

	MEC Plan (Preventative Only Coverage)	Fixed Indemnity Plan	Both MEC Plan AND Standard Indemnity Plan	Major Medical (Anthem/Blue Cross-SELECT Network)
Plan Description: A full Summary of Coverage is available via the Company's Employee Service Center	<ul style="list-style-type: none"> Provides only preventative services as described in the ACA. Does not provide hospitalization or emergency room benefits Covid testing and Vaccines covered Must use in-network providers only No deductible before services can be used 	<ul style="list-style-type: none"> Provides up to 6 routine doctor visits per year with a maximum of \$90 per visit Provides no copay phone/video/mobile app visits with a doctor 24/7/365 who can diagnose, treat and prescribe medication. Hospital Stays, Emergency Room access and Surgical Procedures Key features include no deductibles, pre-existing condition limitations, waiting periods and is guarantee issue. Discounted Prescription Drugs 	<ul style="list-style-type: none"> Provides ALL benefits from MEC Plan and Fixed Indemnity Plan 	<ul style="list-style-type: none"> You must pay the first \$5,900 dollars per member as a calendar year deductible before insurance begins to pay benefits Your maximum out of pocket limit per year is \$6,350 for individual coverage, and \$12,700 for Employee + Child(ren) Premiums, Prescription drugs, and balance billed charges are not included in the out of pocket limit. Access to the Anthem SELECT HMO network You are required to contact the benefits department and fill out a separate application prior to being accepted into the plan
Weekly Premiums	<p>Employee = \$ 15.48/week</p> <p>Employee + Child(ren) = \$ 23.56/week</p> <p>These premiums will be deducted pre-tax from your weekly paycheck</p>	<p>Employee= \$ 17.83/week</p> <p>Employee + Child(ren) = \$ 30.08/week</p> <p>These premiums will be deducted pre-tax from your weekly paycheck</p>	<p>Employee= \$ 33.31/week</p> <p>Employee + Child(ren) = \$ 53.64/week</p> <p>These premiums will be deducted pre-tax from your weekly paycheck</p>	<ul style="list-style-type: none"> You will pay 9.12% of all wages earned, towards premium. Kimco will contribute remainder of premium for employee only coverage. You are solely liable for dependent coverage amounts <p>Employee Only Coverage: \$483.00/month Employee + Child(ren) Coverage: \$865.00/month</p>
Effective Date	<u>Effective the Friday of your first payroll deduction. Coverage is on a weekly basis (begins on Friday ends following Thursday)</u>			<ul style="list-style-type: none"> Effective the 1st day of the month following 59 days of employment (we consider your first day of employment as your first day of work) If you are interested in this plan, please contact the Benefits department at 949-331-1155 and we will send you the required enrollment information.
	Additional Benefits	Employee Only Coverage (deducted weekly)		Employee + Child(ren) (deducted weekly)
	Dental	\$4.75		\$8.55
	Vision	\$2.02		\$3.72
	Short Term Disability <i>(pays up to \$125/week for 26 weeks)</i>	\$3.50		Not Available
	Life Insurance <i>Employee coverage= \$20,000 Children coverage (6 mos to 26 yrs)= \$1,250 Infant (10 days to 6 mos) = \$200</i>	\$2.25		\$2.53

To Enroll In MEC, Fixed Indemnity, Dental, Vision: STD and Life Insurance: Complete the enrollment forms following this document.

To Enroll In Major Medical Only: Please contact the Benefits Department at 949-331-1155 and we will send you the required enrollment information.

**** If you enroll in benefits, your elections CANNOT be changed during the plan year (the plan ends on 12/31 of each calendar year), unless a qualifying event occurs. A qualified life event is defined as: A change in life such as marriage, divorce, death, birth of a child or loss of other insurance coverage, etc. In any of these cases, you will only have 30 days from the date of the qualified event to enroll/cancel coverage.**

Full plan summaries are available at the Company's Employee Service Center