

2027

BENEFITS GUIDE

BENEFIT PLANS EFFECTIVE JANUARY 1–DECEMBER 31, 2027



KAG
KENAN ADVANTAGE GROUP, INC.

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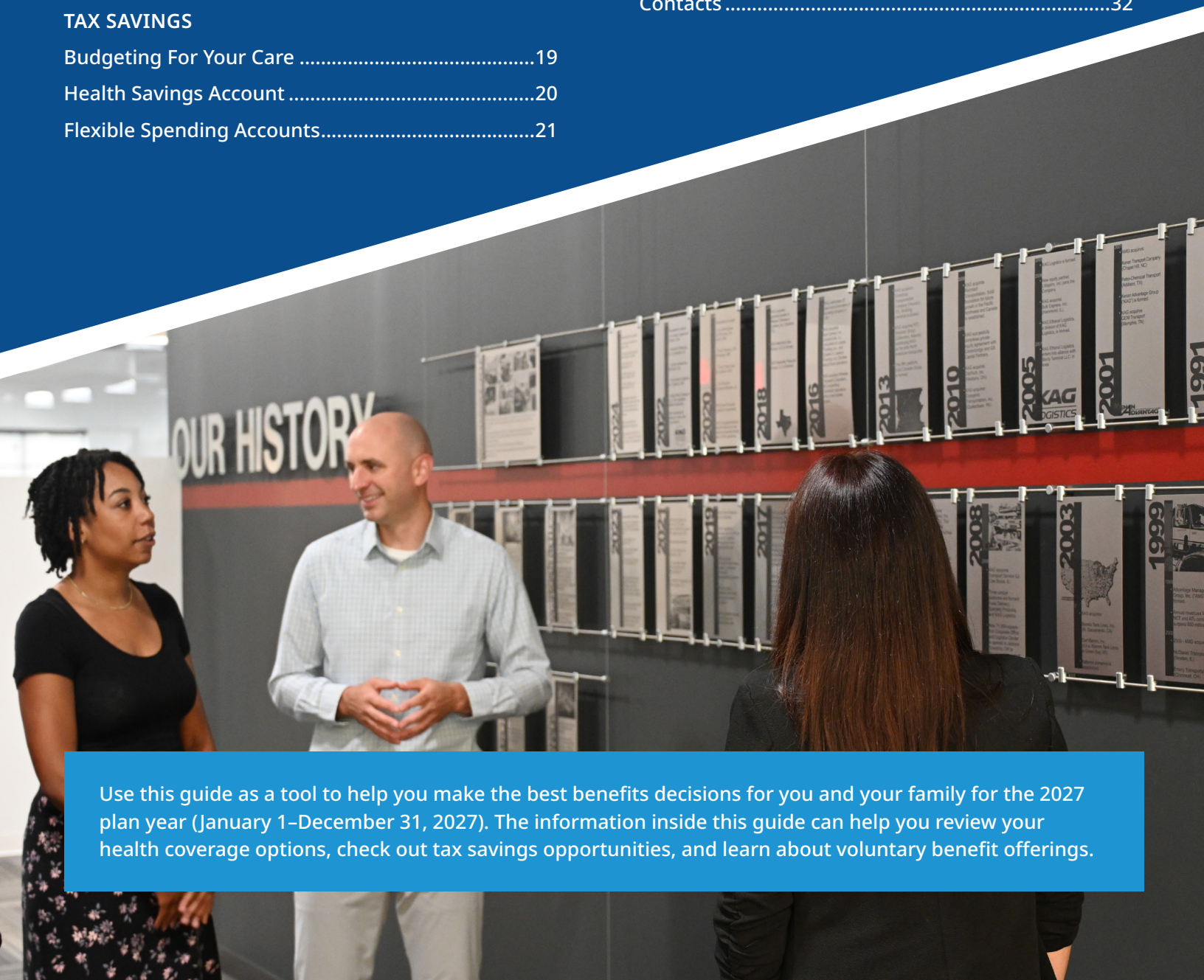
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Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2027 plan year (January 1–December 31, 2027). The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefit offerings.

ELIGIBILITY

If you are a regular, active, full-time employee scheduled to work at least 40 hours per week, you are eligible for benefits.

If you are a regular part-time employee scheduled to work at least 30 hours per week, you are only eligible for medical benefits.

Many of the plans offer coverage for eligible dependents, including:

- Your legally married spouse that is not legally separated from you. There is a working spouse exclusion on the medical plan. Please see details below.
- Your or your legally married spouse's natural child(ren) or legally adopted child(ren)—until the end of the month he or she reaches his or her 26th birthday—provided he or she is not a member of the armed services. You are required to submit written evidence of dependency upon request.
- Your or your legally married spouse's natural or legally adopted child(ren) who is named in a Qualified Medical Child Support Order (QMCSO).
- Your foster child(ren) or "other legal dependent," defined as legal guardianship—until the end of the month he or she reaches his or her 26th birthday—provided he or she is not a member of the armed services. You are required to submit written evidence of dependency upon request.
- Your natural or legally adopted child(ren) over age 26 who is incapable of self-support, who resides with you and depends on you for support because of a physical or mental handicap, developmental disability, or mental illness. Your child's handicap must have occurred prior to reaching his or her 26th birthday. Coverage is subject to approval by the Benefits Department.

If you are enrolling any new dependents onto the KAG plans, you will be required to submit proof of dependency for all of your dependents. Examples of approved documents are outlined below. For a full list of accepted documentation, please contact the Benefits Department.

Spouse (ALL of the below are required)

- Marriage certificate
- Most recent joint tax return
- Benefit verification form (if spouse is employed)

Child* (One of the below is required)

- Birth certificate (KAG employee name must be listed unless stepchild)
- Adoption decree
- Most recent tax return (if child is claimed as dependent)
- Letter from treating physician verifying permanent disability (for disabled dependents over age 26)

*For stepchildren: The above document(s) must be provided in conjunction with a marriage certificate to validate marriage to KAG employee.

Any claims paid in error from any of The Kenan Advantage Group, Inc. sponsored plans related to a dependent subsequently deemed not to be an eligible dependent at the time a covered service is rendered will be subject to recovery. It is a violation of our Code of Conduct to knowingly and willfully enroll an ineligible dependent. There will be disciplinary action up to and including termination of employment for providing false information.

WORKING SPOUSE EXCLUSION

If your spouse is employed and offered medical insurance through his or her employer, they are not eligible to participate in the medical plans through The Kenan Advantage Group, Inc. Working spouses may remain on your other benefits.

ELIGIBILITY

ELECTING COVERAGE IF YOU AND YOUR SPOUSE ARE BOTH KENAN ADVANTAGE GROUP, INC. EMPLOYEES

If your spouse is also a KAG employee who is eligible for benefits through the plan, there are certain benefit coverage policies that are applicable to your situation.

- You and your spouse cannot be covered as both an employee and as a dependent. Therefore, employees who choose to cover themselves for medical, dental, vision, etc., cannot be covered as a dependent.
- Dependent children cannot be covered as dependents by both parents. Eligible dependents can only be listed under one KAG employee at any one time.
- Employees cannot elect supplemental spouse life insurance on each other, and child life insurance can only be carried by one employee.

For more information, contact the Benefits Department at 800-675-1092.

ENROLLMENT

You can only sign up for benefits or change your benefits at the following times.

- Within 45 days of your hire date.
- During the annual benefits open enrollment period (October 27–November 10, 2026).
- Within 60 days of experiencing a qualifying life event (effective January 1, 2027).

The choices you make at this time will remain the same through December 31, 2027.

TWO WAYS TO ENROLL

Call the Benefits Support Center at 800-781-7965.

Benefit counselors are ready to assist you. Please call the Benefits Concierge Center Monday–Friday from 9 a.m. to 8 p.m. EST during the open enrollment period.



Self-enroll in your benefits on Paycom.

See page 6 for instructions.



CHANGING YOUR BENEFITS

Due to IRS regulations, once you have made your elections for the 2027 plan year, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event. You will need to provide proof such as a marriage or birth certificate.

Qualifying life events include, but are not limited to:

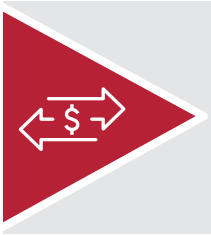
- Birth or adoption of an eligible child.
- Marriage, divorce, or legal separation.
- Spouse's work status changed affecting their benefits.
- Death of your spouse or covered child.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

To complete a benefits change, log into Paycom and select "Benefits," then "Add a Qualifying Event" within 60 days of the qualifying life event. **Changes submitted after 60 days cannot be accepted.** Your life event will be processed on the next available paycheck date after the event has been approved AND you make applicable benefits change(s) in Paycom.

The effective date of coverage for qualifying life events, except birth or adoption, is the first of the month following notification. For birth or adoption, coverage is effective on the date of birth or adoption.

KEY TERMS TO KNOW

Take the first step to understanding your benefits by learning these four common terms.



Copay

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



Deductible

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



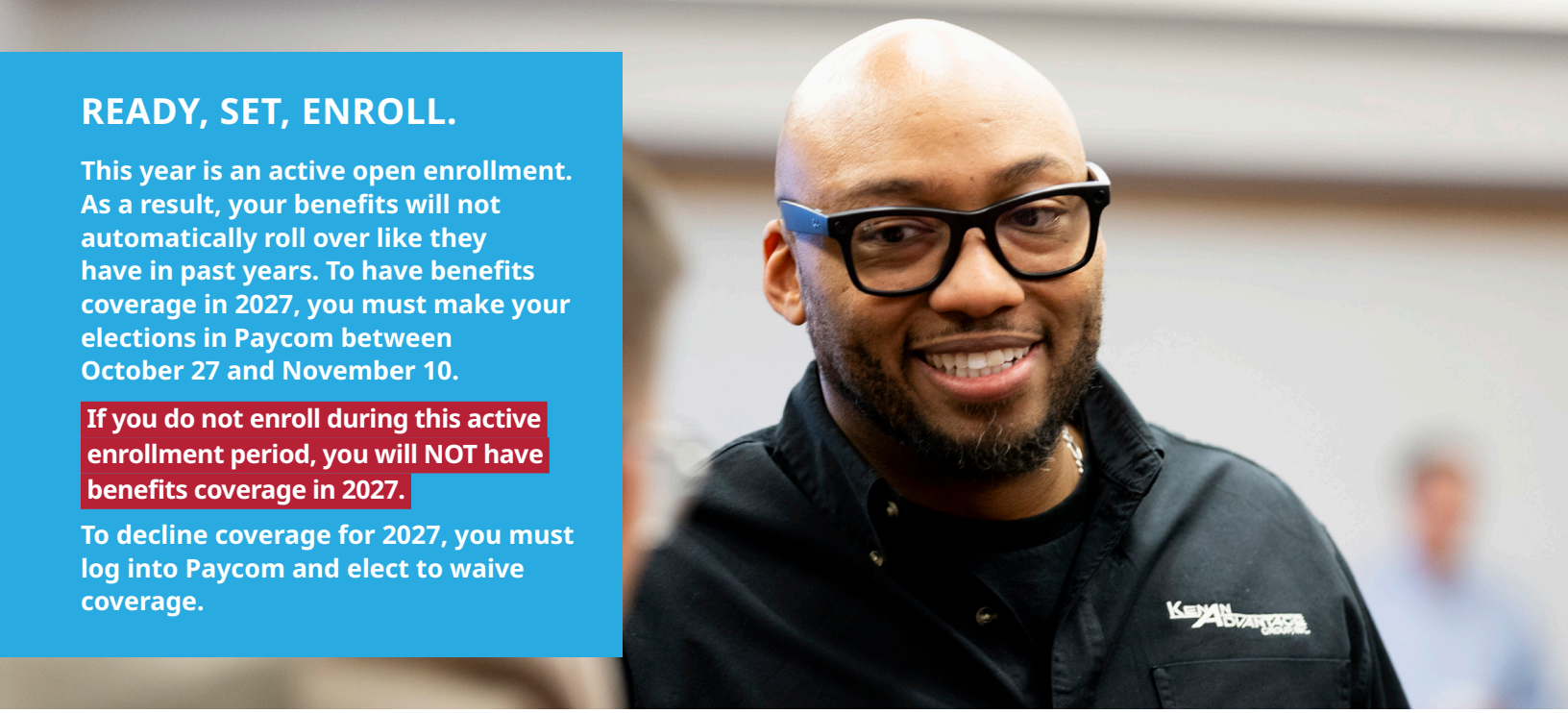
Coinsurance

After you meet your deductible, you may pay coinsurance for certain medications on the Core Plan (HDHP), which is your share of the costs of a covered service.



Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services for the rest of the year.



READY, SET, ENROLL.

This year is an active open enrollment. As a result, your benefits will not automatically roll over like they have in past years. To have benefits coverage in 2027, you must make your elections in Paycom between October 27 and November 10.

If you do not enroll during this active enrollment period, you will NOT have benefits coverage in 2027.

To decline coverage for 2027, you must log into Paycom and elect to waive coverage.

ENROLL IN BENEFITS ON PAYCOM

To make changes, add, or drop dependents from coverage, log into your Paycom account at paycom.com or download the app.

If maintaining medical coverage, responses pertaining to the tobacco surcharge will be rolled over for 2027.

It is a violation of our Code of Conduct to knowingly and willfully provide false information. There will be disciplinary action, up to and including termination for doing so.

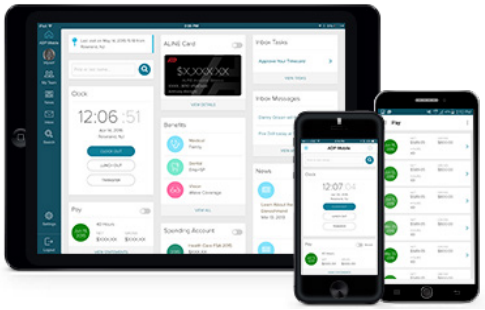
Before beginning the enrollment process, have your dependent/beneficiary information ready. This includes birthdates and Social Security numbers.

PAYCOM APP

To enroll in benefits on your mobile device, download the Paycom app from the App Store or Google Play. Enrollment on your mobile device works the same as enrolling at **paycom.com** on your computer.

Once you have logged into the Paycom app:

1. Select the current year's benefits enrollment (i.e. 2027).
2. Review the initial instructions then click "Start Enrollment."
3. Enter your personal information and any dependents or beneficiaries.
4. Determine which plans work best for you. Choose your coverage level then select "Enroll" or "Decline."
5. If you are adding a dependent for the first time, you must upload the correct documentation (marriage certificate, birth certificate, etc.).
6. Select "Finalize" then "Sign and Submit" to complete your enrollment. **If you do not complete this step, your benefits will not be processed, and you will not be enrolled.**



MEDICAL BENEFITS

NEW! — The Kenan Advantage Group, Inc. offers two medical insurance plan options through Imagine360.

The Imagine360 plans comes with the freedom to choose the providers you trust and also has preferred networks. If you are Medicare eligible, SmartConnect can help you compare your Medicare options versus the Kenan Advantage Group, Inc. coverage options to help you determine what's best for you (see page 29 for more information).

HOW THE PLANS WORK

Choosing the right medical plan is an important decision. When choosing which plan is best for you, consider the following:

	Imagine360 Buy-Up Plan (PPO)	Imagine360 Core Plan (HDHP)
Cost Per Pay Period	Highest	Lowest
Pre-Tax Account Eligibility	You can fund a health care flexible spending account (HCFSA).	You can fund a health savings account (HSA).
Deductible	Individual: $500/Individual within a Family: $500/Family: $1,000	Individual: $2,000/Individual within a Family: $3,500/Family: $4,000
Out-of-Pocket Maximum	Individual: $5,000/Family: $10,000	Individual: $6,900/Family: $13,800
Preventive Care	Preventive care is covered at no cost to you (no deductible, coinsurance, or copay).	
How/When You Pay	You pay a copay at the time of service until you meet the out-of-pocket maximum. After you meet the out-of-pocket maximum, the plan pays 100% of covered services for the remainder of the plan year.[1]	**You pay 100% for all services until you meet the deductible.** After you meet the deductible, you pay a copay at the time of service until you meet the out-of-pocket maximum. After you meet the out-of-pocket maximum, the plan pays 100% of covered services for the remainder of the plan year.[1]

(1) Out-of-network prescriptions are not covered.

WELLNESS

If you completed an annual preventive exam by October 31, 2026, you will NOT pay the non-wellness surcharge in 2027.

If you did not complete an annual preventive exam by this date, you will be assessed a non-wellness surcharge of $50 per month ($600 per year) in 2027. If your spouse did not complete an annual preventive exam by this date, you will be assessed an additional non-wellness surcharge of $50 per month ($600 per year). Surcharges are applied to medical premiums.

Preventive care is covered at 100% for KAG medical plan members, so this visit will be no cost to you!* If you need help finding a primary care doctor, call Imagine360's member service line on the front of your ID card.

The Benefits Department will receive a report to indicate who has completed the preventive exams in order to avoid being assessed the surcharges in the following year. All personal health information is completely confidential, and KAG will not receive any information regarding your visit other than the date it took place.

*Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

MEDICAL COSTS

Listed below are the **monthly** costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Imagine360 Buy-Up Plan (PPO)	Imagine360 Core Plan (HDHP)
Employee Only	$278.27	$185.04
Employee + Spouse	$561.38	$317.03
Employee + Child(ren)	$512.19	$298.17
Family	$759.23	$398.07

MEDICAL BENEFITS

The table below summarizes the benefits of the Imagine360 Buy-Up Plan (PPO).

Imagine360 is an Open Access plan, which means it gives you the freedom to choose the providers you trust. It also includes preferred networks of over 1.3 million providers nationwide. Those networks are MultiPlan, Partners Direct Health, and Imagine Health depending on your location.

Visit **imagine360.com/TheKAG** to find trusted providers specific to your needs and geographical preference.

Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Imagine360 Buy-Up Plan (PPO) Open Network
Calendar Year Deductible	
Individual	$500
Individual within a Family	$500
Family	$1,000
Out-of-Pocket Maximum	Includes deductible, copays, and coinsurance
Individual	$5,000
Family	$10,000
Preventive Care	Plan pays 100%
Physician Services	
Primary Care Physician	$35 copay
Specialist	$70 copay
Urgent Care	$150 copay
Telemedicine through Recuro Health	
Primary Care Physician	$25 copay
Mental Health Specialist	$25 copay
Urgent Care	$35 copay
Lab/X-Ray	
Diagnostic Lab/X-Ray	$70 copay
High-Tech Services (MRI, CT, PET)	20% after ded.
Hospital Services	
Inpatient	20% after ded.
Outpatient	20% after ded.
Emergency Room	$750 copay
Chiropractic Care (12 visits per year)	$70 copay
Occupational, Speech, and Physical Therapies	$75 copay
Prescription Drugs[1] (Up to 30-day supply)	$100 prescription deductible, then:
Generic	$35 copay
Preferred Brand	$85 copay
Diabetic GLP-1s	$110 copay
Non-Preferred Brand	$110 copay
Specialty	30% up to $750
Mail Order[1] (Up to 90-day supply)	$100 prescription deductible, then:
Generic	$75 copay
Preferred Brand	$187.50 copay
Diabetic GLP-1s	$250 copay
Non-Preferred Brand	$250 copay

(1) Out-of-network prescription drugs are not covered under this plan.

MEDICAL BENEFITS

The table below summarizes the benefits of the Imagine360 Core Plan (HDHP).

Imagine360 is an Open Access plan, which means it gives you the freedom to choose the providers you trust. It also includes preferred networks of over 1.3 million providers nationwide. Those networks are MultiPlan, Partners Direct Health, and Imagine Health depending on your location.

Visit **imagine360.com/TheKAG** to find trusted providers specific to your needs and geographical preference.

Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Imagine360 Core Plan (HDHP) Open Network
Calendar Year Deductible	
Individual	$2,000
Individual within a Family	$3,500
Family	$4,000
Out-of-Pocket Maximum	Includes deductible, copays, and coinsurance
Individual	$6,900
Family	$13,800
Preventive Care	Plan pays 100%
Physician Services	
Primary Care Physician	20% after ded.
Specialist	20% after ded.
Urgent Care	20% after ded.
Telemedicine through Recuro Health	
Primary Care Physician	$25 copay, ded. waived
Mental Health Specialist	$25 copay, ded. waived
Urgent Care	$35 copay, ded. waived
Lab/X-Ray	
Diagnostic Lab/X-Ray	20% after ded.
High-Tech Services (MRI, CT, PET)	20% after ded.
Hospital Services	
Inpatient	20% after ded.
Outpatient	20% after ded.
Emergency Room	20% after ded.
Chiropractic Care (12 visits per year)	20% after ded.
Occupational, Speech, and Physical Therapies	20% after ded.
Prescription Drugs[1] (Up to 30-day supply)	
Generic	20% after ded.
Preferred Brand	20% after ded.
Diabetic GLP-1s	20% after ded.
Non-Preferred Brand	20% after ded.
Specialty	20% after ded.
Mail Order[1] (Up to 90-day supply)	
Generic	20% after ded.
Preferred Brand	20% after ded.
Diabetic GLP-1s	20% after ded.
Non-Preferred Brand	20% after ded.

(1) Out-of-network prescription drugs are not covered under this plan.

MEDICAL BENEFITS

imagine360

Get the most out of your health plan.

We understand—benefits are complex. The good news is that Imagine360 is committed to making it easier for you with personal, proactive support.

Their 360-degree member support offers complete guidance for all your health care needs. This includes finding providers, support from licensed medical professionals to help manage medical conditions, and answering coverage and billing questions.

Imagine360's compassionate member experience team is available to listen and advocate on your behalf. All you need to do, is give them a call!

SERVICE AND SUPPORT

Your health plan includes complete health care guidance, as well as price protection and billing assistance. Just contact the member experience team by calling the number on your benefits ID card.

The Imagine360 team can help you with:

- Benefits information.
- Finding a doctor.
- Questions about a condition or treatment plan.
- Information about a claim or bill.

Scan the QR code to learn more about Imagine360.

Call 844-799-2338. Support is available Monday through Thursday from 7 a.m. – 9 p.m. CST and Friday 7 a.m. – 7 pm. CST.

BENEFITS ID CARD

Your benefits ID card has all the information you and your provider need. Be sure to keep your ID card with you when seeing a health care provider and have them call the phone number on the card should any questions about your benefits coverage arise. Updated benefits ID cards will be mailed at the end of December 2026 via USPS.

The provider networks, Multiplan, PDH, and Imagine Health, are listed on the back of your ID card and are dependent on your location.

To access your digital ID card in 2027, visit **imagine360.vbagateway.com** or download the app from the App Store or Google Play. Instructions will be provided in January once this is available.

BILLING QUESTIONS

When you work with the Imagine360 team, you'll never stand alone in the face of resolving a bill for health care services that is more than your responsibility. Simply call 844-799-2338 to get started.

- **How will you know if you're being charged too much?** After receiving medical care, you will get an explanation of benefits (EOB) specifying what you owe for services. If you receive a bill for more than this amount, contact Imagine360 immediately.
- **How will Imagine360 help you?** Once you receive a bill from your provider, reach out to Imagine360. You and your family are assigned a personal advocacy expert who will provide you with support every step of the way. After you give Imagine360 written permission to advocate on your behalf, their team begins working to resolve the claim with your health care provider.
- **Who can you call with questions?** Your dedicated advocacy expert is your main line of support, continually monitoring the progress of your account while proactively keeping you up to date.
- **Keep an eye on your mail.** If you receive any billing correspondence in the mail, send it to Imagine360 right away. Their team will take it from there, keeping you in the loop throughout the process.

MEDICAL BENEFITS

Kenan Advantage Group pays 100% the cost of preventive care.

PREVENTIVE CARE

You won't have to pay anything out of your pocket when you receive preventive care. Practice preventive care and reap the rewards of a healthier future.

Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.

Preventive care helps keep your costs low.

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.

Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. Learn more about preventive care at **imagine360.com**.

IMAGINE360 MEMBER SUPPORT

Complete Health Care Guidance (Live and Digital Resources)

Imagine360 will help you find and compare providers based on quality metrics, cost and other information so that you can make an informed choice. Finally, no more random internet searches. You'll get real-time, industry-leading data.

Health and Clinical Support

A team of licensed medical professionals and counselors are available to help you manage medical conditions like diabetes, asthma, and heart disease. They'll also help you understand a new diagnosis or treatment plan, manage your medications, and even schedule appointments.

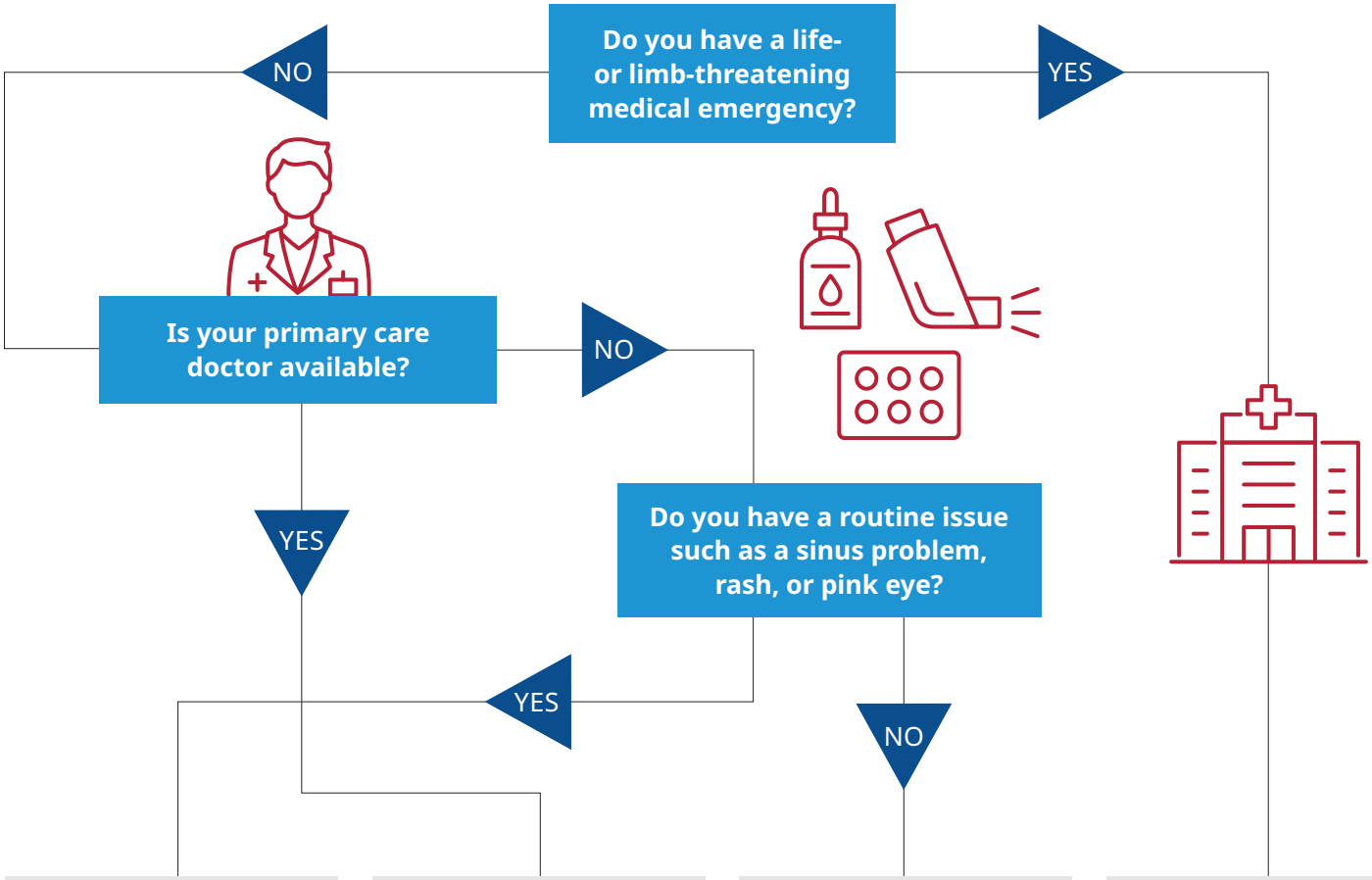
Price Protection and Billing Support

Your health plan has built-in price protection to make sure you don't overpay for care. Claims are reviewed to make sure they don't exceed your plan's allowable limits. If a provider does not accept your plan's payment, Imagine360 can work to get it resolved. You will never pay more than your out-of-pocket maximum.

MEDICAL BENEFITS

Know where to go for care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



Use Recuro Health

Get care without leaving your house. An appointment with a physician is available from your phone or computer.

To make an appointment, log into **imagine360.vbagateway.com**.

$

Go to Your Primary Care Doctor

For care during normal office hours, it's usually best to see your primary care doctor. They can provide follow-up care and refer you to a specialist, if needed.

$$

Go to an Urgent Care Center

Urgent care centers typically don't require an appointment and are often open after normal business hours. Plus, in-network urgent care centers provide faster and much less expensive care than the ER.

$$$

Go to the Emergency Room

In the case of a true medical emergency, go to the ER. At the ER, true emergencies are treated first. Other cases must wait—sometimes for hours—and it will cost a lot more to get care.

$$$$

MEDICAL BENEFITS

TELEMEDICINE

Recuro Health | imagine360.vbagateway.com | 844-715-1724

You have access to telemedicine through Recuro Health. Get the care you need when and wherever you need it. Whether you're on the go, at home, or at the office, care comes to you in the form of telemedicine.



Get care for non-emergency conditions.

Connect with a doctor from your phone, computer, or tablet. Receive care for common health issues and access same-day appointments for wellness visits, routine preventive exams, labs and imaging, weight management, chronic disease management, and more.



Receive mental health support and counseling.

Licensed counselors and psychiatrists can help diagnose, treat, and even prescribe medication when needed for depression and anxiety, substance abuse and panic disorders, PTSD, grief and loss, and more.



Talk with a doctor by phone or video, 24/7.

Use virtual care to prioritize your health by getting the care you need when you need it. To get started, visit **imagine360.vbagateway.com**, download the Recuro Health mobile app, or call 844-715-1724.

Connect virtually with a board-certified provider 24/7. You'll only pay a copay for each visit and be provided with a treatment plan or referred to a specialist, if necessary.



MEDICAL BENEFITS

SURGERY AND CANCER CARE

Carrum Health | imagine360.vbagateway.com | 800-663-1853

If you are enrolled in one of the Imagine360 plans, you have access to surgery and cancer care services through Carrum Health.

Carrum Health helps eligible members access covered surgical and cancer care services through a network of providers.

Covered care may include procedures related to:

- Orthopedic conditions
- Spine conditions
- Weight-loss surgery
- Gastrointestinal procedures
- Cardiac procedures

For assistance with a planned surgery or cancer treatment, call the member services number on your Imagine360 Benefits ID card or log in to **imagine360.vbagateway.com**. You are automatically eligible if enrolled in the plan.

For questions or support, contact the member services number on your Imagine360 Benefits ID card. Representatives are available Monday through Thursday from 7 a.m. to 9 p.m. CT and Friday from 7 a.m. to 7 p.m. CT.

PRESCRIPTION DRUG COVERAGE

CVS Caremark | caremark.com | 888-202-1654

If you are enrolled in one of the Imagine360 medical plans, you will automatically have prescription drug coverage through CVS Caremark.

You can utilize any of the 64,000 retail pharmacies that participate in the CVS Caremark network, including numerous chain and independent pharmacies. To check for participating pharmacies, submit mail order prescriptions, or request refills, visit **caremark.com** or call 888-202-1654.

PRESCRIPTION DRUGS ON THE CORE (HDHP) PLAN

If you enroll in the Imagine360 Core plan, you will pay the entire cost of your prescriptions until you meet your deductible. Once you meet your deductible, you will pay 20% for all prescriptions until you meet your out-of-pocket maximum. Once you meet your out-of-pocket maximum, all prescriptions will be covered at 100%.

MAINTENANCE MEDICATIONS–90-DAY SUPPLY AND MAIL ORDER

The prescription plan requires the use of mail order after you have purchased more than two 30-day supplies of a prescription, which is classified as a maintenance medication. You can either use the mail order service or obtain your 90-day supply from any CVS pharmacy.

Contact CVS Caremark at 888-202-1654 and they will contact your doctor to obtain the 90-day prescription.

STEP THERAPY

The step therapy program is designed for members who take medications to treat ongoing health conditions such as arthritis and high blood pressure. Using lower-cost options, like generic alternatives, as the first step in treating your condition can help save you money.

Step 1: This first step requires the use of a generic medication before Step 2 is considered. For many people, generic medications provide the same health benefits as brand-name medications, but at a lower cost.

Step 2: If a Step 1 medication is not right for you, you may be moved to a brand-name medication. As always, treatment decisions rest solely with you and your doctor.

Rx SAVINGS SOLUTIONS

Rx Savings Solutions (RxSS) can help you save money on prescription drugs. This confidential service connects with your company-sponsored health plan to show you lower-cost options for medications you and your family are currently taking.

Here's how it works:

- RxSS works alongside your existing pharmacy and medical benefits as a tool to help you save money.
- t's automatically connected to your medical plan. This means once your account is activated, a list of your recent medications and lower-cost options will populate in your RxSS portal.
- Remember to check your inbox for emails from RxSS. If they find a way you could pay less for prescriptions, they will reach out directly.
- RxSS will work with your doctor for approval on prescription changes that can save you money and help to get you switched to a more affordable option.



Ready to start saving? Activate your account at **myrxss.com** or visit **rxss.com/members** to learn more. The RxSS support team is available to answer your questions Monday–Friday, 7 a.m.–8 p.m. CT by calling 800-268-4476.

PRESCRIPTION DRUG COVERAGE

PRUDENTRX PROGRAM

CVS Caremark has partnered with PrudentRx to make obtaining your specialty medications even more affordable. If you are enrolled in the Imagine360 Buy-Up (PPO) Plan, when you enroll in the PrudentRx Program, your out-of-pocket costs for covered specialty medications will be $0. If you are enrolled in the Imagine360 Core (HDHP) Plan, when you enroll in the PrudentRx Program, you will still be required to meet your deductible; however, once your deductible has been met, your out-of-pocket costs for covered specialty medications will be $0. Copays paid while enrolled in PrudentRx will not count toward your deductible.

If you currently take one or more specialty medications included in the PrudentRx Program Drug List, you will receive a welcome letter and phone call from PrudentRx that provides specific information about the program and how to enroll. You may opt out of this program at any time.

To enroll, contact CVS Caremark at 888-202-1654 or visit **caremark.com**.

ADVANCED CONTROL FORMULARY/ADVANCED CONTROL SPECIALTY FORMULARY

The Advanced Control Therapy program is designed to guide members and health care providers within select therapeutic categories of drugs.

If you are prescribed a non-preferred product, CVS Caremark will contact your doctor to request consideration of a drug list product or generic equivalent. An established evidence-based protocol must be met before a non-preferred drug will be covered. Please contact the CVS Caremark customer care team for assistance at 888-202-1654.
The preferred formulary drug list is available on the KAG Roadmap.

The list contains the preferred formulary drugs along with the list of excluded drugs and the preferred option(s). The advanced control therapy program will require that you choose one of the preferred options or cover the entire cost of the excluded drug.

CVS CAREMARK SPECIALTY PHARMACY

Specialty medications include high-cost injectables and infused, oral, or inhaled drugs used to treat chronic diseases. To obtain specialty medications, you will first need prior authorization from CVS Caremark. Most specialty drugs will need to be obtained through the prescription plan and the CVS Caremark Specialty Pharmacy. The CVS Caremark Specialty Pharmacy provides personalized pharmacy care management services including:

- Access to an on-call pharmacist 24 hours a day, seven days per week.
- Coordination of care with you and your doctor.
- Convenient delivery directly to you or your doctor’s office.
- Medication and disease-specific education and counseling.
- Online support including disease-specific information and areas to submit questions to pharmacists and nurses.

For more information, visit **caremark.com/manage-prescriptions/specialty.html** or call CaremarkConnect at 800-237-2767 from 6:30 a.m.–8:00 p.m. (CST), Monday through Friday.

DENTAL BENEFITS

Delta Dental of Ohio | deltadentaloh.com | 800-524-0149

The Kenan Advantage Group, Inc. offers two dental insurance plan options through Delta Dental of Ohio.

The plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a PPO or Premier provider.

Locate a Delta Dental network provider at **deltadentaloh.com**. Select "Find a Dentist" > "Commercial Networks" > "Find a Dentist" > "Delta Dental PPO and Delta Dental Premier Network" to begin your search.

The table below summarizes the key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Low Option Dental PPO			High Option Dental PPO		
	PPO Dentist	Premier Dentist	Out-of-Network Dentist[1]	PPO Dentist	Premier Dentist	Out-of-Network Dentist[1]
Calendar Year Deductible Individual/Family	$50/$150			$50/$150		
Calendar Year Benefit Maximum	$1,500	$1,000		$1,500		
Preventive Care (Oral exams, cleanings, bitewing x-rays, sealants)	Plan pays 100%	20%	20%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services (Full-mouth x-rays, fillings, simple extractions)	20% after deductible	30% after deductible	30% after deductible	10% after deductible	20% after deductible	20% after deductible
Major Services (Oral surgery, endodontic services, periodontic services, bridges, dentures, relines and repairs, crowns, implants)	50% after deductible	60% after deductible	60% after deductible	40% after deductible	50% after deductible	50% after deductible
Orthodontia Services (To age 19)	50%			50%		
Orthodontia Lifetime Maximum	$1,000	$500		$1,000		

(1) The dentist does not have to accept the plan payment and can balance bill you for the rest.

DENTAL COSTS

Listed below are the **monthly** costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Low Option Dental PPO	High Option Dental PPO
Employee Only	$19.05	$26.80
Employee + 1	$36.34	$50.11
Family	$69.32	$94.27

VISION BENEFITS

Anthem | anthem.com | 866-723-0515

The Kenan Advantage Group, Inc. offers two vision insurance plan options through Anthem.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider.

Locate an Anthem **Access Value Network** provider at **anthem.com**.

The table below summarizes the key features of the vision plans. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Core Vision Plan		Buy-Up Vision Plan	
	In Network	Out of Network	In Network	Out of Network
Eye Exam	Every 12 months		Every 12 months	
	$10 copay	Reimbursement up to $42	Plan pays 100%	Reimbursement up to $42
Standard Plastic Lenses	Every 12 months		Every 12 months	
Single/Bifocal/Trifocal	$10 copay	Reimbursement up to $40/$60/$80	Plan pays 100%	Reimbursement up to $40/$60/$80
Frames	Every 24 months		Every 12 months	
	$80 allowance + 20% off balance	Reimbursement up to $45	$150 allowance + 20% off balance	Reimbursement up to $45
Contact Lenses (In lieu of standard plastic lenses)	Every 12 months		Every 12 months	
Medically Necessary	Plan pays 100%	Reimbursement up to $210	Plan pays 100%	Reimbursement up to $210
Elective Disposable	$105 allowance	Reimbursement up to $105	$150 allowance	Reimbursement up to $105
Elective Conventional	$105 allowance + 15% off balance	Reimbursement up to $105	$150 allowance + 15% off balance	Reimbursement up to $105



Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

VISION COSTS

Listed below are the **monthly** costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Core Vision Plan	Buy-Up Vision Plan
Employee Only	$3.82	$7.32
Employee + 1	$6.69	$12.83
Family	$10.71	$20.52

BUDGETING FOR YOUR CARE

The Kenan Advantage Group, Inc. offers two types of pre-tax accounts: a health savings account (HSA) and flexible spending accounts (FSAs).

When you put money into a pre-tax account, you can save up to 20%[1] on your care and increase your take home pay. This is because you don't pay tax on your contributions.

ENROLLED IN THE IMAGINE360 CORE (HDHP) PLAN?

Health Savings Account

Consider funding a health savings account (HSA).

- Pay for eligible medical, dental, and vision expenses
- You can change your election throughout the year
- Funds become available as they are contributed (deducted from each paycheck)
- Roll over all funds each year
- Invest funds for long-term savings
- Spend funds penalty-free after age 65



ENROLLED IN THE IMAGINE360 BUY-UP (PPO) PLAN?

Health Care Flexible Spending Account

Consider funding a health care flexible spending account (FSA). If you fund an HSA, you cannot fund a health care FSA.

- Pay for eligible medical, dental, and vision expenses
- Your election is available on January 1, 2027
- Roll over up to $700 each year
- You cannot take income tax deductions for expenses you pay with your FSA
- You cannot stop or change your contribution during the plan year unless you experience a qualifying life event
- You must re-enroll each year if you wish to participate



PAYING FOR CHILD OR ELDER CARE EXPENSES?

Dependent Care Flexible Spending Account

Consider funding a dependent care flexible spending account (FSA).

- Pay for eligible dependent expenses
- Funds become available as they are contributed (deducted from each paycheck)
- No rollover allowed
- You cannot take income tax deductions for expenses you pay with your FSA
- You cannot stop or change your contribution during the plan year unless you experience a qualifying life event
- You must re-enroll each year if you wish to participate



(1) Percentage varies based on your tax bracket.

HEALTH SAVINGS ACCOUNT

HealthEquity | healthequity.com | 877-750-1445

If you enroll in the Imagine360 Core (HDHP) Plan, you may be eligible to open and fund a health savings account (HSA) through HealthEquity.

An HSA is a personal savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars either by debit card or online bill pay.

2027 IRS HSA CONTRIBUTION MAXIMUMS

Contributions to an HSA cannot exceed the IRS allowed annual maximums. Elected deductions from your paycheck will not begin until you have opened an account with HealthEquity.

- **Individuals:** $4,500
- **All other coverage levels:** $9,000

If you are age 55+ by December 31, 2027, you may contribute an additional $1,000. HSA elections can be modified at any time throughout the year through Paycom.

HSA ELIGIBILITY

You are eligible to fund an HSA if:

- You are enrolled in the Imagine360 Core (HDHP) Plan.

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to **IRS Publication 969** for additional eligibility details. If you are over age 65, please contact Human Resources.

Note: Certain administrative fees apply to hold an HSA.

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA

Spend.

Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.

Refer to **IRS Publication 502** for a list of eligible expenses.

Save.

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.

Invest.

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.

FLEXIBLE SPENDING ACCOUNTS

WEX | wexinc.com | 866-451-3399

The Kenan Advantage Group, Inc. offers two flexible spending account (FSA) options through WEX.

HEALTH CARE FSA (NOT ALLOWED IF YOU FUND AN HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.

The health care FSA maximum contribution is $3,500 for the 2027 calendar year.

DEPENDENT CARE FSA

The dependent care FSA allows you to **pay for eligible dependent day care expenses with pre-tax dollars**. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

Work-related eligible expenses include:

- Day care facility fees.
- Before- and after-school care.
- In-home babysitting fees (income must be reported by your care provider).

The dependent care FSA minimum contribution for the 2027 calendar year is $260. You may contribute up to $7,500 to the dependent care FSA for the 2027 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect $3,750 for the 2027 calendar year.

You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying life event. Please note: You must re-enroll in the FSAs each year if you wish to participate.

HOW TO USE AN FSA

Contribute.

Decide how much to contribute to your FSA on a plan-year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from each paycheck throughout the year.

1

Pay.

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at **wexinc.com**. Keep all receipts in case WEX requires you to verify the eligibility of a purchase.

2

Use It or Lose It.

Use your health care FSA funds before the end of the year—any funds in excess of $700 will be forfeited.

Dependent care FSA dollars are **use it or lose it** (no rollover allowed).

3

SUPPLEMENTAL LIFE AND AD&D BENEFITS

The Standard | standard.com | 888-937-4783

The Kenan Advantage Group, Inc. provides you the option to purchase supplemental life and AD&D insurance for yourself, and supplemental life insurance for your spouse and dependent child(ren) through The Standard.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. If you elect life insurance for your child(ren), you pay the same price to cover one child or several children. Supplemental life rates are age-banded and are listed in Paycom. Benefits will reduce by 35% at age 70 and 55% at age 75. Benefits terminate at retirement.

- **Employee (life and AD&D):**
  - » **Class 1—Executives:** $25,000 increments up to $750,000 or 5x annual salary, whichever is less—guarantee issue if newly eligible: $500,000 or 3x annual salary, whichever is less
  - » **Class 2—Administrative/Salaried Employees (excluding Executives):** $25,000 increments up to $750,000 or 5x annual salary, whichever is less—guarantee issue if newly eligible: $500,000 or 3x annual salary, whichever is less
  - » **Class 3—Drivers, Technicians, and Tank Washers:** $25,000 increments up to $250,000—guarantee issue if newly eligible: $100,000
- **Spouse (life only):** $5,000 increments up to $150,000, not to exceed 50% of employee's voluntary/supplemental amount—guarantee issue if newly eligible: $25,000
- **Dependent children (life only):** Live birth to 26 years: $5,000, $7,500 or $10,000, not to exceed 50% of employee's voluntary/supplemental amount—guarantee issue: $10,000

Plan Features

During the open enrollment period, those insured or eligible for voluntary life insurance may apply for or increase your voluntary life insurance in one increment of $25,000 without completing a statement of health (evidence of insurability) as long as your total life insurance benefit does not exceed the guarantee issue amount described above.

Employee premiums and age reduction schedule will be based on the employee's age as of January 1, 2027. Spouse premiums and age reduction schedule will be based on the spouse's age as of January 1, 2027.

Age	Supplemental Life Insurance		
	Employee Per $1,000 of coverage	**Spouse** Per $1,000 of coverage	**Child** Per $1,000 of coverage
<25	$0.08	$0.08	$0.20
25-29	$0.08	$0.08	
30-34	$0.08	$0.08	
35-39	$0.10	$0.10	
40-44	$0.17	$0.17	
45-49	$0.26	$0.26	
50-54	$0.40	$0.40	
55-59	$0.65	$0.65	
60-64	$0.93	$0.93	
65-69	$1.64	$1.64	
70-74	$3.62	$3.62	
75+	$5.88	$5.88	

Employee AD&D Insurance Rate Per $1,000 of coverage
$0.04

VOLUNTARY SHORT-TERM DISABILITY BENEFITS

The Standard | standard.com | 888-937-4783

The Kenan Advantage Group, Inc. provides you the option to purchase voluntary short-term disability (STD) insurance through The Standard.

STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

This plan includes an extended benefits waiting period of 60 days during the first 12-month period beginning on the most recent date your insurance becomes effective. Thereafter, for any period of continuous coverage, only a 7-day benefit waiting period will apply. This extended benefits waiting period will also apply during the first 12 months following an increase in coverage.

Benefits will be reduced by other income, including state-mandated short-term disability plans and any group short-term disability coverage, if applicable. For plan provision details, refer to the official plan documents.

Class 1—Administrative/Salaried Employees (excluding Executives):

- **Benefit:** $100 increments up to $2,500 per week, not to exceed 60% of weekly income
- **Benefit waiting period:** 7 days
- **Benefit duration:** 180 days

Class 2—Drivers, Technicians, and Tank Washers:

- **Benefit:** $100 increments up to $1,000 per week
- **Benefit waiting period:** 7 days
- **Benefit duration:** 180 days

Below are the rates per $10 of weekly benefit for short-term disability insurance.

	Class 1		Class 2
Age	Rates Per $10 Weekly Benefit	Age	Rates Per $10 Weekly Benefit
15-24	$0.462	15-24	$0.349
25-29	$0.709	25-29	$0.431
30-34	$0.965	30-34	$0.526
35-39	$0.883	35-39	$0.639
40-44	$0.897	40-44	$0.747
45-49	$0.970	45-49	$0.829
50-54	$1.306	50-54	$0.998
55-59	$1.792	55-59	$1.443
60-64	$2.254	60-64	$1.999
65+	$2.729	65+	$2.423

Voluntary benefit elections from last year will not automatically carry over for the 2027 plan year. If you wish to re-enroll, you must do so in Paycom during the active open enrollment period.

VOLUNTARY LONG-TERM DISABILITY BENEFITS

The Standard | standard.com | 888-937-4783

The Kenan Advantage Group, Inc. offers the option to purchase voluntary LTD insurance for additional coverage through The Standard.

The Kenan Advantage Group, Inc. provides you with the option to purchase voluntary long-term disability insurance to help cover eligible expenses if your disability extends beyond the STD period.

This plan does not cover pre-existing conditions. You have a pre-existing condition if you received medical treatment, consultation, care, or services for it in the 12 months prior to your effective date of coverage; and the disability begins in the first 24 months after your effective date of coverage, unless you have been treatment-free from the condition for 12 consecutive months after your effective date.

The amount you receive from this policy may be lower if you also receive funds from other sources for your disability such as Social Security disability insurance from the government. For additional details on plan provisions, please refer to the official plan documents.

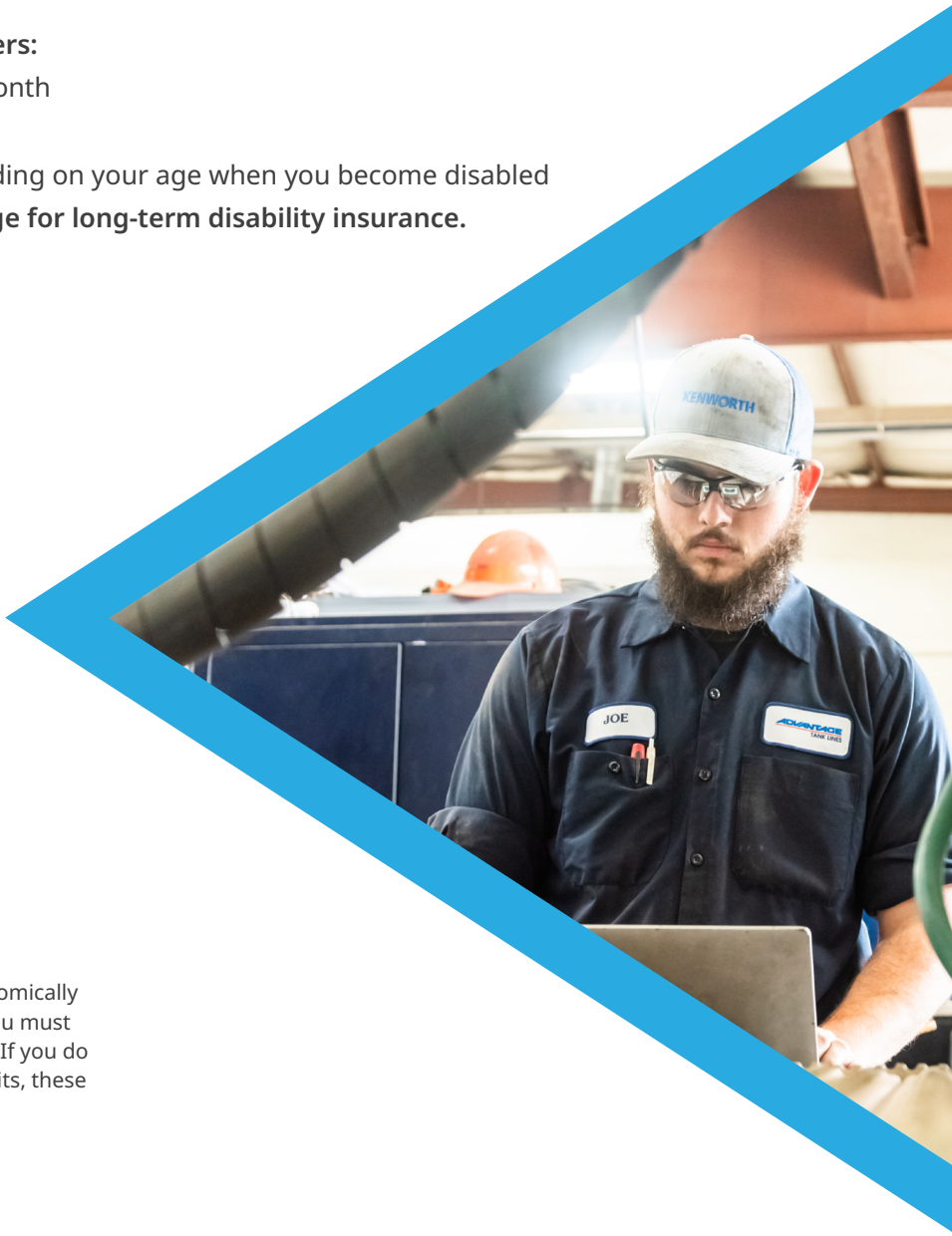
Class 1—Drivers, Technicians, and Tank Washers:

- **Benefit:** $100 increments up to $3,000 per month
- **Elimination period:** 180 days
- **Benefit duration:** To age 65 or longer depending on your age when you become disabled

Listed below are the rates per $100 of coverage for long-term disability insurance.

Age	Rates Per $100 of Benefit
15-24	$0.34
25-29	$0.34
30-34	$0.55
35-39	$0.93
40-44	$1.34
45-49	$1.80
50-54	$2.32
55-59	$2.75
60-64	$2.53
65-69	$2.75
70+	$2.85

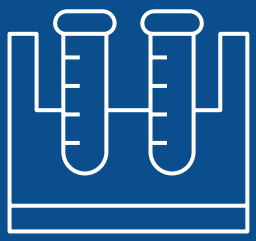
Note: Voluntary benefit elections from last year will not automically carry over for the 2027 plan year. If you wish to re-enroll, you must do so in Paycom during the active open enrollment period. If you do not see the option to enroll in one or more voluntary benefits, these benefits are not available to you.



VOLUNTARY BENEFITS

The Standard | standard.com | 888-937-4783

The Kenan Advantage Group, Inc. is pleased to offer the following voluntary benefits.



CRITICAL ILLNESS



ACCIDENT



HOSPITAL STAYS

CRITICAL ILLNESS INSURANCE

Critical illness insurance is designed to supplement your health insurance coverage by helping you pay for direct and indirect costs associated with a critical illness, like heart attack, stroke, or major organ failure. Benefits are paid in a lump sum for use at the claimant's discretion.

This plan includes a $50 wellness benefit payable once per year, per individual, for a covered health screening test.

- **Employee:** $10,000, $20,000, or $30,000
- **Spouse:** $5,000, $10,000, or $15,000, not to exceed 50% of the employee election
- **Child(ren):** 50% of employee election (your child(ren) are automatically covered at no cost if you elect coverage for yourself)

Below are the monthly premiums for critical illness insurance.

Age	Employee Coverage: $10,000 Spouse Coverage: $5,000 Employee	Spouse
Under 25	$2.70	$1.35
25-29	$3.20	$1.60
30-34	$4.10	$2.05
35-39	$4.90	$2.45
40-44	$6.80	$3.40
45-49	$9.80	$4.90
50-54	$15.10	$7.55
55-59	$21.30	$10.65
60-64	$30.90	$15.45
65-69	$45.60	$22.80
70-74	$67.20	$33.60
75-79	$67.20	$33.60
80-84	$67.20	$33.60
85+	$67.20	$33.60

Age	Employee Coverage: $20,000 Spouse Coverage: $10,000 Employee	Spouse
Under 25	$5.40	$2.70
25-29	$6.40	$3.20
30-34	$8.20	$4.10
35-39	$9.80	$4.90
40-44	$13.60	$6.80
45-49	$19.60	$9.80
50-54	$30.20	$15.10
55-59	$42.60	$21.30
60-64	$61.80	$30.90
65-69	$91.20	$45.60
70-74	$134.40	$67.20
75-79	$134.40	$67.20
80-84	$134.40	$67.20
85+	$134.40	$67.20

Age	Employee Coverage: $30,000 Spouse Coverage: $15,000 Employee	Spouse
Under 25	$8.10	$4.05
25-29	$9.60	$4.80
30-34	$12.30	$6.15
35-39	$14.70	$7.35
40-44	$20.40	$10.20
45-49	$29.40	$14.70
50-54	$45.30	$22.65
55-59	$63.90	$31.95
60-64	$92.70	$46.35
65-69	$136.80	$68.40
70-74	$201.60	$100.80
75-79	$201.60	$100.80
80-84	$201.60	$100.80
85+	$201.60	$100.80

VOLUNTARY BENEFITS

ACCIDENT INSURANCE

Accident insurance is designed to supplement your health insurance coverage by paying a specific benefit amount for expenses resulting from both on- and off-the-job injuries or accidents, including fractures, burns, concussions, and more. Benefits are paid in a lump sum.

This plan includes a $50 wellness benefit payable once per year, per individual, for a covered health screening test.

Below are the monthly premiums for accident insurance.

Level of Coverage	Monthly Premium
Employee Only	$10.76
Employee + Spouse	$16.94
Employee + Child(ren)	$19.04
Employee + Family	$25.22

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance is designed to supplement your health insurance coverage by providing financial protection for covered individuals that incur a hospitalization. Benefits include $1,000 for each covered hospital admission (twice per year), $100 for each day of your covered hospital stay (up to 60 days), and $200 for each day spent in intensive care (up to 15 days). Benefits are paid in a lump sum.

This plan includes a $50 wellness benefit payable once per year, per individual, for a covered health screening test.

Below are the monthly premiums for hospital indemnity insurance.

Level of Coverage	Monthly Premium
Employee Only	$12.47
Employee + Spouse	$27.05
Employee + Child(ren)	$17.64
Employee + Family	$32.22

Voluntary benefit elections from last year will not automatically carry over for the 2027 plan year. If you wish to re-enroll, you must do so in Paycom during the active open enrollment period.



PET INSURANCE

Nationwide | benefits.petinsurance.com/thekag | 877-738-7874

The Kenan Advantage Group, Inc. provides you the option to purchase pet insurance through Nationwide.

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost.

Choose the level of coverage that fits your budget:

- **Medical coverage options:**
  - » Wellness ($450 or $800, no deductible)
  - » Accident only
  - » Accident and illness plans
  - » Accident, illness, and wellness plans
- **Deductible options:** $100, $250, $500, and $1,000
- **Reimbursement level options:** 50%, 60%, 70%, and 80%
- **Supplemental coverage options:** Prescription food and behavioral coverages

Coverage includes:

- Accidents
- Illnesses
- Cancer
- Hereditary and congenital conditions
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- 24/7 access to veterinary experts through the Nationwide VetHelpline
- Preferred pricing on pet prescriptions through PetRxExpress
- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

Scan the QR code, call 877-738-7874, or visit benefits.petinsurance.com/thekag for a quote or to enroll.



EMPLOYEE ASSISTANCE PROGRAM

The Standard | healthadvocate.com/standard3 | 888-293-6948

Your employee assistance program (EAP) can assist with any personal issue, whether at home or at work.

The EAP is a strictly confidential benefit that includes short-term counseling, legal and financial guidance, and work-life assistance to employees, their spouses, and their dependents.

Benefits of the EAP include:

- **Free short-term counseling:** Receive up to three in-person or virtual counseling sessions per issue, **AT NO COST** to you.
- **Available to household members:** Your eligible household members also have access to this free counseling benefit.
- **24/7 access to services:** You can access the program at any time by calling the toll-free number at 888-293-6948. Your call will be answered directly by an Intake Specialist (a Master's or PhD-level counselor) who will talk with you about your issue and then refer you to a credentialed provider in your area who best fits your needs for in-person counseling services.
- **Online information and referrals:** Find thousands of articles, assessments, podcasts, on-demand training, and other resources online. Get expert information on relationships, work, school, children, wellness, legal and financial topics, and more. Time-saving provider searches let you find childcare, eldercare, pet care, and other services with ease.
- **Completely confidential:** The EAP is completely confidential. By law, The Standard may not release any employee records to anyone without the written consent of the employee.

To get started, scan the QR code to download the Health Advocate app or create an account by visiting healthadvocate.com/standard3.



SMARTCONNECT

SmartConnect™ MEDICARE BUSINESS SOLUTIONS

SmartConnect | smartmatch.com/connect/thekenanadvantagegroupinc | 844-784-4593

MEDICARE EDUCATION AND ENROLLMENT SUPPORT

Are you or a family member considering enrolling in Medicare?

All employees have access to SmartConnect — a free Medicare enrollment and support program. Whether you are Medicare-eligible, retiring, or supporting an eligible Medicare family member, contact SmartConnect to get help navigating the Medicare system with ease.

SmartConnect provides you with educational materials, webinars, and access to licensed who can help with:

- Medicare plan comparison and selection
- Medicare enrollment
- Ongoing plan and claims support

SmartConnect is offered to all employees — even if you are not enrolled in KAG benefits. Contact SmartConnect at 844-784-4593 or visit **smartmatch.com/connect/thekenanadvantagegroupinc** for more information.

BENEFIT PLAN COSTS

MEDICAL INSURANCE

The costs for medical insurance are located on page 9 as well as on a separate rates sheet. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

The Kenan Advantage Group, Inc. is committed to the health and safety of its employees and is pleased to offer a variety of health plan options for you to choose from.

KAG encourages you to review these options and select the one that is best for you and your family. Please contact the Benefits Department if you have any questions. KAG reserves the right to modify these health plan options and contribution levels, including discounted employee premiums, at any time.

Working Spouse Exclusion

If your spouse is employed and offered medical insurance through his or her employer, they are not eligible to participate in the medical plans through The Kenan Advantage Group, Inc. Working spouses may remain on your other benefits.

It is a violation of our Code of Conduct to knowingly and willfully provide false information. There will be disciplinary action, up to and including termination for doing so.

Tobacco Surcharge

If you are a tobacco user, you will pay an additional $150 per month. If your spouse is on the medical plan and is a tobacco user, you will pay an additional $150 per month. **You must certify that you and your spouse are non-tobacco users and that you have not used tobacco products for the past 12 months.** You may be subject to disciplinary action if you knowingly and willfully make a false or fraudulent statement or representation to The Kenan Advantage Group, Inc. regarding the information reported. Proof of non-tobacco use must be provided annually upon request.

For help quitting, The Kenan Advantage Group, Inc. provides the American Cancer Society's "Quit For Life Program" at no cost for employees and their spouses enrolled in one of the medical plans. Call 866-784-8454 or **quitnow.net** for more information or to enroll. By enrolling in the program, you will not be charged the tobacco surcharge. You must re-enroll in the program each year in order to avoid the tobacco surcharge. Please contact the KAG Benefits Department at 800-675-1092 to waive the surcharge.

Non-Wellness Surcharge

A yearly preventive exam is key to helping you prevent illnesses and detect potential issues at an early stage when treatment is likely to work best. If you completed an annual preventive exam by October 31, 2026, you will **NOT** pay the non-wellness surcharge in 2027.

If you did not complete an annual preventive exam by this date, you will be assessed a non-wellness surcharge of $50 per month ($600 per year) in 2027. If your spouse did not complete an annual preventive exam by this date, you will be assessed an additional non-wellness surcharge of $50 per month ($600 per year). Surcharges are applied to medical premiums.

OPEN ENROLLMENT IS OCTOBER 27–NOVEMBER 10, 2026

401(k) RETIREMENT SAVINGS PLAN

Principal | principal.com | 800-547-7754

The Kenan Advantage Group, Inc. offers a 401(k) retirement savings plan administered by Principal.

PRE-TAX AND ROTH CONTRIBUTIONS

You are eligible to make deferral contributions on a pre-tax and/or post-tax (Roth) basis. Pre-tax contributions are deducted before you pay current income taxes. Any earnings on your entire account, along with your pre-tax contributions, are taxed only when you take a distribution from the plan. With Roth contributions, you have already paid taxes on the money contributed.

ELIGIBILITY

You are eligible to make elective deferral contributions to your 401(k) plan after 90 days of service. You will receive detailed information about enrollment as your eligibility date approaches. Once eligible, you can make changes to your contribution percentage at any time by logging into your Principal account.

EMPLOYER MATCH

The Kenan Advantage Group, Inc. may match employee elective deferral contributions. The employer match is 50% up to 6% (i.e. if you contribute 6% of your salary, you are eligible for a 3% employer match). The employer match is paid on a per-pay-period basis.

PLAN ACCESS

The Kenan Advantage Group, Inc. 401(k) plan is managed by Principal Financial Group. To access your account, please visit **principal.com/enroll** or scan the QR code below and create a username and password. The Kenan Advantage Group, Inc. plan number is **365942**.

ROLLOVERS

Rollovers from other plans are permitted, provided they meet the same tax restrictions as our 401(k) plan.

There are two ways to begin the process: either create an online account at **principal.com**, click the 'rollover' tab and select 'start your rollover', or call Principal directly at 800-547-7754, Monday through Friday 7 a.m.–9 p.m., CT.

VESTING

Participants are always 100% vested in the part of their account resulting from 401(k) elective deferral contributions and rollover contributions. The vesting schedule for other contributions is below:

Years of Service	Vesting Percentage
Less than 1 year	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

ADDITIONAL INFORMATION

For additional information, please review the following documents found at **principal.com**:

- Principal Enrollment Workbook
- All Principal notices including ERISA 404, QDIA, Privacy Notice, Annual Notice and Investment Options Summary
- Principal Summary Plan Description (SPD)
- Principal Summary Annual Report

PRINCIPAL MILESTONES

Principal Milestones is a free financial wellness program with tools and resources to help you budget, manage debt, plan for retirement, prepare legal documents, and more — all in one place. To get started, visit **principal.com/milestones**.

To set up or access your account, scan the QR code or visit principal.com/enroll.

Please note: Under SECURE 2.0, catch-up eligible employees who earned more than $145,000 in the preceding year from The Kenan Advantage Group, Inc. must make their catch-up contributions on a Roth (post-tax) basis.

CONTACTS

If you have any questions regarding your benefits or the material contained in this guide, please contact the Benefits Department.

KAG Benefits Department

800-675-1092

kag.benefits@thekag.com

kag.lockbene.fit

Provider/Plan	Phone Number	Website/Email
Medical | Imagine360	844-799-2338	imagine360.vbagateway.com
Prescription Drugs | CVS Caremark	888-202-1654	caremark.com
Prescription Savings Program | Rx Savings Solutions	800-268-4476	rxss.com/members
Dental | Delta Dental of Ohio	800-524-0149	deltadentaloh.com
Vision | Anthem	866-723-0515	anthem.com
Health Savings Account | HealthEquity	877-750-1445	healthequity.com
Flexible Spending Accounts | WEX	866-451-3399	wexinc.com
Supplemental Life and AD&D | The Standard	855-204-3128	standard.com
Voluntary Benefits | The Standard Short-Term, Long-Term Disability, Critical Illness, Accident, and Hospital Indemnity	855-204-3128	standard.com
Pet Insurance | Nationwide	877-738-7874	benefits.petinsurance.com/thekag
Employee Assistance Program | The Standard	888-293-6948	healthadvocate.com/standard3
Medicare Enrollment Support | SmartConnect	844-784-4593	smartmatch.com/connect/thekenanadvantagegroupinc
Tobacco Cessation Program | Quit for Life	866-784-8454	quitnow.net
401(k) Retirement Savings Plan | Principal	Customer Service: 800-986-3343 Retirement Plan Support: 800-547-7754	principal.com

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

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