



A  Kimball Electronics COMPANY

A photograph of four business professionals in an office setting. A man in a dark green shirt is shaking hands with a woman in a dark blue patterned dress. Another woman in a white blazer and red patterned dress is holding a tablet and looking towards the group. The background shows office desks and windows.

2024 NEW HIRE BENEFITS GUIDE

New Hire Benefits Enrollment

Dear Kimball Electronics Employee,

We are happy that you decided to make Kimball Electronics your employer of choice!

As our first People Guiding Principles states, "Our people are the company." Now, that means you!!! You are our company. We wholeheartedly believe that.

After all, we are very aware that our people have certainly played an important role in our company's continuing success and growth over the years. We deeply appreciate being able to count on their experience, knowledge and judgment to help build success for our customers, communities, the company – and for themselves.

We will be counting on you for the same.

We hope that Kimball, as a loyal employer, will prove to be equally valuable to you (as we have been to your valued, seasoned co-workers).

One way we manage to do that is through our benefits plans.

We offer a variety of valuable benefits to protect your health and financial security. Core benefits such as long term disability, life and accidental death and dismemberment are provided to you at no cost. You also have the opportunity to purchase healthcare, dental, family life, or to add additional life coverage and to cover family members. Our competitive Consumer Driven Health Plans come with an option for you to contribute pre-tax money into a personal health savings account.

This enrollment guide presents highlights of each of the benefit plans available to you. We hope you will use this information to make informed decisions that make the most sense for you and your family.

Your life...It's about taking care of the things you hold most dear...It's about those who depend on you right now and who might depend on you not far down the road. It's about your dreams for tomorrow.

Looking after all these things is a challenge. But you have some help. Our benefit plans give you the opportunity to take care of your life and everything that goes with it. Your life is so important for so many reasons...Take Care of it.

Sincerely,



Denise Truelove
Director, HR and Employee Services
Kimball Electronics, Inc.
812-634-4194
Denise.Truelove@kimballelectronics.com



Creating
Quality
for Life

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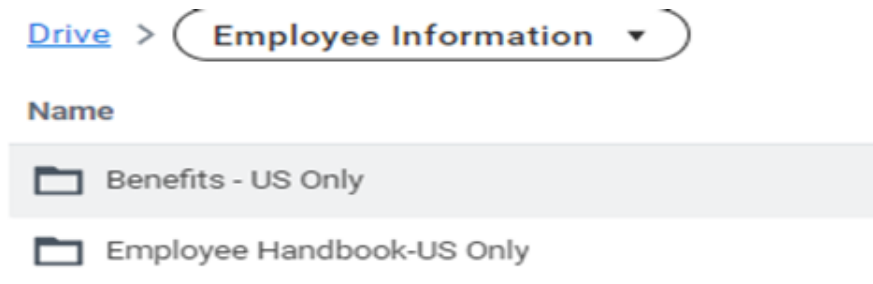
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NOTE: This summary is an overview of the benefits you receive from Kimball Electronics, Inc. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please refer to the Employee Handbook or contact your Human Resource department.

HOW TO ACCESS PLAN DESCRIPTIONS AND EMPLOYEE HANDBOOK

The entire Employee Handbook, including all the Standard U.S. Benefit Plan Descriptions, are available online.

- To access the Employee Handbook in Workday Drive anytime, anywhere, click the Employee Information Worklet on the Employee Page then click on Employee Information-Handbook and Benefit Details, then click Employee Information. Here you can click on the Employee Handbook-US Only link or get Summary Plan Descriptions (SPD), or for other pertinent information regarding healthcare benefits, click on Benefits-US Only link.



AS A SELF-INSURED COMPANY, DID YOU KNOW OUR CLAIM COSTS ARE BUILT INTO OUR CUSTOMERS' PRODUCT COSTS?

Our healthcare, prescription drug, dental, and short term disability plans are self-insured, which means we pay our carriers to process our claims and manage our programs. Our carriers send us the cost of the claims processed, and we send that amount to fund the bank account for the checks that were written on a weekly or monthly basis. The money to pay the claims comes out of the fund we collect from employees and business units based upon each person's benefit election. The cost of the claims that we cover must be built into the cost of our products. If we had lower deductible and paid out more money to cover claims, we would have to increase the cost of our products in order to cover expenses. We must consider the cost of all of the elements that make up our "World of Total Rewards" and how they must be built into the cost of our products and the amount of margin we are able to realize.

WHO'S ELIGIBLE?

Employees: All active, full-time or part-time employees of Kimball Electronics, Inc. Part-Time plan allows for employee and children (no spouse) coverage.

Dependents:

- Your legal spouse
- Your children up to age 26
- Your children over age 26 who are not able to support themselves due to a physical or mental disability

Only those dependents meeting the eligibility requirements can enroll for coverage.

LIFE EVENT

If you have a change in your life status such as marriage, divorce, birth, adoption, gain or loss of benefits by employee or dependents, you have 30 days to complete a Life Event change enrollment in the Workday system.

Benefits Package

- 401K Retirement Plan
- Insurance
 - Kaiser Permanente
 - Anthem Healthcare
 - Prescription Drug
 - Preventive Care
 - Anthem Health Savings Account (HSA)
 - Dependent Care Flexible Savings Account (DCFSA)
 - Employee Assistance Program
 - Live Health On-line
 - Sydney Health
 - Dental Insurance
 - Vision Insurance
 - Long Term Disability
 - Life Insurance
 - Family Life Insurance
 - Accidental Death & Dismemberment
 - Voluntary Plans
 - Critical Illness Insurance
 - Accidental Injury Insurance
 - Hospital Indemnity Insurance

2024 Benefits Plan - Rate Summary

2024 Benefits Plan Rate Summary				
ANTHEM	1600 Plan	2500 Plan		
	BI WEEKLY	BI WEEKLY		
Employee	40.21	21.56		
Employee & Spouse	108.69	54.89		
Employee & Child(ren)	87.25	45.99		
Employee & Family	167.49	79.36		
KAISER PERMENANTE	BI WEEKLY			
Age	EE Only	EE+ Spouse	EE+ Children	EE + Family
<30	\$0.00	129.23	93.92	171.00
30-39	\$0.00	146.77	89.54	186.92
40-49	\$0.00	123.46	66.92	189.00
50-54	\$0.00	170.54	58.62	205.85
55-59	\$0.00	212.54	58.38	252.00
60-64	\$0.00	252.69	59.54	306.46
65+	\$0.00	391.62	57.23	425.77
DENTAL	\$1000 PLAN	\$2000 PLAN		
	BI WEEKLY	BI WEEKLY		
Employee	\$3.16	\$4.84		
Employee & Spouse	\$14.98	\$17.75		
Employee & Child(ren)	\$25.71	\$32.80		
Employee & Family	\$38.26	\$46.75		
VISION	ESSENTIAL	ENHANCED		
	BI WEEKLY	BI WEEKLY		
Employee	\$3.48	\$9.00		
Employee & Spouse	\$6.62	\$17.10		
Employee & Child(ren)	\$6.96	\$17.98		
Employee & Family	\$10.24	\$26.44		
FAMILY LIFE				
	BI WEEKLY			
\$5,000 Child	\$0.25			
\$10,000 Child	\$0.51			
AD&D SUPPLEMENTAL				
Option	BI WEEKLY			
\$25,000	\$0.40			
\$50,000	\$0.81			
\$100,000	\$1.62			
\$150,000	\$2.42			
\$200,000	\$3.23			
\$250,000	\$4.04			

SUPPLEMENTAL EMPLOYEE LIFE INSURANCE							
	(Based upon Employees Wage and Age)						
Employee Age	Monthly Rate per \$1000		Employee Age				
0-24	0.050		50-54	0.320			
25-29	0.060		55-59	0.590			
30-34	0.080		60-64	0.800			
35-39	0.090		65-69	1.330			
40-44	0.110		70-74	2.410			
45-49	0.180		75+	3.090			
CRITICAL ILLNESS	\$10,000 / \$5000	\$10,000 / \$5000	\$20,000 / \$10,000	\$20,000 / \$10,000	\$30,000 / \$15,000	\$30,000 / \$15,000	
Employee Age Bi-Weekly Rates	Employee & Children	Employee & Spouse	Employee & Children	Employee & Spouse	Employee & Children	Employee & Spouse	
Under age 25	\$1.38	\$2.08	\$2.76	\$4.16	\$4.16	\$6.24	
25-29	\$2.08	\$3.12	\$4.16	\$6.24	\$6.24	\$9.36	
30-34	\$2.40	\$3.60	\$4.80	\$7.20	\$7.20	\$10.80	
35-39	\$3.10	\$4.64	\$6.18	\$9.28	\$9.28	\$13.92	
40-44	\$4.24	\$6.36	\$8.50	\$12.74	\$12.74	\$19.10	
45-49	\$5.08	\$7.62	\$10.16	\$15.24	\$15.24	\$22.86	
50-54	\$7.80	\$11.70	\$15.60	\$23.40	\$23.40	\$35.10	
55-59	\$8.12	\$12.18	\$16.24	\$24.36	\$24.36	\$36.54	
60-64	\$12.46	\$18.70	\$24.92	\$37.38	\$37.38	\$56.08	
65-69	\$15.46	\$23.20	\$30.92	\$46.38	\$46.38	\$69.58	
70+	\$16.84	\$25.26	\$33.70	\$50.54	\$50.54	\$75.80	
ACCIDENT	BI WEEKLY	BI WEEKLY					
	LOW OPTION	HIGH OPTION					
Employee	\$1.98	\$3.65					
Employee & Spouse	\$3.95	\$7.30					
Employee & Child(ren)	\$4.25	\$7.85					
Employee & Family	\$6.23	\$11.50					
HOSPITAL INDEMNITY	BI WEEKLY	BI WEEKLY					
	LOW OPTION	HIGH OPTION					
Employee	\$5.75	\$11.39					
Employee & Spouse	\$12.42	\$24.83					
Employee & Child(ren)	\$9.59	\$19.11					
Employee & Family	\$16.26	\$32.55					

Carrier:

Kaiser Permanente Grp #: 667500
Member Services: 800-464-4000

FEATURES	MEMBER PAYS
CALENDAR-YEAR DEDUCTIBLE¹ Individual/Family	\$1,500/\$3,000
PHARMACY CALENDAR-YEAR DEDUCTIBLE	N/A
ANNUAL OUT-OF-POCKET MAXIMUM^{1,2} Individual/Family	\$3,500/\$7,000
IN THE MEDICAL OFFICE Office visits ² Preventive exams ³ Maternity/Prenatal care ^{3,4} Well-child preventive care visits ^{3,5} Vaccines (immunizations) ³ Allergy injections Infertility services Occupational, physical, and speech therapy Most labs and imaging MRI/CT/PET Outpatient surgery	\$30 \$0 \$0 \$0 \$0 \$5 (after deductible) Not covered ⁶ \$30 (after deductible) \$10 (after deductible) \$50 (after deductible) \$250 per procedure (after deductible)
EMERGENCY SERVICES Emergency Department visits (waived if admitted directly to hospital) Ambulance	\$100 (after deductible) \$75 (after deductible)
PRESCRIPTIONS^{3,7} Generic Brand-name	(up to a 30-day supply) \$10 \$30
HOSPITAL CARE Physicians' services, room and board, tests, medications, supplies, therapies Skilled nursing facility care (up to 60 days per benefit period)	\$500 per day (after deductible) \$50 per day (after deductible)
MENTAL HEALTH SERVICES In the medical office ² In the hospital	\$30 (for individual therapy) \$15 (for group therapy) \$500 per day (after deductible)
CHEMICAL DEPENDENCY SERVICES In the medical office ² In the hospital (detoxification only)	\$30 (for individual therapy) \$500 per day (after deductible)
OTHER Certain durable medical equipment (DME) ⁸ Certain prosthetic and orthotic devices Optical (eyewear) ⁹ Vision exam ³ Home health care (up to 100 two-hour visits per calendar year) ³ Hospice care ³	30% \$0 Not covered \$0 \$0 \$0

Kaiser Permanente plans do not include a pre-existing condition clause.

Preventive services on this plan are available at no cost share. For a complete list of preventive services, please refer to the Evidence of Coverage or businessnet.kp.org.

¹This is an embedded plan. For a family of two or more, an individual deductible is part of the family deductible. Each family member becomes eligible for copayments or coinsurance either after meeting his or her individual deductible or after the family collectively meets the family deductible. The same methodology applies to the out-of-pocket maximum.

²Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a calendar year.

³For this service, the deductible does not apply.

⁴Scheduled prenatal visits and the first postpartum visit

⁵Well-child visits through age 23 months

⁶Infertility benefits can be added to this plan for an additional cost. For more information, contact your broker or Kaiser Permanente representative.

⁷Prescription drugs are covered in accordance with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copayments; please refer to the Evidence of Coverage for detailed information about prescription drug copayments.

⁸Please refer to the Evidence of Coverage for information on what is included in your DME benefit. Coverage is limited.

⁹Kaiser Permanente members are entitled to a 20 percent discount on eyeglasses and contact lenses purchased at Kaiser Permanente optical centers. These discounts may not be combined with any other Health Plan vision benefit. The discounts will not apply to any sale, promotion, or packaged eyewear program, for any contact lens extended purchase agreement, or to low-vision aids or devices. Visit kp2020.org for Kaiser Permanente optical locations.

Healthcare and Prescription Drugs

Healthcare and Prescription

<i>Carrier:</i>	<i>Anthem Blue Cross Blue Shield</i>	<i>Express Scripts</i>
<i>Address:</i>	<i>Grp #: 213038 (KEF)</i> <i>PO Box 105187</i> <i>Atlanta, GA 30348</i>	<i>PO Box 650322</i> <i>Dallas, TX 75265-0322</i>
<i>Phone:</i>	<i>1-844-256-9088</i>	<i>1-800-903-8328</i>
<i>Web Address:</i>	<i>http://www.anthem.com/</i>	<i>http://www.express-scripts.com/</i>

Kimball Electronics, Inc. offers medical benefits through the Anthem Blue Cross Blue Shield Consumer Driven Health Plans (CDHPs). The plan includes a Health Savings Account (HSA), a prescription drug plan and an Employee Assistance Program (EAP).

MRIs, CT scans, Nuclear Medicine Services, PET Scans and Echocardiography, Sleep Studies and certain Musculoskeletal procedures require precertification. The phone number for Precertification and High Tech Imaging is on the back of your Anthem ID card. Refer to your digital Anthem Information Booklet for more information.

- Each healthcare plan includes prescription drug coverage through Express Scripts . Prescription drugs on the preventive drug list do not apply towards the calendar year deductible but do apply towards the out-of-pocket limit and/or covered at 100% when the out-of-pocket limit is met. Specialty drugs are applied toward the calendar year deductible and out-of-pocket limit. Prescription drugs not on the preventive or specialty lists are applied towards the calendar year deductible and out-of-pocket limit.
- Low to Moderate dose Statin maintenance drugs to be covered at \$0 co-insurance for those age 40-75 without prior cardiovascular disease diagnosis.
- 4 coverage levels: employee; employee + spouse; employee + child(ren); employee + family
- 3 plan options:
 - 1600 CDHP w/HSA (\$1600 single / \$3200 family deductible)
 - 2500 CDHP w/HSA (\$2500 single / \$5000 family deductible)
 - Opt Out—No Coverage
- You are responsible for obtaining Precertification for certain services if you use a non-network provider
- Non-duplication of benefits applies to claims paid when the plan is secondary and will only pay up to the maximum allowable amount that would pay if the plan was primary.
- Employee Assistance Program (EAP) is available through Anthem.
- COBRA Conversion Privilege.
- The Sydney Health mobile app is the one place to keep track of your health and your benefits. You can quickly access your plan details, Anthem Member Services, virtual care and wellness resources. Rewards Program—earn raffle tickets for tracking exercise, food and fitness to be eligible for the quarterly sweepstakes giving away (18) \$250 gift cards.



Health Savings Account (HSA)



Health Savings Account (HSA)

Administrator:

*Anthem / Actwise
Phone # 888-523-5918
Internet: www.anthem.com*

- A pre-tax savings option available to employees enrolled in a Kimball Consumer Driven Health Plan (CDHP).
- Kimball Electronics covers the monthly banking administrative fee.
- The employee owns the account.
- The employee may contribute to the account through pre-tax payroll deductions or personal deposits.
- A debit card is provided when account is opened. All account holders must comply with the Patriot Act in order for the account to open.
- Any unused funds in an OPEN account roll over to the next year.

The IRS sets maximum contribution guidelines based upon single or family healthcare coverage. The 2024 maximum contribution for single is \$4,150 and \$8,300 for family coverage. Catch up contribution (age 55 & older) is \$1,000, please contact your Benefits or Payroll Department to set this up in Workday.

IRS Website for allowable expenses: <http://www.irs.gov/pub/irs-pdf/p969.pdf>

Employees are no longer eligible to contribute to the HSA when on Medicare. An employee who wants to continue to contribute to the HSA, will need to opt out of Medicare (including Part A). The employee's spouse can be on Medicare and the employee not on Medicare can continue to contribute.

Money-Saving Tip:
HSA accounts allow you to deposit pre-tax money, which can be used to pay for uncovered health expenses

Dependent Care Flex Savings Account (DCFSA)



Dependent Care Flex Savings Account (DCFSA)

Administrator:

*Anthem / Actwise
Phone # 888-523-5918
Internet: www.anthem.com*

IMPORTANT FACTS ABOUT DEPENDENT CARE FLEXIBLE SAVINGS ACCOUNTS:

- A Dependent Care Flexible Spending Account or “DCFSA” is a pre-tax benefit account used to pay for dependent care services while you work. This may include pre-school, summer day camp, before or after school programs, child and adult daycare.
- A dependent is a child under age 13 (ends on day of their 13th birthday) and adult dependents who can’t take care of themselves and who depend on you for more than half of their financial support for the year, therefore are listed as your dependent on your federal tax form.
- Expenses qualify if the care makes it possible for you or your spouse to work, look for work, or go to school full time. If your spouse is a stay at home parent, you shouldn’t enroll in a dependent care FSA.
- IRS maximum contribution limit is \$5,000 per year per couple. If you and your spouse are eligible for a DCFSA at separate employers, it is your responsibility to insure no more than \$5,000 is jointly contributed in one year.
- DCFSA cannot allow carryover privilege, meaning if you do not use all the money in your dependent care FSA for dependent care by the end of the plan year, the money is forfeited. There is a grace period of 90 days following the end of the plan year whereby you can submit for reimbursement dependent expenses that were incurred in the previous plan year.
- The amount you contribute via payroll deduction cannot be changed during the year unless you experience a change in status or a change in the cost or coverage of services. As determined by the IRS, a change in status is an event that causes your dependent to meet or no longer meet eligibility requirements. Eligible changes in status include:
 - Change in legal marital status
 - Change in number of dependents due to birth, adoption or death
 - Change in employment status
 - Change in cost of coverage charges
- Your dependent care FSA deductions will end when your employment ends. You can request reimbursement through the end of the plan year.
- For claim reimbursement, you can pay directly for services with the debit card; you can upload receipts online, or submit a hard copy claim form. Reimbursement can be by check or funds can be deposited directly to your bank account.
- You cannot double dip on reimbursements, if you use the DCFSA to pay for dependent care, you cannot claim the dependent care tax credit on your federal tax return.



MSK Direct

Access the Best Cancer Care, Wherever You Are

Your Employer partners with Memorial Sloan Kettering Cancer Center (MSK) — one of the top 2 cancer hospitals in the nation, with more than 135 years devoted to exceptional patient care and cutting-edge medicine — to offer you **MSK Direct**.

With MSK Direct, you and your family have access to a dedicated team of world-renowned cancer specialists to guide you through your unique cancer journey, wherever you are.

MSK Direct offers expert cancer guidance, no matter where you're located.

MSK Direct is your pathway to the highest-quality cancer solutions and services for screening and prevention, diagnosis, treatment, and life after cancer. Whether you're a caregiver, experiencing a cancer diagnosis, or concerned about your risk of cancer, MSK Direct is here for you.



Memorial Sloan Kettering
Cancer Center

How can MSK Direct help?



Coordinated appointments with MSK doctors. A dedicated Care Advisor will gather all your medical records and schedule a timely, coordinated appointment with an MSK doctor who specializes in the type of cancer you have.



Access to navigational support from an oncology-certified nurse to answer questions throughout your cancer journey. Whether you choose to receive your care at MSK or somewhere closer to home, our dedicated team of oncology-certified nurses are here to support you throughout your cancer journey.



Help choosing the right hospital for you, wherever you live. Using our National Cancer Care Recommender, we can help you find the best cancer hospitals that are close to home and accepted by your insurance.



Expert opinions from MSK doctors without leaving home. MSK doctors will provide you and your local doctor with an accurate diagnosis and a comprehensive, written treatment plan to guide your cancer care so you can benefit from MSK's world-class expertise without leaving home.*



Cancer screening and risk assessments. We'll provide you with personalized screening recommendations and advice on how to reduce your risk for cancer through digital assessment and educational resources.

Connect with us.

The MSK Direct team is available to help you and your family make smart decisions about the best cancer care options — at MSK or close to home. Call the MSK Direct dedicated phone number: **844-506-0589**, or visit mskcc.org/myemployer to learn more.

Come see us in person at any of our MSK locations in New York City, throughout New York State, and New Jersey. Or bring our experts at MSK to you by scheduling an online visit.





Key Elements Livongo Diabetes Management Solution



Cellular Connected Technology

- Blood Glucose Meter
- Integration:
 - Wearables Apple Health Google Fit
 - Alexa HealthSkills
 - SmartWatches



Health Signals

- Delivered digitally over devices, mobile app, and web portal
- Actionable
- Personalized
- Timely



Expert Coaches

- Highly educated; majority Master Degrees, RNs, Exercise Physiologist, Registered Dietitians, Behavioral Specialists, Chronic Care Professionals
- Accredited and following curriculum from ADA, AADE, AHA
- 24/7/365 live acute interventions and unlimited 1:1 sessions

Key Elements of Livongo Hypertension Program



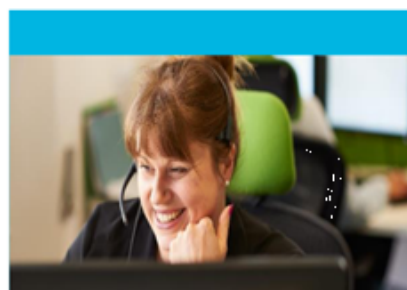
Effortless data collection

- Connected blood pressure monitor
- Food and activity tracking
- Livongo app



Personalized health signals

- Health Nudges™
- Personalized activities
- Medication optimization support



Human-centered approach

- Curriculum from the AHA
- Certified Chronic Care Professional coaches
- Live 1-on-1 sessions

Sydney™ Health makes healthcare easier

Access personalized health and wellness information wherever you are

The Sydney Health mobile app is the one place to keep track of your health and your benefits. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.



Download Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code

PEER TO PEER CHALLENGES

The Biggest Snoozer - who can stick to a consistent sleep schedule and log the most sleep hours?

Hydrate with 8 - who can log the most days consuming 8 oz glasses of water?

Gift of Gratitude - who can log the most minutes focusing on being grateful?

Mindful Minutes - who can log the most minutes practicing mindfulness?

REWARDS

Activity	Reward
Understand Your Plan	25 Raffle tickets per year (not for Anthem waived)
See Your Claims	25 Raffle tickets per year (not for Anthem waived)
Search for a doctor	25 Raffle tickets per year (not for Anthem waived)
Rate a doctor	50 Raffle tickets per year (not for Anthem waived)
Assign a PCP	50 Raffle tickets per year (not for Anthem waived)
Login	5 Raffle tickets per day
Log Active Minutes - 5k steps	1 Raffle ticket/10k Steps – max 30 per quarter
Log Daily Sleep	1 Raffle ticket/day – max 30 per quarter
Log Daily Nutrition	1 Raffle ticket/day– max 30 per quarter
Wellness Exam or Well Woman	50 Raffle tickets per year (self attest for Anthem waived)
Mammogram	50 Raffle tickets per year (self attest for Anthem waived)
Colorectal Cancer Screening	50 Raffle tickets per year (self attest for Anthem waived)

Employee Assistance Program Service Summary Kimball Electronics



Available 24/7, 365 days a year
Everything you share is confidential*

Life can be full of challenges. Your Anthem Employee Assistance Program (EAP) is here to help you and your household members. EAP offers a wide range of no-cost support services and resources, including:



Counseling

- Up to 4 visits per issue
- In-person or online visits
- Call EAP or use the online Member Center to initiate services



Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Free legal resources, forms, and seminars online



Financial consultation

- Phone meeting with financial professionals
- Regular business hours; no appointment required
- Free financial resources and budgeting tools online



ID recovery

- Help reporting to consumer credit agencies
- Assistance with paperwork and creditor negotiations



Emotional Well-being Resources

- Digital tools to improve emotional well-being
- Team up with an experienced clinical coach
- Practice mindfulness on the go



Dependent care and daily living resources

- Online information about child care, adoption, elder care, and assisted living
- Phone consultation with a work-life specialist
- Help with pet sitting, moving, and other common needs



Other anthemEAP.com resources

- Well-being articles, podcasts, and monthly webinars
- Self-assessment tools for emotional health issues



Crisis consultation

- Toll-free emergency number; 24/7 support
- Online critical event support during crises

We are ready to support you

You can call us at 855-229-7820, or go to anthemEAP.com and enter your company code: Kimball Electronics

When something unexpected happens, EAP can help you figure out your next steps. Contact us today.

* In accordance with federal and state law, and professional ethical standards. This document is for general informational purposes. Check with your employer for specific information on the services available to you.

Language Access Services - (TTY/TDD: 711)

Spanish - Tiene el derecho de obtener toda información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

Chinese - 您有權使用您的語言免費獲得資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。

Anthem complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Anthem Blue Cross and Blue Shield is the trade name of In-Columbia Rocky Mountain Hospital and Medical Services, Inc. (HMO products underwritten by HMO Columbia, Inc. Copies of Columbia network access plans are available on request from member services or can be obtained by going to anthem.com/network-access. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightChoice® Managed Care, Inc. (MCO), Healthy Alliance® Life Insurance Company (HAILC), and HMO Missouri, Inc. HMO and certain affiliates only provide administrative services for self-insured plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Services, Inc. (HMO products underwritten by HMO Columbia, Inc. also HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Welltower Financial Health-Plan, Inc. In Ohio: Community Insurance Company. In Oregon: Anthem Health Plans of Oregon, Inc. Under an Anthem Blue Cross and Blue Shield of Oregon, and its service area is all of Oregon except for the City of Astoria. The State of Nevada, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwritten by administrators PPO and indemnity policies and underwrite the out of network benefits in PPO policies offered by Carepoint Health Services Insurance Corporation (Carepoint) or Wisconsin Collaborative Insurance Corporation (WICO). Carepoint underwrites or administers HMO or PPO policies. WICO underwrites or administers HMO or PPO policies. Independent licensees of the Blue Cross and Blue Shield association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Delta Dental of Indiana PPO Plan

Carrier:	<i>Delta Dental of Indiana Group #: 0739</i>
Address:	<i>PO Box 9085 Farmington Hills, MI 48333-9085</i>
Phone:	<i>1-800-292-0626</i>
Web Address:	<i>https://www.toolkitsonline.com/ipWeb/appmanager/ct/desktop</i>

- DeltaPreferred Option USA (DPO) is a national point-of-service preferred provider organization dental program administered by Delta Dental of Indiana.
- You can go to any licensed dentist, but you could lower your out-of-pocket costs by going to a Delta Preferred Option (DPO) dentist.
- 4 coverage levels: employee; employee + spouse; employee + child(ren); employee + family.
- Kimball Electronics pays the majority of the cost of employee coverage for the \$1,000 plan; you pay the cost for dependents.
- Kimball Electronics pays a portion of the employee cost toward the \$2,000 option.
- 2 plan options:
 - Maximum annual benefit of \$1,000 per covered person and lifetime orthodontia benefit of \$1,500 per covered child up to age 19.
 - Maximum annual benefit of \$2,000 per covered person and lifetime orthodontia benefit of \$2,500 per covered member. No age limit for the \$2,000 plan orthodontics benefit.

	PPO Dentist Plan Pays:	Premier Dentist Plan Pays:	Non-participating Dentist Plan Pays:
Calendar Year Deductible	\$50 Single / \$150 Family Does not apply to Diagnostic and Preventive or Orthodontic Services.		
Calendar Year Maximum	\$1,000 per person or \$2,000 per person All services except Orthodontic Services.		
CLASS I BENEFITS			
Diagnostic and Preventive Services - exams, cleanings, fluoride treatments up to age 19, space maintainers	100%	100%	100%
CLASS II BENEFITS			
Basic Services - X-rays, posterior composite resins, fillings, root canals, extractions, oral surgery	80%	80%	80%
CLASS III BENEFITS			
Major Services - crowns, bridges, dentures	50%	50%	50%
CLASS IV BENEFITS			
Orthodontic Services	50%	50%	50%
Orthodontic Services - Lifetime Maximum	Delta \$1,000 Plan—\$1,500 per covered child up to age 19 Delta \$2,000 Plan—\$2,500 per covered member—no age limit		

EYEMED Vision Care Plan

Carrier: EyeMed Vision Care
Address: Enhanced # 1007831 Essential #1007190
 4000 Luxottica Place, Mason, OH 45040
Phone: 1-866-723-0596
Web Address: www.eyemedvisioncare.com

- Voluntary Vision plan. COBRA Continuation Privilege
- Two plans offered: ESSENTIAL and ENHANCED. ESSENTIAL covers the basics of healthy vision - comprehensive eye exam and benefits for a basic pair of prescription glasses and contact lenses. ENHANCED includes benefits of ESSENTIAL Plan but gives more money to spend when choosing your frames and lenses or contact lenses.
- Diabetic Rider provides increased care for diabetes patients.

ESSENTIAL Coverage

Vision Care Services	In-Network Member Cost	Out of Network Member Reimbursement
Exam Services		
Exam	\$10 copay	Up to \$30
Frame		
Any available frame at provider location	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
Contact Lenses (Contact Lens allowance includes materials only)		
Contacts - Conventional	\$0 copay; 15% off balance over \$115 allowance	Up to \$92
Contacts - Disposable	\$0 copay; 100% of balance over \$115 allowance	Up to \$92
Contacts - Medically Necessary	\$0 copay; Paid-In-Full	Up to \$210
Standard Plastic Lenses		
Single Vision	\$20 copay	Up to \$25
Bifocal	\$20 copay	Up to \$40
Trifocal	\$20 copay	Up to \$55
Lenticular	\$20 copay	Up to \$55
Progressive - Standard	\$85 copay	Up to \$40
Progressive - Premium Tier 1	\$105 copay	Up to \$40
Progressive - Premium Tier 2	\$115 copay	Up to \$40
Progressive - Premium Tier 3	\$130 copay	Up to \$40
Progressive - Premium Tier 4	\$85 copay, 80% of charge less \$120 allowance	Up to \$40

ENHANCED Coverage

Vision Care Services	In-Network Member Cost	Out of Network Member Reimbursement
Exam Services		
Exam	\$0 copay	Up to \$30
Fit and Follow-up - Standard	\$0 copay ; Paid-in-full fit and two follow-up visits	Up to \$40
Fit and Follow-up - Premium	\$0 copay; 10% off retail price, then apply \$40 allowance	Up to \$40
Frame		
Any available frame at provider location	\$0 copay; 20% off balance over \$200 allowance	Up to \$100
Contact Lenses (Contact Lens allowance includes materials only)		
Contacts - Conventional	\$0 copay; 15% off balance over \$160 allowance	Up to \$160
Contacts - Disposable	\$0 copay; 100% of balance over \$160 allowance	Up to \$160
Contacts - Medically Necessary	\$0 copay; Paid-In-Full	Up to \$210
Standard Plastic Lenses		
Single Vision	\$10 copay	Up to \$40
Bifocal	\$10 copay	Up to \$60
Trifocal	\$10 copay	Up to \$80
Lenticular	\$10 copay	Up to \$80
Progressive - Standard	\$10 copay	Up to \$60
Progressive - Premium Tier 1	\$30 copay	Up to \$60
Progressive - Premium Tier 2	\$40 copay	Up to \$60
Progressive - Premium Tier 3	\$55 copay	Up to \$60
Progressive - Premium Tier 4	\$10 copay, 80% of charge less \$120 allowance	Up to \$60
Lens Options		
Anti Reflective Coating - Standard	\$0 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1	\$12 copay	Up to \$5
Anti Reflective Coating - Premium Tier 2	\$23 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	\$100 copay	Up to \$5
Polycarbonate - Standard	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid or Gradient	\$0 copay	Up to \$5
UV Treatment	\$0 copay	Up to \$5

Long Term Disability Insurance

Carrier: Address: Phone: Web Address:	Lincoln Financial Group Group Plan #08-054511 1-800-291-0112 https://www.mylincolnportal.com/
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This plan provides you with income protection in the event you become totally disabled for at least six months. Kimball Electronics offers the following benefits:

- 50% wage replacement
- Post-tax deduction
- Coverage is for non-occupational disabilities.
- Benefit payments commence after 26 weeks of total disability.
- Benefit amounts vary depending on income and coverage option.
- The maximum benefit payment timeframe is age 65, the date you are no longer disabled, or death.
- The minimum benefit is \$100 per month and the maximum is \$15,000 per month. The chart below illustrates the maximum benefit duration.
- Conversion Privilege.

Maximum Duration of Benefits Table

Age When Disabled	Benefits Payable
Prior to Age 62	To Age 65
Age 62	42 Months
Age 63	36 Months
Age 64	30 Months
Age 65	24 Months

Age When Disabled	Benefits Payable
Age 66	21 Months
Age 67	18 Months
Age 68	15 Months
Age 69 and over	12 Months

The above table shows the maximum duration for which benefits may be paid. All other limitations of the plan will apply.

Term Life Insurance

Carrier:

Phone:

Lincoln Financial Group Group Plan #08-054511

1-800-291-0112

<https://www.mylincolnportal.com/>

Kimball Electronics, Inc. offers term life insurance to all eligible employees. Plan highlights are outlined below.

- Kimball Electronics provides \$50,000 of Basic Life Insurance coverage.
- You can buy-up supplemental coverage to a maximum of \$550,000, provided you do not increase coverage more than one level over your 2023 coverage level. Coverage levels are as follows: \$50K, 100K, 150K, 200K, 250K, 300K, 350K, 400K, 450K, 500K, 550K.
- The \$50,000 company provided amount is in addition to any supplemental coverage you chose.
- Term life policy (no cash value) with conversion or portability coverage extension if coverage ceases.
- The policy includes:
 - Waiver of Premium Provision - if you become totally disabled prior to age 60 and your life insurance coverage ceases, you may qualify for continued supplemental coverage with no premium cost.
 - Accelerated Benefits Provision - you may receive an amount up to 50% of your coverage if you are diagnosed as terminally ill with 12 months or less to live. This may be a taxable benefit.
 - Voluntary Travel Assistance Program - provides travel assistance services for those traveling 100 miles from home. It's a great tool for international travelers as it provides referrals to English speaking physician and hospital services.
 - Voluntary 'Survivor Support' Program - after a death claim has been processed, a Survivor Support staff member will contact the beneficiary to offer financial counseling if desired.
 - Lincoln Financial Group Representative will contact the beneficiary to offer telephonic or in-person financial and grief counseling with someone in their area.
- Employee designates beneficiary – **Beneficiary Designation is made available through Workday.**

Remember:
Keep your beneficiary
designation
information up-to-
date!

Family or Spouse Life Insurance

Carrier:
Phone:

Lincoln Financial Group Group Plan #08-054511
1-800-291-0112
<https://www.mylincolnportal.com/>

You may also purchase family life insurance coverage for your eligible dependent children or Spouse Life insurance coverage. Plan highlights are outlined below.

- You can select only what is applicable to you.
- Child coverage will be \$5,000 or \$10,000 with no evidence of insurability required.
- Spouse coverage will have \$10K, 20K, 30K, 40K, 50K, 60K, 70K, 80K, 90K, 100K, 110K, 120K, 130K, 140K or \$150K options, not to exceed 50% of the employee's Basic and Optional Life Benefit.
- You can increase coverage by only one level up over your 2023 coverage level.
- EOI (Evidence of Insurability) required for first time enrollment over \$50,000 for spouse life coverage.
- All Child coverage (\$5k or \$10k) is guaranteed issue, and the employee can enroll their dependent in the coverage during any annual enrollment period or within 30 days of a qualifying event.
- If your dependent is totally disabled, any increased or additional dependent coverage will begin on the date your dependent is no longer totally disabled.
- The employee is the beneficiary for this policy.
- Tax laws require you to pay taxes on the cost of this benefit.

How Much Life Insurance Do You Need?

Many financial experts recommend you have at least five to eight times your household income in life insurance. To calculate the level sufficient to cover your needs, you should consider your current income and how much it costs to maintain your family's standard of living. You should also consider your current expenses and your family's future financial needs such as the following: After you add your financial responsibilities, how does the sum compare with your current coverage?

Current Expenses	Future Needs
Home Mortgage	Child Care
Car Payments	College Tuition
Credit Card Debt	Spouse's Retirement
Other Debt	Routine Household Expenses

AD&D Insurance

Carrier:

Phone:

Lincoln Financial Group Group Plan #08-054511

1-800-291-0112

<https://www.mylincolnportal.com/>

Eligible employees may also elect accidental death and dismemberment (AD&D) coverage. Plan highlights are outlined below.

- Kimball Electronics provides and pays for \$50,000 of Basic Accidental Death and Dismemberment (AD&D) coverage. This coverage is in addition to any of the 6 options you choose.
- You can purchase additional coverage from 6 plan options: \$25,000; \$50,000; \$100,000; \$150,000; \$200,000; \$250,000. The \$50,000 company provided coverage is in addition to any of the 6 options you choose.
- The policy includes:
 - Seat Belt Provision - an additional 10% of the benefit is paid if death occurs from an automobile accident while wearing a seatbelt up to a maximum amount of \$25,000.
 - Air Bag Provision - an additional 5% of the benefit is paid if death occurs from an automobile equipped with airbags up to a maximum amount of \$5,000.
 - Education Provision - an additional 6% of the benefit (up to \$2,500/year) / child is paid toward the education costs of any dependent child in college for a maximum of 4 years up to \$20,000 total.
- The policy includes an alcohol exclusion. This means that if an employee who is the driver of a licensed vehicle used for transportation (including boats) is killed in an accident, and it is determined that his/her blood alcohol level is over the state's legal limit, no benefit will be paid. This applies only if the employee is the driver of the vehicle. Life insurance payments will not be affected by this provision.
- Employee designates beneficiary – **NOTE: Please make sure this information is up-to-date.** Beneficiary Designation is made available through Workday.

Word to the Wise -

Be sure to designate a beneficiary when electing Term Life or AD&D benefits. Your beneficiary is the person you choose to receive your life or AD&D benefits if you pass away, so it's important that you make your designations carefully and keep them up-to-date.

GROUP ACCIDENTAL INJURY INSURANCE

<p>Carrier: Phone:</p>	<p>VOYA 1-877-236-7564 (Monday – Friday, 8am – 8pm ET) https://presents.voya.com/EBRC/kimballelectronics</p>
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Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help:

Accident Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like. Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. To be eligible, the accident must happen outside of work. Some of the most common treatments and conditions we pay benefits for include:

ER treatment	X-rays	Physical therapy
Stitches	Follow-up doctor treatment(s)	

Sample payment amounts

Accident-related treatment	Low	High
Emergency room treatment	\$150	\$225
X-ray	\$50	\$75
Physical or occupational therapy (up to six per accident)	\$30	\$50
Stitches (for lacerations, up to 2")	\$40	\$60
Follow-up doctor treatment	\$60	\$100
Hospital admission	\$1,000	\$1,250
Hospital confinement (per day, up to 365 days)	\$225	\$275

This is only a small preview of the benefits available to you.

Additional non-insurance service(s)

Access **extra support** next time you travel

Voya Travel Assistance

When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

Your coverage includes a Sport Accident Benefit.

This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections below will be increased by 25%; to a maximum additional benefit of \$1,000.

CRITICAL ILLNESS INSURANCE

Carrier:	VOYA
Phone:	1-877-236-7564 (Monday – Friday, 8am – 8pm ET) https://presents.voya.com/EBRC/kimballelectronics

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition on or after your coverage effective date¹. You can use this money however you like. For example, you can use it to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

If you enroll in Critical Illness Insurance coverage, you have access to the Wellness Benefit, which provides a yearly benefit if you complete a health-screening test, whether or not there were any out-of-pocket costs. The Wellness Benefit is designed to help you maintain a healthy lifestyle with tests that screen for a wide range of potential illnesses and diseases.

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Major organ transplant**	100%
Coronary artery bypass	25%
Carcinoma in situ	25%
Transient ischemic attacks (TIA)	10%
Ruptured or dissecting aneurysm	10%
Abdominal aortic aneurysm	10%
Thoracic aortic aneurysm	10%
Open heart surgery for valve replacement or repair	25%
Implantable/internal cardioverter defibrillator (ICD) placement	25%
Pacemaker placement	10%
Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	100%
Stem cell transplant	25%
Permanent paralysis	100%
Loss of sight, hearing or speech	100%
Coma	100%
Amyotrophic lateral sclerosis (ALS)	100%
Parkinson's disease	25%
Advanced dementia, including Alzheimer's disease	25%
Huntington's disease	100%
Infectious disease (hospitalization requirement)***	25%
Addison's disease	10%
Myasthenia gravis	50%
Systemic lupus erythematosus (SLE)	50%
Systemic sclerosis (scleroderma)	10%

* A sudden cardiac arrest is not in itself considered a heart attack.

** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

*** Diagnosis of a severe infectious disease by a Doctor, including COVID-19, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital for 5 or more consecutive days, or in a transitional facility for 14 or more consecutive days.

CRITICAL ILLNESS INSURANCE

Carrier:

VOYA

Phone:

1-877-236-7564 (Monday – Friday, 8am – 8pm ET)

<https://presents.voya.com/EBRC/kimballelectronics>

Wellness Benefit at a glance

For employees of Kimball Electronics, Inc. enrolled in Critical Illness Insurance.



What is the Wellness Benefit?

The Wellness Benefit is a rider that is included with your Critical Illness Insurance coverage. It provides an annual benefit payment if you complete a health screening test on or after your coverage effective date, whether or not there is any out-of-pocket cost to you. You only need to complete one health screening test. Note that you may only receive a benefit payment once per year, even if you complete multiple health screening tests. If your spouse/domestic partner and/or children are covered for Critical Illness Insurance, they are also covered for this benefit.

How can the Wellness Benefit help?

Regular health screenings increase the chance of a positive outcome when serious illnesses are detected early. The Wellness Benefit encourages you to get regular health screenings. The benefit payment you receive for your health screening test can be used to help pay for the cost of the test or however you like.

What types of health screening tests are eligible?

Health screening tests include but are not limited to:

- Blood test for triglycerides
- Pap smear or thin prep pap test
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemoccult stool analysis
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Fasting blood glucose test
- Thermography
- PSA (prostate cancer)
- Hearing test
- Routine eye exam
- Routine dental exam
- Well child/preventative exams through age 18
- Biometric screenings
- Electrocardiogram (EKG)
- Annual Physical Exam – adults
- CA 125 (ovarian cancer)
- Tests for sexually transmitted infections (STIs)
- Ultrasound screening for abdominal aortic aneurysms
- Hemoglobin A1C (HbA1c)
- Bone density screening

How much does it cost?

The Wellness Benefit is a rider that is automatically included with your Critical Illness Insurance coverage at no additional cost to you.

What is my Wellness Benefit amount?

For Critical Illness Insurance

The annual benefit for you and your covered spouse is \$50 each for completing a health-screening test. The annual benefit for any covered child is \$25 up to a maximum of \$100 for all children per calendar year.

HOSPITAL INDEMNITY INSURANCE

Carrier:
Phone:

VOYA
1-877-236-7564 (Monday – Friday, 8am – 8pm ET)
<https://presents.voya.com/EBRC/kimballelectronics>

How does it work?

With Hospital Indemnity Insurance, you'll receive a fixed daily benefit if you have a covered stay in a hospital, intensive care unit*, or rehabilitation facility that occurs on or after your coverage effective date. Benefit amounts are listed below and depend on the type of facility and number of days of confinement. Any combination of facility confinement and admission benefits payable includes a limit, please see your certificate for further confirmation. And for a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. For a list of standard exclusions and limitations, go to the end of this document.



When your stay begins

When you are admitted to a covered medical facility, you become eligible for an admission benefit for the first day of confinement. This benefit is payable once per confinement, up to a maximum of 8 admission(s) per calendar year:

Type of Admission	Benefit Amount Low Plan	Benefit Amount High Plan
Hospital Admission	\$1,000	\$2,000



As your stay continues

Beginning on Day 2 of your confinement, for each day that you have a stay in a covered facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

Type of Facility	Daily Benefit Low Plan	Daily Benefit High Plan
Hospital (31 day maximum per confinement)	\$100	\$200
Intensive Care Unit* (10 day maximum per confinement)	\$100	\$200
Rehabilitation Facility (15 day maximum per confinement)	\$100	\$100

*An Intensive Care Unit may be referred to as a "Critical Care Unit" in your certificate of coverage. Refer to your policy documentation for complete definitions and descriptions of each facility type.



If you add a child to your family

Hospital Indemnity Insurance benefits apply if you have employee or spouse coverage and are hospitalized for childbirth. In addition, your newborn child(ren) may be covered as well. See below for more details and for a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Carrier:
Phone:

VOYA
1-877-236-7564 (Monday – Friday, 8am – 8pm ET)
<https://presents.voya.com/EBRC/kimballelectronics>

How to file an insurance claim

ReliaStar Life Insurance Company, Minneapolis, MN
A member of the Voya® family of companies



For certificate or policyholders of Accident Insurance, Critical Illness Insurance, and Hospital Indemnity Insurance.

Group Policy Name:
Kimball Electronics, Inc.

Group Policy Number:
0072293-6

Online submission via the Voya Claims Center

Step 1 - Visit the online Claims Center at [voya.com/claims](https://presents.voya.com/EBRC/kimballelectronics) <https://presents.voya.com/EBRC/kimballelectronics> and click on "Start A Claim".

Step 2 - Complete the questionnaire.

This generates a custom claim form package for you.

- If you are filing a Wellness Benefit claim, this process is completed online during this questionnaire. No claim form is necessary. Simply submit your claim at the end of the questionnaire.

Step 3 - Download your claim form package, if applicable.

Step 4 - Complete the form package, if applicable, or go to Step 5.

Have each form completed by the appropriate party, as outlined in the claim form package.

Step 5 - Gather additional documents.

Collect any additional supporting documents, as instructed on the claim form "for you".

Step 6 - Submit.

Using your preferred submission method, submit your completed and signed forms, as well as any supporting documents.

- To submit your claim **online** via a secure upload, visit [voya.com/claims](https://presents.voya.com/EBRC/kimballelectronics) and click on Step 2, "Submit Your Forms".
- To **mail** your submission, see the top of your custom claims form package.

Questions about the claim process?

For Accident, Critical Illness, and/or Hospital Indemnity Insurance claims, call 1-877-236-7564.

Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Product availability and specific provisions may vary by state and employer's plan.

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Kimball Electronics, Inc., Group #0072293-6 Date Prepared: 8/10/2021

175254-01012021

401K Retirement Plan

Carrier:

Vanguard

Phone:

1-800-523-1188 www.vanguard.com/retirementplans

Plan Highlights -

The Kimball Electronics Retirement Plan is an easy way to save for your future. Thanks to the plan's One Step feature, you don't even have to sign up.

For your convenience, One Step will automatically:

- **Enroll** you in the plan approximately 45-60 days after your hire date and deduct 5% from your pay on a pre-tax basis.
- **Invest** your contributions in the Vanguard Target Retirement Fund with the target date closest to the year in which you will reach age 65. Investments in Target Retirement Funds are subject to the risks of their underlying funds. The year in the fund name refers to the approximate year (the target date) when an investor in the fund would retire and leave the workforce. The fund will gradually shift its emphasis from more aggressive investments to more conservative ones based on its target date. An investment in a Target Retirement Fund is not guaranteed at any time, including on or after the target date.
- **Increase** your contribution rate by one percentage point each July to help you save more in the future.
- **Employer Match**—Kimball Electronics will match 50% on your pre-tax and roth contributions up to 6%
- **Annual Employer Contribution**—in addition to the 50% match, Kimball Electronics will make a discretionary profit sharing contribution to your account annually whether or not you contribute to the plan. If you do not choose investments for your plan account, the company profit sharing contribution will be invested in the Vanguard Target Retirement Fund with the target date closest to the year in which you will reach age 65.
- **Rollovers**—if you have money in a former employer's qualified retirement plan or an IRA, in most cases you can enroll it over to your current employer plan account at Vanguard.
- **Manage your account**—by logging into your account at www.vanguard.com/retirementplans you can stop or change your payroll deductions, change how your contributions are invested, move money between funds or request loans or withdrawals.

Remember to Review Your Payroll Information

Every employee should review their tax status at least once each year to determine if an adjustment is needed to their federal and/or state tax withholding.

- *Did you have a family status change in 2023 (marriage, divorce, new baby, death in immediate family)?*
- *If you are an Indiana resident, did you move to a different county during 2023? The change to your local withholding will not become effective until 1/1/2024, but you should notify your HR Dept. of the change now so it will be correct at the beginning of 2024.*
- *Did you move to a different state or transfer your work location to a different state recently? A change of state must be reported to your HR Dept. as soon as the move is completed.*

If any of these situations apply to you, then you may also need to update your Federal W-4 and/or state withholding information in Workday to adjust your tax withholding. If you don't know what you are currently claiming for federal or state withholding, you can login to Workday and find this information. Once you have determined what changes you need, you can update your Federal and/or state withholding in this same location.

If you have had a name change:

- Report your name change to your HR Dept. as soon as possible so they can update Workday. Your name in Workday should match exactly what is on the Social Security card; therefore, nicknames should not be used.
- Contact the Social Security Administration to obtain a new Social Security card.

If you have moved:

- Log into Workday and update your new address. This will ensure that you receive all company correspondence.
- Changing your address in Workday will not automatically update your tax withholding information. Therefore, if you have moved to a new state or a new county, you must notify your HR Dept.

Verify your Social Security Number:

- Log into Workday and verify that your Social Security Number is correct in the payroll system. If it is incorrect, notify your HR Dept. immediately so it can be corrected prior to issuance of W-2s.

Important Notices

Women's Health and Cancer Rights -

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

- *For the PPO 1,600 High Deductible HSA Plan; deductible in network \$1,600 Single/\$3,200 Family; out of network \$3,200 Single/\$6,400 Family; out of pocket maximum in network \$3,600 Single/\$7,000 Family; out of network \$6,500/\$13,000 Family.*
- *For the 2500 CDHP Plan deductible In network - \$2,500 Single/\$5,000 Family; out of network \$6,000 Single/\$10,000 Family; out of pocket \$6,000 Single/\$12,000 Family for both in and out of network.*
- *For the Kaiser HMO plan deductible in-network \$1,500 Single/\$3,000 Family; No out of network benefit. In-network out of pocket maximum – \$3,500 Single/\$7,000 Family; no out of network benefits If you would like more information on WHCRA benefits, call your plan administrator at 812-634-4194.*

Newborns' and Mothers' Health Protection Act Notice -

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 812-634-4194.

SUMMARY OF BENEFITS AND COVERAGE (SBC) -

After September 23, 2012, health insurance issuers and group health plans are required to provide an easy-to-understand summary about a health plan's benefits and coverage.

All insurance companies and group health plans will use the same standard SBC form to help compare health plans. The Kimball SBC can be accessed on-line at:

- KEG Global HR SharePoint > Work Life Events > Benefits > Healthcare > Standard > Summary of Benefits and Coverage (SBC),
- Workday> Workday Drive > Employee Information>Benefits-US Only> Medical>Healthcare Notices or
- Request a printed copy from your Human Resource Department

Important Notices

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS -

As you know, if you have declined enrollment in Kimball Electronics' medical plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 60 days after the marriage, birth, adoption or placement for adoption.

Kimball Electronics will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Kimball Electronics group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan.

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

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If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2023. Contact your State for more information on eligibility.

<p>ALABAMA-Medicaid Website: http://myalhipp.com Phone: 1-855-692-5447</p>	<p>CALIFORNIA-Medicaid Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>
<p>ALASKA-Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442</p>
<p>ARKANSAS-Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>FLORIDA-Medicaid Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p>GEORGIA-Medicaid A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>MAINE-Medicaid Enrollment Website: https://www.maine.gov/dhhs/off/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/off/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
<p>INDIANA-Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>MASSACHUSETTS-Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 617-886-8102</p>
<p>IOWA-Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>MINNESOTA-Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p>KANSAS-Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>	<p>MISSOURI-Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>KENTUCKY-Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.kv.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@kv.gov KCHIP Website: https://kidshealth.kv.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.kv.gov</p>	<p>MONTANA-Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 EMAIL: HSHIPPProgram@mt.gov</p>
<p>LOUISIANA-Medicaid Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEBRASKA-Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Important Notices

NEVADA-Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	SOUTH CAROLINA-Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	SOUTH DAKOTA -Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	TEXAS-Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK-Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	UTAH-Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	VERMONT-Medicaid Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 1-800-250-8427
NORTH DAKOTA-Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	VIRGINIA-Medicaid and CHIP Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
OKLAHOMA-Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WASHINGTON-Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON-Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WEST VIRGINIA-Medicaid and CHIP Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA-Medicaid and CHIP Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	WISCONSIN-Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND-Medicaid and CHIP Website: http://www.eohhs ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	WYOMING-Medicaid Website: https://health.wyo.gov/healthcare/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any more States have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.coms.hhs.gov
1-877-267-2323, Menu Option 4, Ext 61565

Kimball Electronics, Inc. Employee Health Care Plan

NOTICE OF PRIVACY PRACTICES

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Kimball Electronics, Inc. health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: Kimball Electronics CDHP 1600, Kimball Electronics CDHP 2500 and Kaiser Permanente. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan's duties with respect to health information about you.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Kimball Electronics, Inc. as an employer — that's the way the HIPAA rules work. Different policies may apply to other Kimball Electronics, Inc. programs or to data unrelated to the Plan.

How the Plan may use or disclose your health information.

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

Treatment includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.

Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.

Health care operations include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits. The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

Kimball Electronics, Inc. Employee Health Care Plan

NOTICE OF PRIVACY PRACTICES

How the Plan may share your health information with Kimball Electronics, Inc.

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Kimball Electronics, Inc. for plan administration purposes. Kimball Electronics, Inc. may need your health information to administer benefits under the Plan. Kimball Electronics, Inc. agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Human Resources, Payroll and/or finance staff are the only Kimball Electronics, Inc. employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and Kimball Electronics, Inc., as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to Kimball Electronics, Inc., if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Kimball Electronics, Inc. information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan. In addition, you should know that Kimball Electronics, Inc. cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Kimball Electronics, Inc. from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).
- Other allowable uses or disclosures of your health information. In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

Kimball Electronics, Inc. Employee Health Care Plan

NOTICE OF PRIVACY PRACTICES

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protective services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Kimball Electronics, Inc. Employee Health Care Plan

NOTICE OF PRIVACY PRACTICES

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law. The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

Your individual rights.

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse.

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing. The Plan is not required to agree to a requested restriction able at the end of this notice for information on how to submit requests.

If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction. An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

Right to receive confidential communications of your health information.

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations. If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Kimball Electronics, Inc. Employee Health Care Plan

NOTICE OF PRIVACY PRACTICES

Right to inspect and copy your health information.

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial. If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses: a) The access or copies you requested b) A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint c) A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request. If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

Right to amend your health information that is inaccurate or incomplete.

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings). If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions: a) Make the amendment as requested b) Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint c) Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Kimball Electronics, Inc. Employee Health Care Plan

NOTICE OF PRIVACY PRACTICES

Right to receive an accounting of disclosures of your health information.

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below. You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances: a) For treatment, payment, or health care operations b) To you about your own health information c) Incidental to other permitted or required disclosures d) Where authorization was provided e) To family members or friends involved in your care (where disclosure is permitted without authorization) f) For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances g) As part of a “limited data set” (health information that excludes certain identifying information) h) In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request.

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice.

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on 9/1/2023. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice via email.

Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, please contact the Privacy Officer at the address listed below.

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, contact Denise Truelove at 812-634-4194, 1205 Kimball Blvd., Jasper, IN 47546.

Important Notice to Employees from Kimball Electronics About Creditable Prescription Drug Coverage and Medicare

September 1st, 2023

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the remainder of this page for more details.

Please read the notice below carefully. It has information about prescription drug coverage with Kimball Electronics and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Kimball Electronics prescription drug plans, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2023. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your Kimball Electronics coverage. In this case, the Kimball Electronics plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Kimball Electronics coverage, Medicare will be your only payer. You can re-enroll in the Kimball Electronics plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Kimball Electronics plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Kimball Electronics and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Kimball Electronics coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

Visit www.medicare.gov for personalized help.

Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org/>.

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact: Denise Truelove, 1205 Kimball Blvd., Jasper, IN 47546, 812-634-4194 www.kimball.electronics.com