



### 2025 Annual Benefits Enrollment

Dear Kimball Electronics Employee,

Welcome to your 2025 Annual Benefits Enrollment.

Annual benefits enrollment allows every employee the opportunity to review their Benefits package for the upcoming calendar year and make necessary changes to covered dependents and beneficiaries. This year, Kimball's open enrollment period will begin on Monday, November 4 and run through Sunday, November 17.

Open Enrollment will be a Passive Enrollment event for 2025. Your current elections for ALL benefits: Medical, Dental, Vision, Life, AD&D, Family Life, Short Term Disability, Long Term Disability, Critical Illness, Hospital Indemnity and Group Accident will roll over for 2025 if you do not go into the Workday Open Enrollment Event and make an election.

The following are changes for 2025:

- The 1600 plan is changing to the 1800 plan. Deductible amounts will be \$1800 single and \$3600 family.
- The 2500 plan is changing to the 2700 plan. Deductible amounts will be \$2700 single and \$5,400 family.
- A new medical plan is being added—the 750 PPO. Deductible amounts will be \$750 single and \$1500 family. This plan Is not H S A eligible.
- Hearing Aid coverage of \$5000 every 5 years is being added.
- Health Savings Account (HSA) IRS Maximums: \$4,300 Single \$8,550 Family
- Live Health Online medical and mental health visits will cost \$55 per visit.
- Virta—a guided nutrition program to sustainably lose weight, reduce medications and reverse type 2 diabetes has been added.
- Annual Contact Lens allowance for the Essential vision plan is increasing to \$130 per year
- Dependent Verification will be required for adding any dependent(s) to your benefit coverage.

While you should make any pertinent adjustments as they occur during the calendar year, the open enrollment period also serves as a reminder to review and update your beneficiary information for your life insurance and retirement plans. Make sure that the beneficiaries you have listed are those that you want to receive your life insurance or retirement funds in the event of your death. If you are covering a spouse and/or children in any of the benefits offered, you should verify that the information in the system is accurate and that they still meet the qualifications of an eligible dependent.

Remember, Benefits are among the many components that make up your Total Rewards, which is constructed for each of us as employees of Kimball Electronics. Total Rewards also includes the following categories: Personal Growth & Development, Work/Life Balance, Benefits, and Cash Compensation.

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

Creating
Quality
for Life

Sincerely,

Denise Truelove

Director, Total Rewards Kimball Electronics, Inc.

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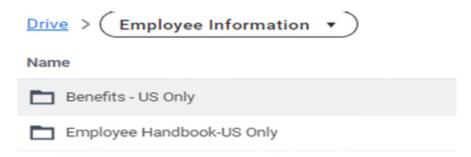
NOTE: This summary is an overview of the benefits you receive from Kimball Electronics, Inc. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan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

### **Benefits Information**

#### 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 to get Summary Plan Descriptions (SPD), or 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 deducible 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. Verification of dependent status will be conducted.

#### IIFF FVFNT

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

#### 2025 BENEFIT HIGHLIGHTS

- Medical 1600 plan will change to the 1800 Plan. Deductible amounts will be \$1800 single and \$3600 family.
- Medical plan 2500 will change to the 2700 Plan. Deductible amounts will be \$2700 single and \$5400 family.
- 750 PPO medical plan will be added. Deductible amounts will be \$750 single and \$1500 family. The PPO plan is NOT H S A eligible.
- Hearing Aid coverage of \$5,000 every 5 years.
- H S A annual limits:
  - \$4,300 Single
  - \$8,550 Family
- Live Health Online medical and mental visits will cost \$55 per visit.
- Contact Lens allowance increased to \$130 annually for the Essential Vision plan.
- Virta Nutrition Program for sustainable weight loss and reversal of type 2 diabetes.

- 401K Retirement Plan
- Insurance
  - Healthcare
    - Prescription Drug
    - Preventive Care
    - Health Savings Account (HSA)
    - EmployeeAssistance Program
    - Sydney Preferred Health
    - LiveHealth On-line
  - Dental Insurance
  - Vision Insurance
  - Dependent Care
     Spending Account
  - Short Term Disability
  - Long Term Disability
  - Life Insurance
  - Family Life Insurance
  - Accidental Death & Dismemberment
  - Voluntary Plans
    - Critical IllnessInsurance
    - Accidental Injury Insurance
    - Hospital Indemnity Insurance

### 2025 Benefits Plan - Rate Summary

2025 D. C. D.						
2025 Benefits Plan						
Rate Summary						
HEALTHCARE	750 PLAN	1800 PLAN	2700 PLAN	750 PLAN	1800 PLAN	2700 PLAN
	WEEKLY	WEEKLY	WEEKLY	BI WEEKLY	BI WEEKLY	BI WEEKLY
Employee	44.08 106.67	21.33 57.65	11.44 29.12	88.16 213.36	42.66 115.32	22.87 58.23
Employee & Spouse Employee & Child(ren)	89.44	46.29	24.40	178.89	92.58	48.79
Employee & Child(ren) Employee & Family	161.33	88.85	42.10	322.64	177.70	84.20
Employee & railing	101.55	00.03	42.10	322.04	1//./0	64.20
DENTAL	\$1000 PLAN	\$2000 PLAN	\$1000 PLAN	\$2000 PLAN		
No Change for 2025	WEEKLY	WEEKLY	BI WEEKLY	BI WEEKLY		† +
Employee	\$1.58	\$2.42	\$3.16	\$4.84		
Employee & Spouse	\$7.49	\$8.88	\$14.98	\$17.75		! !
Employee & Spouse  Employee & Child(ren)	\$12.86	\$16.40	\$25.71	\$32.80		<del></del>
Employee & Family	\$19.13	\$23.38	\$38.26	\$46.75		
Employee & Family	\$15.15	923.30	730.20	Ş40.73		<del></del>
VISION	ESSENTIAL	ENHANCED	ESSENTIAL	ENHANCED		
7151611	WEEKLY	WEEKLY	BI WEEKLY	BI WEEKLY		
Employee	\$1.81	\$4.50	\$3.62	\$9.00		ļ
Employee & Spouse	\$3.44	\$8.55	\$6.87	\$17.10		
Employee & Child(ren)	\$3.61	\$8.99	\$7.23	\$17.98		i
Employee & Family	\$5.31	\$13.22	\$10.63	\$26.44		ļ
Employee a running	Ų3.31	Ų10:22	Ų10.03	Ų20.11		 
FAMILY LIFE						∔ !
No Change for 2025	WEEKLY	BI WEEKLY				
\$5,000 Child	\$0.13	\$0.25				
\$10,000 Child	\$0.25	\$0.51				† !
						! !
AD&D SUPPLEMENTAL						i ! +
No Change for 2025						i 
Option	WEEKLY	BI WEEKLY				i 
\$25,000	\$0.20	\$0.40				¦ ∔
\$50,000	\$0.40	\$0.81				¦ +
\$100,000	\$0.81	\$1.62				 
\$150,000	\$1.21	\$2.42				¦ +
\$200,000	\$1.62	\$3.23				 
\$250,000	\$2.02	\$4.04				! +
						¦ +
SHORT TERM DISABILITY						
(Net Premium Cost per						
\$100 Monthly Wages)	500/ 0 ::					<u> </u>
No Change for 2025	50% Option	Employer Paid				ļ
	10% Buy Up Option	0.404			L	! 

LONG TERM DISABILITY					[	
(Net Premium Cost per						
\$100 Monthly Wages)						
proof in one in y truges,	(Based upon Em-					
No Change for 2025	ployees Wage and Age)					
Age Bracket:	,,g=/	50% Option		60% Option		
Under 30		0.115		0.353		
30-39		0.137		0.400		
40-44		0.190		0.600		
45-49		0.290		0.860		
50-54		0.390		1.050		
55-64		0.416		1.300		
65+		0.416		1.300		
SUPPLEMENTAL EMPLOY-						
EE LIFE INSURANCE						
No Change for 2025	(Based upon Em- ployees Wage and Age)					
Employee	Monthly Rate per \$1000					
D-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			
10-10	3.233	13*	3.030			
CRITICAL ILLNESS	\$10,000 /	\$10,000 /	\$20,000 /	\$20,000 /	\$30,000 /	\$30,000 /
No change for 2025	\$5000	\$5000	\$10,000	\$10,000	\$15,000	\$15,000
	Employee &	Employee &	Employee &	Employee &	Employee &	Employee
Employee Age Weekly Rates	Children	Spouse	Children	Spouse	Children	& Spouse
Under age 25	\$0.69	\$1.04	\$1.38	\$2.07	\$2.08	\$3.12
25-29	\$1.04	\$1.56	\$2.08	\$3.12	\$3.12	\$4.68
30-34	44.00	44.00	A			
	\$1.20	\$1.80	\$2.40	\$3.60	\$3.60	\$5.40
35-39	\$1.20 \$1.55	\$1.80	\$2.40 \$3.09	\$3.60 \$4.64	\$3.60 \$4.64	\$5.40 \$6.96
	-	-				
40-44	\$1.55	\$2.32	\$3.09	\$4.64	\$4.64	\$6.96
40-44 45-49	\$1.55 \$2.12	\$2.32 \$3.18	\$3.09 \$4.25	\$4.64 \$6.37	\$4.64 \$6.37	\$6.96 \$9.55
40-44 45-49 50-54	\$1.55 \$2.12 \$2.54	\$2.32 \$3.18 \$3.81	\$3.09 \$4.25 \$5.08	\$4.64 \$6.37 \$7.62	\$4.64 \$6.37 \$7.62	\$6.96 \$9.55 \$11.43
40-44 45-49 50-54 55-59	\$1.55 \$2.12 \$2.54 \$3.90	\$2.32 \$3.18 \$3.81 \$5.85	\$3.09 \$4.25 \$5.08 \$7.80	\$4.64 \$6.37 \$7.62 \$11.70	\$4.64 \$6.37 \$7.62 \$11.70	\$6.96 \$9.55 \$11.43 \$17.55
40-44 45-49 50-54 55-59 60-64	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27
40-44 45-49 50-54 55-59 60-64 65-69	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04
40-44 45-49 50-54 55-59 60-64 65-69	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79
40-44 45-49 50-54 55-59 60-64 65-69 70+ No Change for 2025	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79
40-44 45-49 50-54 55-59 60-64 65-69 70+ No Change for 2025	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73 \$8.42	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60 \$12.63	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46 \$16.85	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19 \$25.27	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79
40-44 45-49 50-54 55-59 60-64 65-69 70+ No Change for 2025 ACCIDENT No Change for 2025	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73 \$8.42	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60 \$12.63	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46 \$16.85	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19 \$25.27	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79
40-44 45-49 50-54 55-59 60-64 65-69 70+ No Change for 2025 ACCIDENT No Change for 2025 Employee	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73 \$8.42 WEEKLY LOW OPTION	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60 \$12.63 WEEKLY HIGH OPTION	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46 \$16.85	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19 \$25.27	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79
40-44 45-49 50-54 55-59 60-64 65-69 70+ No Change for 2025 ACCIDENT No Change for 2025 Employee & Spouse	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73 \$8.42 WEEKLY LOW OPTION \$0.99	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60 \$12.63 WEEKLY HIGH OPTION \$1.83	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46 \$16.85 BI WEEKLY LOW OPTION \$1.98	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19 \$25.27 BI WEEKLY HIGH OPTION \$3.65	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79
40-44 45-49 50-54 55-59 60-64 65-69 70+ No Change for 2025 ACCIDENT No Change for 2025 Employee Employee & Spouse Employee & Child(ren)	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73 \$8.42 WEEKLY LOW OPTION \$0.99 \$1.98	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60 \$12.63 WEEKLY HIGH OPTION \$1.83 \$3.65	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46 \$16.85 BI WEEKLY LOW OPTION \$1.98 \$3.95	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19 \$25.27 BI WEEKLY HIGH OPTION \$3.65 \$7.30	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79
40-44 45-49 50-54 55-59 60-64 65-69 70+ No Change for 2025 ACCIDENT No Change for 2025 Employee Employee & Spouse Employee & Child(ren) Employee & Family	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73 \$8.42 WEEKLY LOW OPTION \$0.99 \$1.98 \$2.13 \$3.11	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60 \$12.63 WEEKLY HIGH OPTION \$1.83 \$3.65 \$4.25 \$6.23	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46 \$16.85 BI WEEKLY LOW OPTION \$1.98 \$3.95 \$4.25 \$6.23	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19 \$25.27 BI WEEKLY HIGH OPTION \$3.65 \$7.30 \$7.85 \$11.50	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79
40-44 45-49 50-54 55-59 60-64 65-69 70+ No Change for 2025 ACCIDENT No Change for 2025 Employee Employee & Spouse Employee & Child(ren) Employee & Family HOSPITAL INDEMNITY	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73 \$8.42 WEEKLY LOW OPTION \$0.99 \$1.98 \$2.13 \$3.11	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60 \$12.63 WEEKLY HIGH OPTION \$1.83 \$3.65 \$4.25 \$6.23	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46 \$16.85 BI WEEKLY LOW OPTION \$1.98 \$3.95 \$4.25 \$6.23	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19 \$25.27 BI WEEKLY HIGH OPTION \$3.65 \$7.30 \$7.85 \$11.50	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79
40-44 45-49 50-54 55-59 60-64 65-69 70+ No Change for 2025 ACCIDENT No Change for 2025 Employee & Spouse Employee & Child(ren) Employee & Family  HOSPITAL INDEMNITY No Change for 2025	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73 \$8.42 WEEKLY LOW OPTION \$0.99 \$1.98 \$2.13 \$3.11 WEEKLY LOW OPTION	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60 \$12.63 WEEKLY HIGH OPTION \$1.83 \$3.65 \$4.25 \$6.23	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46 \$16.85 BI WEEKLY LOW OPTION \$1.98 \$3.95 \$4.25 \$6.23 BI WEEKLY	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19 \$25.27 BI WEEKLY HIGH OPTION \$3.65 \$7.30 \$7.85 \$11.50 BI WEEKLY	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79
40-44 45-49 50-54 55-59 60-64 65-69 70+ No Change for 2025 ACCIDENT No Change for 2025 Employee & Spouse Employee & Child(ren) Employee & Family  HOSPITAL INDEMNITY No Change for 2025 Employee	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73 \$8.42 WEEKLY LOW OPTION \$0.99 \$1.98 \$2.13 \$3.11 WEEKLY LOW OPTION \$2.87	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60 \$12.63 WEEKLY HIGH OPTION \$1.83 \$3.65 \$4.25 \$6.23 WEEKLY HIGH OPTION \$5.70	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46 \$16.85 BI WEEKLY LOW OPTION \$1.98 \$3.95 \$4.25 \$6.23 BI WEEKLY LOW OPTION \$5.75	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19 \$25.27 BI WEEKLY HIGH OPTION \$3.65 \$7.30 \$7.85 \$11.50 BI WEEKLY HIGH OPTION \$11.39	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79
35-39 40-44 45-49 50-54 55-59 60-64 65-69 70+ No Change for 2025 ACCIDENT No Change for 2025 Employee & Spouse Employee & Family  HOSPITAL INDEMNITY No Change for 2025 Employee & Spouse Employee & Spouse Employee & Family	\$1.55 \$2.12 \$2.54 \$3.90 \$4.06 \$6.23 \$7.73 \$8.42 WEEKLY LOW OPTION \$0.99 \$1.98 \$2.13 \$3.11 WEEKLY LOW OPTION	\$2.32 \$3.18 \$3.81 \$5.85 \$6.09 \$9.35 \$11.60 \$12.63 WEEKLY HIGH OPTION \$1.83 \$3.65 \$4.25 \$6.23	\$3.09 \$4.25 \$5.08 \$7.80 \$8.12 \$12.46 \$15.46 \$16.85 BI WEEKLY LOW OPTION \$1.98 \$3.95 \$4.25 \$6.23 BI WEEKLY	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19 \$25.27 BI WEEKLY HIGH OPTION \$3.65 \$7.30 \$7.85 \$11.50 BI WEEKLY	\$4.64 \$6.37 \$7.62 \$11.70 \$12.18 \$18.69 \$23.19	\$6.96 \$9.55 \$11.43 \$17.55 \$18.27 \$28.04 \$34.79

### Healthcare and Prescription Drugs





#### Healthcare and Prescription Drugs

Carrier: Address:

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

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:
  - ∘ 1800 CDHP w/HSA (\$1800 single / \$3600 family deductible)
  - 2700 CDHP w/HSA (\$2700 single / \$5400 family deductible)
- NEW 。750 PPO—(\$750 single / \$1500 family deductible) NOT H S A Eligible
  - Opt Out—No Coverage
  - You are responsible for obtaining Precertification for certain services if you use a nonnetwork 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 Continuation Privilege.
  - Live Health Online visits are available for \$55 a visit.
- Sydney Health —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.

Reminder: Enrollment Deadline is Sunday, November 17th

### 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 either the 1800 or 2700 a Kimball Consumer Driven Health Plan (CDHP). The 750 PPO Plan is NOT H S A eligible.
- 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 2025 maximum contribution for single is \$4,300 and \$8,550 for family coverage. Catch up contribution (age 55 & older) is \$1,000.

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 pretax money, which
can be used to pay
for uncovered
health expenses

### Dependent Care Flex Savings Account (DCFSA)



#### Dependent Care Flex Savings Account (DCFSA)

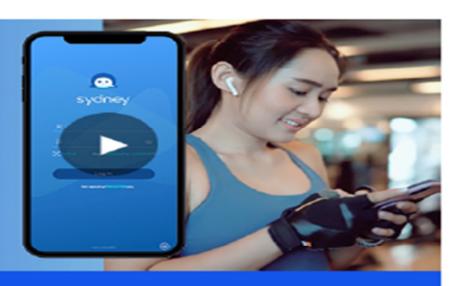
Administrator:

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.

### Sydney Health



### Download and log in to the Sydney Health app — complete activities to earn rewards

Try Sydney Health

Anthem's free mobile app, Sydney Health, is a smart way to save time and manage your healthcare and costs. Personalized for your needs, the Sydney Health app gives you quick access to all your health benefits from anywhere, anytime. You can focus on your well-being and earn rewards.

#### The more activities you complete, the greater your reward

Our wellness program offers tools and resources to help you make positive improvements to your health and well-being.

#### How it works

You can earn raffle tickets by completing various activities, including:

- Log in to Sydney.
- Select a primary care doctor.
- Search for a doctor or care provider.
- · Get a breast cancer screening.
- Complete a colorectal cancer screening.

#### Rewards:

Every healthy activity you complete through the app brings you closer to a chance to win a \$250 electronic gift card from these retailers:

- Amazon
- Target
- MasterCard
- Home Depot





# Your weight loss and diabetes reversal\* benefit

#### No fad diets or extra gym visits just foods that are right for you

Virta is your guided nutrition program available at \$0 cost to you. Personalized to your lifestyle and health goals, Virta uses nutrition science to build custom plans that help you lose weight, lower your blood sugar, and transform your health.

#### Join the thousands of people using Virta and transforming their lives



"The most surprising thing about Virta is how much I enjoy my new way of eating. I've lost 30 pounds and have

been able to maintain it, and my life no longer revolves around my diabetes meds."

Ricardo, Virta member

Virta is your fully-covered benefit for better health.

Get personalized nutrition support at no cost to you.

Claim my benefit

### At \$0 cost to you, you'll receive:



Personalized health coaching



Connected weight scale and blood meter



Exclusive nutrition resources and recipes



Dedicated medical guidance



Visit virtahealth.com/join/anthem or scan the QR code to claim your benefit today.



Virta may be available at no direct cost to you and your dependents.

 Reversal on Virta is defined by reaching an A1c below 6.5% without the use of diabetes medications beyond metformin. Diabetes and related issues can return if lifestyle changes are not maintained.

# Livongo-Diabetes and Hypertension Management Programs



# Flexible programs to improve your health on your terms

Personalized support at no cost to you.





#### Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

#### Program includes:

- A connected blood glucose meter
- · Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

#### Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

#### Program includes:

- · A connected blood pressure monitor
- · Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

Depending on your eligibility, you may see communications for one or more of these programs. Upon enrollment, you'll receive support for the programs that fit your unique needs.

#### **Enroll now**

Visit Go.Livongo.com/KIMBALLELECTRONICS/register or call 800-945-4355

and use registration code: KIMBALLELECTRONICS.



#### Your preferred care provider for hearing aids

We've partnered with TruHearing to give you access to high-quality hearing aids in your plan's network. If you're experiencing mild to moderate hearing loss, TruHearing offers convenient, cost-effective, and user-friendly over-the-counter (OTC) hearing aids for improving and managing your hearing health.

This additional benefit gives you:



Cost savings. The OTC hearing aids can be up to 50% less expensive than prescription hearing aids.

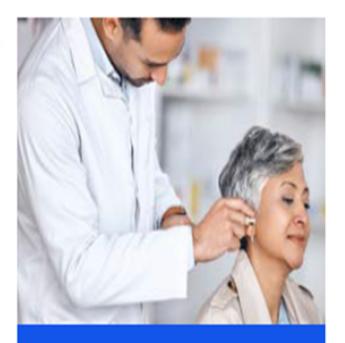


**Choices.** You'll have a range of options, including brands, styles, and features like Bluetooth and rechargeable batteries.

### Take the first step toward better hearing and cost savings

Reach out to TruHearing to connect with a dedicated hearing consultant who can:

- Answer your questions.
- Determine if OTC hearing aids are a good fit for you and assist with the next steps.



# Call TruHearing at 877-653-9397 to get started

You can also find TruHearing by downloading the Sydney<sup>SM</sup> Health app to your mobile device or logging in to anthem.com. Select Find Care & Cost from the Care menu.

#### Talk to your doctor

While TruHearing is the preferred care provider for your plan, you can also talk to your doctor if you're unsure or have questions. They can help you make informed decisions.



### www.livehealthonline.com or download the app

#### LiveHealth Online: what you need to know

#### What kind of doctors can you see on LiveHealth Online?

Doctors on LiveHealth Online are:

- Board certified with an average of 15 years of practicing medicine
- · Mainly primary care physicians
- · Specially trained for online visits

#### When can you use LiveHealth Online?

LiveHealth Online is a great option for care when your own doctor isn't available and more convenient than a trip to the urgent care. With LiveHealth Online, you can receive medical care for things like:

- Cold and flu symptoms, such as a cough, fever and headaches
- Allergies
- · Sinus infections and more

#### How do I pay for an online visit using LiveHealth Online?

LiveHealth Online accepts Visa, MasterCard and Discover cards as payment for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your doctor visit.

#### LiveHealth Online Psychology

#### What conditions can be treated when you have a visit with a psychologist or therapist?

You can get help for these types of conditions:

- Stress
- Anxiety
- Depression
- · Family or relationship issues
- Grief
- Panic attacks
- · Stress from coping with a sickness

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#### How much does a therapist visit cost?

The cost should be similar to what you'd pay for an office therapy visit, depending on your benefits, copay or coinsurance. You'll see what you owe before you start a visit and any cost is charged to your credit card. The cost is the same no matter when you have the visit — whether it's a weekday, the weekend, evening or a holiday.

#### How do I decide which therapist to see?

After you log in at **livehealthonline.com** or with the app, select **LiveHealth Online Psychology**. Next, you can read profiles of therapists and psychologists. Once you select the one you would like to see, schedule a visit online or by phone. At the end of the first visit, you can set up future visits with the same therapist if both of you feel it's needed. You always have the choice of the therapist you want to see.

#### What else do I need to know about LiveHealth Online Psychology?

- You must be at least 18 years old to see a therapist online and have your own LiveHealth Online account.
- Psychologists and therapists using LiveHealth Online do not prescribe medications.
- Visits usually last about 45 minutes.

#### **Get started today**

It's quick and easy to sign up for LiveHealth Online. Just go to livehealthonline.com or download the mobile app at Google Play™ or the App Store™.





# Employee Assistance Program Service Summary Kimball Electronics

Anthem.

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 of derectro de obtener esta información y ayuda en su idioma en forma gratuta. Llame af número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda Chinese - 全有程使用全的器言负责理得款受款和協助,需要打全的 ID 中上的成業服務被调导求協助。

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

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### Dental



#### Delta Dental of Indiana PPO Plan

Carrier: Delta Dental of Indiana Group #: 0739

Address: PO Box 9085 Farmington Hills, MI 48333-9085

Phone: 1-800-292-0626

Web Address: https://www.toolkitsonline.com/ipWeb/appmanager/ct/desktop

- 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.

	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 res- ins, 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 \$1000 Plan—\$1,500 per covered child up to age 19.  Delta \$2000 Plan—\$2,500 per covered member—no age limit		



OUT-OF-NETWORK

#### **EYEMED Vision Care Plan**

Carrier:

Address:

Phone:

Web Address:

VISION CARE

EyeMed Vision Care

Enhanced # 1007831 Essential #1007190

4000 Luxottica Place, Mason, OH 45040

1-866-723-0596

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.

IN-NETWORK

• Diabetic Rider provides increased care for diabetes patients.

SERVICES		MEMBER COST	MEMBER REIMBU	RSEMENT
EXAM SERVICES				
Exam		\$10 copay	Up to \$30	
Retinal Imaging		Up to \$39	Not covered	
CONTACT LENS FIT AND FOLLOW				
Fit and Follow-up - Standard	V-OP	Up to \$40; contact lens fit and	Not covered	
Fit and Follow-up - Premium		two follow-up visits 10% off retail price	Not covered	
		10% Off Fettings for the	radi conered	
FRAME Frame		\$0 copay; 20% off balance	Up to \$65	
- Since		over \$130 allowance	0,000	
STANDARD PLASTIC LENSES				
Single Vision		S20 copay	Up to \$25	
Bifocal		S20 copay	Up to \$40	
Trifocal		\$20 copay	Up to \$55	
Lenticular		\$20 copay	Up to \$55	
Progressive - Standard		S85 copay	Up to \$40	
Progressive - Premium Tier 1 - 3		\$105 - 130 copay	Up to \$40	
Progressive - Premium Tier 4		SRE copey 200 off revolt price	Up to S40	
Progressive - Premium her 4		\$85 copay, 20% off retail price less \$120 allowance	Op 10 340	
LENS OPTIONS				
Anti Reflective Coating - Standard	3	\$45	Not covered	
Anti Reflective Coating - Premium	Tier1-2	557 - 68	Not covered	
Anti Reflective Coating - Premium	Tier 3	20% off retail price	Not covered	
Photochromic - Non-Glass		575	Not covered	
Polycarbonate - Standard		\$40	Not covered	
Scratch Coating - Standard Plast	-	\$15	Not covered	
Tint - Solid and Gradient		\$15	Not covered	
UV Treatment		\$15	Not covered	
All Other Lens Options		20% off retail price	Not covered	
CONTACT LENSES				
Contacts - Conventional		\$0 copay, 15% off balance over	Up to \$104	
		\$130 allowance		
Contacts - Disposable		SO copay; 100% of balance over \$130 allowance	Up to \$104	
Contacts - Medically Necessary		SO copay, paid in full	Up to \$300	
Vision Care Services	In-Ne	twork Member Cost		Out of Network Memb Reimbursement
	In-Ne	twork Member Cost		
Vision Care Services  Exam Services  Exam				Reimbursement
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Exam Services Exam Fit and Follow-up - Standard	\$0 cop	pay pay ; Paid-in-full fit and two follow-up		Reimbursement  Up to \$30  Up to \$40
Exam Services Exam	\$0 cop	pay		Reimbursement Up to \$30
Exam Services Exam Fit and Follow-up - Standard Fit and Follow-up - Premium	\$0 cop	pay pay ; Paid-in-full fit and two follow-up		Reimbursement  Up to \$30  Up to \$40
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ENHANCED Coverage ESSENTIAL Coverage

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### Disability Insurance



#### Short Term Disability Insurance

Carrier:

Phone:

Address:

Web Address:

Lincoln Financial Group Group Plan #08-054511

1-800-291-0112

https://www.mylincoInportal.com/

Short term disability insurance helps replace a portion of your income if a non-occupational injury or illness forces you out of work for an extended period of time. Kimball Electronics offers the following benefits:

- You have 2 plan options to choose from: 50% wage replacement or 60% wage replacement.
- Benefit coverage equal to 50% of your wage is provided and paid for by Kimball Electronics.
- 10% Buy Up Option available—to bring total wage replacement to 60%
  - Premiums are Post Tax, enabling the STD benefit to be non-taxable.
  - Retroactive Elimination Period—STD benefits will be paid back to day 1 of disability once the 7 calendar day elimination period is completed.
- Benefit coverage is for non-occupational disabilities.
- Benefit amounts vary depending on income and coverage option.
- Maximum benefit paid is \$2500 week.

Factors to Consider			
Your Income	When you're ill or injured, your out-of-pocket expenses and lost wages can have a devastating impact on your family's financial well-being. Disability insurance can help cover these expenses and make up for lost wages.		
Your Savings	Statistics show that many families today are living paycheck to paycheck. Without additional financial protection, the added expenses due to a disability could deplete your savings very quickly.		
Your Future	Without the security of your regular paycheck, it is difficult to set money aside for future expenses like college tuition or retirement funding. With added disability insurance, you won't have to give up your future plans as a result of an extended illness or injury.		

### Disability Insurance



#### Long Term Disability Insurance

Carrier:

Address: Phone:

Web Address:

Lincoln Financial Group Group Plan #08-054511

and an arra

1-800-291-0112

https://www.mylincolnportal.com/

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:

- 3 plan options to choose from: 50% wage replacement; 60% wage replacement; or no coverage.
- Coverage is for non-occupational disabilities.
- Benefit payments commence after 26 weeks of total disability.
- Benefit amounts vary depending on income and coverage option.
- Premiums are Post tax which enables the LTD benefits to be non-taxable.
- 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.

### Life Insurance



#### Term Life Insurance

Carrier: Phone: Lincoln Financial Group Group Plan #08-054511 1-800-291-0112

https://www.mylincoInportal.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 2024 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 Life Insurance



	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 2024 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.
- Only one parent may cover dependent children for "Kimball Electronics, Inc. couples."
- 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

#### **Accidental Death and Dismemberment**



# Carrier: Phone: AD&D Insurance 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 \$2,500year) / 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 ACCIDENT INSURANCE**

Carrier: Phone: VOYA

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

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





#### 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: Phone:

VOYA

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 datel. 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 cudden cardiac arrest is not in itself considered a boost attack	

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

<sup>\*\*</sup> 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: Phone: VOYA

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

<sup>\*</sup>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 <a href="https://presents.voya.com/EBRC/kimballelectronics">voya.com/EBRC/kimballelectronics</a> 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 <u>vova.com/claims</u> 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



### Retirement Plan



### 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 <a href="www.vanguard.com/retirementplans">www.vanguard.com/retirementplans</a> 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 2024 (marriage, divorce, new baby, death in immediate family)?
- If you are an Indiana resident, did you move to a different county during 2024?
   The change to your local withholding will not become effective until 1/1/2025, but you should notify your HR Dept. of the change now so it will be correct at the beginning of 2025.
- 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.

#### 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 1,800 CDHP H S A Plan; deductible in network \$1,800 Single/\$3,600 Family; out of network \$3,600 Single/\$7,200 Family; out of pocket maximum in network \$3,500 Single/\$7,000 Family; out of network \$6,500/\$13,000 Family.
- For the 2700 CDHP H S A Plan; deductible in network \$2,700 Single/\$5,400 Family; out of network \$5,400 Single/\$10,800 Family; out of pocket \$6,000 Single/\$12,000 Family for both in and out of network.
- For the 750 PPO plan deductible in-network \$750 Single/\$1,500 Family; in-network out of pocket maximum – \$3,000 Single/\$6,000 Family; out of network \$6,000 Single/\$12,000 Family.

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> Benefit Resources > Employee Page>Healthcare or
- Request a printed copy from your Human Resource Department

#### 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 the plans 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 30 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).

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 July 31, 2024. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hippPhone: 916-445-8322
	Fax: 916-440-5676 Email: <u>hipp@dhcs.ca.gov</u>
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment ProgramWebsite: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861  Email: CustomerService@MyAKHIPP.comMedicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	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.mycohibi.com/HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medica id
Website: <u>http://myarhipp.com/</u> Phone: 1-855-MyARHIPP (855-692-7447)	filmedicaidtplrecovery. com/hipp/index.html Phone: 1-877-357-3268
GEORGIA-Medicaid	MAINE-Medicaid
Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/ programs/third-party-liability/childrens-health-insurance-	Enrollment Website: https://www.mymaineconnection.gov/benefits/ s/?language=en_US_Phone: 1-800-442-6003_TTY: Maine relay 711 Private Health Insurance Premium Webpage: https:// www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711
INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 617-886-8102
IOWA-Medicaid and CHIP (Hawki)	MINNESOTA-Medicaid
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	
KANSAS-Medicaid	MISSOURI-Medicaid
Website: https://www.kancare.ks.gov/	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012	
KENTUCKY-Medicaid	MONTANA-Medica id
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/ member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https:// kidshealth.ky.gov/Pages/index.aspxPhone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: <u>HHSHIPPProgram@mt.gov</u>
LOUISIANA-Medicaid	NEBRASKA-Medica id
Website: www.medicaid.la.gov or www.ldh.la.gov/lahippPhone 1-888-342-6207 (Medicaid hoffine) or 1-855-618-5488 (LaHIPI	Website: http://www.ACCESSNebraska.ne.govPhone: 1-855-632-

NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800- 992-0900	Website: <u>https://www.scdhhs.gov</u> Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	SOUTH DAKOTA-Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/ health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345,ext 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Website: <u>http://dss.sd.gov</u> Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	TEXAS-Medicaid
clients/medicaid/Medicaid Phone: 1-800-356-1561 CHIP Premium Asssitance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY:711)	Web site: Health Insurance Premium Payment (HIPP) Program / Texas Health and Human Servives Phone; 1-800-440-0493
NEW YORK-Medicaid	UTAH-Medicaid and CHIP
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov/Phone:1-888-222-2542">upp@utah.gov/Phone:1-888-222-2542</a> Adult Expansion website: <a href="http://https://https://medicaid.utah.gov/buyout-program/">https://https:/</a>
NORTH CAROLINA-Medicaid	VERMONT-Medicaid
Website: https://medicaid.ncdhhs.gov/	Website: http://www.Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800- 250-8427
Phone: 919-855-4100 NORTH DAKOTA-Medicaid	VIRGINIA-Medicaid and CHIP
Website: http://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: https://www.coverva.dmas.virginia.gov/leam/premium-assistance/famis-select https://www.coverva.dms.virginia.gov/leam/premium-assistance/health-insurance-premium-payment-hipp-programsMedicaid/CHIP Phone: 1-800-432-5924 1-833-522-5582 TDD: 1-888-221-1590
OKLAHOMA-Medicaid and CHIP	WASHINGTON-Medicaid
Website: http://www.insureoklahoma.org	Website: https://www.hca.wa.gov/
Phone: 1-888-365-3742 or 1-866-614-6005	Phone: 1-800-562-3022
OREGON-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075	Website: https://dhhr.wv.gov/bms/ caid Phone: 304-558-1700 CHIP Toll-free phone: 1-855- MyWVHIPP (1-855-699-8447)
PENNSYLVANIA-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: https://www.pa.gov/en/Services/dhs/apply-for-medicaid-health-insurance-premium-paument-program-hipp html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	
RHODE ISLAND-Medicaid and CHIP	WYOMING-Medicaid
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs- and-eligibility/ Phone: 1-800-251-1269

To see if any more States have added a premium assistance program since July 31, 2024, 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 1800, Kimball Electronics CDHP 2700 and 750 PPO. 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 <u>NOTICE OF PRIVACY PRACTICES</u>

#### 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 safe- ty	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 in forming 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 in brimation that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law en brocement officials required by lawor 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 en brocement 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 dona- tion	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 en forcement 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 <u>NOTICE OF PRIVACY PRACTICES</u>

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 <u>NOTICE OF PRIVACY PRACTICES</u>

#### 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 9/1/2024. 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, 2024

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 2025. 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 <u>www.medicare.gov</u> 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 <a href="https://www.shiptacenter.org/">https://www.shiptacenter.org/</a>.

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 <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> 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