2027 OPEN ENROLLMENT FAQ

Understanding Your New Imagine360 Medical Plan

A different approach to healthcare, designed to give you more choice, better protection from high healthcare prices, and real people to help when you need it.

Changing medical plans can naturally create questions, especially when the new plan works differently from a traditional PPO. This FAQ is designed to explain what is changing, what is not, and what you can expect. The most important thing to know is that you are not expected to navigate the new plan on your own. Imagine360 can help before you receive care, while you are receiving care, and after a claim or bill arrives.

THE 5 THINGS WE WANT YOU TO KNOW

1. You have choices. Imagine360 is designed to give you broad access to doctors and healthcare facilities.

2. Your plan still defines what you pay. Your deductible, copays, coinsurance, and out of pocket maximum provide the framework for your financial responsibility for eligible covered care.

3. A provider's bill is not automatically what you owe. Always compare a medical bill with your Imagine360 Explanation of Benefits.

4. If a bill does not match your EOB, do not handle it alone. Contact Imagine360 before paying the additional amount.

5. Help is available. Whether you are looking for a provider, planning a procedure, dealing with a bill, or simply are not sure what to do, start with Imagine360.

Start Here: What Employees Should Know

Q. Why is KAG moving to Imagine360?

Healthcare has become more expensive and harder to navigate. Without a change, employee medical premiums were projected to increase 15% to 20% in 2027. KAG chose to take action rather than simply pass those increases along to employees. Moving to Imagine360 helps us address the underlying price of healthcare and allows employee premiums for the Imagine360 medical plans to decrease by 5%. The goal is to provide strong coverage that is more affordable and sustainable for employees, their families, and KAG over the long term.

This decision was not made lightly. KAG conducted a thorough evaluation that included a detailed review of our claims experience and provider utilization. Based on that analysis, 99.8% of the physicians currently used by KAG members would have continued to be available under Imagine360. As a result, only a very small percentage of members would have needed to transition to a different provider. The analysis also showed that 97% of claim payments would have been accepted by facilities without issue, with only a small percentage requiring additional support from Imagine360's advocacy team. These results gave KAG confidence that Imagine360 can deliver meaningful cost savings while continuing to provide employees with access to the care they need and enhanced support when navigating the healthcare system.

Q. Is Imagine360 simply a cheaper health plan with fewer choices?

No. The change is about purchasing healthcare differently, not simply reducing access. Imagine360 combines access to contracted providers with Open Access, giving members broad provider choice. The plan also includes price protection, claims review, provider navigation, and billing advocacy. Imagine360 reports that 98% of its members are able to see the doctors of their choice.

Q. What are the biggest benefits to me and my family?

The plan is designed around four employee benefits:

- More choice in where you receive care.
- Price protection so the plan and employees are not simply accepting unnecessarily high healthcare charges.
- Lower employee premiums for 2027 than under the projected renewal without this change.
- Real support from Imagine360 for provider questions, finding care, claims, medical bills, and billing issues.

The simplest way to think about Imagine360: more choice, fairer prices, and someone in your corner when you need help.

Enrollment and What Is Staying Familiar

Q. Do I need to enroll this year?

Yes. Open Enrollment is active. Every employee who wants benefits coverage for 2027 must make an election during Open Enrollment.

Q. What happens if I do not enroll?

You will not have benefits coverage in 2027. Because this is an active enrollment, your current elections will not automatically carry forward.

Q. Why is KAG requiring active enrollment?

KAG is introducing Imagine360 and two new medical plan options. Active enrollment ensures everyone has an opportunity to review the new plans, understand the changes, and intentionally select the coverage that best fits their needs.

Q. Who can help me enroll?

The KAG Benefits Team can help with enrollment questions at Kag.Benefits@thekag.com or 800-675-1092, Option 3.

Q. Are my deductible, coinsurance, or out of pocket maximum changing?

They may change depending on the medical plan you elect. Review the 2027 Benefits Guide for the deductible, coinsurance, out of pocket maximum, and other cost sharing provisions for each Imagine360 plan option.

Q. Are the types of services covered by the plan changing?

Covered benefits are intended to remain familiar, including eligible preventive care. The Benefits Guide and official plan documents provide the detailed coverage rules, limitations, and exclusions for each plan.

Q. Will eligible preventive care still be covered at 100%?

Yes. Eligible preventive care remains covered at 100%, subject to the plan's preventive care guidelines and requirements.

Q. Is my prescription drug coverage changing?

Prescription drug coverage will continue through CVS Caremark. Beginning January 1, 2027, use your new Imagine360 member ID card at the pharmacy because your medical and prescription information will be combined on one card. The only plan design changes on the prescription plan in 2027 is that the deductible and co-pays, including those for Diabetic GLP-1s, increased on the Buy-Up Plan, and out of network coverage will no longer be available on either plan. Your spend on the prescription drug plan will still count towards your out-of-pocket maximum on the medical plan.

Q. Will GLP-1 medications be covered in 2027?

Coverage for diabetic GLP-1 medications will continue under the prescription drug plan in 2027. Coverage for anti-obesity GLP-1 medications will remain excluded, consistent with your 2026 coverage. For members enrolled in the Buy-Up Plan, diabetic GLP-1 medications will move to a separate prescription drug tier in 2027 and will have a copay aligned with the non-preferred brand tier. As a result, members using these medications may experience higher out-of-pocket costs.

Q. Is anything changing with the wellness surcharge program?
Everything will remain the same except the amount is increasing effective January 1, 2027 from $25/month to $50/month.

Q. Is anything changing with Dental, Vision, or the other plans?
Everything will remain the same outside of the changes outlined in the Open Enrollment materials. KAG will still offer Dental coverage through Delta Dental (with premiums increasing 2.6%), Vision through Anthem, and all other plans under their current plan administrators.

Q. Do we still have a working spouse exclusion?
Yes, this will still apply in 2027.

Understanding Imagine360 and Reference Based Pricing

Q. Who is Imagine360?
Imagine360 is KAG's health plan partner. Imagine360 administers the medical plan and supports employees and covered family members with provider navigation, benefit and claim questions, price protection, medical bills, and advocacy. Think of Imagine360 as your first call when you are unsure where to go, whether a provider will work with the plan, or what to do about a bill.

Q. How is Imagine360 different from a traditional health plan?
Traditional PPO plans generally rely heavily on negotiated network discounts. Imagine360 combines contracted providers with Open Access and uses price protection to help ensure healthcare is paid at a fair and reasonable amount. It also provides member advocates who can help you find care, answer provider questions, and work through billing issues on your behalf.

Q. What is Reference Based Pricing, or RBP?
Reference Based Pricing is one of the ways Imagine360 determines a fair price for healthcare services. Instead of starting with a hospital or facility's billed charge and simply applying a discount, RBP uses established healthcare benchmarks, such as Medicare reimbursement or reported provider cost, and applies the plan's reimbursement methodology. For employees, the important point is that RBP is designed to protect the plan and its members from unnecessarily high healthcare prices.

Q. What is Imagine360 price protection?
After you receive care, the provider submits a claim. Imagine360 reviews the claim for errors and excessive charges and applies the plan's pricing rules. This helps protect both employees and the health plan from overpaying for care.

Q. How does controlling healthcare prices benefit employees?
Healthcare costs ultimately affect both the company and employees. By addressing the price paid for care rather than simply accepting higher charges each year, KAG has another way to manage total healthcare costs. For 2027, this change allows employee premiums for the Imagine360 medical plans to decrease by 5% instead of the projected 15% to 20% increase without a change.

Q. We just moved to Coupe. Why are we changing again?
KAG continually evaluates the cost, quality, and employee experience of our benefit programs. The projected 2027 healthcare increase required us to take additional action. Imagine360 provides a more sustainable long term approach while maintaining broad access to care and adding significant member support and advocacy.

Doctors, Hospitals, and Provider Choice

Q. What provider access will I have?
The KAG plan provides access to contracted providers as well as Open Access providers. Contracted providers have agreed to established pricing with the plan and will generally provide the simplest experience and the

greatest opportunity for savings. Open Access gives you additional choice beyond contracted providers. Review the Benefits Guide for provider information specific to your area.

Q. Can I keep my current doctor?

In many cases, yes. Imagine360 reports that most members keep their current doctors and that 99.8% of members are able to see the doctors of their choice. Because provider arrangements can vary, we recommend confirming your doctor before planned care. Beginning October 27, 2026, call the dedicated Imagine360 team at 844-799-2338. In the meantime, employees can use the provider search tool available on the Imagine360/KAG webpage (imagine360.com/thekag) using the code **RJENV**. When using the provider search tool, you can disregard the various tiers showing for the providers, as this has no impact on the KAG plan.

Q. What if my provider does not appear in the provider search?

Do not assume you cannot see that provider. A provider may still be available through Open Access even if they are not listed as a contracted provider. Call Imagine360 at 844-799-2338 before planned care and they can help you understand your options and how the provider will work with the plan.

Q. What if my doctor or hospital says they do not accept Imagine360?

This can happen because Imagine360 works differently from a traditional carrier network and a provider office may not immediately recognize the plan or your new ID card. Do not feel that you have to solve this yourself. Ask the provider to call the number on your member ID card to verify benefits, or call Imagine360 yourself. Their team can speak with the provider, explain the plan, and help determine the best next step. There are multiple options available to help members access care.

Q. Should I contact Imagine360 before planned hospital care, imaging, surgery, or another major procedure?

Yes, it is a good idea. Imagine360 can help you understand your options before care occurs, including providers that work well with the plan, available quality information, and potential cost considerations. Calling ahead can make the experience easier and help you get the most value from the plan.

Q. What if I am traveling or need care away from home?

Imagine360's Open Access model is designed to support members nationwide. If you need help locating care while traveling, contact Imagine360 using the number on your ID card. For an emergency, get the care you need first.

Q. What happens if I have a medical emergency?

If you are experiencing a medical emergency, seek care at the nearest Emergency Room immediately. You do not need to call beforehand to determine which Emergency Room you are allowed to use. After the emergency, Imagine360 can help with questions about the claim or any provider bill you receive. Federal protections under the No Surprises Act may also apply to eligible emergency and certain other services.

Q. Can I still use telemedicine?

Yes. Virtual care will be available through Recuro beginning January 1, 2027. Review the Benefits Guide for available services, registration instructions, and any applicable costs.

If You Are Already Receiving Care

Q. What if I am pregnant, receiving complex medical treatment, or have a procedure scheduled soon after January 1?

Contact Imagine360 and ask for Transition of Care support. This support is intended for covered family members receiving complex medical treatment, who are pregnant, or who have a procedure scheduled within the first 30 days after the plan becomes effective. A nurse can help support a smoother transition. You can also access the Transition of Care form on imagine360.com/thekag.

Q. What if I take medications or have an ongoing health condition?

Your prescription drug coverage will continue through CVS Caremark. For ongoing medical care, use Imagine360 as a resource before January 1 to confirm providers and discuss Transition of Care when appropriate. Imagine360 also offers member support for certain chronic conditions and maternity care.

Medical Bills, EOBs, and Balance Billing

Q. Will I be able to see my copay when looking up doctors?

Yes. Once the plan is live on January 1, 2027, members can access the Gateway provider search tool and cost estimator. The cost estimator will show estimated out-of-pocket costs, including applicable copays, based on the member's benefits.

Q. Am I at risk of getting stuck with a large bill because of Reference Based Pricing?

The plan is specifically designed with price protection and member advocacy to help protect you from overpaying. Most providers accept the plan's payment. Occasionally, a provider may bill a member for more than the amount the plan says the member owes. If that happens, do not assume you are responsible for the additional amount. Contact Imagine360 so its advocacy team can step in and work through the issue with the provider.

Q. What is an Explanation of Benefits, or EOB?

An EOB is a statement showing how your claim was processed, what the plan paid or allowed, and the amount you may owe under your plan. An EOB is not a bill.

Q. What should I do when I receive a medical bill?

Compare the amount on the provider bill with the amount your EOB shows as your responsibility. If they match, pay the amount you owe under the plan. If the provider is asking you to pay more than the EOB says you owe, contact Imagine360 before paying the additional amount.

Q. What is a balance bill?

A balance bill occurs when a provider bills you for an amount above what the plan determined should be paid for the service. Balance billing is not unique to RBP plans, but it can occur. The important difference is that Imagine360 provides advocates to help address these bills on your behalf.

Q. What should I do if I receive a balance bill?

Do not ignore the bill, but do not automatically pay the disputed additional amount. Contact Imagine360 using the member number on your ID card and provide a copy of the bill. Imagine360 will begin the advocacy process and tell you what to do next, and will reach out within 24 hours upon receipt.

Q. What will Imagine360 do after I report a balance bill?

An advocacy specialist will work with you and the provider through the bill resolution process and provide updates. Depending on the situation, advocacy can include direct provider communication and additional support to address the disputed amount. Keep any bills, letters, or other communications you receive and share them with your advocate. Every step of the way, they'll provide information and personalized support so you don't have to wonder or worry. Each provider bills differently, and in very rare circumstances, some eventually may use collection agencies to try to receive disputed balances, your Billing Advocate and team at I360 will respond accordingly. If you get a collection notice, send it to your Billing Advocate right away.

Q. What if the provider keeps contacting me while Imagine360 is working on the bill?

Stay in contact with your Imagine360 advocate and forward any new bills, letters, or collection notices (in very rare instances) you receive. Do not ignore provider communications. Imagine360 can work directly with the provider and help guide you through the appropriate next steps.

Q. Will I still have normal medical expenses such as deductibles and coinsurance?

Yes. You remain responsible for the deductible, copay, coinsurance, and other cost sharing that applies under the medical plan you elect. Price protection does not eliminate your normal plan responsibility. Your EOB is the best starting point for understanding what the plan says you owe.

ID Cards and Getting Help

Q. When will I receive my new ID card?

Employees who enroll in Imagine360 medical coverage will receive a new ID card by mail near the end of December. It will arrive in a nondescript white envelope, so watch your mail carefully. Medical and prescription information will be combined on one card. Once coverage is active, a digital card will also be available through the Imagine360 member benefits site identified in KAG materials.

Q. What if I need care before my physical ID card arrives?

Beginning January 1, 2027, use the approved digital card process when available or call Imagine360 for help accessing your member information. More information will be provided closer to this date.

Q. Will I receive new dental or vision ID cards?

You will receive a new dental or vision ID card only if you make a change to that coverage for 2027, such as changing plans or adding or removing dependents.

Q. Who do I contact before January 1 with questions about providers or the new medical plan?

Beginning October 27, 2026, call the dedicated Imagine360 team at 844-799-2338 for provider search support and general plan education. You can also visit imagine360.com/thekag to learn more or use the provider search tool. For enrollment or other KAG benefit questions, contact the KAG Benefits Team at 800-675-1092, Option 3, or Kag.Benefits@thekag.com.

Q. Who do I contact after January 1?

Use the member services number on your Imagine360 ID card for questions about providers, benefits, claims, medical bills, or advocacy. Beginning January 1, 2027, you will also have access to the member portal at vbagateway.imagine360.com. The KAG Benefits Team remains available for KAG benefit and enrollment questions.

Q. Where can I learn more before Open Enrollment?

Visit imagine360.com/thekag to register for a live education session, watch a recorded session, review plan materials, and access additional information about Imagine360 and the 2027 medical plans.

Understanding Your Financial Protection

Q. Does Reference Based Pricing mean I could be responsible for whatever the plan does not pay?

No. Your responsibility for eligible covered healthcare expenses is determined by the medical plan you select, including your deductible, copays, coinsurance, and out of pocket maximum. Reference Based Pricing changes how the plan determines a fair price to pay a provider. It does not change the cost sharing provisions of the medical plan you select. If a provider bills you for an amount above what your Explanation of Benefits says you owe, contact Imagine360 before paying that additional amount.

Q. Is there a limit to how much I could pay for covered healthcare during the year?

Yes. Your medical plan includes an annual out of pocket maximum that limits your responsibility for eligible covered expenses that count toward that maximum. Your deductible, copays, and coinsurance accumulate according to the terms of your plan. Once you reach the applicable out of pocket maximum, the plan pays 100% of eligible covered expenses that are subject to the out of pocket maximum for the remainder of the plan year. Review the Benefits Guide for the specific amounts that apply to the plan you select.

Q. Does using an Open Access provider change how my deductible or out of pocket maximum protects me?

No. Covered services received from an eligible Open Access provider continue to be subject to your plan's deductible, coinsurance, copays, and annual out-of-pocket maximum just as defined under your plan. Once your applicable out-of-pocket maximum is reached, eligible covered services are paid according to the terms of the plan. If a provider issues a bill that you believe is incorrect or disputes the amount paid by the plan, contact Imagine360 immediately. Our team will review the claim, work directly with the provider, and guide you through the resolution process. Any applicable member cost sharing under the plan continues to count toward your deductible and out-of-pocket maximum.

Q. What if Imagine360 cannot resolve a balance bill with the provider? Could I ultimately owe the difference?

You are only responsible for what is listed as patient responsibility on your Explanation of Benefits, even in a balance billing situation.

Q. How do I know what I actually owe?

Start with your Explanation of Benefits. It shows how the claim was processed and the amount identified as your responsibility under the plan. If the provider bill matches the amount shown as your responsibility, pay that amount. If the provider asks you to pay more than the EOB shows, contact Imagine360 before paying the additional amount. If you are not sure, call Imagine360 and let them help you review it.

Real Life Situations Employees May Encounter

Q. What should I do if I am standing at the doctor's office and they say they have never heard of Imagine360?

Do not assume you cannot receive care. Show the provider your Imagine360 ID card and ask them to use the provider information on the card to verify your benefits. If there is still a question, call Imagine360. Their team can speak directly with the provider's office and help determine the appropriate next step. You are not expected to explain the plan to your provider yourself.

Q. Do I need to call Imagine360 before every appointment?

No. You do not need to call Imagine360 before every routine appointment. Imagine360 can be especially helpful before planned or higher cost services such as surgery, hospital care, imaging, outpatient procedures, or other significant treatment. A quick call can help you understand your options before you receive care.

Q. Does Imagine360 choose my doctor based only on price?

No. The goal is not simply to find the lowest cost care. Imagine360 can help you understand available provider options, including information about quality and cost, so you can make a more informed decision. The objective is quality care at a fair price.

Q. What if my covered dependent lives away from home, attends college in another state, or our family needs care while traveling?

Employees, covered dependents, and family members can access care even when they are away from home. Whether attending college in another state, temporarily living elsewhere, or traveling, they can use the available provider search tools and member support resources to locate eligible providers and understand their coverage options.

Q. What if I receive hospital care and do not get to choose every doctor involved in my treatment?

We understand that you cannot always control every physician or provider involved in a hospital stay or procedure, such as an anesthesiologist, radiologist, pathologist, or other specialist. Your claims will be processed according to the terms of the plan. If you receive a provider bill that is different from the amount your EOB says

you owe, contact Imagine360 for assistance rather than trying to resolve the issue yourself. Federal surprise billing protections may also apply to certain services.

Q. Will my deductible and out of pocket maximum start over on January 1, 2027? Do my 2026 expenses carry over?

Because your new health plan becomes effective January 1, 2027, your deductible and annual out-of-pocket maximum will reset at the start of the new plan year. Expenses incurred under your 2026 health plan will not carry over toward your 2027 deductible or out-of-pocket maximum.

Q. What happens to an existing prior authorization when the new plan begins?

If you have an approved procedure, ongoing treatment, specialty care, infusion therapy, or another service that was authorized under your current health plan, you should notify the plan before January 1, 2027. Members with ongoing treatment, complex medical conditions, pregnancy, or scheduled procedures near the effective date may be eligible for Transition of Care support to help minimize disruptions in treatment. Our clinical team will review your situation, coordinate medically necessary treatment plans, assist with any required prior authorization reviews, and help ensure a smooth transition to the new plan. If you believe an upcoming procedure or ongoing course of treatment may be affected by the transition, complete the applicable Transition of Care request form on the KAG Imagine360 site (imagine360.com/thekag) before the effective date so the clinical team can evaluate your needs and provide guidance.

Q. What if I am receiving treatment for a serious or ongoing condition?

Our goal is to allow for a seamless transition of care with your current providers and care plans. Do not wait until January to ask for help. Contact Imagine360 before the new plan begins and ask about Transition of Care support. This is especially important for complex treatment, pregnancy, scheduled procedures, or ongoing care where continuity with your current providers matters. Imagine360 can help you understand the transition steps that apply to your situation. If your provider isn't in-network, you'll let them know your plan is Open Access, which means you can see out-of-network providers. If they have questions, you can ask them to call the provider number on your benefits ID card in 2027.

Five Things to Remember

1. You have broad provider choice. Use Imagine360 to help confirm the best option before planned care.
2. Your plan defines your cost sharing. Know your deductible, copays, coinsurance, and out of pocket maximum.
3. A provider bill is not automatically what you owe. Compare it with your EOB.
4. If a provider asks for more than your EOB says you owe, contact Imagine360 before paying the additional amount.
5. Ask for help. Imagine360 is there to support you from finding care through resolving a claim or billing issue.

Q. What if I do not remember all of this?

You do not have to. Healthcare can be complicated, and this plan works differently from what you may be used to. The most important thing to remember is that you have help. If you are unsure where to receive care, have a question about your benefits, encounter an issue with a provider, or receive a bill you do not understand, contact Imagine360. You are not expected to navigate the healthcare system or resolve provider issues on your own. When in doubt, start with Imagine360.