




MAKE THE MOST OF
YOUR KTS BENEFITS

2026 KTS Benefits Guide





| | |
|-------|--|
| 3 | Eligibility |
| 4 | Benefit Options for Eligible Employees |
| 5 | Enrollment |
| 6 | Qualified Life Event and Coordination of Benefits |
| 7 | Medical Plans - Compare Your Options |
| 8 | Health Savings Account (HSA) |
| 9 | Dental Plan |
| 10 | Vision Plan |
| 11 | Flexible Spending Accounts (FSA) |
| 12 | PeopleEQ Wellness Platform |
| 12 | Found Weight Management Support |
| 13 | Employee Assistance Program (EAP) |
| 14 | Substance Use Management Program |
| 15 | Voluntary Supplemental Health Plans |
| 16 | Life & Accidental Death & Dismemberment (AD&D) Insurance Plans |
| 17 | Supplemental Life Insurance |
| 18 | Disability Benefits |
| 19 | Paid Time Off and Parental Leave |
| 20 | 401(k) Savings Plan |
| 21 | 529 College Savings Plan and Tuition Reimbursement |
| 22 | Voluntary Benefits |
| 23 | Benefits Contacts |
| 24-26 | Required Notices |
| 27 | Notes |

While every attempt has been made to make the information contained in this summary as accurate and complete as possible, full details of the plans are contained in the official plan documents and contracts. These documents and contracts are available from the Benefits Service Center. If any conflict should arise between this summary and the official applicable document or contract, or is only partially discussed in this summary, the terms of the plan document or contract will govern in all cases. The Company reserves the right to amend, modify or terminate the plans, in whole or in part, or any benefits provided under the plans for any or no reason.

Eligibility

You are eligible for KTS benefits if you are a regular full-time employee scheduled to work 30 or more hours per week.

The Company reserves the right to amend, modify or terminate the plans, in whole or in part, or any benefits provided under the plans for any or no reason.

Eligibility for Your Dependents

Legal Spouse and Domestic Partner

Opposite sex or same sex with proof of marriage certificate, including common-law marriage, if you live in a state that recognizes common-law or sign the Blue Cross Blue Shield domestic partner affidavit.

Children Up to Age 26:

- ▶ A natural child
- ▶ A stepchild
- ▶ A domestic partner's child
- ▶ A legally adopted child
- ▶ A child placed with you waiting for adoption
- ▶ A child for whom legal guardianship has been awarded
- ▶ Children for whom you are required to provide health care coverage under a Qualified Medical Child Support Order (QMCSO) or other court or administrative order as determined by your plan
- ▶ Disabled Children over the age of 26 may be covered if medically certified by BCBS or any other medical carrier offered by KTS

Note: If your child is married, their spouse and children are not eligible for coverage.

For Your Domestic Partner

KTS extends benefits eligibility to domestic partners and their eligible children. Any requirements of proof of relationship will be applied equally to domestic partnerships as they are to married spouses.

COBRA-like continuation coverage will be available to qualified domestic partners and their eligible children to the same degree and in the same manner as COBRA coverage is available to spouses and stepchildren.

Note: There are special tax considerations for covering a domestic partner who does not qualify as an IRS tax dependent. The value of employer-paid coverage for a non-tax-dependent domestic partner is considered imputed income and will be subject to applicable payroll taxes. Contact the **Benefits Service Center** for additional information.

You and Your Spouse Work for KTS

Medical, Dental, and Vision Coverage

If you and your spouse both work for KTS and are both eligible to enroll for coverage, you may each enroll separately for single coverage, or one of you may cover the other as a dependent. If you have eligible dependent children, they can be enrolled under one parent.

Life Insurance Coverage

If your spouse or dependent works for KTS, you cannot be covered as an employee and as a spouse or child under the KTS Life Insurance plans; this includes any post employment coverage provided under the terms of any KTS group policy. In addition, you and your spouse may not both elect Child Life Insurance covering the same child(ren).

Dependent Verification

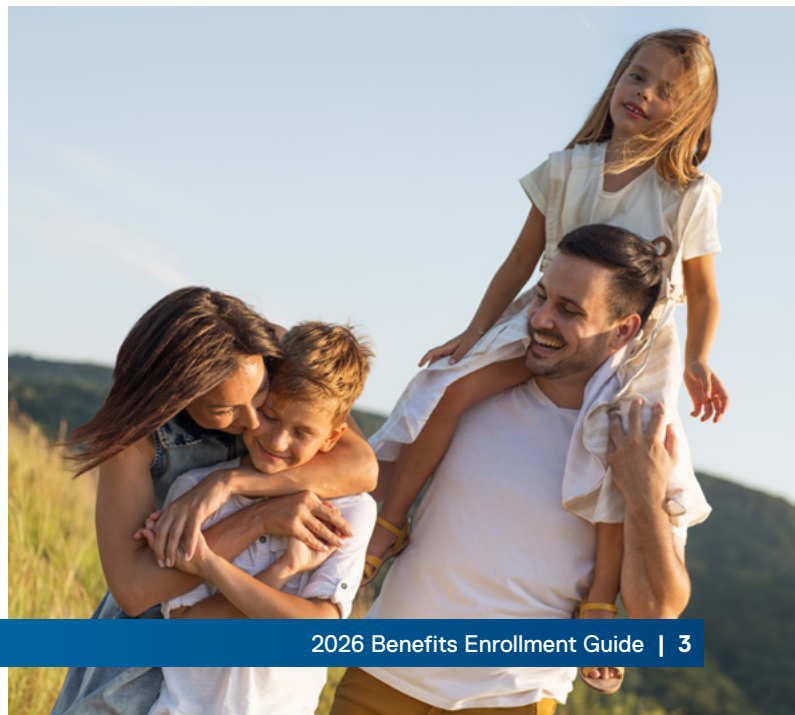
If you are adding a dependent to the Plan for the first time, dependent verification will be required. KTS reserves the right to request proof of dependent status at any time.

When Coverage Begins

- ▶ The elections you make during Annual Enrollment take effect on January 1 of the following year
- ▶ For new hires at KTS, coverage begins on your date of hire, provided you enroll within 31 days of your hire date

When Coverage Ends

Your medical, dental, and vision coverage will end at the end of the month in which your employment ends with KTS whether voluntary or involuntary.



Benefit Options for Eligible Employees

| FOR ANNUAL ENROLLMENT OR NEW HIRES | |
|---|---|
| Benefit Category | Full-Time Employees |
| Health Benefits | |
| Medical | Elect |
| Dental | Elect |
| Vision | Elect |
| Pelago - Substance Use Management | Auto |
| PeopleEQ - Wellness Incentive Platform | Auto |
| Health Advocate - EAP | Auto |
| Found Weight Management | Auto |
| Health Savings Account (HSA) | Enrolled in BCBS Plan 1 or 2 |
| Health Care Flexible Spending Account (HCFSA) | Enrolled in BCBS Plan 3 or 4 or not enrolled in any medical plan |
| Limited Purpose Flexible Spending Account (LPFSA) | Enrolled in BCBS Plan 1 or 2 |
| Dependent Care Flexible Spending Account (DCFSA) | Elect |
| Aetna Voluntary Supplemental Health Plans | Elect |
| Savings Plans | |
| 401(k) Savings Plan | Elect |
| 529 College Savings Plan | Elect |
| Additional Benefits | |
| Tuition Reimbursement Program | Auto |
| Basic Life and AD&D | Auto |
| Supplemental Life/AD&D Insurance | Elect |
| Short-Term Disability | Auto |
| Long-Term Disability | Auto |
| Legal Service Plan | Elect |
| Business Travel Accident Insurance | Auto |
| Mercer Voluntary Benefits | Elect |

Enrollment

Two ways to Enroll in Coverage

1. **From your Computer:** visit www.MySPXbenefits.com.
First time users use the company key **SPX** to set up your account.
2. **From your Mobile Device:** Download the MyChoice benefits app. You must be registered on the Benefits Portal before you can register on the app. Use your same credentials to register.

New Employees

As a new hire or during Annual Enrollment, you can enroll in, change, or drop coverage. Outside of these times, changes are only allowed if you experience a Qualified Life Event.

Important: If you don't enroll within 31 days of your hire date, you will not have coverage.

Before you enroll, have this information ready:

- ▶ Your Social Security number (and Medicare ID if applicable)
- ▶ Social Security number, date of birth, and Medicare ID (if applicable) for any dependents
- ▶ Beneficiary details for Life Insurance (name, date of birth, and SSN)
- ▶ Documents to validate your dependents' eligibility, if applicable

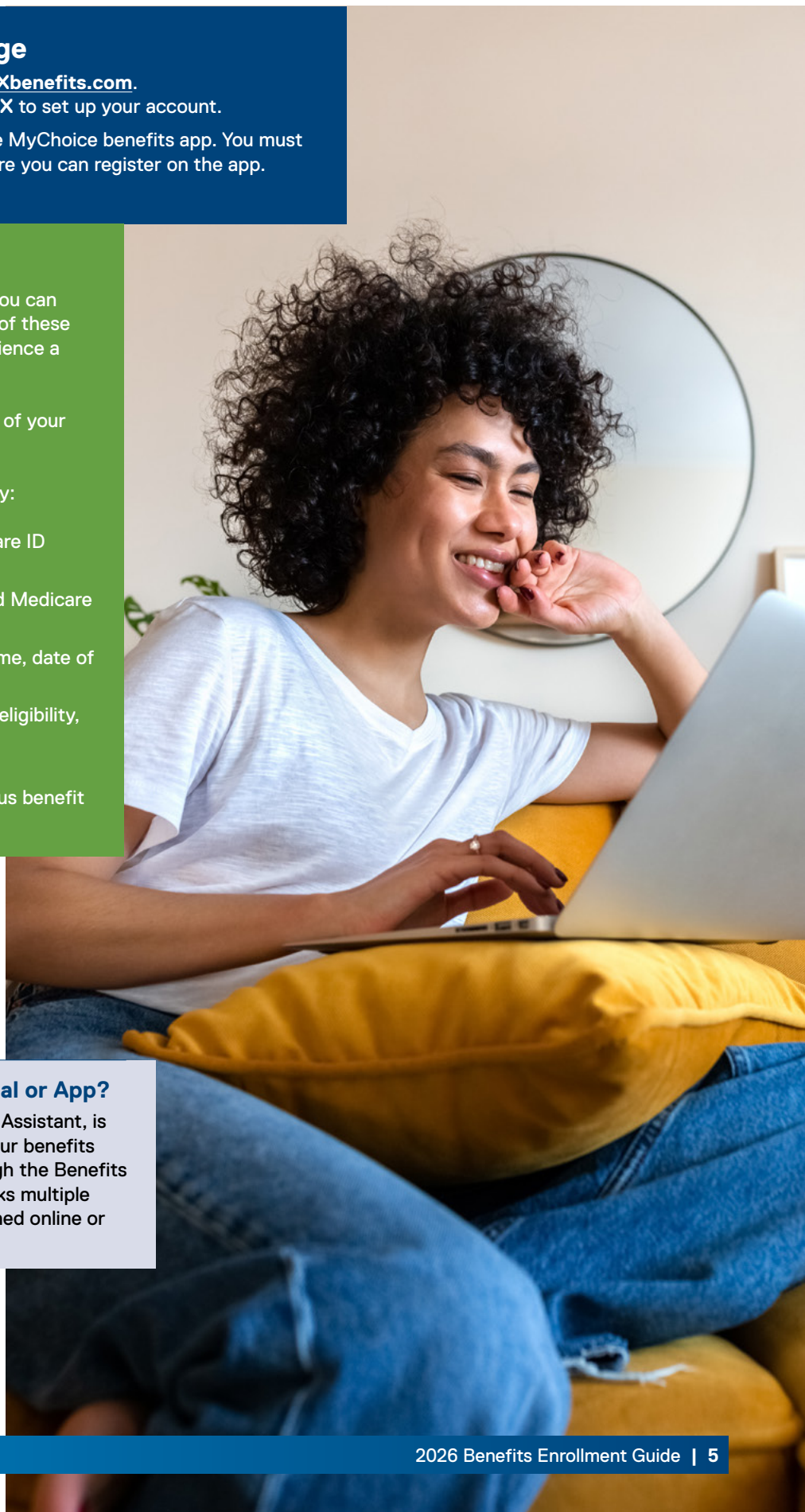
If you are rehired within 31 days, your previous benefit elections will be reinstated.



Reminder:

Need Help on the Portal or App?

Sofia, your Virtual Benefits Assistant, is available 24/7 to answer your benefits questions, guide you through the Benefits Portal, and more. She speaks multiple languages and can be reached online or by calling 888-305-3576.



Qualified Life Event and Coordination of Benefits

When You Have a Qualified Life Event

If you experience a Qualified Life Event (as defined by the IRS), you may change your benefit elections, but the changes must directly relate to the event. Most updates must be made within 31 days of the event using the online enrollment system.

If you are adding a new child dependent and are already enrolled in a coverage level that includes dependent children, you have 60 days from the date of the event to add the new child to your coverage. Additionally, you have 60 days to report any changes following the loss of Medicaid or CHIP coverage, or after receiving a determination of eligibility for premium assistance, to request a change in your plan.

Your current benefit elections and payroll deductions will continue until proper proof of the life event is received by the Benefits Service Center. Additional documentation, such as a Certificate of Creditable Coverage from a prior health plan, may also be required.

For assistance or to make changes, use the online portal, mobile app, or contact the Benefits Service Center at 888-305-3576.

Qualifying Status Changes Include the Following:

- ▶ A change in legal marital status (marriage, divorce, legal separation, annulment or death of a spouse)
- ▶ A change in the number of dependents as a result of birth, adoption or death
- ▶ A change in your spouse or a dependent's employment status that causes them to become or cease to be eligible under a plan (such as termination or commencement of employment, going from benefits eligible to non-eligible status, change in worksite, etc.)
- ▶ A change in your, spouse or dependent's place of residence that impacts eligibility for health care coverage under certain plans
- ▶ A judgment, decree or order (including issuance of a Qualified Medical Child Support Order) that affects a child's eligibility for healthcare coverage under a KTS plan or the plan of the child's other parent
- ▶ Any event that causes a dependent to satisfy or cease to satisfy the eligibility requirements as specified in the plan
- ▶ Medicare eligibility for a dependent turning 65

Coordination of Benefits

Coordination of benefits refers to the process of paying medical or dental benefits when you or any of your dependents are covered by more than one group plan. If the KTS medical or dental plan is primary, the KTS plan will pay benefits first without regard to your other coverage. If the KTS medical or dental plan is secondary, benefits are significantly restricted. The KTS plan will pay only the difference between any benefits you receive under the other (primary) plan and the benefits normally payable under the KTS plan.

Spousal Coverage

If you are married and enrolled in more than one medical or dental plan, the plan that covers you as a participant is primary; the plan that covers you as a spouse is secondary. Special rules may apply for coordination of benefits with Medicare. For children covered by two plans, the plan of the parent whose birthday comes first in the calendar year is primary. Special rules may apply in divorce situations. Generally, the plan of the parent with custody is primary if the child is covered under both parents' plans unless the court decree states otherwise.

Medicare

If you are 65 or over or disabled and covered by Medicare and you elect Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) coverage, Medicare is the primary coverage, and your COBRA coverage is secondary. If you have End-Stage Renal Disease (permanent kidney failure) and are covered by Medicare and COBRA coverage, for the first 30 months of eligibility or entitlement to Medicare, your COBRA coverage is the primary coverage and Medicare pays secondary.

You must notify the KTS Benefits Service Center of your Medicare disability situation so that the appropriate application of primary and secondary coverage can be set up. This section is subject to the terms of the Medicare Coordination of Benefits rules. Any changes to Medicare's rules will apply to the provisions of this section.



Medical Plans - Compare Your Options

KTS has four BCBS medical plans to choose from.

| BLUE CROSS BLUE SHIELD OF ILLINOIS | PLAN 1 HSA PPO MICOE4065 | | PLAN 2 HSA PPO MIEEA3005 | PLAN 3 PPO MIBCO2015 | | PLAN 4 (IL ONLY) HMO MIBAH2025 |
|--|---|--------------------|--------------------------------------|---|------------------------------|-----------------------------------|
| Health Savings Account Contribution (ER) | \$1,200 / YR Single Coverage Only | | \$1,200 / YR Single Coverage Only | | | |
| In-Network | Blue Choice Options Tiered Network Plan | | PPO (Participating Provider Options) | Blue Choice Options Tiered Network Plan | | HMO BlueAdvantage |
| Benefit Period Calendar Year or Plan Year | Jan 1 - Dec 31 | | Jan 1 - Dec 31 | Jan 1 - Dec 31 | | Jan 1 - Dec 31 |
| Plan Type | Tier 1 | Tier 2 | | Tier 1 | Tier 2 | |
| Deductible: Individual / Family | \$3,500 / \$10,500 | \$4,600 / \$13,800 | \$1,800 / \$3,600 | \$750 / \$2,250 | \$1,750 / \$5,250 | \$0 / \$0 |
| Coinsurance % (employee) | 0% | 20% | No Cost | No Cost | 30% | No Cost |
| Maximum Out-of-Pocket Individual / Family (includes deductible, coins and co-pays) | \$3,500 / \$10,500 | \$6,550 / \$14,000 | \$3600 / \$7,200 | \$750 / \$2,250 | \$3,500 / \$10,500 | \$1,500 / \$3,000 |
| Emergency Room Visit | Deductible | | Deductible | \$400 | \$400 | \$250 |
| Urgent Care | Deductible | 20% | Deductible | \$75 | \$75 | \$25 or \$50 |
| Office Visit: Primary Care | Deductible | 20% | Deductible | \$25 | \$55 | \$25 |
| Office Visit: Specialist | Deductible | 20% | Deductible | \$50 | \$110 | \$50 |
| Office Visit: Diagnostics | Deductible | 20% | Deductible | \$25 PCP, \$50 Spec | \$55 PCP, \$110 Spec | No Cost |
| Preventive Care | No Cost | | No Cost | No Cost | No Cost | No Cost |
| Hospital Inpatient | Deductible | 20% | Deductible | \$250 + Deductible | \$500 + Deductible, then 30% | No Cost |
| Hospital Outpatient | Deductible | 20% | Deductible | \$200 + Deductible | \$400 + Deductible, then 30% | No Cost |
| Prescription Drugs including Specialty (Retail) | Deductible | | Deductible, then 10% | \$5 | | \$5 |
| Generic Drugs (Preferred) | | | Deductible, then 10% | \$15 | | \$5 |
| Generic Drugs (Non-Preferred) | | | Deductible, then 20% | \$45 | | \$45 |
| Brand Drugs (Preferred) | | | Deductible, then 30% | \$85 | | \$85 |
| Specialty Drugs (Preferred) | | | Deductible, then 40% | \$250 | | \$250 |
| Specialty Drugs (Non-Preferred) Up to a 90-day supply at mail order. | | | Deductible, then 50% | \$350 | | \$350 |

This spreadsheet is for illustrative purposes only. If any discrepancies exist between this spreadsheet and the final contract, the terms of the contract will prevail. Final rates and factors will be based upon underwriting, enrollment and satisfaction of disclosure requirements.

Health Savings Account (HSA)



What is a Health Savings Account (HSA)?

An HSA is your own personal bank account for health expenses. You can use it to pay for medical, prescription, dental, and vision costs with pre-tax dollars. Contributions are made through pre-tax payroll deductions up to the IRS annual limit and any unused balance rolls over year to year. The money is always yours – even if you change health plans or leave the organization.

Why Consider an HSA Plan?

- ▶ Pre-tax contributions
- ▶ Tax-free investment growth
- ▶ Tax-free withdrawals for eligible expenses at any time
- ▶ No “use it or lose it” rule. The money rolls over from year to year and is always yours
- ▶ Flexibility – save for today’s needs or future expenses, including retirement
- ▶ Must be enrolled in BCBS Plan 1 or Plan 2

Why choose an HSA

An HSA offers several advantages: you can save on taxes since contributions go in tax-free, and any unused funds roll over from year to year, so your money is never lost. Over time, you can grow your savings by investing your HSA funds once your balance reaches the required amount. Best of all, you can use the money anytime—to pay for healthcare expenses now or in the future, even during retirement.

How it Works

You can contribute pre-tax dollars from your paycheck. Additionally, KTS will contribute \$1,200 annually if you are enrolled in the qualifying High Deductible Health Plan (BCBS Plan 1 and Plan 2) with employee only coverage. The KTS contribution is distributed evenly across 26 pay periods, at \$46.16 per pay period.

| 2026 HSA ANNUAL CONTRIBUTION LIMITS | | | |
|-------------------------------------|-----------|------------------|-----------------------|
| TIER | IRS LIMIT | KTS CONTRIBUTION | YOUR MAX CONTRIBUTION |
| Employee Only | \$4,400 | \$1,200 | \$3,200 |
| Employee + Dependent(s) | \$8,750 | \$0.00 | \$8,750 |

If you are age 55 or older, you can make an additional \$1,000 “catch-up” contribution in 2026.



Dental Plan

Dental coverage is offered through **Blue Cross Blue Shield of Illinois (BlueCare)**. You may choose between the **Low Plan 1** or **High Plan 1, Dental Plan** options. Both plans cover the same services, **except implants are not covered under the Low Plan**. The plans differ in employee contribution amounts and benefit payment levels.

While benefit levels are the same in and out of network, you will pay **less out-of-pocket when you use a contracted (in-network) provider**.

For more information on your dental plan options or to locate a contracted provider, visit www.BCBSIL.com.

| PLAN NAME | LOW PLAN 1 DINLR58 | HIGH PLAN 1 DINHR33 |
|---|----------------------------|----------------------------|
| | PPO - Blue Care Dental PPO | PPO - Blue Care Dental PPO |
| Annual Maximum Benefit | In / Out-of-Network | In / Out-of-Network |
| Per Individual | \$1,000 | \$1,500 |
| Deductible | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Claims Reimbursement Method | | |
| Non-Network Claims | 90th Percentile U&C | 90th Percentile U&C |
| Preventive Services (plan pays for preventive, basic, periodontic, endo, major and ortho services) | | |
| Deductible Waived for Preventive | Yes | Yes |
| Preventive Services Cleanings, X-Rays | 100%, no deductible | 100%, no deductible |
| Basic Services | | |
| Sealants, Fillings, Simple Tooth Extraction | 80% | 100%, no deductible |
| Periodontic Services | | |
| Minor (eg. Periodontal Maintenance) | 80% | 80% |
| Major/Surgical (eg. Osseous Surgery) | 50% | 80% |
| Endodontic Services | | |
| Minor (eg. Pulp Therapy, Anterior) | 50% | 80% |
| Major (eg. Molar Root Canal Therapy) | 50% | 80% |
| Major Services | | |
| Crowns, Dentures and Bridges | 50% | 50% |
| Implants (eg. surgical placement of implant body) | Excluded | 50% |
| Orthodontic Services | | |
| Lifetime Maximum Benefit | \$1,000 | \$1,500 |
| Adults and Children | 50%, no deductible | 50%, no deductible |



Vision Plan



Vision coverage is offered through MetLife using the Vision Service Plan (VSP provider network). When you use VSP participating providers, covered exams, frames, and lenses or contacts are subject to a copay, then the plan pays up to the maximum allowance. Any costs exceeding the maximum allowable amount shown below will be your responsibility. You can save more money by receiving care from in-network providers.

Note: You will not receive a card from MetLife. Vision providers will confirm your coverage.

For more information on your Vision Plan coverage, including information on how to find an in-network vision provider, please visit www.metlife.com/vision.

| BENEFIT | FREQUENCY | COPAY | VSP DOCTOR |
|---|-----------|---------------------|-------------------------------|
| Exams ¹ | 12 months | \$10 | Covered |
| Lenses ² Single Vision Lined Bifocal Lined Trifocal Lenticular UV coating, Polycarbonate (up to age 18) | 12 months | \$0 | Covered |
| Enhancement Lenses ³ Progressive Standards Progressive Premium Custom Polycarbonate (adult) Scratch-resistance coating Tints, Anti-reflective Photochromic | 12 months | Negotiated Copay | Covered |
| Frames ⁴ | 12 months | \$0 | Covered up to \$250 allowance |
| Contact Lenses • Fitting and evaluation • Medically Necessary ⁵ • Elective | 12 months | \$60 maximum \$0 | Covered Covered Covered |
| Laser Vision | | | Discounted Services |
| Additional VSP Benefits: Your plan provides a 20% discount on pair of prescription glasses and non-prescription provided by a VSP doctor. | | | |

1. Retinal imaging: Up to \$39 copay on routine screenings when performed by a private practice.

2. Covered in full after eyewear copay.

3. Your cost is limited to a copay that MetLife has negotiated for you. These copays can be viewed on www.metlife.com/mybenefits.

4. Costco, Walmart, and Sam's Club: \$135 allowance after \$0 eyewear copay.

5. Covered in full at \$0 eyewear copay.



Flexible Spending Accounts (FSA)



Health Care FSA (HCFSA)

The Health Care FSA is available to you and your eligible dependents, even if you are not enrolled in a KTS medical plan. This account allows you to set aside pre-tax dollars through Fidelity to pay for qualified out-of-pocket expenses for medical, prescription, dental, vision, and hearing costs that are not reimbursed by your health plan. Please note: if you are enrolled in BCBS Plan 1 or Plan 2, you are not eligible to participate in the Health Care FSA.

Limited Purpose FSA (LPFSA)

The Limited Purpose FSA, is available only to employees enrolled in the BCBS Plan 1 and Plan 2. You may set aside pre-tax dollars, which can be used exclusively for eligible dental and vision expenses. You can roll over up to \$660 in your Limited Purpose FSA to next year.

For a list of eligible expenses go to [fidelity.com](https://www.fidelity.com).

FSA Contribution Limits

| | |
|---------------------|------------------|
| Health Care FSA | \$3,300 per year |
| Limited Purpose FSA | \$3,300 per year |

You have until March 31, 2027, to submit expenses for 2026. The expense must be:

- ▶ Incurred in 2026 and no earlier than when you began participating in the account
- ▶ No later than when your participation ended unless COBRA is elected for an HCFSA

Any unused funds left in DCFSA at the end of the plan year will be forfeited after the claims submission deadline of 3/31/2027. We are allowing unused funds of \$660 to be rolled over in the LPFSA and the HCFSA.

For more information on FSAs, please visit the Reference Center in the Benefits Portal.

2026 Dependent Care FSA (DCFSA) Overview

| CATEGORY | DETAILS |
|---------------------------|---|
| Annual Contribution Limit | <ul style="list-style-type: none">• \$7,500 per household (single or married filing jointly)• \$3,750 if married filing separately |
| Eligible Dependents | <ul style="list-style-type: none">• Children under age 13• Spouse or dependent 13+ who cannot care for themselves |
| Eligible Expenses | <ul style="list-style-type: none">• Daycare, preschool, nursery school• Before / after school programs• Summer day camps (not overnight)• Approved nanny services• Adult day care (if work-related) |



Reminder:

Important Notice About the Dependent Care FSA (DCFSA)

The Dependent Care Flexible Spending Account (DCFSA) is subject to non-discrimination testing as required by IRS regulations. This means that your election may be adjusted or limited if testing determines that highly compensated employees are disproportionately benefiting from the plan.

Please plan accordingly when making your DCFSA election.

PeopleEQ is a complete wellness platform designed to improve employees health and engagement. This user-friendly solution brings together solutions for physical, mental, and emotional health in one easy-to-use place.

Key Features:

- ▶ **Personalized Wellness Plans:** Custom plans based on each person's health needs
- ▶ **Holistic Support:** Access to fitness programs, mental health resources, and nutrition tips for overall well-being
- ▶ **Community Engagement:** A chance for employees to connect, share experiences, and support each other
- ▶ **Data-Driven Insight:** Tools to track progress and see how well wellness programs are working
- ▶ Company-wide wellness challenges



You can access the program by visiting <https://spxwellbeing.wellright.com> or by scanning the QR code to download the PeopleEQ App (powered by WellRight).

Found Weight Management Support



Found Health offers a modern, evidence-based approach to weight management focused on **personalized care and lasting lifestyle change**. The program is entirely **virtual** and accessible through the **Found mobile app**, making it easy to get support anytime, anywhere.

There are two programs under Found Health:

- ▶ The **Wellness Weight Loss Program**, designed to help you build sustainable habits and achieve your goals naturally.
- ▶ The **Medication-Assisted Weight Loss Program**, which provides additional medical support for eligible participants.

Wellness Weight Loss Program

All employees have access to this program at **no cost to you!**

This program includes:

- ▶ Health coaching and guided lifestyle programming
- ▶ AI-generated content for personalized meal plans, recipes, workout routines, and more
- ▶ A supportive in-app community to connect with other members
- ▶ A suite of educational tools to help you stay on track with your weight loss goals

Medication-Assisted Weight Loss Program

Employees who meet specific **BMI criteria** may be eligible to participate in the **Found Health Medication-Assisted Program** for additional support on their weight loss journey. Participants pay a **subsidized monthly cost of \$80**, plus the cost of prescribed medication.

This program includes:

- ▶ 1:1 consultation with board-certified clinicians
- ▶ A personalized treatment plan tailored to your biology
- ▶ Access to prescriptions for a wide range of weight loss medications
- ▶ Health coaching and guided lifestyle programming, and more

Note: Employees living in **West Virginia (WV)**, **Mississippi (MS)**, **Arkansas (AR)**, and **Louisiana (LA)** are excluded from the medication portion of the program due to state regulations but can still participate in the Wellness Weight Loss Program.

Employee Assistance Program (EAP)



Health Advocate EAP

Health Advocate offers free, confidential support to help you and your family members improve your life and achieve work-life balance. You can receive assistance by phone, online, or face-to-face, **with up to eight sessions per issue per year, at no cost to you or your family members!**

Available 24/7 by phone or online, this Employee Assistance Program (EAP) provides emotional support through confidential counseling with professionals who can help manage issues such as:

- ▶ Anger, grief, loss, anxiety, depression
- ▶ Job stress, burnout, work conflicts
- ▶ Marital and family relationships, including emotional and physical abuse
- ▶ Addiction, eating disorders, mental illness

To get started, simply call to connect with an intake counselor who will guide you through the process. Health Advocate EAP is available to you, your spouse, dependent children, parents, and parents-in-law.

Health Advocate Concierge Services

Health Advocate is available for any issue, start to finish, every time—to make life happier, healthier, and easier. Whether you're navigating childcare, summer camps, after-school care, eldercare, special needs, legal or financial concerns, or even relocation support—help is just a call away.

What is Available:

- ▶ Family member elder care
- ▶ Financial wellness support
- ▶ Pet care
- ▶ Help with moving
- ▶ Project experts and resources
- ▶ Parenting questions
- ▶ Coordinating care among multiple providers
- ▶ Researching transportation to appointments
- ▶ Support solving medical billing issues
- ▶ Assistance with scheduling appointments with hard to reach providers
- ▶ Health Advocate concierge services are available to you, your spouse, dependent children, parents and parent in-laws

In a crisis, help is available 24/7.
866-799-2691

answers@HealthAdvocate.com

HealthAdvocate.com/spxtechnologies

Registration code: KTSTECH

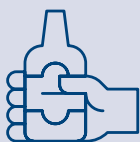


Pelago is in your corner at \$0 cost to you

Pelago is a confidential, virtual substance use management program available at no cost to all KTS employees and eligible dependents. It offers personalized care plans, one-on-one virtual support from a physician-led team, access to medication-assisted treatment and nicotine replacement therapy, digital cognitive behavioral therapy tools, and remote monitoring through connected devices. Designed to support whole-person care, Pelago coordinates with existing providers to ensure integrated treatment.

Build healthier habits with Pelago

Our digital programs at a glance



Alcohol

This flexible program is for anyone who wants to change their relationship with alcohol. Get help with overcoming alcohol dependence, reducing your drinking, or even trying out a sober curious month.



Tobacco

Support is available for tobacco, nicotine (vaping or e-cigarettes), or smokeless tobacco users. Whether you want to quit or cut back, we'll give you the tools to make it happen.



Opioid

Get whole-person care for opioid treatment and recovery. You'll have easy access to counselors, physicians, and any necessary medication - all in one place.



Cannabis

Discover the effects of cannabis on your health. With the help of a coach or counselor, make informed choices about quitting or using less.



Voluntary Supplemental Health Plans



Aetna Supplemental Health Plans give you extra financial support when unexpected health events occur, like an accident, illness, or hospital stay. These plans pay cash directly to you, so you can use it however you need—whether it's for medical costs your primary plan doesn't cover, like copays and deductibles, or everyday expenses such as groceries, utilities, travel, or child care.



Critical Illness Insurance

Pays an immediate one-time lump sum cash benefit directly to each covered member who is diagnosed with a critical illness such as:

- ▶ Cancer
- ▶ Heart Attack
- ▶ Stroke
- ▶ Kidney Failure
- ▶ Major Organ Transplant
- ▶ Sudden Cardiac Arrest



Accident Insurance

Pays a direct cash benefit that supplements your medical insurance if you or a covered dependent becomes injured, including:

- ▶ Ambulance rides
- ▶ Surgery
- ▶ ER Visits
- ▶ Broken bones
- ▶ Burns
- ▶ Dislocations



Hospital Indemnity Insurance

Provides financial assistance if you are hospitalized due to a covered pregnancy, sickness or injury. Covered benefits include:

- ▶ Hospital Admission
- ▶ Hospital Confinement
- ▶ Hospital ICU
- ▶ Cancer
- ▶ Kidney Failure
- ▶ Heart Attack



Health Screening Benefit

Your accident and critical illness plans pay you \$50 for a covered preventive health screening, once during the plan year.

The benefit applies to all covered members. If you have both plans, you could receive up to \$100 per member. See the plan summary for a complete list of covered test.

Sign on to the My Aetna Supplemental app and portal today.

Two ways to connect:

1. Download the My Aetna Supplemental app
2. Log on to [MyAetnaSupplemental.com](https://www.MyAetnaSupplemental.com) —the Aetna Supplemental Health plan member portal.



Note: Members who aren't enrolled in an Aetna medical plan can submit their claims online by uploading their supporting medical documentation, including an itemized bill or Uniform Medical Billing Form 2004 (UB04) on the My Aetna Supplemental app or [MyAetnaSupplemental.com](https://www.MyAetnaSupplemental.com).



Life & Accidental Death & Dismemberment (AD&D) Insurance Plans



Life and AD&D Insurance Plans

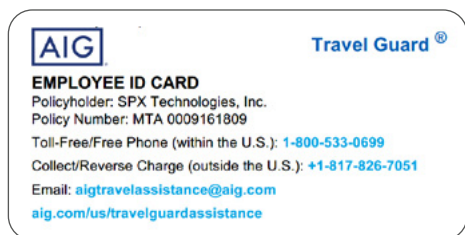
This coverage offers financial protection for your loved ones in the event of an unexpected death or serious injury. Life insurance helps ensure your family can continue to meet current financial obligations and pursue future goals—such as funding education or saving for retirement—should the unexpected occur.

Basic Life and AD&D Insurance

KTS provides Basic Life and AD&D Insurance at no cost to you at 1.5x your base pay. Please note that your coverage will not increase during the year if your pay increases.

Business Travel Accident Insurance

If you are seriously injured or die while traveling on an authorized business trip (up to 365 days), you are provided with Business Travel Accident Insurance in addition to your other life insurance. Business Travel Accident Insurance does not cover accidents on the way to or from your regular work site. In addition to death benefits, the policy includes benefits for a permanent and total disability and benefits for loss of limb, sight, speech, or hearing. Please see the Summary Plan Description for additional information.



Empathy Funeral Concierge Support

Life's unexpected moments can be overwhelming—especially during times of loss. Through their partnership with Empathy, Aflac provides employees and their families with compassionate, practical support when it's needed most.

Services include:

- ▶ **Pre-planning support:** funeral arrangements, will preparation, last wishes
- ▶ **Guidance** with probate and estate administration
- ▶ **Property** clearance assistance
- ▶ **Help with account closures:** deactivation of social media and financial accounts
- ▶ **Agency notifications:** government offices and institutions
- ▶ **Identity** theft protection
- ▶ **Funeral planning** assistance: price negotiation and locating funeral homes
- ▶ **Secure** document storage



Reminder:

Please be sure to keep your beneficiary information up to date.



Supplemental Employee Life & AD&D Insurance

In addition to the company provided Basic Life Insurance, you may choose to enroll in additional life insurance for yourself and your dependents. Benefits are based on the members of your family. Your contributions to this coverage are paid on an after-tax basis.

| SUPPLEMENTAL EMPLOYEE LIFE INSURANCE | |
|---|---|
| Supplemental Employee Life Amount | Up to 7 times your annual earnings |
| Employee Guaranteed Issue Guaranteed Issue: The guaranteed issue amount is the maximum life insurance you can elect without completing a health questionnaire. | The lesser of 3 times annual earnings or \$300,000 |
| Spouse Life Amount | Flat \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000 (cannot exceed 50% of Employee amount) |
| Spouse Guaranteed Issue | \$50,000 |
| Dependent Child Amount | Flat \$10,000 or \$20,000 |

Supplemental Accidental Death & Dismemberment (AD&D)

You may elect Supplemental AD&D coverage in \$25,000 increments, up to a maximum of \$750,000. Supplemental AD&D elections are not subject to Evidence of Insurability, even during a future Annual Enrollment.

| SUPPLEMENTAL EMPLOYEE AD&D INSURANCE | |
|--------------------------------------|--|
| Supplemental Employee AD&D Amount | \$25,000 increments up to \$750,000 |
| Spouse Only AD&D Amount | 50% of employee coverage |
| Spouse and Child(ren) AD&D Amount | 40% of your coverage for your spouse and 5% of your coverage for each eligible child |

Evidence of Insurability (EOI) Requirements

| EVIDENCE OF INSURABILITY (EOI) REQUIREMENTS | |
|---|--|
| For You | <ul style="list-style-type: none"> You're a new hire or newly eligible and elect coverage over 3x base pay or \$300,000 (whichever is less) You're enrolling in Supplemental Life during Annual Enrollment and weren't covered last year You're increasing coverage by more than 1x base pay or electing over \$300,000 |
| For Your Spouse | <ul style="list-style-type: none"> You elect Spouse Life coverage over \$50,000 You declined Spouse Life last year and had an eligible spouse You increase Spouse Life coverage by more than one level |
| Next Steps If EOI is required | <ul style="list-style-type: none"> Coverage takes effect upon carrier approval If approved before Jan 1 during Annual Enrollment, coverage starts Jan 1 Aflac will notify you by email (or mail if no work email) to complete the EOI application |

If you pass away due to an accident, your Accidental Death & Dismemberment (AD&D) coverage pays the full benefit amount you selected during enrollment to your named beneficiary in addition to the life insurance benefit amount. If you're injured in an accident—such as losing a limb—AD&D may also pay a portion of the benefit directly to you, depending on the severity of the injury.

Disability Benefits

Short-Term Disability Benefits (STD)

KTS offers STD coverage at no cost to eligible employees. The plan provides up to 26 weeks of benefits for non-work-related illnesses or injuries that prevent you from working. For the first seven weeks, the benefit pays 100% of your pay, with a seven-day waiting period, or eight weeks if you are hospitalized on day one (no waiting period). From weeks 9 through 26, the benefit pays 70% of your pay. After 26 weeks, long-term disability (LTD) benefits may be available if the disability meets the plan's requirements.

Family and Medical Leave Act

The Family and Medical Leave Act (FMLA) is a federal law designed to support employees during important life events by providing up to 12 weeks of unpaid, job-protected leave each year. Whether it's for the birth of a child, managing a serious health condition, or caring for a family member with a serious illness, FMLA ensures you won't have to worry about your job or health benefits while you're away. Sedgwick handles FMLA claims.

To be eligible for FMLA leave, you need to meet the following criteria:

- ▶ Have worked with the company for at least 12 months (these do not have to be consecutive)
- ▶ Have logged at least 1,250 hours in the 12 months leading up to the start of your leave

FMLA helps you focus on what matters most, knowing your job and benefits are secure while you take care of your family or health.

For more information on your STD and LTD coverage, review the Summary Plan Description, which can be found in the Reference Center on the Benefits Portal.

To report a leave, notify your Supervisor and call Sedgwick, the KTS Leave administrator, 24/7 at 1-800-779-3293. An STD or FMLA claim must be reported no later than 30 days from the date of your disability.

Long-Term Disability Benefits (LTD)

KTS provides LTD coverage to eligible employees at no cost. The LTD plan is administered by Lincoln Financial. The LTD plan can replace 60% of your pay up to a \$15,000 monthly maximum after you have been disabled for 26 weeks. If your pay increases during the year, your coverage level will increase. If you are not actively at work (e.g., on a leave of absence) on the date your coverage would take effect, the coverage will not take effect until you return to full-time work for one full day.

The Internal Revenue Service (IRS) requires that the value of the premiums paid be taxable income, which keeps the LTD benefit tax-free when received.

No LTD benefits are paid for a disability caused or related to a pre-existing condition during the first 12 months of coverage.

If eligible for LTD, Sedgwick will forward your disability information to the LTD carrier.

For questions regarding an LTD claim, call Lincoln Financial Insurance Company Financial at 800-291-0112. Hours are 8:00 a.m. to 5:00 p.m. ET.



Paid Time Off and Parental Leave

Paid Time Off

KTS offers opportunities to take time off work while continuing to receive 100% of your regular paycheck and no interruptions to your benefits. Our Paid Time Off policy is designed to help you maintain a healthy balance between your professional and personal life—whether you're addressing personal needs, spending time with family or simply recharging.

Programs may vary by work location and job function. For more information, please contact your **HR representative** or review the **Employee Handbook** on the **KTS portal**.

Paid Parental Leave

KTS provides Paid Parental Leave to support employees welcoming a new child through birth, adoption, or foster care. Eligible employees receive up to 6 weeks of paid leave at 75% of their regular pay (up to \$3,500 per week) to prepare for and bond with their child.

Eligibility

You qualify for Paid Parental Leave if you:

- ▶ Have been employed by KTS for at least 12 months
- ▶ Work 30 hours or more per week
- ▶ Experience a qualifying event such as birth, adoption, or foster care placement

Leave Details

Paid Parental Leave may be taken continuously or in full-week increments within six months of the qualifying event. The leave will run concurrently with any applicable FMLA or state family leave.

During Leave

KTS will continue your benefits and job protection while you are on Paid Parental Leave. Employees are required to provide 30 days' notice (or as soon as possible) to their manager and HR when requesting leave.

For more information or to request Paid Parental Leave, please contact Human Resources.



401(k) Savings Plan



The KTS 401(k) Plan, administered by Fidelity, is an easy, convenient way to save for your future. All full-time employees and part-time employees who complete 1,000 hours of service are eligible to participate in the 401(k) Savings Plan.

KTS tax-deferred investment growth help your savings grow faster. You pay no federal taxes and, in many cases, no state or local taxes on your before-tax contributions and company contribution or investment earnings until you withdraw the money from your account. For more information on the KTS 401(k) Plan, please contact Fidelity at 877-401-5779.

| FEATURE | WHAT YOU NEED TO KNOW |
|----------------------|--|
| Eligibility | All full-time employees are eligible to participate as of their hire date. Part-time employees become eligible after completing 1,000 hours of service during an eligibility computation period and may enroll on the next regular entry date. |
| Your Contribution | Save 1%–50% of your eligible pay (before-tax): <ul style="list-style-type: none">• Catch-up: Age 50+ can contribute an extra \$7,500• Super Catch-up: Ages 60–63 can contribute an additional \$3,750 |
| Company Contribution | Safe Harbor Contribution: 3% Discretionary Contribution: 10% |
| Vesting | You're 100% vested immediately in both your contributions and the employer contributions. |
| Growth & Investments | Enjoy tax-deferred growth and a range of flexible fund choices to match your goals. |

In 2026, employees who earn more than \$145,000 must make all catch-up contribution on an after-tax basis to a Roth 401(k).

Additional Plan Details

- ▶ **Auto Enrollment:** New hires are automatically enrolled at a 10% pre-tax contribution after 60 days. You can opt out or adjust your contribution anytime at [Fidelity.com](https://www.fidelity.com) . **Note:** Opting out is also selecting 0% for your personal contributions.
- ▶ **Loans & Withdrawals:** The plan allows both loan and withdrawals. For complete details, please review the Summary Plan Description (SPD) or contact Fidelity



Reminder:

Reviewing Your Beneficiaries

Keep your 401(k) savings plan beneficiary designations up to date. To check or change your 401(k) beneficiaries, log in to your Fidelity account.



529 College Savings Plan and Tuition Reimbursement



529 College Savings Plan

A 529 plan is a popular way to save for college and other higher education expenses. You can open an account for your child, grandchild, niece or nephew, friend, or another beneficiary. These plans offer tax advantages, allowing your money to grow tax-free when used for qualified education costs. Qualified expenses include tuition, room and board, fees, books, and supplies at an accredited college or university in the U.S. As the account owner, you are responsible for the funds, and if money is withdrawn for non-qualified expenses, a penalty tax may apply.

For more information on the 529 College Savings plan, visit www.fidelity.com/529-plans/overview or call a Fidelity college savings rep at 800-544-1914.

Tuition Reimbursement Assistance

KTS offers Tuition Reimbursement Assistance covering up to **80% of eligible expenses**, with a maximum annual benefit of \$10,000. Up to **\$5,250** is tax-free under IRS guidelines; any amount above this limit will be considered taxable income.

Employees are **eligible upon completion of one year of service**.

For more information please contact your HR representative.



Voluntary Benefits

Additional Voluntary Benefits

You are eligible for discounted prices on benefit programs offered through Mercer Voluntary Benefits. You can apply for these programs any time during the year. These programs are offered as an opportunity for potential savings after-tax. Payroll deductions are available for most programs. KTS does not sponsor or administer these programs, and these programs do not constitute an employee benefit plan under ERISA.

KTS disclaims any responsibility or liability for any claims or actions arising out of, or relating to, the actual insurance coverage or products purchased.

| ADDITIONAL BENEFITS THROUGH MERCER VOLUNTARY BENEFITS | |
|---|---|
| Auto and Home Insurance Program | Access to a wide range of insurance policies including auto, motorcycle, boat, home, personal, excess liability or personal property |
| Allstate Identity Protection | Allstate Identity Protection's \$1 million identity theft insurance policy as well as remediation experts have you covered. Get help to look after your online activity, from financial transactions to what you share on social media. Choose between Allstate Identity Protection Pro or Pro Plus. |
| Employee Purchase Program | You are eligible to purchase new brand-name computers, electronics and more through Purchasing Power, regardless of your credit status with the convenience of home delivery and the ease of payroll deduction. |
| Pets Best Insurance | Pets Best Pet Health Insurance has three insurance plans to cover all your pet's health needs. From Wellness coverage and vaccines to flea and tick preventatives, there is a plan for you. |
| Legal Services Plan | Life is full of legal situations. Some you plan for, like creating a will or buying a home. Others are more unexpected, like fighting a traffic ticket or getting your deposit back from a difficult landlord. Legal insurance makes it affordable to get the legal help you need. You have a choice of two plan options to meet your specific needs. |

Bank of America Preferred Rewards



As a part of our banking partnership with Bank of America, you're eligible to enroll in the Preferred Rewards Program at the Gold tier — without needing to meet any of the standard balance thresholds.

Enroll now to enjoy a wide range of financial benefit and rewards including:

- ▶ Fee waivers on everyday banking services
- ▶ Credit card rewards boost-Gold tier members typically receive 25% bonus on eligible purchases
- ▶ Better savings interest rates, discounts on loans and mortgages, and more
- ▶ Access to tailored financial tools and escalations to support your goals
- ▶ Connect with a banking specialist at 888-383-7200



Benefits Contacts

| VENDOR | SUBJECT | CONTACT INFORMATION |
|---|--|--|
| Aetna | Critical Illness Accident Insurance Hospital Indemnity | 1-800-607-3366 Hours: M-F 8:00am to 6:00pm ET www.aetna.com |
| Aflac | Basic Life AD&D and Supplemental Life & AD&D | 1-800-433-3036 www.aflacgroupinsurance.com |
| ARAG | Legal Services | 1-800-247-4184 www.araglegalcenter.com Access Code: 10476spx |
| Bank of America | Discounted Banking Services | 888-383-7200 |
| BCBSIL | Medical, claim & Benefits | Medical Membership: PPO: 1-800-541-2768 HMO: 1-800-420-8774 Medical claims/Benefits (PPO & HMO): 1-800-541-5767 or 1-855-831-3249 |
| BCBSIL | Dental | 1-800-367-6401 |
| Fidelity | 401(k) Savings Plan Health Savings Account (HSA) Flexible Spending Accounts | 1-877-401-5779 www.401k.com |
| Found Health | Weight Loss Program | Email Support@joinfound.com Website: www.joinfound.com |
| Health Advocate | Employee Assistance Program (EAP) Personal Healthcare Advocates | 1-866-799-2691 Hours: M-F 8:00 a.m. to 10:00 p.m. ET www.HealthAdvocate.com/members Mobile App: Health AdvocateSM |
| Mercer | Auto/Home Insurance Identity Protection Program Employee Purchase Program Pet Insurance | 1-877-295-3939 www.spxvoluntarybenefits.com |
| Pelago | Substance Use Management Program | 1-877-349-7755 www.pelagohealth.com |
| PeopleEQ | Wellness Platform | 1-888-935-5471 www.spxwellbeing.wellright.com |
| Sedgwick | FMLA Leave Short-Term Disability | 1-800-779-3293 www.claimlookup.com Client #8521 |
| The Lincoln National Life Insurance Company | Long-Term Disability Claim Management | 1-800-291-0112 Hours: 8:00 a.m. to 5:00 p.m. ET www.mylincolnportal.com Company Code: KTS |
| Travel Guard | Business Travel Accident Insurance | 1-800-533-0699 aig.com/us/travelguardassistance Email: aigtravelassistance@aig.com Policy # MTA 0009161809 |
| Vision Service Plan (MetLife) | Vision | 1-800-275-4638 |

Required Notices

Forms 1095 (B and / or C)

The Affordable Care Act (ACA) requires all Americans to have health care coverage and be able to provide proof of that coverage at tax time. As a result, a tax form that shows your health care coverage for the prior year—called a 1095—will be mailed to you in January for the prior year. You can also opt to have the form sent to you electronically when you first log in to the KTS benefits site.

The Women's Health and Cancer Rights Act of 1998

The medical plans comply with the Women's Health and Cancer Rights Act of 1998 with respect to health benefits provided under each plan. If you elect breast reconstruction in connection with a mastectomy, coverage is available in a manner determined by the plan. This includes coverage for any of the following:

- ▶ Reconstruction of the breast on which the mastectomy was performed
- ▶ Surgery and reconstruction of the other breast to produce a symmetrical appearance
- ▶ Prostheses and physical complications for all stages of mastectomy, including lymph edemas

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy.

If you have any questions, please contact Member Services at the phone number on your Medical ID card.

Statement of Rights under the Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that you, your physician, or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain pre-certification for any days of confinement that exceed 48 hours (or 96 hours).

Notice of Privacy Rights under HIPAA

HIPAA legislation was designed, in part, to protect health information and set guidelines for the storage and transmission of the data.

Obtain a copy of the KTS HIPAA Privacy Notice from the following sources to learn about how KTS is protecting your health information:

- ▶ Log on to the Benefits Portal. Click on Reference Center at the top of any page, then find or search for the document
- ▶ To obtain a printed copy by mail, please call the Benefits Service Center at 1 (888) 305-3576

Required Notices

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)**.

| STATE | PROGRAM | WEBSITE | PHONE NUMBER |
|------------|-------------------|---|--|
| Alabama | Medicaid | http://myalhipp.com/ | 1-855-692-5447 |
| Alaska | Medicaid | http://myakhipp.com/ Email: CustomerService@MyAKHIPP.com https://health.alaska.gov/dpa/Pages/default.aspx | 1-866-251-4861 |
| Arkansas | Medicaid | http://myarhipp.com/ | 1-855-692-7447 |
| California | Medicaid | http://dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov | 1-916-445-8322 |
| Colorado | Medicaid & CHIP | https://www.healthfirstcolorado.com/ https://hcpf.colorado.gov/child-health-plan-plus https://www.mycohibi.com/ | 1-800-221-3943/State Relay 711 1-800-359-1991/State Relay 711 1-855-692-6442 |
| Florida | Medicaid | https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html | 1-877-357-3268 |
| Georgia | Medicaid | https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra | 1-678-564-1162, Press 1 1-678-564-1162, Press 2 |
| Indiana | Medicaid | https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfir/ | 1-800-403-0864 1-800-457-4584 |
| Iowa | Medicaid and CHIP | https://hhs.iowa.gov/programs/welcome-iowa-medicaid https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp | 1-800-338-8366 1-800-257-8563 1-888-346-9562 |
| Kansas | Medicaid | https://www.kancare.ks.gov/ | 1-800-792-4884 |
| Kentucky | Medicaid | https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Email: KIHIPPPROGRAM@ky.gov https://kynect.ky.gov https://chfs.ky.gov/agencies/dms | KI-HIPP: 1-855-459-6328 KCHIP: 1-877-524-4718 |
| Louisiana | Medicaid | www.medicaid.la.gov www.ldh.la.gov/lahipp | 1-888-342-6207 1-855-618-5488 1-800-442-6003 |
| Maine | Medicaid | https://www.mymaineconnection.gov/benefits/s/?language=en_US https://www.maine.gov/dhhs/ofi/applications-forms | TTY: Maine relay 711 1-800-977-6740 TTY: Maine relay 711 |

Required Notices

| STATE | PROGRAM | WEBSITE | PHONE NUMBER |
|----------------|-------------------|--|---|
| Maine | Medicaid | https://www.mymaineconnection.gov/benefits/s/?language=en_US https://www.maine.gov/dhhs/ofi/applications-forms | 1-800-442-6003 TTY: Maine relay 711 1-800-977-6740 TTY: Maine relay 711 |
| Massachusetts | Medicaid and CHIP | https://www.mass.gov/masshealth/pa Email: masspremassistance@accenture.com | 1-800-862-4840 TTY: 711 |
| Minnesota | Medicaid | https://mn.gov/dhs/health-care-coverage/ | 1-800-657-3672 |
| Missouri | Medicaid | http://www.dss.mo.gov/mhd/participants/pages/hipp.htm | 1-573-751-2005 |
| Montana | Medicaid | http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Email: HSHIPPProgram@mt.gov | 1-800-694-3084 |
| Nebraska | Medicaid | http://www.ACCESSNebraska.ne.gov | Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 |
| Nevada | Medicaid | http://dhcfp.nv.gov | 1-800-992-0900 |
| New Hampshire | Medicaid | https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov | 603-271-5218 HIPP program: 1-800-852-3345, ext. 15218 |
| New Jersey | Medicaid and CHIP | http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ http://www.njfamilycare.org/index.html | 1-800-356-1561 CHIP Premium: 1-609-631-2392 CHIP: 1-800-701-0710 (TTY: 711) |
| New York | Medicaid | https://www.health.ny.gov/health_care/medicaid/ | 1-800-541-2831 |
| North Carolina | Medicaid | https://medicaid.ncdhhs.gov/ | 1-919-855-4100 |
| North Dakota | Medicaid | https://www.hhs.nd.gov/healthcare | 1-844-854-4825 |
| Oklahoma | Medicaid and CHIP | http://www.insureoklahoma.org | 1-888-365-3742 |
| Oregon | Medicaid | http://healthcare.oregon.gov/Pages/index.aspx | 1-800-699-9075 |
| Pennsylvania | Medicaid and CHIP | https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html https://www.pa.gov/agencies/dhs/resources/chip.ht | 1-800-692-7462 1-800-986-5437 |
| Rhode Island | Medicaid and CHIP | http://www.eohhs.ri.gov/ | 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line) |
| South Carolina | Medicaid | https://www.scdhhs.gov | 1-888-549-0820 |
| South Dakota | Medicaid | http://dss.sd.gov | 1-888-828-0059 |
| Texas | Medicaid | https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program https://medicaid.utah.gov/upp/ | 1-800-440-0493 |
| Utah | Medicaid and CHIP | Email: upp@utah.gov https://medicaid.utah.gov/expansion/ https://medicaid.utah.gov/buyout-program/ https://chip.utah.gov/ | 1-888-222-2542 |
| Vermont | Medicaid | https://dvha.vermont.gov/members/medicaid/hipp-program | 1-800-250-8427 |
| Virginia | Medicaid and CHIP | https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs | 1-800-432-5924 |
| Washington | Medicaid | https://www.hca.wa.gov/ | 1-800-562-3022 |
| West Virginia | Medicaid and CHIP | https://dhhr.wv.gov/bms/ http://mywvhipp.com/ | 304-558-1700 1-855-699-8447 |
| Wisconsin | Medicaid and CHIP | https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm | 1-800-362-3002 |
| Wyoming | Medicaid | https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ | 1-800-251-1269 |

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 Centers for Medicare & Medicaid Services at www.dol.gov/agencies/ebsa or 1-866-444-EBSA (3272) or U.S. Department of Health and Human Services at www.cms.hhs.gov or 1-877-267-2323, Menu Option 4, Ext. 61565.

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

