



Kimball® Electronics

>>

2026
**BENEFITS
RE-ENROLLMENT GUIDE**

2026 Annual Benefits Enrollment

Dear Kimball Electronics Employee,

Welcome to your 2026 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 3 and run through Sunday, November 16.

Open Enrollment will be a Passive Enrollment event for 2026. 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 2026 if you do not go into the Workday Open Enrollment Event and make an election. It is important to review your current benefits to make sure they still meet your needs.

The following are changes for 2026:

- Health Savings Account (HSA) IRS Maximums: \$4,400 Single \$8,750 Family
- Live Health Online medical and mental health visits will cost \$0.00 dollars per visit.
- Delta Dental Plans 1000 & 2000 will cover X-Rays at 100% as preventive
- Annual Contact Lens allowance for the Essential Vision plan is increasing to \$160 per year
- Annual Contact Lens allowance for the Enhances Vision plan is increasing to \$200 per year
- New MetLife Pet Insurance
- New MetLife Theft ID
- New MetLife Legal Services Plan
- Anthem's EAP Program will be replaced with Spring Health Enhanced EAP
- Anthem's Lark Program will discontinue as of 12/31/2025.

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.

Sincerely,



Denise Truelove
Director, Total Rewards
Kimball Electronics, Inc.



Creating
Quality
for Life

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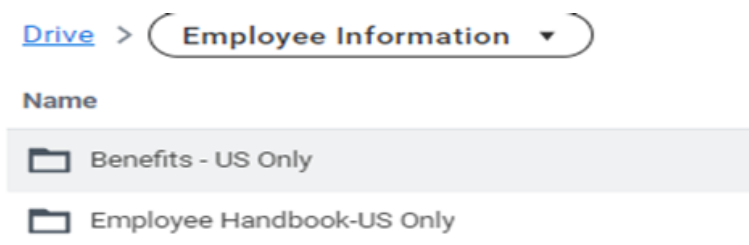
NOTE: This summary is an overview of the benefits you receive from Kimball Electronics, Inc. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan 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 deductible and paid out more money to cover claims, we would have to increase the cost of our products in order to cover expenses. We must consider the cost of all of the elements that make up our "World of Total Rewards" and how they must be built into the cost of our products and the amount of margin we are able to realize.

WHO'S ELIGIBLE?

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

Dependents:

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

Only those dependents meeting the eligibility requirements can enroll for coverage. Verification of dependent status will be conducted.

LIFE EVENT

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

Benefits Package

2026 BENEFIT HIGHLIGHTS

- **Upwise - Digital Platform that helps you choose your benefits**
- **Lark Diabetes Prevention Program will sunset on 12/31/2025**
- **H S A annual limits:**
 - **\$4,400 Single**
 - **\$8,750 Family**
- **Live Health Online medical and mental visits will cost \$0.00 per visit.**
- **Contact lens allowance increases**
Essential Plan \$160 annually
Enhanced Plan \$200 annually.
- **Delta Dental X-Rays will be covered 100% under preventive for both plans. Preventive visits will not longer count towards your annual maximum**
- **MetLife Pet Insurance**
- **MetLife Identity Theft**
- **MetLife Legal Services**
- **Spring Health Enhanced EAP replaces Anthem's EAP Program**
- **401K Retirement Plan**
- **Insurance**
 - **Healthcare**
 - **Prescription Drug**
 - **Preventive Care**
 - **Health Savings Account (HSA)**
 - **Employee Assistance 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 Illness Insurance**
 - **Accidental Injury Insurance**
 - **Hospital Indemnity Insurance**

2026 Benefits Plan - Rate Summary

2026 Benefits Plan Rate Summary						
HEALTHCARE	750 PLAN	1800 PLAN	2700 PLAN	750 PLAN	1800	2700 PLAN
No Change for 2026	WEEKLY	WEEKLY	WEEKLY	BI WEEKLY	BI WEEKLY	BI WEEKLY
Employee	\$44.08	\$21.33	\$11.44	\$88.15	\$42.66	\$22.88
Employee & Spouse	\$106.67	\$57.65	\$29.12	\$213.35	\$115.31	\$58.23
Employee & Child(ren)	\$89.44	\$46.29	\$24.40	\$178.89	\$92.58	\$48.80
Employee & Family	\$161.33	\$88.85	\$42.10	\$322.65	\$177.69	\$84.19
DENTAL	\$1000 PLAN	\$2000 PLAN	\$1000 PLAN	\$2000 PLAN		
No Change for 2026	WEEKLY	WEEKLY	BI WEEKLY	BI WEEKLY		
Employee	\$1.58	\$2.42	\$3.16	\$4.84		
Employee & Spouse	\$7.49	\$8.88	\$14.98	\$17.76		
Employee & Child(ren)	\$12.86	\$16.40	\$25.71	\$32.81		
Employee & Family	\$19.13	\$23.38	\$38.26	\$46.75		
VISION	ESSENTIAL	ENHANCED	ESSENTIAL	ENHANCED		
	WEEKLY	WEEKLY	BI WEEKLY	BI WEEKLY		
Employee	\$1.98	\$5.03	\$3.97	\$10.06		
Employee & Spouse	\$3.77	\$9.56	\$7.53	\$19.11		
Employee & Child(ren)	\$3.96	\$10.05	\$7.92	\$20.10		
Employee & Family	\$5.83	\$14.78	\$11.65	\$29.56		
FAMILY LIFE						
No Change for 2026	WEEKLY		BI WEEKLY			
\$5,000 Child	\$0.13		\$0.25			
\$10,000 Child	\$0.25		\$0.51			
AD&D SUPPLEMENTAL						
No Change for 2026						
Option	WEEKLY		BI WEEKLY			
\$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)						
No Change for 2026	50% Option	Employer Paid				
	10% Buy Up Option	0.404				

2026 Benefits Plan - Rate Summary

LONG TERM DISABILITY (Net Premium Cost per \$100 Monthly Wages)				
No Change for 2026	(Based upon Employees Wage and Age)			
Age Bracket:		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 EMPLOYEE LIFE INSURANCE				
No Change for 2026	(Based upon Employees Wage and Age)			
Employee	Monthly Rate per \$1000			
0-24	0.050	50-54	0.320	
25-29	0.060	55-59	0.590	
30-34	0.080	60-64	0.800	
35-39	0.090	65-69	1.330	
40-44	0.110	70-74	2.410	
45-49	0.180	75+	3.090	
SPOUSE LIFE - goes by Employee's Age				
No Change for 2026	Monthly Rate per \$1000			
0-24	0.050			
25-29	0.060			
30-34	0.080			
35-39	0.090			
40-44	0.110			
45-49	0.180			
50-54	0.320			
55-59	0.590			
60-64	0.800			
65-69	1.330			
70-74	2.410			
75+	3.090			

2026 Benefits Plan - Rate Summary

CRITICAL ILLNESS No change for 2026	\$10,000 / \$5000	\$10,000 / \$5000	\$20,000 / \$10,000	\$20,000 / \$10,000	\$30,000 / \$15,000	\$30,000 / \$15,000
Employee Age Weekly Rates	Employee & Children	Employee & Spouse	Employee & Children	Employee & Spouse	Employee & Children	Employee & Spouse
25-29	\$1.04	\$1.56	\$2.08	\$3.12	\$3.12	\$4.68
30-34	\$1.20	\$1.80	\$2.40	\$3.60	\$3.60	\$5.40
35-39	\$1.55	\$2.32	\$3.09	\$4.64	\$4.64	\$6.96
40-44	\$2.12	\$3.18	\$4.25	\$6.37	\$6.37	\$9.55
45-49	\$2.54	\$3.81	\$5.08	\$7.62	\$7.62	\$11.43
50-54	\$3.90	\$5.85	\$7.80	\$11.70	\$11.70	\$17.55
55-59	\$4.06	\$6.09	\$8.12	\$12.18	\$12.18	\$18.27
60-64	\$6.23	\$9.35	\$12.46	\$18.69	\$18.69	\$28.04
65-69	\$7.73	\$11.60	\$15.46	\$23.19	\$23.19	\$34.79
70+	\$8.42	\$12.63	\$16.85	\$25.27	\$25.27	\$37.90
ACCIDENT	WEEKLY	WEEKLY	BI WEEKLY	BI WEEKLY		
No Change for 2026	LOW OPTION	HIGH OPTION	LOW OPTION	HIGH OPTION		
Employee	\$0.99	\$1.83	\$1.98	\$3.65		
Employee & Spouse	\$1.98	\$3.65	\$3.95	\$7.30		
Employee & Child(ren)	\$2.13	\$4.25	\$4.25	\$7.85		
Employee & Family	\$3.11	\$5.75	\$6.23	\$11.50		
HOSPITAL INDEMNITY	WEEKLY	WEEKLY	BI WEEKLY	BI WEEKLY		
No Change for 2026	LOW OPTION	HIGH OPTION	LOW OPTION	HIGH OPTION		
Employee	\$2.87	\$5.70	\$5.75	\$11.39		
Employee & Spouse	\$6.21	\$12.42	\$12.42	\$24.83		
Employee & Child(ren)	\$4.79	\$9.56	\$9.59	\$19.11		
Employee & Family	\$8.13	\$16.28	\$16.26	\$32.55		
MetLife ID Theft	Protection Plus Plan					
	Weekly	Biweekly				
Individual	\$ 1.95	\$ 3.90				
Family	\$ 3.22	\$ 6.44				
MetLife Legal	Weekly	Biweekly				
Employee	\$ 4.33	\$ 8.65				
(Covers Spouse & Dependents)						

upwise



Meet Upwise

A smart new way to choose your benefits.

Get a personalized and comprehensive recommendation

- In 10 minutes or less, at the start of enrollment
- Includes benefits beyond major medical*
- Maximize your benefits throughout the year / Feel confident about your selections



Visit **Upwise.com** to learn more



←
**Scan the QR code to learn more
now**

Healthcare and Prescription Drugs

<i>Carrier:</i> <i>Address:</i> <i>Phone:</i> <i>Web Address:</i>	<i>Anthem Blue Cross Blue Shield Grp #: 213038 (KEF)</i> <i>PO Box 105187</i> <i>Atlanta, GA 30348</i> <i>1-844-256-9088</i> <i>http://www.anthem.com/</i>	<i>Express Scripts</i> <i>PO Box 650322</i> <i>Dallas, TX 75265-0322</i> <i>1-800-903-8328</i> <i>http://www.express-scripts.com/</i>
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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)
 - 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 non-network provider.
- Non-duplication of benefits applies to claims paid when the plan is secondary and will only pay up to the maximum allowable amount that would pay if the plan was primary.
- Employee Assistance Program (EAP) is available through Anthem.
- COBRA Continuation Privilege.
- Live Health Online visits are available for \$0.00 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.

**NO
CHANGES**

Reminder:
Enrollment
Deadline is
Sunday,
November 16th

Health Savings Account (HSA)



Health Savings Account (HSA)

Administrator:	Anthem / Actwise Phone # 888-523-5918 Internet: www.anthem.com
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- 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 HSA 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 2026 maximum contribution for single is \$4,400 and \$8,750 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 pre-tax money, which can be used to pay for uncovered health expenses

Dependent Care Flex Savings Account (DCFSA)



Dependent Care Flex Savings Account (DCFSA)

Administrator:

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

IMPORTANT FACTS ABOUT DEPENDENT CARE FLEXIBLE SAVINGS ACCOUNTS:

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



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

Try Sydney Health

Anthem's free mobile app, **SydneySM 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.

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 SydneySM Health app to your mobile device or logging in to [anthem.com](https://www.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.

Launching January 1st, 2026

kimballelectronics.springhealth.com

Life is easier with the **right support.**

Spring Health can support your
mental health with easy access to:

Free therapy
and coaching*

Care guidance
and support

Wellness
exercises

Diverse
providers

Work-life
services

Personalized
care

*Each member gets 6 therapy sessions and 6 coaching sessions per year at no cost.

Contact Spring Health:

1-855-629-0554

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.**
- **Preventive visits will no longer count towards your annual maximum**

	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 - X-Rays, Exams, Cleanings, Fluoride treatments up to age 19, space maintainers	100%	100%	100%
CLASS II BENEFITS			
Basic Services - Posterior composite resins, fillings, root canals, extractions, oral surgery	80%	80%	80%
CLASS III BENEFITS			
Major Services - crowns, bridges, dentures	50%	50%	50%
CLASS IV BENEFITS			
Orthodontic Services	50%	50%	50%
Orthodontic Services - Lifetime Maximum	Delta \$1000 Plan—\$1,500 per covered child up to age 19. Delta \$2000 Plan—\$2,500 per covered member—no age limit		

EYEMED Vision Care Plan

Carrier: EyeMed Vision Care
Address: Enhanced # 1007831 Essential #1007190
Phone: 4000 Luxottica Place, Mason, OH 45040
Web Address: 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.
- Diabetic Rider provides increased care for diabetes patients.

ESSENTIAL Coverage

EXAM SERVICES		
Exam	\$10 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES		
Single Vision	\$20 copay	Up to \$25
Bifocal	\$20 copay	Up to \$40
Trifocal	\$20 copay	Up to \$55
Lenticular	\$20 copay	Up to \$55
Progressive - Standard	\$85 copay	Up to \$40
Progressive - Premium Tier 1 - 3	\$105 - 130 copay	Up to \$40
Progressive - Premium Tier 4	\$85 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$12-23	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating - Standard Plastic	\$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 \$160 allowance	Up to \$128
Contacts - Disposable	\$0 copay; 100% of balance over \$160 allowance	Up to \$128
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1.877.203.0575	Not covered

ENHANCED Coverage

SERVICES	MEMBER COST	MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Up to \$30
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	\$0 copay; contact lens fit and two follow-up visits	Up to \$40
Fit and Follow-up - Premium	\$0 copay; 10% off retail price, then apply \$40 allowance	Up to \$40
FRAME		
Frame	\$0 copay; 20% off balance over \$200 allowance	Up to \$100
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$40
Bifocal	\$10 copay	Up to \$60
Trifocal	\$10 copay	Up to \$80
Lenticular	\$10 copay	Up to \$80
Progressive - Standard	\$10 copay	Up to \$60
Progressive - Premium Tier 1 - 3	\$30 - 55 copay	Up to \$60
Progressive - Premium Tier 4	\$10 copay; 20% off retail price less \$120 allowance	Up to \$60
LENS OPTIONS		
Anti Reflective Coating - Standard	\$0 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1 - 2	\$12-23	Up to \$5
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid and Gradient	\$0 copay	Up to \$5
UV Treatment	\$0 copay	Up to \$5
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$200 allowance	Up to \$200
Contacts - Disposable	\$0 copay; 100% of balance over \$200 allowance	Up to \$200
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Up to 66% off hearing aids; call 1.877.203.0575	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo	Not covered

Short Term Disability Insurance

Carrier:	Lincoln Financial Group
Address:	Group Plan #08-054511
Phone:	1-800-291-0112
Web Address:	https://www.mylincolnportal.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	<i>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.</i>
Your Savings	<i>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.</i>
Your Future	<i>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.</i>

Long Term Disability Insurance

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

Term Life Insurance

Carrier:

Phone:

Lincoln Financial Group Group Plan #08-054511

1-800-291-0112

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

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

- Kimball Electronics provides \$50,000 of Basic Life Insurance coverage.
- You can buy-up supplemental coverage to a maximum of \$550,000, provided you do not increase coverage more than one level over your 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 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 current 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

AD&D Insurance

Carrier:

Phone:

Lincoln Financial Group Group Plan #08-054511

1-800-291-0112

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

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

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

Word to the Wise -

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

GROUP ACCIDENT INSURANCE

Carrier: VOYA
Phone: 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

 Stitches

 Follow-up doctor treatment(s)

Sample payment amounts

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

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

Additional non-insurance service(s)

Access **extra support** next time you travel

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

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

CRITICAL ILLNESS INSURANCE

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

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

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

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

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

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

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

CRITICAL ILLNESS INSURANCE

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

Wellness Benefit at a glance

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



What is the Wellness Benefit?

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

How can the Wellness Benefit help?

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

What types of health screening tests are eligible?

Health screening tests include but are not limited to:

- Blood test for triglycerides
- Pap smear or thin prep pap test
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemocult 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:

VOYA

Phone:

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

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

How does it work?

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

When your stay begins

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

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

As your stay continues

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

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

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

If you add a child to your family

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

Carrier:

VOYA

Phone:

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

How to file an insurance claim

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



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

Group Policy Name:
Kimball Electronics, Inc.

Group Policy Number:
0072293-6

Online submission via the Voya Claims Center

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

Step 2 - Complete the questionnaire.

This generates a custom claim form package for you.

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

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

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

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

Step 5 - Gather additional documents.

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

Step 6 - Submit.

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

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

Questions about the claim process?

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

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

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

175254-01012021

MetLife + Aura Identity and Fraud Protection

Smart, simple identity
and fraud protection
all in one place.

Keep your private information private.

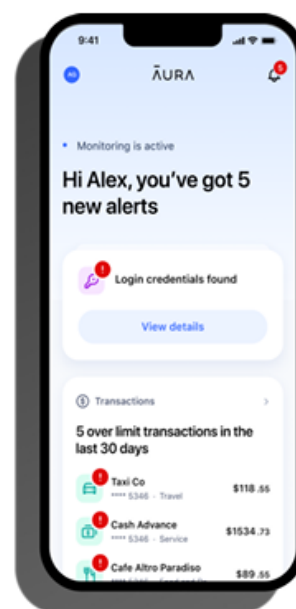


MetLife + Aura Identity and Fraud Protection

With MetLife and Aura, you'll have the option to enroll in a robust digital security plan to help protect you and your family from financial and identity fraud.

This document has important information about what's available to you. Use it to:

- **Learn** more about the tiered coverage options available to you, plan features and services.
- **Understand** the costs for coverage and how payments will be deducted.



Plan Options

Protection Plus Plan: Robust protection for your identity, finances, privacy, and unlimited devices per adult member.

Individual Coverage for Protection Plus: Protection for the employee only.

Family Coverage for Protection Plus: Our inclusive definition of "**Family**" allows the employee to add up to 10 additional adults and unlimited minors to the plan. There are no restrictions on adult family members - no matter where they live, their age, relationship, or whether they are financially dependent on the employee.

Enroll in identity and fraud protection during the enrollment period.

Questions? Please call Aura directly at 1-844-931-2872 to answer account, technical or billing questions.

Voluntary Plan Options



Identity & Fraud Protection

Protection Plus Plan Features

Identity Theft & Financial Fraud Protection

Credit Monitoring and Alerts (Three Bureaus)
Credit Reports & Scores (Three Bureaus)
Monthly Credit Score Tracker & Insights¹
Credit, Bank & Utility Account Freeze Assistance
Home & Vehicle Title Monitoring
Bank Fraud & Financial Transaction Monitoring
High-Risk Transaction Alerts
Utility Account Monitoring
Dark Web Monitoring
Digital Vault
SSN & Identity Authentication Alerts
Public & Court Records Monitoring
USPS Address Monitoring
Social Media Monitoring & Takeover Alerts
Social Media Privacy Checkup & Optimization
Experian Credit Lock
Credit Score Simulator
Gamertag Monitoring
Payday/Specialty Loan Block

Scam & Cybercrime Prevention

Automated Data Broker & Spam List Removal
Password Manager & Automated Password Change
Email Alias
Safe Web Browsing with Anti-Tracker & Ad-Blocker
IP Address Monitoring
Wi-Fi Security VPN (Unlimited Devices)
Antivirus (Unlimited Devices)
Mobile Phone Takeover Protection
Unusual Transaction Alerts
Email, Call and Text Scam Protection

Smart Family Safety (included with family plan only)

Unrestricted family definition
Private, Full-feature Aura Account per Adult
Separate, Individual \$5M Insurance Policy per Adult²
Sex Offender Geo Alerts
Secure Family Sharing

Digital Parenting & Mental Health (included with family plan only)

Child Mental Wellbeing Insights³
Daytime and Nighttime Trends & Benchmarking
Social Persona & Connections
Sentiment & Emotional Tone Analysis
Behavior Change Detection
Personalized Parent Insights & Recommendations
Safe Gaming
Cyberbullying & Online Predator Protection

Parental Controls

Content Filtering & Blocking
Screen Time Management & Schedules
Safe Search & Pause the Internet

Child Identity Protection

Child SSN Monitoring
3-Bureau Child Credit Freeze Wizard

Services Restoration & Reimbursement

\$5M Identity Theft Insurance Policy Per Adult²
White Glove Fraud Resolution Service
Full-Service Resolution for Pre-Existing ID Thefts
Credit File Fraud Alerts Assistance
Online Resolution Tracker
24/7/365 US-based Customer Support
Mobile App (iOS & Android)

Who is eligible to enroll for this identity and fraud protection?

A. This product is available for Individual (Employee only) or Family coverage. Individual covers the employee only; Family covers the employee and up to 10 additional adults and unlimited minors.

- For Family plans, you may add up to 10 additional adult members to your plan, regardless of where they live, age, relationship, or if they are financially dependent on the employee. Each adult member gets their own private, full-feature Aura account.
- Account owners may also add unlimited minors (under 18) to their plan and have parental guardianship rights over the minor in order to view their information and alerts.

How do I pay for my identity and fraud protection?

A. Fees will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you. You will need to continue to pay your monthly fees via credit card payment on Aura's platform to keep your coverage in force.

Enroll in identity and fraud protection during the enrollment period.

Questions? Please call Aura directly at 1-844-931-2872 to answer account, technical or billing questions.



Legal Plans

Empowering employees through easy access to legal help

Legal issues occur throughout life, when employees are getting married, buying a home, becoming a caregiver or handling financial matters like debt or tax audits. Dealing with these matters can be costly and time consuming, taking employees away from work and impacting their overall well-being.

We provide your employees with the cost-effective, multi-channel access to legal help they need to easily handle costly legal matters in their life—helping them to feel more financially and emotionally secure.

Flexibility to handle matters how employees want

We want your employees to get the help they need how they want it. That's why we allow them to choose their attorney from our network, or outside of it, or use our digital tools to handle matters.¹ With a large network of attorneys and the ability to complete estate planning or download self-help documents on our website, employees have the flexibility to choose how they want to handle their legal matter.

Wide range of coverage for a diverse workforce

LGBTQ+	• Adoption • Creating estate planning documents to recognize same-sex partners • Name and gender marker change
Caregivers	• Nursing home agreements • Reviewing Medicare/Medicaid documents • Reviewing parents' estate planning documents
Veterans/ Military	• Assistance with real estate or rental issues • Guardianship • Updating or creating estate planning documents
International employees	• Access to attorneys out of the country² • Assistance with immigration issues • Translation services for Call Center and Attorneys
Those just starting out	• Assistance with rental issues and landlords • Reviewing leases • Student loan debt assistance

The MetLife Legal Plans Difference



Telephone and office consultations, demand letters and document review on **unlimited number** of personal legal matters



Over 18,000 attorneys in all 50 states and many U.S. territories who have an average of 25 years of experience and are subject to a comprehensive set of criteria



Best-in-class digital experience to find attorneys and complete estate planning



We're focused on providing **exceptional customer service** and are appropriately staffed for peak call volume

Navigating life together

Legal Plan Continued

Helping your employees navigate life's twists and turns.

Money Matters	• Debt Collection Defense • Financial Wellness Programs³ • Identity Restoration⁴	• Identity Theft Defense • Negotiations with Creditors • Personal Bankruptcy	• Promissory Notes • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure	• Mortgages • Property Tax Assessments • Refinancing & Home Equity Loan • Sale or Purchase of Home	• Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies	• Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Divorce (20 hours) • Garnishment Defense • Guardianship	• Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Issues	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for Issues Related to Your Parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	• Defense of Traffic Tickets⁵ • Driving Privileges Restoration	• Habeas Corpus	• Repossession
Rate⁶	\$18.75 per employee per month (covers spouse and dependents)		
Additional Features:	Telephone advice, office consultations, demand letters and document review on an unlimited number of personal legal matters.		
	For non-covered matters that are not otherwise excluded employees get four additional hours of network attorney time and services per plan year. ⁷		
	Reduced fees for personal injury, probate and estate administration matters, provided by network attorneys.		
	Access to a digital estate planning solution for wills, living wills, power of attorney and living trusts.		
	Over 1,700 self-help documents⁸ are available to members and potential members on our website.		

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. Your employees will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
2. Internationally, employees can see an attorney outside of our network and be reimbursed according to a set fee reimbursement schedule.
3. MetLife administers the PlanSmart program and has arranged to have specially trained third party financial professionals offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract. Offered to groups with 500 or more employees. The MetLife Personal Finance app is available at no cost to all individuals and regardless of any MetLife relationship or project.
4. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
5. Does not cover DUI.
6. Rate is standard and subject to change.
7. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
8. The self-help library is offered by Standard Legal. Standard Legal is not a corporate affiliate of MetLife Legal Plans.

Voluntary Plan Options



**Therapist. Comedian.
Best friend for life.**

Help give them protection with
MetLife Pet Insurance.



MetLife Pet Insurance helps cover the costs of unexpected accidents or illnesses, so nothing gets in the way of caring for your pet when they need it most.

Coverage that's a breed apart

With MetLife Pet Insurance, you can count on:

The freedom to visit any U.S. veterinarian. Exam fees are covered for accidents and illnesses.

Flexible plans with no breed exclusions. Find coverage that fits your pet's needs and your budget.

Extra savings with value-driven policies, options and discounts.

- **Multi-pet policy**¹ – 5% for the 2nd policy and 10% for each additional policy
- **Family plans option**² – One policy and a shared deductible for up to three dogs and cats
- **Discounts of up to 30%**³ – Enjoy additional savings on pet care, where available

Optional Preventive Care coverage – Save on routine wellness expenses with industry-leading benefits.

How does MetLife Pet Insurance work?



Choose the coverage
that's right for you.



Download our
mobile app



Visit any U.S.-
licensed
veterinarian or
emergency clinic.



Pay the bill within 90 days
and send it to us with
your claim documents
through our mobile app,
online portal, email, fax or
mail.



Get a percentage of
your money reimbursed⁴
by check or direct
deposit if the claim
expense is covered
under the policy.

Pet Insurance Continued

Pet Insurance

You'll have the power of choice to customize your coverage

With our flexible plans, you can select the plan that fits your pet's needs and your finances. Here are just some of the treatments and conditions we cover:

Essential Care coverage

Accidents and illness
Diabetes
Ear infections
Pancreatitis
Cancer
Cruciate ligament

Sophisticated Care coverage

Laser therapy
Holistic care
Acupuncture
Hydrotherapy
IVDD

Optional Preventive Care coverage

Flea and tick
Spay and neuter
Heartworm
Behavioral training
Teeth cleaning

Explore other plan benefits (where available)

24/7 live vet chat⁵ – Get immediate assistance, even on weekends and holidays!

Healthy pet incentive⁶

Automatic coverage increases annually⁷

Loss or theft coverage

Mortality benefits



Scan Now

Enroll at [metlife.com/getpetquote.](https://metlife.com/getpetquote)

Questions? Call 1-800-GET-MET8 (1-800-438-6388)

401K Retirement Plan

Carrier:

Vanguard

Phone:

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

Plan Highlights -

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

For your convenience, One Step will automatically:

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

Remember to Review Your Payroll Information

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

- ***Did you have a family status change in 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.

Important Notices

Women's Health and Cancer Rights -

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

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

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

- *For the 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

Important Notices

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS -

As you know, if you have declined enrollment in Kimball Electronics' medical plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under 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).

Important Notices

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, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalh Hipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/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	Website: https://www.flmedicaidtplt recovery.com/flmedicaidtplt recovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

Important Notices

KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
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/ofl/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825

Important Notices

OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	OREGON – Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-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 Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid Website: Health Insurance Premium Payment (HIPPI) Program Texas Health and Human Services Phone: 1-800-440-0493	UTAH – Medicaid and CHIP Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid Website: Health Insurance Premium Payment (HIPPI) Program Department of Vermont Health Access Phone: 1-800-250-8427	VIRGINIA – Medicaid and CHIP Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	WEST VIRGINIA – Medicaid and CHIP Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

Important Notices

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, 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.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Important Notices

FIXED INDEMNITY NOTICE

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Important Notices

COBRA GENERAL NOTICE

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Important Notices

COBRA GENERAL NOTICE

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice in writing to the Plan Administrator. Any notice you provide must state the name of the plan or plans under which you lost or are losing coverage, the name and address of the employee covered under the plan, the name(s) and address(es) of the qualified beneficiary(ies), and the qualifying event and the date it happened. The Plan Administrator will direct you to provide the appropriate documentation to show proof of the event.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. If you believe you are eligible for this extension, contact the Plan Administrator.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Important Notices

COBRA GENERAL NOTICE

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

For additional information regarding your COBRA continuation coverage rights, please contact the Plan Administrator below:

Denise Truelove
Director, HR and Employee Services
1205 Kimball Blvd.
Jasper, Indiana 47546
812-634-4194

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

Kimball Electronics, Inc. Employee Health Care Plan

HIPAA COMPREHENSIVE NOTICE OF PRIVACY POLICY & PROCEDURES

1. Introduction: This Notice is being provided to all covered participants in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is intended to apprise you of the legal duties and privacy practices of the Company's self-insured group health plans. If you are a participant in any fully insured group health plan of the Company, then the insurance carriers with respect to those plans is required to provide you with a separate privacy notice regarding its practices.

2. General Rule: A group health plan is required by HIPAA to maintain the privacy of protected health information, to provide individuals with notices of the plan's legal duties and privacy practices with respect to protected health information, and to notify affected individuals follow a breach of unsecured protected health information. In general, a group health plan may only disclose protected health information (i) for the purpose of carrying out treatment, payment and health care operations of the plan, (ii) pursuant to your written authorization; or (iii) for any other permitted purpose under the HIPAA regulations.

3. Protected Health Information: The term "protected health information" includes all individually identifiable health information transmitted or maintained by a group health plan, regardless of whether or not that information is maintained in an oral, written or electronic format. Protected health information does not include employment records or health information that has been stripped of all individually identifiable information and with respect to which there is no reasonable basis to believe that the health information can be used to identify any particular individual.

4. Use and Disclosure for Treatment, Payment and Health Care Operations: A group health plan may use protected health information without your authorization to carry out treatment, payment and health care operations of the group health plan.

- An example of a "treatment" activity includes consultation between the plan and your health care provider regarding your coverage under the plan.
- Examples of "payment" activities include billing, claims management, and medical necessity reviews.

- Examples of "health care operations" include disease management and case management activities.

The group health plan may also disclose protected health information to a designated group of employees of the Company, known as the HIPAA privacy team, for the purpose of carrying out plan administrative functions, including treatment, payment and health care operations.

5. Disclosure for Underwriting Purposes. A group health plan is generally prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of underwriting.

6. Uses and Disclosures Requiring Written Authorization: Subject to certain exceptions described elsewhere in this Notice or set forth in regulations of the Department of Health and Human Services, a group health plan may not disclose protected health information for reasons unrelated to treatment, payment or health care operations without your authorization. Specifically, a group health plan may not use your protected health information for marketing purposes or sell your protected health information. Any use or disclosure not disclosed in this Notice will be made only with your written authorization. If you authorize a disclosure of protected health information, it will be disclosed solely for the purpose of your authorization and may be revoked at any time. Authorization forms are available from the Privacy Official identified in section 23.

7. Special Rule for Mental Health Information: Your written authorization generally will be obtained before a group health plan will use or disclose psychotherapy notes (if any) about you.

8. Uses and Disclosures for which Authorization or Opportunity to Object is not Required: A group health plan may use and disclose your protected health information without your authorization under the following circumstances:

Kimball Electronics, Inc. Employee Health Care Plan

HIPPA COMPREHENSIVE NOTICE OF PRIVACY POLICY & PROCEDURES

- When required by law;
- When permitted for purposes of public health activities;
- When authorized by law to report information about abuse, neglect or domestic violence to public authorities;
- When authorized by law to a public health oversight agency for oversight activities;
- When required for judicial or administrative proceedings;
- When required for law enforcement purposes;
- When required to be given to a coroner or medical examiner or funeral director;
- When disclosed to an organ procurement organization;
- When used for research, subject to certain conditions;
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat; and
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

9. Minimum Necessary Standard: When using or disclosing protected health information or when requesting protected health information from another covered entity, a group health plan must make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request. The minimum necessary standard will not apply to: disclosures to or requests by a health care provider for treatment; uses or disclosures made to the individual about his or her own protected health information, as permitted or required by HIPAA; disclosures made to the Department of Health and Human Services; or uses or disclosures that are required by law.

10. Disclosures of Summary Health Information: A group health plan may use or disclose summary health information to the Company for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan. Summary health information summarizes the participant claims history and other information without identifying information specific to any one individual.

11. Disclosures of Enrollment Information: A group health plan may disclose to the Company information on whether an individual is enrolled in or has disenrolled in the plan.

12. Disclosure to the Department of Health and Human Services: A group health plan may use and disclose your protected health information to the Department of Health and Human Services to investigate or determine the group health plan's compliance with the privacy regulations.

13. Disclosures to Family Members, other Relations and Close Personal Friends: A group health plan may disclose protected health information to your family members, other relatives, close personal friends and anyone else you choose, if: (i) the information is directly relevant to the person's involvement with your care or payment for that care, and (ii) either you have agreed to the disclosure, you have been given an opportunity to object and have not objected, or it is reasonably inferred from the circumstances, based on the plan's common practice, that you would not object to the disclosure.

For example, if you are married, the plan will share your protected health information with your spouse if

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he or she reasonably demonstrates to the plan and its representatives that he or she is acting on your behalf and with your consent. Your spouse might do so by providing the plan with your claim number or social security number. Similarly, the plan will normally share protected health information about a dependent child (whether or not emancipated) with the child's parents. The plan might also disclose your protected health information to your family members, other relatives, and close personal friends if you are unable to make health care decisions about yourself due to incapacity or an emergency.

14. Appointment of a Personal Representative: You may exercise your rights through a personal representative upon appropriate proof of authority (including, for example, a notarized power of attorney). The group health plan retains discretion to deny access to your protected health information to a personal representative.

15. Individual Right to Request Restrictions on Use or Disclosure of Protected Health Information: You may request the group health plan to restrict (1) uses and disclosures of your protected health information to carry out treatment, payment or health care operations, or (2) uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the group health plan is not required to and normally will not agree to your request in the absence of special circumstances. A covered entity (other than a group health plan) must agree to the request of an individual to restrict disclosure of protected health information about the individual to the group health plan, if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the protected health information pertains solely to a health care item or service for which the individual (or person other than the health plan on behalf of the individual) has paid the covered entity in full.

16. Individual Right to Request Alternative Communications: The group health plan will accommodate reasonable written requests to receive communications of protected health information by alternative means or at alternative locations (such as an alternative telephone number or mailing address) if you represent that disclosure otherwise could endanger you. The plan will not normally accommodate a request to receive communications of protected health information by alternative means or

at alternative locations for reasons other than your endangerment unless special circumstances warrant an exception.

17. Individual Right to Inspect and Copy Protected Health Information: You have a right to inspect and obtain a copy of your protected health information contained in a "designated record set," for as long as the group health plan maintains the protected health information. A "designated record set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the group health plan to make decisions about individuals.

The requested information will be provided within 30 days. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline, provided that you are given a written statement of the reasons for the delay and the date by which the group health plan will complete its action on the request. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may contact the Secretary of the U.S. Department of Health and Human Services.

18. Individual Right to Amend Protected Health Information: You have the right to request the group health plan to amend your protected health information for as long as the protected health information is maintained in the designated record set. The group health plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline. If the request is denied in whole or part, the group health plan must provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your protected health information.

19. Right to Receive an Accounting of Protected Health Information Disclosures: You have the right to request an accounting of all disclosures of your protected health information by the group health plan during the six years prior to the date of your request. However, such accounting need not include

Kimball Electronics, Inc. Employee Health Care Plan

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disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own protected health information; (3) prior to the compliance date; or (4) pursuant to an individual's authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the group health plan may charge a reasonable fee for each subsequent accounting.

20. The Right to Receive a Paper Copy of This Notice Upon Request: If you are receiving this Notice in an electronic format, then you have the right

to receive a written copy of this Notice free of charge by contacting the Privacy Official (see section 23).

21. Changes in the Privacy Practice. Each group health plan reserves the right to change its privacy practices from time to time by action of the Privacy Official. You will be provided with an advance notice of any material change in the plan's privacy practices.

22. Your Right to File a Complaint with the Group Health Plan or the Department of Health and Human Services: If you believe that your privacy rights have been violated, you may complain to the group health plan in care of the HIPAA Privacy Official (see section 24). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The group health plan will not retaliate against you for filing a complaint.

23. Person to Contact at the Group Health Plan for More Information: If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Official.

Privacy Official

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is:

Denise Truelove
Director, HR and Employee Services
812-634-4194

Effective Date

The effective date of this notice is: January 1, 2026.

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.

IMPORTANT NOTICE FROM KIMBALL ELECTRONICS, INC. ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Kimball Electronics, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Kimball Electronics, Inc. has determined that the prescription drug coverage offered by the Kimball Electronics, Inc. Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of

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.

the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the Kimball Electronics, Inc. Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Kimball Electronics, Inc. Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the Kimball Electronics, Inc. Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your Kimball Electronics, Inc. prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to add coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information, or call 812-634-4194. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Kimball Electronics, Inc. changes. You also may request a copy.

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. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

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.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date:	November 3, 2025
Name of Entity/Sender:	Denise Truelove
Contact—Position/Office:	Director, HR and Employee Services
Address:	1205 Kimball Blvd. Jasper, Indiana 47546
Phone Number:	812-634-4194

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.