



**KIRIU**

**Kiriu USA Corporation**

**2024 Employee Benefits Guide**

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## Your 2024 Employee Benefits

We are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance. Only you can determine which benefits are best for you and your family so please review the information in this benefits guide so you can make informed decisions.

### Stay Healthy













- Medical, Dental & Vision Care
- Employee Assistance Program

### Feeling Secure

- Short Term & Long Term Disability Insurance
- Life and AD&D Insurance and Dependent Life
- Voluntary Life
- Accident, Cancer and Critical Illness

### Who is eligible and when:

- All full time employees working 30 hours are eligible for the benefits package.
- Coverage for eligible employees is effective the first of the month after date of hire.
- Dependent children are covered until age 26 on the medical, dental and vision polices.

Important Provider Contact Information		
Type of Coverage	Provider Name	Phone Website
Medical		833.578.4443 www.anthem.com 
Dental		844.729.1565 www.anthem.com 
Vision		866.723.0515 www.anthem.com 
Short-Term Disability		800.877.5176 www.mutualofomaha.com
Long Term Disability		800.877.5176 www.mutualofomaha.com
Life and AD&D, Dependent Life, and Voluntary Life		800.877.5176 <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Employee Assistance Program		800.316.2796 www.mutualofomaha.com/eap
Cancer, Accident & Critical Illness		270.793.9087 866.215.2413 www.coloniallife.com
Insurance Broker Contacts		Paula Butts 270-529-1382 Gary McClure 270-529-3505 Brent Thomas 270-467-1284



**Medical & Prescription Drugs**  
**Provider – Anthem**



See summaries for full details.

Bi-Weekly Cost		
	Plan 1	Plan 2
<b>Employee Only</b>	\$53.75	\$52.41
<b>Employee + Spouse</b>	\$112.87	\$110.06
<b>Employee + Child(ren)</b>	\$96.75	\$94.34
<b>Employee + Family</b>	\$171.99	\$167.71

Plan Provisions	PPO – Plan 1 Option 14 Rx T1		PPO – Plan 2 Option 19 Rx T1	
Network: <b>Blue Access</b>	In – Network	Out-of-Network	In – Network	Out-of-Network
<b>Lifetime Maximum</b>	Unlimited		Unlimited	
<b>Dependent Age Limit</b>	Covered until the end of the month of 26 <sup>th</sup> birthday			
<b>Calendar Year Deductible</b>				
Individual	\$1,500	\$4,500	\$2,500	\$7,500
Family	\$3,000	\$9,000	\$5,000	\$15,000
<b>Calendar Year Out Of Pocket Maximum</b>				
Individual	\$7,000	\$21,000	\$7,000	\$21,000
Family	\$14,000	\$42,000	\$14,000	\$42,000
<b>Coinsurance</b>	80/20%	50/50%	80/20%	50/50%
<b>Physician Visits</b>				
Enhanced Personal Health Care Provider	\$10 Copay	50% after deductible	\$10 Copay	50% after deductible
Primary Care Physician	\$20 Copay	50% after deductible	\$20 Copay	50% after deductible
Specialist	\$50 Copay	50% after deductible	\$50 Copay	50% after deductible
Preventive Care	Covered at 100%	50% after deductible	Covered at 100%	50% after deductible
Urgent Care	\$20 Copay	50% after deductible	\$20 Copay	50% after deductible
Emergency Room	\$300 + 20% Coinsurance		\$300 + 20% Coinsurance	
<b>Hospital</b>				
Inpatient	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Prescription Drugs –</b>				
<b>Retail - 30 Day Supply</b>				
Tier 1	\$10 Level 1 Copay \$20 Level 2 Copay	50% coinsurance	\$10 Level 1 Copay \$20 Level 2 Copay	50% coinsurance
Tier 2	\$35 Level 1 Copay \$45 Level 2 Copay	50% coinsurance	\$35 Level 1 Copay \$45 Level 2 Copay	50% coinsurance
Tier 3	\$75 Level 1 Copay \$85 Level 2 Copay	50% coinsurance	\$75 Level 1 Copay \$85 Level 2 Copay	50% coinsurance
Tier 4	25% Coinsurance to \$350 Level 1 25% coinsurance to \$450 Level 2	50% coinsurance	25% Coinsurance to \$350 Level 1 25% coinsurance to \$450 Level 2	50% coinsurance
<b>Mail Order – 90 Day Supply</b>				
Tier 1	\$20 Copay Level 1 Level 2 – Retail Only	Not Covered	\$20 Copay Level 1 Level 2 – Retail Only	Not Covered
Tier 2	\$88 Copay Level 1 Level 2 – Retail Only	Not Covered	\$88 Copay Level 1 Level 2 – Retail Only	Not Covered
Tier 3	\$188 Copay Level 1 Level 2 – Retail Only	Not Covered	\$188 Copay Level 1 Level 2 – Retail Only	Not Covered
Tier 4	25% Coinsurance up to \$350 Level 1 Level 2 – Retail Only	Not Covered	25% Coinsurance up to \$350 Level 1 Level 2 – Retail Only	Not Covered



Bi-Weekly Cost	Dental
Associate Only	\$5.12
Associate + 1	\$11.99
Family	\$19.53

## Dental

Provider – Anthem

### WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Type of Service	Anthem Essential Choice	
	In-Network	Out-of-Network
Network	Complete Network	
Annual Deductible (Waived on Preventive)	\$25 Single \$75 Family	\$25 Single \$75 Family
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Dependent Children Orthodontia	50% (through age 18) *	50% (through age 18) *
Endodontics	80%	80%
Periodontics	50%	50%
Annual maximum	\$1,500	
Orthodontia Lifetime Maximum	\$1,500	
Dependent Age Limit	Covered to the end of the month of 26 <sup>th</sup> birthday	

**\*Child orthodontic runs through age 18. This means that the child must have been banded prior to their 19th birthday in order to receive coverage.**

See summary for full details.



Bi-Weekly Cost	Vision
Associate Only	\$1.23
Associate + 1	\$2.57
Family	\$3.52

**Vision**

**Provider – Anthem**

**Welcome to your Blue View Vision plan!**

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation’s largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select Find a Doctor. You may also call member services for assistance at 1-866-723-0515.

**Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.**

Type of Service	Blue View Vision	
	In-Network	Out-of-Network
Eye Exam once every 12 months	\$10 Copay	Up to \$42 Allowance
Materials	\$15 Copay	
Frames one pair every 24 months	\$130 Allowance, 20% off balance over \$130	Up to \$45 Allowance
Eyeglass Lenses – standard plastic once every 12 months		
<ul style="list-style-type: none"> <li>• Single vision lenses</li> <li>• Bifocal lenses</li> <li>• Trifocal lenses</li> </ul>	<ul style="list-style-type: none"> <li>\$15 Copay</li> <li>\$15 Copay</li> <li>\$15 Copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$40 Allowance</li> <li>Up to \$60 Allowance</li> <li>Up to \$80 Allowance</li> </ul>
Contact Lenses (instead of eyeglass lenses) once every 12 months		
<ul style="list-style-type: none"> <li>• Elective</li> <li>• Elective Disposal</li> <li>• Non-Elective</li> </ul>	<ul style="list-style-type: none"> <li>\$130 Allowance, 15% off balance over \$130</li> <li>\$130 Allowance</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$105 Allowance</li> <li>Up to \$105 Allowance</li> <li>Up to \$210 Allowance</li> </ul>
Dependent Age Limit	Covered to the end of the month of 26 <sup>th</sup> birthday	

**See summary for full details.**

## Short and Long Term Disability

Provider – Mutual of Omaha



### Benefits You Receive

The company provides full-time employees with short term and long term disability benefits. In the event you become disabled from an injury or sickness, disability income benefits are provided to you as a source of income. Kiriu USA pays 100% of the cost for these benefits.

Plan Provisions	Short Term Disability	Long Term Disability
<b>Benefit Amount</b>	66 2/3% of Weekly Earnings	66 2/3% of Monthly Earnings
<b>Maximum Benefit Amount</b>	\$1,000 Per Week	\$5,000 Per Month
<b>Benefit Duration</b>	26 weeks	RBD to SSNRA
<b>Waiting Period (benefits begin)</b>	1 <sup>st</sup> Day Accident & 8 <sup>th</sup> Day Illness	Day 181
<b>Pre-existing Condition Limitation</b>	N/A	3/12
<b>On Or Off The Job?</b>	Off the job only	Coverage is both off and on the job

## Employee Assistance Program

Provider – Mutual of Omaha

### Benefits You Receive

Mutual of Omaha provides a comprehensive EAP that is offered at no cost to all Employees and their eligible dependents. It offers confidential assistance to help you and your family meet the challenges that life, work and relationships can bring including Emotional Well-Being, Family & Relationships, Legal & Financial, Healthy Lifestyles, Substance Abuse & Other Addictions, Dependent & Elder Care Assistance, and Work & Life Transitions. Unlimited, 24/7 toll-free phone access to EAP professionals is available as well as up to 6 face to face sessions with a counselor per issue (one legal consultation per issue).

Phone: Call 800-316-2796

Online: Visit [www.mutualofomaha.com/eap](http://www.mutualofomaha.com/eap)

## Basic Life and AD&D



Basic Life and AD&D Insurance Provider – Mutual of Omaha

Kiriu USA pays 100% of the cost for this benefit.

### Basic Life and AD&D

The company provides full-time Employees with a basic group life insurance policy in the amount of 1.5 times annual salary rounded to the next higher \$1,000 to a maximum of \$250,000. The accidental death and dismemberment benefit will equal the life benefit.

### Benefit Reduction

The amount life insurance will reduce:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 40%
- At age 75, amounts reduce to 25%
- At age 80, amounts reduce to 15%

### Dependent Life

The company provides dependent life in the amount of \$5,000 for spouse and \$2,000 for children ages 14 days age 26. Less than 14 days, no benefit.

*\*\* Eligible dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility) and any children must be under age 26. \*\**



## Voluntary Life



Voluntary Life Insurance Provider  
Mutual of Omaha

Employee pays 100% of the cost for this benefit.

### Voluntary Life

The company provides full-time Employees the option of purchasing additional life insurance for themselves, their spouse, and their children. Employees may supplement their existing group life insurance benefits by purchasing additional coverage in \$10,000 increments up to 5x annual salary rounded to the next higher \$10,000.

- Maximum benefit amount must not exceed \$350,000.
- Employee guarantee issue amount is up to \$150,000.
- Employees may purchase coverage for their spouse 100% of the employee amount in \$5,000 increments.
- Spousal benefit must not exceed \$175,000.
- Spouse guarantee issue amount is \$30,000.
- **Insurance cost is based on the employee's age for both the employee and the spouse.**
- Employees may purchase coverage for their dependent children up to age 26 for \$10,000. Child rate is \$2.00 per month (\$0.92 per paycheck) for \$10,000 of life coverage regardless of the number of children you are covering.
- You cannot purchase voluntary life insurance on your spouse and children without having life insurance on yourself.
- **If you enrolled for even the minimum coverage during your initial enrollment, you have the ability to enroll for additional coverage by up to \$20,000 without evidence of insurability provided the amount does not exceed the guarantee issue amount. If you go over the GI amount, EOI is required once and if approved, you can increase each year up to the plan maximum or 5 times earnings.**

### Voluntary Life Benefit features:

- Waiver of Premium
- Portability
- Conversion
- Accelerated Death Benefit (Living Benefit) – 75% to \$262,500.

Monthly Cost Per \$1,000 of Benefit Employee & Spouse Life Coverage	
Age	Life Rate
<30	\$0.11
30 – 34	\$0.12
35 – 39	\$0.15
40 – 44	\$0.22
45 – 49	\$0.36
50 – 54	\$0.54
55 – 59	\$0.91
60 – 64	\$1.42
65 – 69	\$2.19
70 – 74	\$3.69
75 – 79	\$6.14
80 – 99	\$13.11

### Example of Rate Calculations

- 45 year-old associate electing \$50,000
- \$50,000 divided by \$1,000 = 50
- Multiply 50 x \$0.36 (rate based on age) = \$18.00/month premium
- \$18.00 x 12 months divided by 26 payroll deduction = \$8.31 per pay period

### Benefit Reduction

The amount life insurance will reduce:

35% upon the Employee's attainment of age 65.  
An additional 25% of the original amount at age 70.  
An additional 15% of the original amount at age 75.  
An additional 10% of the original amount at age 80.  
Coverage will terminate retirement.  
Spouse coverage terminates when you reach age 80.



## **Colonial Products**

Kiriu USA offers full-time employees the opportunity to purchase Colonial Products on a pre-tax basis through payroll deduction. The products offered are Cancer, Accident and Critical Illness. A Colonial representative will be available to explain the benefits and costs to you during open enrollment.

### **Cancer Benefits**

This coverage helps offset the out of pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer screening tests.

### **Accident Benefits**

This coverage helps offset the unexpected medical expenses such as emergency room fees, deductibles, and copayments that can result from a fracture, dislocation or other covered injury.

### **Critical Illness Insurance**

This coverage helps employees and their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as cancer, heart attack or stroke. It provides a lump sum to help with the out of pocket medical and/or non-medical expenses of a critical illness and/or cancer. There are options as well to include ongoing benefits for the extended treatment and care of cancer (internal or invasive) or carcinoma in situ. Benefits are paid in addition to other insurance and are paid directly to the covered person unless they specify otherwise.

## **What you will need for Open Enrollment: Questions & Answers**

### **Changes that can be made effective January 1, 2024:**

- ◆ Enroll or terminate individual and/or dependent coverage in the medical/dental/vision plans.
- ◆ Enroll or make changes to voluntary life for employee, spouse and children.
- ◆ Annual benefit increase for employees only for voluntary life with Mutual of Omaha.
- ◆ Update your beneficiary.
- ◆ Add or change Colonial cancer, accident and/or critical illness plans.
- ◆ Changes made during open enrollment are effective 1/1/23 to 12/31/23 and cannot be changed unless you have a qualifying event. Qualifying events must be reported within 30 days of the event in order to make a change to your benefits.

**Open Enrollment is scheduled for November 28 – December 1. You will need to log in to Paycom to make your elections online. See HR for assistance.**

**There will be a Colonial call center available during this time for anyone wishing to make or change elections on the Colonial products. The phone number is 833-703-1967 and use account # 6465751. If necessary, leave a message and you will receive a return phone call.**