



BENEFIT PROGRAM
SUMMARY FOR
EMPLOYEES

2022

BENEFITS GUIDE FOR EMPLOYEES OF

Kelly Generator & Equipment, Inc.

Effective November 1, 2021

Kelly Generator & Equipment, Inc. is committed to providing a comprehensive and competitive benefit package to meet the needs of their employees and their families. You are encouraged to take advantage of the excellent benefit options available as part of the total compensation package offered by Kelly Generator & Equipment.

Medical

Kelly Generator & Equipment offers four medical plan options through UnitedHealthcare (UHC); CHOICE HMO HSA BVK4, CHOICE HMO BVM5, CHOICE HMO BVSD and CHOICE Plus POS BVNZ. All four of these plans are Open Access meaning referrals are not required and all four use the national network of UHC CHOICE physicians. All four plans offer comprehensive coverage and meet the ACA minimum standards.

- The CHOICE HMO HSA BVK4 is a qualified high deductible plan that is eligible for a HSA. Under this plan members are responsible for the stated deductible before the plan switches over to coinsurance. Employees enrolled in this plan will have the option of opening a HSA through Optum Bank, an affiliate of UHC, in order to save money to pay for the deductible. Employees are able to contribute to the HSA up to the annual maximum established by the IRS – for 2022 (\$3,650 /individual & \$7,300/family). This plan is in-network only meaning the member must use the UHC CHOICE network of physicians and providers to receive in-network pricing.
- The CHOICE HMO BVM5 is a zero deductible plan where members pay a stated copay for services received. This plan is in-network only meaning the member must use the UHC CHOICE network of physicians and providers to receive in-network pricing.
- The CHOICE HMO BVSD is a deductible plan where members are responsible for the deductible for some services and copays for some services. PCP, Specialist office visits, Urgent Care and ER are not subject to the deductible. Hospital services and major diagnostics are subject to the deductible. This plan is in-network only meaning the member must use the UHC CHOICE network of physicians and providers to receive in-network pricing
- The CHOICE PLUS POS BVNZ is a zero deductible plan that offers both in and out of network service. The member must use the UHC CHOICE network of physicians and providers to receive in-network pricing. This plan is a zero deductible plan where members pay a stated copay for services received. When using an out-of-network provider you will be responsible for a higher percentage of the costs.

Please refer to the Medical Benefits Summary charts that follow for a brief description of each plan. The premium for coverage is paid through convenient pre-tax payroll deductions.

DENTAL

Kelly Generator & Equipment offers dental coverage administered through UHC. Under the Preferred Dental PPO members pay a percentage of the negotiated fee for the service rendered and can use dentists both in and out of the network. The plan includes coverage for preventive, basic restoration, major restoration, major surgical and orthodontia services. Each person covered under the plan is allowed up to \$1,500 of service per year. Members incur the lowest out of pocket costs by using providers in the network. Premiums for the dental plan are paid through convenient pre-tax payroll deductions.

VISION

Kelly Generator & Equipment offers vision coverage through UHC. Members are entitled to an annual eye exam at \$10 copay and receive discounts on frames, lenses and contacts every 12 months. Premiums for the vision plan are paid through convenient pre-tax payroll deductions.

The health, dental and vision can be enrolled in separately, an employee does not need to enroll in all three.

BASIC LIFE AND AD&D INSURANCE

Kelly Generator & Equipment provides Basic Life and AD&D insurance through Guardian. The benefit is a flat amount of \$50,000. An additional accidental death & dismemberment (AD&D) benefit for the same amount is applied to a death resulting from an accident. This benefit is provided at no cost to employees. Remember to always keep your beneficiary information up to date and on file. Guardian will pay benefits from the most recent information provided on a beneficiary form.

SHORT TERM DISABILITY INSURANCE

Kelly Generator & Equipment provides Short Term Disability insurance through Guardian. The benefit is 60% of your weekly salary up to a maximum of \$600.00. The benefits pay starting with the 14th day of disability due to accident and the 14th day of disability due to illness. Benefits can last for a maximum of up to 11 weeks after the 14-day waiting period. This benefit is provided at no cost to employees.

LONG TERM DISABILITY INSURANCE

Kelly Generator & Equipment provides Long Term Disability insurance through Guardian. The benefit is 60% of your monthly salary up to a maximum of \$10,000. The benefits pay starting with the 91st day of disability and last until your Normal Social Security Retirement Age. This benefit is provided at no cost to employees.

401(K)

Kelly Generator & Equipment provides a 401(k) plan through Securian that employees can participate in. Employees are eligible to contribute to the 401(k) through payroll withholding up to the annual maximum set by the IRS. For 2021 the contribution limit is \$19,500 with those 50 and over able to contribute an additional \$6,500. In order to participate in the 401(k) employees must be 21 years old and completed six (6) months of service. Employees can start their contributions on the first day of the month following the date they satisfy the eligibility requirements Kelly Generator & Equipment will make a Safe Harbor matching contribution of 100% on the first 4% of employee contribution. Employees must participate/contribute to the 401(k) in order to receive the Safe Harbor Match. Remember to always keep your beneficiary information up to date and on file.

Voluntary Life and AD&D Insurance

Kelly Generator & Equipment provides Voluntary Life and AD&D insurance through Principal.

Employees are allowed to purchase benefits in \$10,000 increments from \$10,000 to \$300,000. Guaranteed Issue is \$150,000 with higher amounts subject to underwriting.

Employees will need to complete a Statement of Health for amounts over Guaranteed Issue. Employees are allowed to purchase benefits on their spouse in \$5,000 increments from \$5,000 to \$100,000. Guaranteed Issue for a spouse is \$30,000.

A Statement of Health will need to be completed for amounts over Guaranteed Issue. Employee coverage is required for spouse coverage. Spouse benefits cannot exceed 100% of the employee's coverage. An additional accidental death & dismemberment (AD&D) benefit for the same amount is applied to a death resulting from an accident on both employee and spouse coverage.

Employees are allowed to purchase benefits on their children in increments of \$5,000 from \$5,000 to \$25,000. Children benefits cannot exceed 100% of the employee's coverage. These benefits are 100% employee paid and premiums are paid through payroll deductions. Remember to always keep your beneficiary information up to date and on file. Principal will pay benefits from the most recent information provided on a beneficiary form

Colonial Life – Voluntary Supplemental Benefits

Kelly Generator & Equipment offers voluntary supplemental benefits through Colonial Life. These benefits are 100% employee paid and premiums are paid through payroll deductions.

- Hospital Confinement Protection Pays a lump-sum benefit directly to you if you are hospitalized or have an out-patient surgery; this benefit can be used to pay your out-of-pocket medical expenses.
- Accident Protection 24 hour / 7 days a week / 365 days a year coverage for treatment of accidental injuries. Helps to offset unexpected medical expenses due to an accident such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation, stitches, x-rays and other covered accidental injuries.
- Critical Illness Insurance Protection Supplements your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy. Critical Illnesses include: Heart Attack, Stroke, Renal Failure, Coma, Paralysis, Blindness, Occupational infectious HIV and Major Organ Transplant.

ELIGIBILITY AND ENROLLMENT

Who Is Eligible?

Full-time employees who work at least 30 hours per week are eligible for health, dental and vision coverage on the first of the month following their date of hire. Employees may enroll legal spouses and dependent children up to the age of 26 in the health, dental and vision coverage. Full-time employees who work at least 30 hours per week are eligible for Voluntary Accident, Hospital Indemnity and Critical Illness coverage on the first of the month following their date of hire. Employees are eligible for Life, AD&D Short Term Disability and Long-Term Disability coverage on the completion of one year of full-time employment. Employees are eligible to contribute to the 401(k) on the 1st day of the month following 6 months of employment as long as they have obtained the age of 21. Elective Deferral Changes can be made first pay date of the Month following. The following are excluded from contributing to the 401(k): Union members, Non-Resident Aliens & leased employees.

WHEN TO ENROLL

Employees must complete an application within 30 (thirty) days of becoming eligible in order to enroll in the plans. If an employee does not enroll in the health, dental or vision coverage when first eligible they must wait until the open enrollment period, currently

November 1, before joining or must experience a qualifying life event. If an employee is waiving coverage, they must complete a waiver of coverage form. Employees must notify HR of any changes in coverage due to marriage, child birth, divorce or loss of other coverage within thirty (30) days of the event in order to enroll. If an employee does not enroll in the 401(k) when first eligible, they must wait until first of any month before joining.

HOW TO ENROLL

Employees will need to complete an enrollment form in order to complete the enrollment process. Employees who are waiving coverage will need to complete the form checking they are waiving. Please make sure to complete all necessary fields to the best of your ability and as accurately as possible. Failure to complete the form accurately could result in a delay in getting enrolled. All qualifying events going forward will require an updated enrollment form.

COSTS

Included in this booklet is a chart showing the employee share of the cost for the Medical, Dental and Vision coverage. Employee's share of the cost for all coverages will be done through payroll withholding. The chart shows the amount on a per paycheck basis. Employee share of the cost for the voluntary supplemental benefits will be determined based on their level of coverage, age and whether they are a smoker or non-smoker.

**COMPARISON OF THE FOUR UNITED HEALTHCARE MEDICAL PLANS
AVAILABLE TO EMPLOYEES**

| | UHC Choice HSA BVK4 | UHC Choice BVM5 | UHC Choice BVSD | UHC Choice Plus BVNZ |
|------------------------------|-----------------------|-----------------|---------------------------------|--|
| Deductible | \$1,500/\$3,000 | None | \$500/\$1,000 | None |
| Out of Pocket Maximum | \$3,000/\$6,000 | \$3,000/\$6,000 | \$7,350/\$14,700 | \$3,000/\$6,000 |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited |
| Coinsurance | 90% | 100% | 100% | 100% |
| Primary Care Copay | Deductible then 10% | \$20 Per Visit | No charge | \$30 Per Visit |
| Specialist Care Copay | Deductible then 10% | \$40 Per Visit | \$60 Per Visit | \$60 Per Visit |
| Well-Child Care | \$0 | \$0 | \$0 | \$0 |
| Adult Physicals, Routine GYN | \$0 | \$0 | \$0 | \$0 |
| Mammogram, Cancer Screening | \$0 | \$0 | \$0 | \$0 |
| Referral for Specialists | No | No | No | No |
| Urgent Care | Deductible then 10% | \$75 Per Visit | \$50 Per Visit | \$75 Per Visit |
| Lab | Deductible then 10% | No Charge | No Charge Designated Network | No Charge |
| X-Ray | Deductible then 10% | No Charge | Deductible then 20% | No Charge |
| Imaging | Deductible then 10% | \$150 Per Visit | Deductible then 20% | \$150 Per Visit |
| Emergency Room | Deductible then 10% | \$250 Per Visit | \$250 Deductible then 20% | \$250 Per Visit |
| Inpatient Facility Services | Deductible then 10% | \$500 Per Visit | Deductible then 20% | \$750 Per Visit |
| Prescription Drug | | | | |
| Deductible | Combined with medical | None | None | None |
| Preventive | \$0 | \$0 | \$0 | \$0 |
| Tier 1: Generic | Deductible then \$10 | \$15 | \$5 | \$15 |
| Tier 2: Preferred Brand | Deductible then \$35 | \$45 | \$30 | \$45 |
| Tier 3: Non-Preferred Brand | Deductible then \$60 | \$85 | \$80 | \$85 |
| Tier 4: Specialty | | \$150 | | \$150 |
| | | | | This Plan offers out of network benefits |

EMPLOYEE COST PER PAY FOR MEDICAL, DENTAL AND VISION COVERAGE

| Medical: UHC Choice Plus BVNZ (009Y5141) | Total Monthly Premium | Employee Cost Per Pay |
|---|------------------------------|----------------------------------|
| Employee | \$702.40 | \$87.80 |
| Employee & Spouse | \$1,475.04 | \$184.38 |
| Employee & Child(ren) | \$1,208.13 | \$151.02 |
| Family | \$2,121.24 | \$265.16 |
| | | |
| Medical: UHC Choice BVM5 (009Y5154) | Total Monthly Premium | Employee Cost Per Pay |
| Employee | \$686.69 | \$85.84 |
| Employee & Spouse | \$1,442.05 | \$180.26 |
| Employee & Child(ren) | \$1,181.11 | \$147.64 |
| Family | \$2,073.80 | \$259.23 |
| | | |
| Medical: UHC Choice Rx BVSD (009Y5141) | Total Monthly Premium | Employee Cost Per Pay |
| Employee | \$561.13 | \$70.14 |
| Employee & Spouse | \$1,178.37 | \$147.30 |
| Employee & Child(ren) | \$965.14 | \$120.64 |
| Family | \$1,694.61 | \$211.83 |
| | | |
| Medical: UHC H.S.A. BVK4 (009Y5276) | Total Monthly Premium | Employee Cost Per Pay |
| Employee | \$524.09 | \$65.51 |
| Employee & Spouse | \$1,146.25 | \$143.28 |
| Employee & Child(ren) | \$938.84 | \$117.36 |
| Family | \$1,648.41 | \$206.05 |
| | | |
| Dental: | Total Monthly Premium | Employee Cost Per Pay |
| Employee | \$25.21 | \$3.15 |
| Employee & Spouse | \$50.41 | \$6.30 |
| Employee & Child(ren) | \$66.23 | \$8.28 |
| Family | \$96.83 | \$12.10 |
| | | |
| Vision: | Total Monthly Premium | Employee Cost Per Pay |
| Employee | \$5.63 | \$0.70 |
| Employee & Spouse | \$10.68 | \$1.34 |
| Employee & Child(ren) | \$12.53 | \$1.57 |
| Family | \$17.62 | \$2.20 |

Questions?

WHO TO CONTACT WHEN YOU HAVE QUESTIONS ABOUT YOUR BENEFITS

Our goal is to ensure that you receive the right coverage information regarding your benefit plans. Because the world of healthcare and insurance can be confusing and hard to navigate, we are pleased to introduce Kelly Benefits, Inc. who will be able to assist you with all things related to your benefits. Kelly Benefits, Inc. will be working in conjunction with the Human Resources Department so that benefit needs are addressed in a timely fashion.

HOW KELLY BENEFITS, INC. CAN HELP YOU

- Answer benefits questions pertaining to your plans
- Handle enrollments, terminations, and changes
- Determine your eligibility for coverage
- Resolve claims and billing issues
- Order new ID cards

Patrick Harvey

Kelly Benefits, Inc.

Phone (410) 349-3806

Email: pharvey@kellycos.com

www.getktbi.com

Office Hours:

Monday through Friday, 8:00 a.m. to 4:30 p.m. EST

CONTACT INFORMATION

| CARRIER | PLAN | PHONE | WEBSITE |
|---|--------------|--------------|--|
| UNITED HEALTHCARE UHC | Medical | 800-357-0978 | www.myuhc.com |
| | Prescription | 800-788-7871 | |
| | Vision | 800-357-0978 | |
| | Dental | 877-816-3596 | |
| OPTUM BANK | HSA | 800-791-9361 | www.optumbank.com |
| GUARDIAN | Life/STD/LD | 888-482-7342 | www.guardianlife.com |
| SECURIAN | 401K | 800-233-2881 | www.securianretirementcenter.com |
| MICHAEL KELLY FINANCIAL ADVISOR | 401K | 410-349-3806 | www.getkfa.com |