



## Employee Benefits: January 1, 2024 to December 31, 2024

The following information is offered as a summary only. If there is a discrepancy between this information and the plan document, the plan document will govern. All benefits outlined are based on a full time 30 hours per week status. Employees will be eligible for benefits 1<sup>st</sup> of the month following 60 days of hire. All deductions are calculated on a bi-weekly basis. For more information, please contact our benefits adviser, The CIP Group at (617) 354-0866, Option 2.



## Health Insurance

### In-Network Benefits

Kids & Company offers three medical plan options through United Health Care. Employees can choose either Choice Plus 3000, Choice Plus 1500, or Choice Plus H.S.A. 3200 medical plans. Please review the SBC (Summary of Benefit & Coverage) for further plan details.

Type of Service	Choice Plus 3000	Choice Plus 1500	Choice Plus H.S.A. 3200
Individual Deductible	\$3,000	\$1,500	\$3,200
Family Deductible	\$6,000	\$3,000	\$6,400
Preventive Office Visits	\$0	\$0	\$0
Non-Preventive Physician Visits	PCP: \$30 Specialist: Tier 1: \$30, Tier 2: \$60	PCP: \$20 Specialist: Tier 1: \$20, Tier 2: \$40	PCP & Specialist: 20% after deductible
X-rays, Lab tests	X-Ray: \$0 Labs: \$0 after deductible	X-Ray: \$0 Labs: \$0 after deductible	X-Ray & Labs: 20% after deductible
MRI's, CT scans, PET scans	20% after deductible	10% after deductible	20% after deductible
Routine Eye Exam	\$0	\$0	20% after deductible
Emergency	\$250 than 20% coinsurance	\$250 than 10% coinsurance	20% after deductible
Day Surgery	20% after deductible	10% after deductible	20% after deductible
Hospitalization	20% after deductible	10% after deductible	20% after deductible
Mental Health	\$30	\$20	20% after deductible
Prescription	\$10/\$40/\$75/\$125	\$10/\$40/\$75/\$125	Deductible applies first, then: \$10/\$35/\$60
Out of Pocket Maximum	Ind: \$6,000/Fam: \$12,000	Ind: \$3,000/Fam: \$6,000	Ind: \$6,350/Fam: \$12,700
<b>Plan Tier</b>	<b>Bi-Weekly Payroll Deductions</b>		
<b>Individual (Employee Only)</b>	\$127.31	\$153.70	\$69.99
<b>Individual + Spouse</b>	\$227.88	\$275.12	\$125.28
<b>Individual + Child(ren)</b>	\$237.43	\$286.65	\$130.53
<b>Family Rates</b>	\$338.01	\$408.08	\$185.83

Ind = Employee Only

Fam = Family, Employee + Spouse, Employee + Child(ren)

## Out-of-Network Benefits

Benefits are available outside of the United Health Care Network. Additional coinsurance and deductibles apply. Please see Summary of Benefits for further information.

Type of Service	Choice Plus 3000	Choice Plus 1500	Choice Plus H.S.A. 3200
Individual Deductible	\$5,000	\$5,000	\$5,000
Family Deductible	\$10,000	\$10,000	\$10,000
Preventive Office Visits	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Non-Preventive Physician Visits	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
X-rays, Lab tests	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
MRI's, CT scans, PET scans	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Routine Eye Exam	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Emergency	\$250 than 20% coinsurance	\$250 than 10% coinsurance	20% after deductible
Day Surgery	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Hospitalization	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Mental Health	40% coinsurance after deductible	30% coinsurance after deductible	40% coinsurance after deductible
Prescription	\$10/\$40/\$75/\$125	\$10/\$40/\$75/\$125	Deductible applies first, then: \$10/\$35/\$60
Out of Pocket Maximum	Ind: \$10,000/Fam: \$20,000	Ind: \$10,000/Fam: \$20,000	Ind: \$10,000/Fam: \$20,000

Ind = Employee Only  
Fam = Family, Employee + Spouse, Employee + Child(ren)

Type of Service	Plan Covers	
	In-Network	Out-of-Network
<b>Type I: Preventative</b> <ul style="list-style-type: none"> <li>Cleanings, Oral Exams</li> <li>X-Rays, Films, Sealants</li> <li>Space Maintainers</li> </ul>	100%	100%
<b>Type II: Basic</b> <ul style="list-style-type: none"> <li>Basic Restorative</li> <li>Resin-based composite restorations</li> <li>Non-Surgical Extractions</li> <li>Removal of erupted tooth or exposed root</li> <li>Root Canal</li> <li>Endodontics &amp; Periodontics</li> </ul>	80% after deductible*	80% after deductible*
<b>Type III: Major</b> <ul style="list-style-type: none"> <li>Crowns, Bridges, Dentures</li> </ul>	50% after deductible*	50% after deductible*
<b>Plan Maximum Benefit</b>	\$1,500 per person per calendar year	
<b>*Deductible Applies</b>	Individual: \$50 Family: \$150	
<b>Plan Tier</b>	<b>Bi-Weekly Payroll Deductions</b>	
<b>Individual</b>	\$17.29	
<b>Individual + Spouse</b>	\$34.98	
<b>Individual + Child(ren)</b>	\$42.04	
<b>Family</b>	\$64.32	

Type of Service	In-Network	Out-Of-Network
<b>Vision Care Services</b>		
<ul style="list-style-type: none"> <li>Exam with dilation as necessary</li> <li>Contact lens fit and follow-up</li> </ul>	<p>Up to \$30</p> <p>N/A</p>	<p>Up to \$30</p> <p>N/A</p>
<b>Frames:</b>		
Any available frame at provider location	\$0 copay, \$100 allowance, 20% off balance over \$100	Up to \$50
<b>Standard Lenses</b>		
<ul style="list-style-type: none"> <li>Single</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> <li>Standard progressive lens</li> <li>Premium progressive lens (tiers 1-3)</li> </ul>	<p>\$25 copay</p> <p>\$25 copay</p> <p>\$25 copay</p> <p>\$25 copay</p> <p>\$90 copay</p> <p>See table on carrier Benefit Summary</p>	<p>Up to \$25</p> <p>Up to \$40</p> <p>Up to \$55</p> <p>Up to \$55</p> <p>Up to \$40</p> <p>Up to \$40</p>
<b>Contact Lenses</b>		
<ul style="list-style-type: none"> <li>Conventional</li> <li>Disposable</li> <li>Medically Necessary</li> </ul>	<p>\$0 copay, \$100 allowance, 15% off balance over \$100</p> <p>\$0 copay, \$100 allowance, plus balance over \$100</p> <p>\$0 copay, paid-in-full</p>	<p>Up to \$80</p> <p>Up to \$80</p> <p>Up to \$210</p>
<b>Frequency</b>		
<ul style="list-style-type: none"> <li>Exam</li> <li>Lenses or contact lenses</li> <li>Frame</li> <li>Contact lens eval/fitting</li> </ul>	<p>Once every 12 months</p> <p>Once every 12 months</p> <p>Once every 12 months</p> <p>N/A</p>	
<b>Plan Tier</b>	<b>Bi-Weekly Payroll Deductions</b>	
<b>Individual</b>	\$2.86	
<b>Individual + Spouse</b>	\$5.43	
<b>Individual + Child(ren)</b>	\$5.71	
<b>Family</b>	\$8.40	



## Group Life & AD&D

Kids & Company offers Group Life & AD&D insurance through Dearborn Group. Benefit is 100% Employer paid and there is no cost to the employees. Employees are able to purchase additional Life Insurance, Short-Term Disability and Long-Term Disability benefits that are 100% employee paid. Please review the benefit summary for plan details.

Employer Paid Life & AD&D Insurance	
<b>Benefit</b>	\$50,000
<b>Age Reduction</b>	Benefits reduce by 35% of the original amount at age 65; and further reduce by 50% of the original amount at age 70
Bi-Weekly Payroll Deductions	
N/A – No Cost to Employees (100% paid by Kids & Company)	



## Voluntary Life, Short-Term & Long-Term Disability

Voluntary Life & AD&D Insurance	
Employee Life Benefit	Increments of \$10,000 up to \$500,000 Evidence of Insurability required over \$50,000
Spouse Life Benefit	Increments of \$5,000 up to \$100,000 Not to exceed 50% of Employee Voluntary Life Amount Evidence of Insurability required over \$25,000
Child Life Benefit	Age 15 days – 6 months: \$100 Age 6 months – 26 years: Increments of \$1,000 up to \$10,000
Life Benefit Age Reduction	65% at age 70, 45% at age 75
Voluntary Short-Term Disability	
<b>Benefit</b>	\$100-\$1,000 in increments of \$50 not to exceed 60% of basic weekly earnings
<b>Duration</b>	13 Weeks or until LTD begins, whichever is earlier
<b>Benefit Waiting Period</b> <i>When benefits start</i>	1 <sup>st</sup> day for accident and 8 <sup>th</sup> day for sickness
Voluntary Long-Term Disability	
<b>Benefit</b>	60% salary up to \$6,000 per month
<b>Benefit Waiting Period</b> <i>When benefits start</i>	90 Days
<b>Maximum Period Payable</b>	5 year reducing benefit duration
Bi-Weekly Payroll Deductions – Rates in ADP	
Voluntary Life	100% Employee Paid
Voluntary STD	100% Employee Paid
Voluntary LTD	100% Employee Paid

### IMPORTANT INSURANCE PREMIUM NOTICE:

By electing to enroll in benefits, you understand that your contributions to the group medical, dental, and vision coverage will be taken on a pre-tax basis. You also understand that you are making a binding election concerning your benefits and authorizing payroll deductions. In the event that Kids & Company is unable to deduct these amounts, it is your obligation to pay these amounts to Kids & Company in the form of a check by the first of the month following missed deductions. You understand that an outstanding balance may lead to termination of insurance back to the last payment date.