACT INFORMATION

If you have any questions regarding your benefits or the material contained in this guide, please contact your Human Resources Representative.

<i>Insurance Carrier/Plan</i>	<i>Contact Number</i>	<i>Website/Email</i>
Sentara Medical Insurance:	877-552-7401	member.sentarahealthplans.com/sign-in
United HealthCare Dental Insurance:	888-842-4571	www.myuhc.com
United HealthCare Vision Insurance:	800-638-3120	www.myuhcvision.com
Anthem Short-Term Disability:	800-813-5682	www.anthem.com
Boston Mutual Life Insurance Company:	800-669-2668 ext 222	www.bostonmutual.com
Allstate Benefits - Cancer:	800-348-4489	www.allstatebenefits.com
John Hancock 401k contact (Lori Lawson):	423-230-0535	Lori.Lawson@edwardjones.com
Flores HRA:	800-532-3327	www.flores247.com
Kids Central Resource Center:	866-488-0458	



Are you a New Hire needing assistance with your benefit enrollment? Please scan the QR Code to the left to schedule a date and time to speak with a Licensed Benefits Counselor to help assist with completing your benefit elections and waivers.

This summary of benefits is not intended to be a complete description of the terms of Kids Central' insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Kids Central maintains its benefit plans on an ongoing basis, Kids Central reserves the right to terminate or amend each plan, in its entirety or in any part, at any time.