

2026-2027 BENEFITS

HIGLEY USD NO. 60

KAIROS HEALTH ARIZONA, INC.

BEFORE WE BEGIN

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ENROLLMENT CHECKLIST

CHOOSE YOUR PLAN
Select a medical program option and decide who you're going to cover.

MAKE A CONTRIBUTION TO YOURSELF
If you have the option to enroll in a high deductible health plan (HDHP), don't miss out on making health savings account (HSA) contributions.

TAKE CARE OF YOUR LOVED ONES
Review and update beneficiary designations for life insurance benefits as needed.

ARE YOUR DEPENDENTS STILL ELIGIBLE?
Confirm that any dependents up to age 26 are still eligible to be enrolled.

CHOOSE YOUR OTHER COVERAGES
If applicable, review and decide whether to elect any additional employee-paid benefits.

GOT QUESTIONS?

CONTACT KAIROS
888.331.0222
svc.kairoshealthaz.org

UMR
Medical benefits
844.212.6811
umr.com

MEDIMPACT
Prescription benefits
888.274.4417
medimpact.com

TELADOC
Telemedicine benefits
800.835.2362
teladoc.com

MEET KAIROS

Hey! We're Kairos, your benefits plan administrator. When in doubt, call Kairos if you have any questions about this guide. You'll also find contact information for our program partners **We're your friendly experts, here to help you!**

PLAN YEAR

The Kairos plan runs from July 1 to June 30 of each year. That means every July 1, deductibles and out-of-pocket maximums will reset.

WHAT'S NEW?

There are some exciting enhancements this year, called out in the appropriate section in the guide. Just look for anything labeled "new!".

ABOUT THIS GUIDE

This interactive guide provides a summary of benefit options to help you make the right decisions for yourself and your family. If there is a conflict between this guide and the wording of plan documents, the plan documents will govern. A copy of the plan document is available upon request.

HOW TO USE

It's simple to use; just follow these instructions.

Looking for something? *To navigate through the eGuide, simply click through the pages using the arrows. Prefer to skip to a certain section? Just click on the* **Table of Contents** *or* **Pages** *icons to jump to the section you need.*
You will also see a **Search** *bar. When you're looking for something, simply type the word in the search bar, and it will direct you to that section.*

Clickable links. *When you see an icon like the ones listed below, just click on it to get access to more information such as:*



Direct to websites, member portals, and documents



Watch a short, educational video



Listen to a voiceover about the information on the applicable page (click to start or stop the voiceover)



Send an email and get in contact with someone

IMPORTANT!

Please note that the voiceover feature in this guide will only work if you use the electronic link provided. Also, not every page will offer a voiceover option. If you download the eGuide as a PDF, the voiceover will not work. To get a link to your eGuide, please contact Kairos (888.331.0222) or your employer.

PLAN RULES

WHO'S ELIGIBLE?

Eligibility varies, but here are some general eligibility categories:

- ✓ *Full-time employees working at least 30 hours per week*
- ✓ *Part-time employees working at least 20 hours per week (ancillary coverage only)*
- ✓ *Dependents of enrolled employees, including:*
  - *lawfully married spouses*
  - *domestic partners (domestic partner's children are not eligible)*
  - *dependent children up to age 26*
  - *unmarried children who are mentally or physically handicapped and fully dependent on the enrolled employee for support and maintenance*

WHEN CAN I MAKE A CHANGE?

You can make changes or elect benefits once a year during open enrollment. Outside of open enrollment, the IRS says a "qualified life event" must occur in order to make changes to your benefits.

Examples of qualified life events:

- *Marriage, divorce, legal separation, or annulment*
- *Birth, adoption, placement for adoption, or legal guardianship of a child*
- *Death of a dependent*
- *Change in your spouse's employment or involuntary loss of health coverage under another employer's plan*
- *Change in your dependent's eligibility status*

If you experience a qualified life event and need to make a change to your benefits, you must notify your employer within **31 days** *of the event. Otherwise, you will have to wait until the next open enrollment period.*

HAD A BABY?

If you recently had a baby, please note that newborns are ***not*** *automatically added to your medical coverage. You must notify your employer within 31 days of the date of birth and pay the full premium amount for the month the child is added.*

If you do not take action within 31 days of the birth, you will have to wait until next open enrollment period to add your child to your benefits.

ELIGIBLE FOR MARKETPLACE COVERAGE?

If you lose medical coverage through the Marketplace mid-year, you may not then join the Kairos plan outside of your open enrollment period. You may, however, drop your Kairos medical coverage to join a Marketplace plan outside of your open enrollment period.

GALLAGHER (FORMERLY LIG SOLUTIONS)

Speaking of other coverage, Kairos has partnered with Gallagher, formerly LIG Solutions, to help compare your health insurance options such as Medicare, COBRA, individual coverage, and more. Contact Gallagher at 866.676.8502 or visit ahs-partner-us.ajg.com/Kairos-Arizona/.

UNDERSTANDING YOUR BENEFITS

STARTING WITH THE BASICS

We get it, insurance is complicated. It doesn't have to be. Kairos strives to simplify this for you by providing educational information, short videos, and spending the time to walk you through it.

So, let's start with the basics like what a deductible is and how it works. Check out this short video that explains the different terminology and how a plan works.

Medical Benefits 101
Click the link or scan the code to watch this quick video

HOW A MEDICAL PLAN WORKS

Let's walk through an example together using a $2,000 deductible with a $4,000 out-of-pocket maximum as an example.

YOU PAY	BOTH PAY	KAIROS PAYS
DEDUCTIBLE $2,000 *You're responsible for paying 100% of costs*	***COINSURANCE 20%*** *After your deductible, you pay 20% of expenses & Kairos pays 80%*	***OUT-OF-POCKET $4,000*** *After your maximum, Kairos pays 100% of all expenses*

Note: This is a general overview of how a medical plan works. Actual amounts may vary based on the plans offered by your employer. Always remember to stay in-network to maximize your benefits. Refer to the medical plan section for more details about plans offered to you.

PREVENTION IS PRICELESS

There are services under a medical plan that are 100% paid for when visiting an in-network provider. These are called your preventive services, or wellness care.

Examples of preventive benefits include:

- ✓ *Annual wellness visit*
- ✓ *Prostate screenings*
- ✓ *Immunizations and flu shots*
- ✓ *Hearing exams*
- ✓ *Mammogram screenings*
- ✓ *Colonoscopy screenings*
- ✓ *Cancer screenings*
- ✓ *Generic contraceptives*
- ✓ *Blood pressure tests*

But what happens if I receive a bill from my provider for a qualified wellness screening?

This could mean that you had a diagnostic screening or it may have been coded incorrectly. Get in touch with Kairos and we can help you through it: 888.331.0222.

UMR

UMR is the medical claims processor and uses the UnitedHealthcare (UHC) Choice Plus network. This is a PPO network, which is a group of health care providers who discount what they charge you for services. By staying in-network, services will cost you less.

Where does Kairos fit in?



KAIROS
The Plan

Kairos manages and funds all of the health care plans and voluntary coverages. We also work closely with your employer to administer your benefits.



UnitedHealthcare
Medical Network

Kairos medical plans use the UnitedHealthcare network. If your doctor asks what medical network you have, you'll say, "United Choice Plus."



UMR
Claims Handling

UMR processes your medical claims. When you see your doctor, he or she submits the claim to UMR. For questions about your medical coverage, call Kairos or UMR (not United).

FIND A DOCTOR

If you want to find a doctor, there's no need to log in! Instead, follow these simple steps:

- ✓ *Go to umr.com*
- ✓ *Select "Find a Provider"*
- ✓ *In the Provider Network search bar, type the network name:* ***UnitedHealthcare Choice Plus***
- ✓ *Click search, then view providers*
- ✓ *Type in your address or zip code*

Now you'll be able to search by provider name, locations, services, and more.

MANAGE YOUR BENEFITS

Create your mobile-friendly account at umr.com to take full advantage of your medical benefits. You'll need to have your ID card handy to register. From there, you can:

- ✓ *View/print/order ID cards*
- ✓ *View medical claims*
- ✓ *Monitor your deductible and out-of-pocket limits*
- ✓ *Shop for the best and most cost-effective care*

did you know?

Not all doctors and facilities charge the same amount for services.

Individuals who compare costs before receiving care pay 36% less.

You shop for car insurance, so why not shop for your medical care?

When logged into the UMR portal, leverage their Cost Transparency Tool to get cost estimates for services.



MEDIMPACT

NEW: Starting July 1, 2026, Kairos will partner with MedImpact for pharmacy benefit management services.

When you enroll in our medical plan, you'll automatically receive prescription drug coverage with MedImpact. This benefit allows you to fill prescriptions through any participating pharmacy listed within the pharmacy network.

MANAGE YOUR BENEFITS

Starting July 1, 2026, your pharmacy coverage includes access to a member portal with MedImpact. At a glance, you can use the member portal to:

- ✓ *View your medications*
- ✓ *Manage pharmacy refills*
- ✓ *Sign up for home delivery*
- ✓ *Shop around for pharmacies and medications*

TIPS

- *If you're on a high deductible health plan (if offered by your employer), you must pay for the full cost of medications prior to meeting your deductible unless it's considered a covered and qualified preventive medication.*
- *Thanks to the ever-changing market, covered medications change often throughout the year. If you're ever concerned about a medication being covered, contact MedImpact at the number below or Kairos (888.331.0222).*
- *If you like convenience, sign up for mail order to have your 90-day medications delivered right to your doorstep. This might not be an option for everyone.*

SPECIALTY MEDICATIONS

NEW: Starting July 1, 2026, specialty medications will be filled with ArchimedesRx.

Archimedes offers high-tough clinical and safety programs designed for the unique needs of patients taking a specialty medication.

MedImpact and Archimedes are two separate organizations who will work together to ensure you don't experience a delay in care.

What does this change mean for you?

- *You will still use your standard ID card when filling your medications.*
- *You may be contacted by Archimedes via letter or phone call.*
- *Your specialty medication will be filled at Archimedes Specialty Pharmacy. Visit www.archimedesrx.com.*
- *Archimedes can assist you with enrolling in copay assistance programs, if applicable.*
- *Prior authorizations will still be required for select medications.*

If you have questions about your specialty medication or this process, please contact Archimedes at 888.525.4075 after July 1.

NURSES ON YOUR SIDE

Navigating health care and insurance can be complicated and leave you feeling overwhelmed. That's where we come in. Through the ***KairosPro Nurse Navigators*** *program, our dedicated in-house nurses help guide you through the health care system, choose the best treatment, and keep your costs to a minimum.*

KAIROSPRO NAVIGATORS

With this program, you have a real person in your corner who not only has a clinical background but understands your insurance coverage and is there to provide support **at no cost to you.**

How can our nurses help you?

- ✓ *Finding in-network providers*
- ✓ *Assisting with appeals and prior authorizations*
- ✓ *Reviewing and monitoring claims*
- ✓ *Obtaining medical and prescription orders*
- ✓ *Monitoring high-cost medications and medical treatment*
- ✓ *Coordinating medical services, prescriptions, and durable medical equipment supplies*
- ✓ *Monitoring inpatient admissions*
- ✓ *Helping with post-discharge needs*
- ✓ *Overseeing and collaborating with partner case management programs*
- ✓ *Arranging for redirection of care, if appropriate*
- ✓ *Attending onsite biometric screening events and engaging in outreach and follow-up*
- ✓ *Researching and connecting members with community resources*

Bonus: *Personalized mental health support for finding in-network mental health providers, lining up post-discharge resources, and more!*

Want to speak to a Nurse Navigator? Call 888.331.0222 or send an email to nurse@kairoshealthaz.org

(Please include the name of your employer and refrain from emailing sensitive and personal information.)

SKIP THE ER & USE TELADOC

Teladoc allows those enrolled in the medical plan to use their phone or computer to conduct a live virtual visit with a board-certified medical professional—any day, anytime, anywhere.

TELADOC

COVERED SERVICES

- **General medicine:** *Treat cold & flu, allergies, strep throat, and more*
- **Dermatology:** *Treat psoriasis, eczema, acne, and more (no phone call needed)*
- **Counseling:** *Support for anxiety, eating disorders, depression, and more*

NEW: *Starting July 1, 2026, Teladoc services for those on a high-deductible health plan will no longer have a copay when seeking services.*

WAIT! DID YOU REGISTER?

You must create an account through Teladoc before you can access your benefits. Click the link, scan the code, or call Teladoc at 800.835.2362.

Please note: Enrolled dependents ages 18+ must set up their own Teladoc account prior to receiving care.

WELLNESS PROGRAMS

*Our wellness programs—available through **KairosPro Wellness**—include a variety of options to help promote a healthier and happier you. Take advantage of these offerings at no cost (unless you see a cost listed).*

KAIROSPRO WELLNESS

Active&Fit fitness program

Starting at $28/month, you'll get access to 18,000+ fitness centers with no long-term contracts. You'll also get access to online workout videos, one-on-one life coaching, and options for enrolling your spouse.

Get more information or access to promo codes by visiting kairoshealthaz.org/AFD.

Online wellness center

Our online wellness hub provides wellness activities to keep you on track for healthy eating, weight management, physical activity, and more. Plus, **Live Well Reward$:** *Robust engagement program offering rewards for completing specific activities.*

To access, log in at umr.com, Health Center, and Wellness Activity Center.

Real Appeal

A no-cost healthy lifestyle and weight loss program for employees and dependents 18+. Participants on the medical plan who qualify based on BMI or comorbidities can work directly with a health coach.

Sign up at enroll.realappeal.com.

Discount tool

Through EmployeeNetwork.com, you can register to receive over 300 exclusive discounts. These include tickets to theme parks, concerts, sporting events, and more.

Use **Company Code: Higley** *when registering.*

CARE Programs

Maternity care program: *Whether you are considering having a baby or are already expecting, UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby. For completion of the program, you'll receive a $25 incentive!*

Ongoing condition care program: *For those who need help when managing chronic conditions like diabetes, COPD, asthma, hypertension, and more, this program is for you.*

Complex condition care program: *Get assistance with complex cases such as transplants, oncology, high-risk maternity, and neonatal care.*

KAIROS VITALITY VIBE

Vitality Vibe is your monthly newsletter dedicated to promoting healthy habits and recipes, wellness offerings, and other valuable benefit insights.

You can reference prior newsletters by logging in to our member site at: svc.kairoshealthaz.org and visiting the Resources tab.

VIRTUAL PHYSICAL THERAPY

Plan participants enrolled in a medical plan have access to free virtual orthopedic care and physical therapy through Aware Health. This service is entirely covered by your insurance and is unlimited.

PHYSICAL THERAPY

Therapeutic intervention to improve mobility, treat pain, and enhance overall physical function. Always try PT before surgery!

- *Chronic aches and pain*
- *Upper body pain in the shoulders, wrists and neck*
- *Lower body pain in your back, hips, knees, and feet*
- *Pelvic floor incontinence*
- *Headaches and jaw pain*
- *And more!*

HEALTH AND WELLNESS

Optimize overall well-being through personalized lifestyle and movement interventions. Health and wellness services delivered by a doctor of physical therapy.

- *Ergonomics*
- *Goal planning*
- *Nutritional guidance*
- *Sleep hygiene*
- *Positive coping strategies*
- *And more!*

HOW IT WORKS

1. *Visit www.kairos.awarehealth.io*
2. *Follow the prompts to create your account and describe your condition. This will open an episode of care for you.*
3. *Schedule an evaluation from the available times.*
4. *Meet with your provider via Zoom at the scheduled time.*
5. *Begin treatment! Sessions last approximately 25 minutes and are conducted virtually.*



"Participating in the Aware Health Physical Therapy program was one of the best decisions I've made for my back pain. Being able to meet via Zoom eliminated the stress of scheduling and traveling to multiple appointments each week which was a huge relief. The doctor was incredibly knowledgeable and caring, tailoring my treatment to fit my needs and progress. 10/10 would recommend this therapy for anyone in need of pain relief."

- Testimonial from a Kairos participant using Aware Health

EMPLOYEE ASSISTANCE PROGRAM

COMPSYCH EAP

Everyone can use a little help sometimes. That's where your EAP benefit comes in. Through the employee assistance program (EAP) with ComPsych, you can speak with a highly-trained and compassionate guidance consultant who can help you and your family 24/7.

FREE SHORT-TERM COUNSELING

- ✓ *Stress and anxiety*
- ✓ *Relationship/marital conflicts*
- ✓ *Grief, loss, and life adjustments*
- ✓ *Substance abuse*
- ✓ *Minor depression management*

Your benefit includes 8 one-on-one counseling sessions per family member, per issue, per year at no cost to you.

WORK-LIFE SOLUTIONS

Get the everyday help you need with work-life solutions. Call the number at the bottom of the page for assistance with topics including:

- ✓ *Finding child, pet, or elder care*
- ✓ *Housing searches*
- ✓ *Seeking financial assistance*
- ✓ *Will preparation*
- ✓ *Sending a child off to school*
- ✓ *Planning a major project or event*



ONLINE RESOURCES

You have 24/7 access to vital information, tools, and support through the ComPsych website.

WHAT TO EXPECT

- *Product and service discounts*
- *Educational articles, podcasts, and videos*
- *On-demand trainings*
- *"Ask the Expert" personal responses to your questions*

HOW TO ACCESS

1. *Go to guidanceresources.com*
2. *Click Register*
3. *Enter Web ID:* ***KAIROSEAP***
4. *Complete your registration*
5. *Gain access to endless resources*

WHERE TO GO FOR CARE

OPTIONS, OPTIONS, OPTIONS

Kairos offers an abundance of health care options for you to choose from. At times, this could feel overwhelming. Don't let it be. Save this guide to help you when deciding where to go.

TELADOC	URGENT CARE	PRIMARY CARE OR SPECIALIST	EMERGENCY ROOM
$	$$	$$	$$$$
• Sore throat • Mild cold and flu symptoms • Skin conditions • Short-term counseling	• Allergic reaction • Cuts requiring stitches • Minor burns • Sprains or strains • Suspected broken bones	• Check ups or physicals • Wellness/preventive care • Common illness • Flu shots and other vaccines • Health advice • Medication refills • Routine tests	• Broken bones • Coughing/vomiting blood • Chest pain • Head or eye injury • Poisoning or overdose • Severe burns • Signs of stroke • Shortness of breath
teladochealth.com	umr.com	umr.com	umr.com

These examples are general guidelines, and it's important to use your judgment and consult with health care professionals when deciding where to seek care. If in doubt, especially in potentially life-threatening situations, it's always best to err on the side of caution and seek emergency care.

ADDITIONAL RESOURCES

Kairos has created an ecosystem of high-quality providers to ensure you receive the best care at little-to-no cost while streamlining your healthcare experience.

LAB SERVICES

We partner with **QuestSelect** *to help save you money on outpatient lab tests. Present your* **QuestSelect** *ID card at time of service and request your provider to send your labs to a Quest Diagnostics location. This benefit covers routine outpatient testing.*

SURGERY SERVICES

We partner with providers in Arizona to offer high-quality care at a lower cost, simplifying the healthcare experience during surgery.

- **Scottsdale Robotics:** *Knee, joint, and hip surgeries in Scottsdale, AZ*
- **AZGYN:** *Hysteroscopy, appendectomy, and other women's health surgery across the Valley in AZ*

CANCER CARE

Cancer care is available through **Carrum Health**. *Visit www.carrum.me/kairos for more information.*

SUBSTANCE USE THERAPY

We partner with **Carrum Health** *to bring you substance use therapy from detox services, inpatient services, outpatient treatment, and more. There are a number of in-network facilities across the country. To find a facility and access this program, please call Carrum at 855-729-3511.*

SIMON LOGIN INSTRUCTIONS

To enroll in your benefits, you will need to log in to the online benefit portal called SIMON at the link below:

kairos.simon365.com

FIRST-TIME USERS

On the first day of your open enrollment window, you'll receive an invite to create a username and password from kairos@vimly.com. If you aren't sure when your open enrollment starts and ends, please check with your employer.

TIPS

- ✓ *If you didn't receive the email invite, check your junk or spam folder.*
- ✓ *The email invite will most likely be sent to your work email address, but if you still don't see it, try your personal email.*
- ✓ *If you've tried the above and still can't find the invite, call Kairos.*

EXISTING USERS

If you've previously enrolled in SIMON, you will log in with the same username and password you've used before.

Username help: *If you aren't sure of the username you used when first registering, try your work or personal email address. If you're still having issues recovering your username, call Kairos.*

Password help: *If you can't remember your password, select the* **Forgot Password** *link. You'll be sent an email to create your new password.*

READY TO START? ENROLLMENT TIPS!

- ➢ *View and update your benefit plan options and life insurance beneficiaries.*
- ➢ *If you're enrolling a dependent, make sure you have their date of birth (DOB) and social security number (SSN). This information is required.*
- ➢ *Is your address up to date? If not, make sure to update your address on file to ensure you receive important mailings!*
- ➢ *Re-enter your HSA contributions. The IRS requires these to "reset" each year, so you will be required to re-enter any HSA contributions, if offered by your employer.*
- ➢ *When you're done enrolling, print a copy of your enrollment confirmation statement.*

DON'T WAIT...

Don't wait until the last day to sign up for your benefits. Why, you ask? You might run into tech hiccups like forgetting your login details, having trouble navigating the system, or getting stuck on a weekend when no one's around to help. If you leave it to the last minute, you risk missing your open enrollment period. So, when in doubt, just give Kairos a call, and we'll be happy to walk you through it!

CHOICE $0 PPO

BENEFIT OVERVIEW	IN-NETWORK[3]	OUT-OF-NETWORK[3]
DEDUCTIBLE[1]	$0/employee $0/family	$900/employee $2,700/family
OUT-OF-POCKET MAXIMUM[2]	$7,350/employee $14,700/family	$30,000/employee $60,000/family
OFFICE VISITS/TELEHEALTH	$30 copay primary care physician $40 copay specialist	Deductible, then 50%
TELADOC	No deductible, $0	Not available
URGENT CARE	$100 copay	Deductible, then 50%
EMERGENCY ROOM	$150 copay	$150 copay
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, $0	Deductible, then 50%
OUTPATIENT SURGERY	$75 per service	
INPATIENT SERVICES	$250 copay per admission	
IMAGING (CT/PET scans, MRIs)	$30 copay	
HOME HEALTH CARE	No deductible, $0	
SKILLED NURSING CARE	$250 copay per admission	
REHABILITATION SERVICES	$30 copay	

PRESCRIPTIONS

RETAIL (Up to 31-day supply)	• Generic: $15 • Preferred: $30 • Non-preferred: $50 • Specialty: Not applicable
MAIL ORDER (Up to 90-day supply)	• Generic: $37.50 • Preferred: $75 • Non-preferred: $125

ATTENTION: Please note that this is a grandfathered plan and enrollment in this plan is not available.

[1]This plan has an embedded individual deductible and out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

[2]The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

[3]The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

Please note: Information provided above may be subject to change at any time.

CHOICE $1,000

BENEFIT OVERVIEW	IN-NETWORK[3]	OUT-OF-NETWORK[3]
DEDUCTIBLE[1]	$1,000/employee $2,000/family	$1,700/employee $3,400/family
OUT-OF-POCKET MAXIMUM[2]	$5,000/employee $10,000/family	$30,000/employee $60,000/family
OFFICE VISITS/TELEHEALTH	$30 copay primary care physician $40 copay specialist	Deductible, then 50%
TELADOC	No deductible, $0	Not available
URGENT CARE	$100 copay	Deductible, then 50%
EMERGENCY ROOM	Deductible, then 20%	Deductible, then 20%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, $0	Deductible, then 50%
OUTPATIENT SURGERY	Deductible, then 20%	
INPATIENT SERVICES	$250 copay per admission	
IMAGING (CT/PET scans, MRIs)	No deductible, 20%	
HOME HEALTH CARE	Deductible, then 20%	
SKILLED NURSING CARE	Deductible, then 20%	
REHABILITATION SERVICES	$30 copay	

PRESCRIPTIONS

RETAIL (Up to 31-day supply)	• Generic: $15 • Preferred: $30 • Non-preferred: $50 • Specialty: Not applicable
MAIL ORDER (Up to 90-day supply)	• Generic: $37.50 • Preferred: $75 • Non-preferred: $125

[1]This plan has an embedded individual deductible and out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

[2]The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

[3]The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

Please note: Information provided above may be subject to change at any time.

CHOICE $2,000 HDHP

BENEFIT OVERVIEW	IN-NETWORK[3]	OUT-OF-NETWORK[3]
DEDUCTIBLE[1]	$2,000/employee $4,000/family	$2,850/employee $5,700/family
OUT-OF-POCKET MAXIMUM[2]	$6,000/employee $6,850/family	$18,000/employee $28,000/family
OFFICE VISITS/TELEHEALTH	Deductible, then 20%	Deductible, then 50%
TELADOC	No deductible, $0	Not available
URGENT CARE	Deductible, then 20%	Deductible, then 50%
EMERGENCY ROOM	Deductible, then 20%	Deductible, then 20%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, $0	Deductible, then 50%
OUTPATIENT SURGERY	Deductible, then 20%	
INPATIENT SERVICES	Deductible, then 20%	
IMAGING (CT/PET scans, MRIs)	Deductible, then 20%	
HOME HEALTH CARE	Deductible, then 20%	
SKILLED NURSING CARE	Deductible, then 20%	
REHABILITATION SERVICES	Deductible, then 20%	

PRESCRIPTIONS

RETAIL (Up to 31-day supply)	• Generic: $10 • Preferred: $35 • Non-preferred: $60 • Specialty: Not applicable
MAIL ORDER (Up to 90-day supply)	• Generic: $25 • Preferred: $87.50 • Non-preferred: $150

[1]This plan has a non-embedded deductible and out-of-pocket maximum. This means that families enrolling in the plan will need to meet the entire family deductible before the plan pays benefits for any member of the family (other than preventive/wellness care). It also means that the out-of-pocket maximum applies to the family as a whole rather than to individual covered family members. All benefits are subject to the deductible, unless noted otherwise. The medical plan deductible does not apply to retail and mail order prescription drug copays.

[2]The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

[3]The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

Please note: Information provided above may be subject to change at any time.

CHOICE $5,000 PPO

BENEFIT OVERVIEW	IN-NETWORK[3]	OUT-OF-NETWORK[3]
DEDUCTIBLE[1]	$5,000/employee $10,000/family	$15,000/employee $30,000/family
OUT-OF-POCKET MAXIMUM[2]	$6,750/employee $13,500/family	$45,000/employee $90,000/family
OFFICE VISITS/TELEHEALTH	$30 copay primary care physician $60 copay specialist	Deductible, then 50%
TELADOC	No deductible, $0	Not available
URGENT CARE	$100 copay	Deductible, then 50%
EMERGENCY ROOM	$300 copay	Deductible, then 20%
WELLNESS SERVICES Mammograms Colonoscopies Immunizations Well visits (adult/child)	No deductible, $0	Deductible, then 50%
OUTPATIENT SURGERY	Deductible, then 30%	
INPATIENT SERVICES	Deductible, then 30%	
IMAGING (CT/PET scans, MRIs)	$300 copay	
HOME HEALTH CARE	Deductible, then 30%	
SKILLED NURSING CARE	Deductible, then 30%	
REHABILITATION SERVICES	$30 copay	

PRESCRIPTIONS

RETAIL (Up to 31-day supply)	• Generic: $15 • Preferred: $30 • Non-preferred: $50 • Specialty: Not applicable
MAIL ORDER (Up to 90-day supply)	• Generic: $37.50 • Preferred: $75 • Non-preferred: $125

[1]This plan has an embedded individual deductible and out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

[2]The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

[3]The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

Please note: Information provided above may be subject to change at any time.

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in a high deductible health plan (HDHP), you are eligible to open a health savings account with HealthEquity. An HSA is a personal savings account that lets you set aside pre-tax money from your paycheck to use on qualified medical expenses. Some examples of qualified expenses include deductibles and copays, doctor's office visits, prescription drugs, vaccines, screenings, and more! For a complete list, visit healthequity.com/kairos/qme.

Once you receive your debit card from HealthEquity, you'll be able to use your account. New cards are issued only to first-time enrollees (or if an existing card expires). Because it's your personal account, please contact HealthEquity if you need a replacement debit card.

HSA Advantages



Triple Tax Benefit

Contributions are tax deductible; the funds grow with no tax liability; and money used for health expenses is not taxed upon withdrawal.



It's Yours Forever

The money in your HSA rolls over every year and is yours to keep, even if you leave your employer.



Grow and Save

You can invest the funds, and your earnings grow tax-free. After age 65, you can use the HSA like a traditional retirement account and funds used for non-medical expenses will be taxed as income.

YOU'RE ELIGIBLE FOR AN HSA IF

- *You're enrolled in a qualified high deductible health plan.*
- *You're not also covered by a spouse's non-HDHP employer plan.*
- *You aren't enrolled in Medicare or another non-qualified health care plan.*
- *You can't be claimed as a dependent on someone else's tax return.*

HOW MUCH CAN YOU CONTRIBUTE?

TIER	MAXIMUM AMOUNT
INDIVIDUAL	$4,400
FAMILY	$8,750
AGE 55+	Additional $1,000



Learn how to maximize your HSA Click link or scan for a short video

You may contribute the maximum amount stated on a calendar year basis, or January 1 to December 31. This is a little different from the Kairos plan year, which runs from July to June. ***You are responsible for verifying eligibility and calculating your contributions (including any employer contributions) so that they don't exceed the maximum annual amount.***

FLEXIBLE SPENDING ACCOUNT (FSA)

Set aside pre-tax dollars for eligible health care and dependent care expenses in a flexible spending account (FSA) administered by HealthEquity. These accounts are also referred to as consumer-driven accounts, or CDAs. You elect how much you want to contribute in equal installments throughout the year.

HealthEquity

	MEDICAL REIMBURSEMENT FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
WHAT ARE THE ANNUAL CONTRIBUTION LIMITS?	Up to $3,400 (depending on your employer's plan option)	Up to $3,400 (depending on your employer's plan option)	Up to $7,500 (tax filing status and participation in other plans may affect contribution limits)
WHAT CAN AN FSA BE USED FOR?	Eligible medical, dental, and vision expenses that are not already covered or deducted on your income taxes	Eligible dental and vision expenses that are not already covered or deducted on your income taxes	Eligible childcare expenses
HOW ARE REIMBURSEMENTS MADE?	Claim form submitted via employee portal, fax, or mail	Claim form submitted via employee portal, fax, or mail	Claim form submitted via employee portal, fax, or mail

NOTE: *If you're enrolled in an HDHP with an HSA, you may only contribute to a limited purpose FSA which is used for eligible dental and vision expenses. You will also receive only one debit card to be used for your HSA and FSA funds.*

ANYTHING ELSE I NEED TO KNOW ABOUT FSAs?

Use it or Lose it—*Any money set aside in the FSA must be used for eligible expenses during the plan year. Claims for reimbursement can be submitted up to 90 days after the plan year ends on June 30. After that, funds are forfeited.*

Plan Carefully—*Your election stays in effect for the entire plan year (July 1 through June 30). Once you make your election, you can only change your contribution amount if you experience a qualified status change (see page 4 for information about status changes).*

Keep it Compliant—*The IRS clearly defines eligible expenses, and only those that comply with the Internal Revenue Code are eligible for reimbursement. In all cases, itemized documentation for transactions should be retained.*

How your FSA works

1

VISIT PROVIDER

Visit your medical/dental/vision/Rx provider and give them your insurance information.

2

PROVIDER BILLS

Your provider will send the claim to your insurance or may bill you directly.

3

PAY YOUR PROVIDER

Use your HealthEquity Visa Healthcare Card to pay your provider, or pay online through the HealthEquity member portal.

DELTA DENTAL INSURANCE

The PPO dental plan through Delta Dental allows you and your eligible dependents to visit any dentist or specialist without a referral. The plan also travels with you anywhere in the country.

While both PPO and Premier dentists are in-network, you will save more money when using a PPO dentist. Out-of-pocket costs increase when visiting a non-participating dentist.

Delta Dental issues ID cards to new enrollees. If you ever need a replacement, please contact Kairos or Delta Dental.

SELECT PLAN OVERVIEW	PPO, PREMIER, OR NON-PARTICIPATING DENTIST
ANNUAL DEDUCTIBLE[1]	$50/individual $150/family
ANNUAL MAXIMUM BENEFIT[1]	$1,500/individual
PREVENTIVE & DIAGNOSTIC SERVICES (TWICE A YEAR)[2] Exams, fluoride, and cleanings X-rays Sealants: For children up to age 18 Space maintainers Periodontal maintenance	No deductible, $0
BASIC SERVICES Fillings Emergency palliative treatment Endodontics: Root canal treatment Periodontics: Gum disease treatment Oral surgery: Simple and surgical extractions	Deductible, then 20%
MAJOR SERVICES[3] Crown repair Prosthodontics: Bridges, implants, dentures Bridge and denture repair	Deductible, then 50%
CHILD ORTHODONTIA Braces: For children ages 8–19. (Children must be banded prior to age 17) There is a separate $1,500/person lifetime maximum for orthodontic services	Deductible, then 50%

[1]Your annual maximum benefit is a combination for in-network and out-of-network services.
[2]Preventive services are charged against the annual maximum benefit.
[3]Major services have a five-year waiting period.

THIRD CLEANING BENEFIT

Delta Dental offers a third cleaning benefit for those with certain medical conditions that have oral health implications. Research shows that increased frequency of cleanings can greatly impact oral health and play an important role in managing conditions like diabetes, heart disease, pregnancy, cancer and more.

Qualified members must enroll for the enhanced preventive benefits to receive coverage for a third dental cleaning. Contact Delta Dental at 800.352.6132 to enroll.

TDA PREPAID DENTAL INSURANCE

Total Dental Administrators (TDA) an EMI Health Company provides comprehensive dental care on a predetermined fee schedule. There are no deductibles, no claim forms, and no annual or lifetime benefit maximums. Services are covered in the **state of Arizona only.**

DHMO PLAN OVERVIEW	*IN-NETWORK COPAY*
PREVENTIVE/DIAGNOSTIC	
Initial exam	*$0*
Adult cleaning	*$0*
Office visits	*$0*
RESTORATIVE	
Amalgam (one surface)	*$13*
Amalgam (two surfaces)	*$24*
Resin (one surface)	*$29*
Resin (two surfaces)	*$40*
CROWN & BRIDGE	
Crown porcelain	*$495**
Crown buildup	*$80*
ENDODONTICS	
Root canal therapy (anterior)	*$195*
Root canal therapy (molar)	*$399*
ORAL SURGERY	
Simple extraction	*$40*
Soft tissue impaction	*$90*
PROSTHETICS	
Complete denture	*$615**
Partial denture	*$550**
PERIODONTICS	
Osseous surgery/quad	*$390*

The above table is just an example of covered services. For a complete list, click the icon to refer to the schedule of benefits.

**Copay includes lab fee. Lab fees may vary; check with your provider for more details.*

HOW TO USE YOUR PLAN

STEP 1: *Access the TDA website prior to making an appointment to access current providers. Select the general dental office for yourself and your dependents.*

STEP 2: *Select the DHMO dental plan network and enter your search criteria.*

STEP 3: *Make note of the provider code number listed to the right of the dental office. You'll use this code to select your dental provider in the portal.*

STEP 4: *After your effective date, you can schedule an appointment directly with your provider.*

Contact TDA customer service at the number below if you need to change your provider mid-year.

VSP VISION INSURANCE

Using your VSP Choice benefit is easy. Once enrolled, create an account at VSP.com where you can review your benefit information and find an eye doctor who's right for you.

NO ID CARD NECESSARY. *At your appointment, tell the office staff that you have VSP. They may ask for additional personal information to verify your coverage. From there, you're good to go. You can also print out an ID card for reference through your online VSP account.*

CHOICE PLAN OVERVIEW	IN-NETWORK COPAY	FREQUENCY
WELL VISION EXAM	$10	Every 12 months
ESSENTIAL MEDICAL EYE CARE Retinal imaging for members with diabetes Additional exams to treat pink eye to sudden changes in vision	$20/exam	As needed
PRESCRIPTION GLASSES	$25	See Frames & Lenses
FRAMES $200 featured frame brands allowance $180 frame allowance 20% savings on amount over your allowance $100 Walmart/Sam's Club frame allowance	Included in prescription glasses copay	Every 12 months
LENSES Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for children	Included in prescription glasses copay	Every 12 months
LENS ENHANCEMENTS Standard progressive lenses UV protection Premium progressive lenses Custom progressive lenses	$0 $0 $95–$105 $150–$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES) $150 allowance; copay does not apply Contact lens exam (fitting and evaluation)	Up to $60	Every 12 months

MEMBER-EXCLUSIVE DISCOUNTS

Eyeconic: *Save up to $220 on prescription glasses, sunglasses, and contacts with VSP's online eyewear store. Browse the store here, eyeconic.com.*

Member Extras*: Want access to over $3,000 in savings? Visit vsp.com/offers for discounted offers on LASIK, contacts, hearing aids, and more!*

LIFE INSURANCE

BASIC LIFE AND AD&D INSURANCE

Your employer provides eligible employees with basic life and AD&D in the amount of $50,000. This benefit is at no cost to you and enrollment is automatic.

The original amount reduces to $22,500 at age 70, $15,000 at age 75 and $10,000 at age 80.

When enrolling, you must designate a beneficiary. You may select more than one beneficiary and can make changes anytime by contacting your employer.

SUPPLEMENTAL LIFE AND AD&D INSURANCE

You have the opportunity to purchase additional life insurance coverage for yourself, your eligible spouse, and your dependent children. You are responsible for paying the cost of this benefit, as stated in the plan summary. Unlike basic life insurance, your supplemental life insurance amount will not reduce with age. However, the amount you pay out of pocket will increase as you age.

COVERAGE AMOUNTS

	YOU	YOUR SPOUSE	YOUR CHILDREN
AVAILABLE AMOUNTS	$10,000–$500,000 in increments of $10,000 Cannot exceed 5 times your annual salary	$10,000–$250,000 in increments of $5,000 Cannot exceed the combined amount of your basic life and supplemental life benefits	Up to 15 days old: $1,000 15 days to 26 years: $1,000–$20,000 in increments of $5,000
GUARANTEED ISSUE AMOUNT	$250,000	$50,000	$10,000; $15,000; or $20,000.

STATEMENT OF HEALTH PROCESS

You may need to complete a statement of health (SOH) in order to be approved for your supplemental life insurance. Those who need to complete a form are listed below.

If you're enrolling during annual open enrollment and are:

- *Electing supplemental life for the first time*
- *Increasing your supplemental life amount*

If you're enrolling as a new hire and are:

- *Electing more than the guaranteed issue amount listed above*

If you neglect to complete an SOH form, your requested amount will not be approved.

If a statement of health form is needed, please contact your employer or Kairos at the number below. You'll need to ensure you have the appropriate group numbers when submitting the form for approval.

SHORT-TERM DISABILITY

You can elect to purchase short-term disability coverage through MetLife. This benefit replaces a portion of your pre-disability earnings, less any income that was actually paid to you from other sources for the same disability excluding any sick pay or vacation pay. Disability insurance helps provide income protection for those with unexpected health events, associated expenses, and possible time away from work due to a non-occupational injury or sickness.

The monthly disability benefit may not exceed 66 2/3% of your salary, up to a $1,500 weekly maximum.

Benefits begin following the plan's 7-day elimination period and are paid for up to 26 weeks of continuous disability. This plan includes maternity as part of the coverage, and typically pays six weeks of benefits for a normal pregnancy.

PRE-EXISTING CONDITION LIMITATIONS

The policy does not cover an illness or accidental injury that arose in the three months prior to your plan effective date. In addition, to be eligible for coverage during pregnancy, your pregnancy must occur on or after the benefit effective date (e.g., July 1 if you are enrolling during open enrollment).

IMPORTANT!

- *If you receive a salary increase, your short-term disability does not increase automatically.*
- *You may sign up for this coverage only during open enrollment or as a new hire.*
- *You may not drop coverage until the next open enrollment period.*

IMPORTANT!

You may sign up for this coverage only during open enrollment, or as a new hire.

You may not drop coverage until the next open enrollment period.



HOSPITAL INDEMNITY

You have the choice of electing a comprehensive plan with MetLife that provides lump sum cash payments in addition to any other payments you may receive from your medical plan. Here are just some of the covered benefits when an accident or illness puts you in the hospital.

COVERED BENEFITS	LIMITS	SITUATION	AMOUNT
ADMISSION BENEFIT	1 time per year	Admission	$500
		Intensive Care Unit (ICU) Supplemental Admission	$500
CONFINEMENT BENEFIT	15 days per year	Confinement	$200
		ICU Supplemental Confinement	$200
INPATIENT REHAB BENEFIT	15 days per year	Inpatient Rehabilitation	$200
HEALTH SCREENING BENEFIT	1 time per year, per person	Health Screening	$50

Hospital indemnity coverage does not include certain facilities, nursing homes, convalescent care, or extended facilities.

HEALTH SCREENING BENEFITS AVAILABLE

By completing a covered screening or test, you and your eligible dependents will receive $50 each year. To view covered screenings and to submit a claim form, please visit the Kairos website or call the number below.

BENEFIT EXAMPLE

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After one day in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan is released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health.

Here's how this benefit would pay out:

Regular hospital admission	*$500*
ICU supplemental admission	*$500*
Regular hospital confinement (3 days)	*$600*
ICU supplemental confinement (1 day)	*$200*

Total received: $1,800

CRITICAL ILLNESS COVERAGE

You have the choice of electing a comprehensive plan through MetLife that provides lump sum cash payments in addition to any other payments you may receive from your medical plan. The table below lists the covered benefits when you have a qualified critical illness such as:

- ✓ *Cancer (invasive and non-invasive)*
- ✓ *Cardiovascular disease*
- ✓ *Cystic fibrosis*
- ✓ *Type 1 diabetes*
- ✓ *Heart attack or stroke*
- ✓ *COVID-19*
- ✓ *Kidney failure*
- ✓ *Severe burns*

There are over 20 qualified conditions. Please refer to the certificate of coverage for more information. And remember that a health screening benefit of $50 is available per person, per year.

***Important:** Pre-existing conditions do apply. If advice, treatment, or care was sought, recommended, prescribed, or received during the three months prior to the effective date of coverage, benefits will not pay if the covered condition occurs during the first six months of coverage.*

	INITIAL BENEFIT	REQUIREMENTS
Employee	*$10,000, $20,000, or $30,000*	*Coverage is guaranteed, provided you are actively at work*
Spouse/Child(ren)	*50% of the employee's initial benefit*	*Coverage is guaranteed, provided the employee is actively at work and the spouse/child(ren) is not subject to a medical restriction as set forth in the certificate*

BENEFIT EXAMPLE

This example illustrates how critical insurance would pay out for an employee who elected a benefit amount of $20,000:

Heart attack	*First verified diagnosis*	*Initial benefit of $20,000 or 100%*
Kidney failure	*First verified diagnosis, two years later*	*Initial benefit of $20,000 or 100%*
Heart attack	*Second verified diagnosis, four years later*	*Recurrence benefit of $20,000 or 100%*

ACCIDENT INSURANCE

You have the choice of electing a comprehensive plan through MetLife that provides lump sum cash payments in addition to any other payments you may receive from your medical plan. The table below illustrates some of the covered benefits/services when you have a qualified accident.
***Important:** Benefits reduce by 35% at age 65 and again by 50% at age 70.*

	BENEFIT AMOUNT
ACCIDENTAL INJURY	
Fracture/Dislocation	*$200–$10,000*
Second- or Third-Degree Burn	*$100–$15,000*
Concussion	*$500*
Coma	*$10,000*
ACCIDENTAL MEDICAL TREATMENT	
Ambulance	*Ground $400/Air $1,250*
Emergency Care	*$100–$200*
Non-Emergency Initial Care/Physician Follow-Up	*$100*
Therapy (including physical therapy)	*$50*
HOSPITAL	
Admission/ICU Supplemental Admission	*$1,500 day-of*
Confinement/ICU Supplemental Confinement (paid up to 15 days per accident)	*$300 per day*
Inpatient Rehabilitation	*$200 per day*
OTHER	
Accidental death	*$50,000*
Accidental dismemberment/functional loss	*$1,000–$50,000*
Accidental paralysis	*$25,000-$50,000*
Lodging	*$200 per day*
Health screening benefit	*$50*

The above table is just an example of covered services. For a complete list, refer to the plan summary.

BENEFIT EXAMPLE

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, because Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown.

Ambulance (ground)	*$400*
Emergency care	*$200*
Physician follow-up	*$100*
Medical testing	*$200*
Concussion	*$500*
Broken tooth (repaired by crown)	*$300*
Total received:	**$1,700**

PREPAID LEGAL COVERAGE

Our legal plans through MetLife provide access to a national network of over 17,000 attorneys to help navigate important life events. Through the program, you can participate in telephone and office consultations with attorneys on a broad range of legal issues.

PREPAID LEGAL ADVANTAGES

- ✓ *Telephone advice and office consultation on an unlimited number of legal matters (exclusions may apply)*
- ✓ *Access to attorneys in person or by phone, email, or mobile app*
- ✓ *Money-back guarantee*
- ✓ *No deductibles or copays*
- ✓ *No claim forms*
- ✓ *No usage limits*

Pick a plan that suits your needs.	*LOW PLAN*	*HIGH PLAN (IN ADDITION TO LOW PLAN BENEFITS)*
MONEY MATTERS	• *Debt collection defense* • *Identity theft defense* • *Negotiations with creditors* • *Promissory notes* • *Tax collection defense*	• *LifeStages identity restoration services* • *Personal bankruptcy* • *Tax audit representation*
HOME & REAL ESTATE	• *Deeds* • *Eviction defense* • *Foreclosure* • *Mortgages* • *Security deposit assistance* • *Tenant negotiations*	• *Boundary & title disputes* • *Property tax assessments* • *Refinancing & home equity loan* • *Sale or purchase of home* • *Zoning applications*
ESTATE PLANNING	• *Codicils* • *Complex wills* • *Health care proxies* • *Living wills* • *Powers of attorney (health care, financial, childcare, immigration)* • *Simple wills*	• *Revocable and irrevocable trusts*
FAMILY & PERSONAL	• *Affidavits* • *Conservatorship* • *Demand letters* • *Garnishment defense* • *Guardianship* • *Name change* • *Personal properties issues* • *Protection from domestic violence* • *Review of ANY personal legal document* • *School hearings*	• *Adoption* • *Immigration assistance* • *Juvenile court defense, including criminal matters* • *Parental responsibility matters* • *Prenuptial agreement*

Exclusions: *DUI, divorce, felonies, work-related matters, pre-existing legal matters*
Please refer to plan document for a complete list of covered services.

AURA IDENTITY THEFT PROTECTION

Protecting your personal information is more important than ever. To help our members reduce the risk of identity theft, Kairos offers a comprehensive benefits package through Aura.

You have the option to enroll in one of three plans offered. The monthly contributions will be deducted from your paycheck.

SEPARATE ENROLLMENT STEP REQUIRED. *Once enrolled, you will receive an email from Aura with a link and instructions for completing your registration. You must complete your election by the end of your open enrollment period. Once you make your election, you will not be able to change your plan.*

Choose the plan that's right for you.

	TOTAL	PREMIER	ULTIMATE
FINANCIAL FRAUD PROTECTION			
Credit monitoring and alerts	1-Bureau	3-Bureau	3-Bureau
Home and vehicle title monitoring	✓	✓	✓
Tax fraud prevention assistance	✓	✓	✓
Experian credit lock			✓
Credit score stimulator			✓
IDENTITY THEFT PROTECTION			
Privacy assistant	✓	✓	✓
Criminal, court, and public record monitoring	✓	✓	✓
Dark web monitoring	✓	✓	✓
USPS address monitoring	✓	✓	✓
Social media monitoring, privacy check-up, and alerts		✓	✓
PRIVACY AND DEVICE PROTECTION			
Password manager	✓	✓	✓
IP address monitoring	✓	✓	✓
WiFi security (VPN) and antivirus	1 Device Per Adult	2 Devices Per Adult	Unlimited Devices
FAMILY SAFETY			
Digital vault	✓	✓	✓
Family sharing	✓	✓	✓
Child safety checklist	✓	✓	✓

Refer to plan summary for a complete list of covered services.

NATIONWIDE PET INSURANCE

Fetch the best health coverage for your dog or cat through your voluntary benefits package. Nationwide offers enhanced plans including two ready-made plans, plus the ability customize a plan based on your needs.

THE PERKS

- ✓ *Visit any vet, anywhere*
- ✓ *Plans are exclusive for Kairos participants*
- ✓ *Submit a claim from any device*
- ✓ *Get reimbursed for eligible expenses*

MY PET PROTECTION CHOICE	ACCIDENT & ILLNESS	ACCIDENT, ILLNESS, & WELLNESS	CUSTOMIZABLE
Annual deductible options	*$250*	*$250*	*$100 to $500*
Reimbursement level	*80%*	*80%*	*50, 70, or 80%*
ACCIDENT			
Annual maximum	*$5,000*	*$5,000*	*$2,500 or $5,000*
Broken bones, animal attack, hit by care, poisoning, heatstroke, and more	✓	✓	✓
ILLNESS			
Annual maximum	*$5,000*	*$5,000*	*$2,500 or $5,000*
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
HEREDETARY & CONGENITAL			
Annual maximum	*$5,000*	*$5,000*	*$2,500 or $5,000*
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, and more	✓	✓	✓
WELLNESS			
Annual maximum		*$450*	*$450 or $800*
Vaccination or titer, fecal test, microchip, heartworm prevention, and more		✓	✓
Spay/neuter or dental and one additional test			✓

IMPORTANT:

This benefit is not deducted from your paycheck.
You will be responsible for paying the monthly premium directly to Nationwide.

When ready to enroll, sign up at the link below.

Questions: 877.738.7874 or www.petinsurance.com/kairoshealthaz

THIS GUIDE IS INTENDED ONLY AS A BRIEF DESCRIPTION OF YOUR PLAN BENEFITS

This guide attempts to describe important details and changes to the Kairos health plans in a clear, simple, and concise manner. If there is a conflict between the guide and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all of the benefits or services at any time.



Disclaimer: It is the responsibility of the employer to ensure that all required notices are provided to employees and their covered dependents in a timely and accurate manner. Failure to provide these notices can result in significant penalties and legal consequences.

MID-YEAR CHANGES TO YOUR HEALTH CARE BENEFIT ELECTIONS

IMPORTANT: *After this open enrollment period is completed, generally you will not be permitted to change your benefit elections or add/delete dependents until next year's open enrollment, unless you have a special enrollment event or a mid-year change in status event as outlined below:*

Special enrollment event: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if your employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

You and your dependents may also enroll in this plan if you (or your dependents):

- *change in number or status of dependents (e.g., birth, adoption, death);*
- *change in employee's/spouse's/dependent's employment status, work schedule, or residence that affects eligibility for benefits;*
- *have a Qualified Medical Child Support Order (QMCSO);*
- *have a change in entitlement to or loss of eligibility for Medicare or Medicaid;*
- *experience certain changes in the cost of coverage, composition of coverage, or curtailment of coverage of the employee's or spouse's plan; and*
- *have coverage through Medicaid or a State Children's Health Insurance Program (S-CHIP) and you (or your dependents) lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or S-CHIP coverage ends.*
- *become eligible for a premium assistance program through Medicaid or S-CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.*

To request special enrollment or obtain more information, contact Kairos at 888.331.0222.

Mid-year change in status event: Because Kairos pre-taxes benefits, we are required to follow Internal Revenue Service (IRS) regulations regarding whether and when benefits can be changed in the middle of a plan year. The following events may allow certain changes in benefits mid-year, if permitted by the IRS and your employer's respective Section 125 plan, which provides final authority:

- *change in legal marital status (e.g., marriage, divorce/legal separation, death);*
- *coverage of the employee's or spouse's plan; and*
- *changes consistent with special enrollment rights and FMLA leaves.*

You must notify the plan in writing within 31 days of the mid-year change in status event by contacting your employer. The plan will determine if your change request is permitted, and if so, changes will become effective prospectively on the first day of the month following the approved change-in-status event (except for the case of newborn and adopted children, who are covered retroactively to the date of birth, adoption, or placement for adoption).

Losing medical coverage through the Marketplace is not considered a qualified life event with Kairos, and you will not be allowed to join the plan mid-year. However, you can drop your medical coverage to join a Marketplace plan mid-year. You will be required to provide proof of coverage within 31 days of your enrollment.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- *all stages of reconstruction of the breast on which the mastectomy was performed;*
- *surgery and reconstruction of the other breast to produce a symmetrical appearance;*
- *prostheses; and*
- *treatment of physical complications of the mastectomy, including lymphedema.*

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, contact Kairos at 888.331.0222.

PRIVACY NOTICE REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This plan's HIPAA privacy notice explains how the group health plan uses and discloses your personal health information. A copy of this notice is posted on the Kairos website at www.svc.kairoshealthaz.org.

DIRECT ACCESS TO PRIMARY CARE PROVIDER (PCP) AND OB/GYN PROVIDER

The medical plans offered by Kairos do not require the selection or designation of a primary care provider (PCP). You have the ability to visit any network or non-network healthcare provider; however, payment by the plan may be less for the use of a non-network provider.

You also do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact Kairos at 888.331.0222.

REQUIREMENT TO PROVIDE THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH HEALTH PLAN ENROLLEE

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) for each medical plan participant and include that number on reports that are provided to the IRS each year. If you have a covered dependent who does not yet have a social security number, you can go to this website To request one: www.socialsecurity.gov/online/ss-5.pdf. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each dependent enrolled in the health plan, please contact your employer.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare-eligible or will become Medicare-eligible during the next 12 months, be sure you understand whether the prescription drug coverage that you elect through Kairos is creditable with (as valuable as) Medicare's prescription drug coverage.

Kairos has determined that the prescription drug coverage under the following prescription drug plan options is "creditable": Choice $0 PPO, Choice $500 PPO, Choice $1,650 HDHP, and Choice $5,000 HDHP.

If you have questions about what this means for you, review the plan's Medicare Part D Notice of Creditable Coverage, which is available from Kairos at 888.331.0222.

COBRA COVERAGE REMINDER

In compliance with a provision of federal law referred to as COBRA continuation coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA coverage when qualifying events occur, and, as a result of the qualifying event, coverage for that qualified beneficiary ends. Qualified beneficiaries who elect COBRA continuation coverage must pay for it at their own expense.

Qualifying event examples include termination of employment for any reasons other than gross misconduct, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child.

In addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may wish to seek coverage through the Health Care Marketplace. (See https://www.healthcare.gov/.) In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

The maximum period of COBRA coverage is generally either 18 months or 36 months, depending on which qualifying event occurred.

In order to have the opportunity to elect COBRA coverage following a divorce/legal separation or a child ceasing to be a dependent child under the plan, you and/or a family member must inform the plan in writing of that event no later than 60 days after the event occurs. The notice should be sent to Kairos via first class mail, and should include the employee's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents).

If you have questions about COBRA, contact Kairos at 888.331.0222.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP, and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from the Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your state for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2025, contact U.S. Department of Labor at 866.444.3272 or US Department of Health and Human Services at 877.267.2323.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005