

DEADLINE = DECEMBER 18, 2024

OPEN ENROLLMENT!

IMPORTANT INFORMATION ABOUT YOUR BENEFITS.

FAILURE TO COMPLETE APPROPRIATE FORMS MAY CAUSE LOSS OF BENEFITS!

Please understand that open enrollment is your only opportunity to make changes to some of your benefits, subject to certain limited situations. **You must make any benefit changes by December 18, 2024. If you do not reply to make a change to your health insurance plan, it will remain the same (this does not apply to FSA Accounts and Tobacco Wellness. You must respond).**

If you have any questions, please contact the Human Resources Manager, Stacey McAfee, at 330-343-1226, ext. 2261, or smcafee@kimblecompanies.com

DOCUMENTS TO SIGN AND RETURN

You (and your spouse, if applicable) are required to **complete, sign and return the below documents before 12/18/2024:**

- 1) Consent to receive 401k notices electronically;
- 2) Consent to receive Health Insurance notices electronically;
- 3) Cafeteria Election Agreement;
- 4) FSA Enrollment Form (2025 Max contribution = **\$3,300**). You must submit this form, if you want to have an FSA for 2025. If you do not submit the form, you cannot participate;
- 5) 2025 Nicotine Affidavit (**Employee and Spouse must sign, if Spouse is on or will be on the health insurance plan. Both the employee and spouse must be nicotine free to get the nicotine discount.**);
- 6) Notice Regarding 2026 Wellness Program (**Employee and Spouse must sign, if Spouse is on or will be on the health insurance plan. The employee and the spouse must complete the Wellness Program to get the wellness discount.**); and
- 7) Employee Access Portal.

You are also receiving the below documents to review and keep:

- 1) Health Insurance Rate Letter;
- 2) Disclosure regarding Electronic Notices for 401k Plan;
- 3) Disclosure regarding Electronic Notices for Health Insurance Plan;
- 4) 2026 Wellness Program Overview Flyer; and
- 5) Benefit Summary.

You will also have access to various notices on our benefits website. The documents available include Group Health Plan and 401k Retirement Plan SPDs, SARs, Plan Documents, and various annual notices (including Women's Health & Cancer Rights Act, Newborns and Mothers' Health Protection Act, Mental Health Parity, Premium Assistance Under Medicaid and The Children's Health Program, HIPAA Privacy Notice, HIPAA Special Enrollment Rights Notice of Creditable Coverage, Notice of Creditable Coverage, Wellness Program Disclosures, COBRA General Notice and Marketplace Notice).

To access these documents, please visit our website at <https://www.kimblecompanies.com/benefits>.

Sincerely, Human Resources

CONSENT TO RECEIVE ELECTRONIC DISCLOSURES

Subject: Important Disclosure About Your Retirement Plan.

Important information about your Retirement Plan is now available.

Please review this information.

With respect to the Company 401K Retirement Plan, I authorize you to send, and I consent to receiving, the following documents, now and in the future, by electronic means:

- ☐ **Summary Plan Descriptions** – The SPD provides a summary of the plan document and other key plan information.
- ☐ **Summaries of Material Modification** - The SMM describes material changes to information furnished by the SPD.
- ☐ **Summaries of Benefits and Coverage** – These documents provide summaries of the benefits provided under the Plan and who is covered under the Plan.
- ☐ **Summary Annual Reports** - The SAR is a summary of the annual financial report that most plans must file with DOL.
- ☐ **Any documents required to be furnished under ERISA §104(b)(4) on request by a Participant or beneficiary under the Plan or made available under ERISA §104(b)(2).** These are any materials that you request to be provided to you about the Plan and which you are entitled to receive under all applicable laws.
- ☐ **401(k) Traditional Safe Harbor Notice** - The 401(k) Safe Harbor Notice provides information about a participant's rights and obligations under a Safe Harbor 401(k) Plan
- ☐ **Plan and Expense Information for Participant-Directed Plans** – For participants in participant-directed plans, plan information, including information about plan fees and expenses. This information generally must be provided before enrollment and annually; some fee information is required quarterly and may be included in the quarterly benefit statement.
- ☐ **Investment information for Participant-Directed Plans provided in a table or other format that allows comparisons of plan investment options** - Information about plan investment options, including performance and fees, must be provided before the participant's initial investment and at least annually, as set forth in the 404a-5 Regulation.
- ☐ **Automatic Enrollment and Qualified Default Investment Alternative (QDIA) Notices** - Notice to participants of the investments of their account in a default investment, if the participant does not provide investment directions. For plans

with automatic enrollment, a description of the plan and automatic enrollment process, including percentage of salary to be automatically deferred and the plan's default investment and how to opt out of or change the default elections.

- ☐ **Annual Reminder Notice of Eligibility to Participate.**
- ☐ **Investment Option Change Notice.**
- ☐ **Any other Notices Needed.**
- ☐ **Blackout Notices** - A notice that a temporary suspension limitation or restriction on directing retirement funds, obtaining loans or obtaining distributions, for more than three consecutive business days is going to be imposed.
- ☐ Annual Reminder Notice of Eligibility to Participate.
- ☐ Investment Option Change Notice.
- ☐ Any Other Notices Needed.

To access these documents, please visit our website at:

<https://www.kimblecompanies.com/benefits>

If you cannot access these documents via the website, please contact the Human Resources Manager by telephone at 330-343-1226, ext 2261, or by mail to Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or by email to: smcafee@kimblecompanies.com.

I understand that if my email address changes, I must notify the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622 or via email at smcafee@kimblecompanies.com with "E-mail Address Change" contained in the subject matter line of the email. Include your full name, address, and phone number in the body.

I affirm that I can access information in Adobe Acrobat Reader. I understand that I will receive the documents listed above only in electronic form, unless I request a paper copy of such documents at no charge by notifying the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or via email at smcafee@kimblecompanies.com with "Request for Paper Copy" in the subject line. Include your full name, address, and phone number in the body.

I understand that any documents available via a link are not required to be available for more than one year or, if later, after it is superseded by a subsequent version.

I understand that this consent may be withdrawn at any time, free of charge, by notifying the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or via email at smcafee@kimblecompanies.com with "Consent Withdrawn for Electronic Disclosure" in the subject matter line. Include your full name, address, and phone number in the body.

Additionally, should I no longer be employed by the Company, I understand that I will continue to receive all applicable notices via email unless the Company receives notice that the email has failed, in which case notices will be sent via US Mail at the address on file with the Company; and in such event, you will be deemed to have withdrawn consent for receipt of documents electronically.

I further agree to provide copies of all notices I receive electronically consistent with this consent form to my spouse and other dependents, if they are covered under the Plan.

I consent to receiving the type of documents described above electronically and understand this will apply to all future notices issued by the Company, except to the extent I withdraw my consent, as specified above.

Notwithstanding anything to the contrary, Company reserves the right to issue any notices via regular mail to the last known address of the undersigned.



Signature

Print Name

Date

Email (**Email CANNOT be a**

Cell Phone

@kimblecompanies.com email)

CONSENT TO RECEIVE ELECTRONIC DISCLOSURES

With respect to the Employee Group Health Insurance Plan, I authorize you to send, and I consent to receiving, the following documents, now and in the future, by electronic means:

- **Summary Plan Descriptions;**
- **Summaries of Material Modification;**
- **Summaries of Benefits and Coverage;**
- **Summary Annual Reports;**
- **All Plan Documents** that plan administrators must make available for inspection under ERISA or furnished on request under ERISA;
- **Qualified domestic relations order (QDRO) notices under ERISA §206(d)(3) (29 U.S.C. §1056);**
- **Qualified medical child support order (QMSCO) notifications under ERISA §609 (29 U.S.C. §1169);**
- **Notifications of claims decisions under ERISA §503 (29 U.S.C. §1133);**
- **Notice of special enrollment rights under ERISA §701 (29 U.S.C. §1181);**
- **Medical Child Support Order (MCSO) notices under ERISA §609(a)(5)(A) (29 U.S.C. §1169(a)(5)(A));**
- **National Medical Support (NMS) notices under ERISA §609(a)(5)(C) (29 U.S.C. §1169(a)(5)(C));**
- **COBRA notifications under ERISA §606 (29 U.S.C. §1166); and**
- **Annual Notices** (including Women's Health & Cancer Rights Act, Newborns and Mothers' Health Protection Act, Mental Health Parity, Premium Assistance Under Medicaid and The Children's Health Program, HIPAA Privacy Notice, HIPAA Special Enrollment Rights Notice of Creditable Coverage, Notice of Creditable Coverage, Wellness Program Disclosures, COBRA General Notice and Marketplace Notice).

To access these documents, please visit our website at:

<https://www.kimblecompanies.com/benefits>

If you cannot access these documents via the website, please contact the Human Resources Manager by telephone at 330-343-1226, ext. 2261, or by mail to Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or by email to smcafee@kimblecompanies.com.

These documents will be furnished to you via a link to our website, which is provided in this Disclosure. The linked documents will be in PDF. To access the documents, you must have: (1) a computer with internet access; and (2) Adobe Acrobat Reader installed on your computer allowing you to open and read the document. Please keep a copy of

any attached or linked documents for future use. You must be able to either (1) print a copy on a printer attached to the computer; or (2) save a copy in electronic form to your computer's hard drive or an external drive (e.g., on a flash drive). If any of these requirements or delivery methods change in a way that creates a material risk that you may no longer be able to access and retain electronically transmitted documents, we will furnish you with notice and a request that you provide a new consent.

I understand that if my mailing address or email address changes, I must notify the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or via email at smcafee@kimblecompanies.com with the subject line to read "Email Address Change." Include your full name, address, and phone number in the body.

I affirm that I can access information in Adobe Acrobat Reader. I understand that I will receive the documents listed above only in electronic form, unless I request a paper copy of such documents by notifying the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or via email at smcafee@kimblecompanies.com with "Request for Paper Copy" in the subject line. Include your full name, address, and phone number in the body.

I understand that the documents available on the website are not required to be available for more than one year or, if later, after it is superseded by a subsequent version.

I understand that this consent may be withdrawn at any time, free of charge, by notifying the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or via email at smcafee@kimblecompanies.com with "Consent Withdrawn for Electronic Disclosure" in the subject matter line. Include your full name, address, and phone number in the body.

I further agree to provide copies of all notices I receive electronically consistent with this consent form to my spouse and other dependents, if they are covered under the Plan.

I consent to receiving the type of documents described above electronically and understand this will apply to all future notices issued by the company, except to the extent I withdraw my consent, as specified above.

The Company reserves the right, and you also agree to allow the Company, to send any notices discussed in this document to you by ordinary mail, when the Company determines in its sole discretion.

SIGN HERE

Signature

Print Name

Date

Email

Cell Phone

COMPANY CAFETERIA PLAN – SALARY REDUCTION AGREEMENT

I have reviewed the terms of the Company Cafeteria Plan (“the Plan”). I understand that I may elect the benefits offered by my employer.

ELECTION OF BENEFITS

I elect to pay my required contributions for any health coverage, dental and vision I have elected to receive on a pre-tax basis under the Company Cafeteria Plan. I understand my paycheck will be reduced by an equal amount each pay period to cover the cost of my required contributions during the plan year. This election replaces any prior election(s) I have made.

I have previously been provided the amount of the deductions.

I understand that except for a Change in Status for the applicable coverage under the Plan, I cannot change my benefits election until the next Annual Enrollment period.

AGREEMENT

I agree that my paycheck (wages/salary) will be reduced by the amount of my required contribution for health benefits I have selected under the Plan, and that salary reductions will continue for each pay period until this election is changed or terminated. I understand that:

- I cannot change or revoke my election prior to the next Annual Enrollment period, unless I experience a Change in Status as defined in the Plan (e.g., birth of a child, divorce, marriage, etc.), and my election change (or revocation) is on account of and is consistent with the Change in Status, as described in the Plan.
- I must complete any separate health insurance enrollment form(s) provided by the insurance company(ies).
- In the event I receive funds from my Flexible Spending Account and it is determined such was improper or is unsubstantiated, I authorize the Company to deduct such amount from my paycheck.
- Under current law salary reduction contributions are not counted when determining FICA earnings. If an employee earns less than the Social Security base wage, his/her eventual Social Security benefits could be slightly reduced. The value of income and FICA tax savings will normally exceed any eventual reduction in Social Security benefits.
- Each year during the Annual Enrollment period, I will have an opportunity to change my election. If I do not complete and return a new Salary Reduction Agreement at that time, this election will continue unchanged until I make a new election under the terms of the Plan.

I have read and agree to the terms in this Agreement.

Print Employee Name

SIGN HERE

Date



ENERGY, MATERIALS, RECYCLING AND DISPOSAL DONE RIGHT.

Employee Signature

Flexible Spending Account (FSA) Enrollment Form



By selecting an FSA, you're making a smart decision to set aside pre-tax dollars to pay for eligible healthcare expenses. If you think you'll have medical expenses that won't be reimbursed by another plan, FSAs are a great way to save money while covering those costs.

Fill out your personal information on the back of this form and select the FSA(s) that are right for you. Talk with your employer to find out any contribution limits and which plans are available for your company.

For more information about FSAs, please visit [MedMutual.com/CDHAccounts](https://www.MedMutual.com/CDHAccounts).

Please complete and return the form based on your employer's instructions.

Note: If your employer asks you to complete the fillable PDF and return the form via email, please complete all fillable fields as noted and save this PDF form with a new file name, such as:

Example: John_SmithFSA.pdf

Please follow your employer's directions regarding specific formatting and email return instructions or contact your employer with any questions. [Click here to download the free Adobe PDF Reader.](#)

Medical Mutual FSA Options

Option 1A — Medical Mutual Flexible Spending Account (FSA)*

The FSA reduces your taxable income by setting aside pre-tax dollars to pay for eligible healthcare expenses.

Option 1B — Medical Mutual Limited-Purpose Flexible Spending Account (LPF)*

The LPF is available only if you elect to enroll in a health savings account (HSA). The LPF is in addition to your HSA and is limited to paying only qualified dental and/or vision expenses that are not covered by your employer's health plan or any other health plan.

Option 2 — Medical Mutual Dependent Care/Elder Care Account (DCA)*

The DCA pays for day care expenses for a dependent child, adult or elder, so you may work. Eligible services include: nursery school, nanny, and before-or after-school care/day camp through age 12; day care for a disabled adult or child; and elder day care for parent or dependent.

*Account contributions are subject to IRS regulations and are subject to IRS limits. Based on IRS limits, your employer will determine contribution limit for your account. Please review your Summary Plan Description for contribution levels. You may contribute up to this amount for the plan year. This annual election amount will be deducted evenly out of each pay check on a pre-tax basis and deposited into your account.

Flexible Spending Account (FSA) Enrollment Form



Member Information				
Employer			Date of Hire	
Employee First Name		Employee Last Name		Date of Birth
Street Address				
City			State	ZIP
SSN	Email		Primary Phone	
Account Options				
Option 1A – Medical Mutual Flexible Spending Account (FSA)				
Yes , I elect to contribute A (before taxes) for the PLAN YEAR*, which is B per pay period, to fund my account that pays qualified out-of-pocket, healthcare expenses that are not covered by my employer's health plan or any other health plan. A: \$ _____ B: \$ _____				
No , I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.				
Option 1B – Medical Mutual Limited-Purpose Flexible Spending Account (LPF)				
Yes , I elect to contribute A (before taxes) for the PLAN YEAR*, which is B per pay period, to fund my account that pays qualified out-of-pocket, healthcare expenses not covered by my employer's health plan or any other health plan. A: \$ _____ B: \$ _____				
No , I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.				
Option 2 – Medical Mutual Dependent Care/Elder Care Account (DCA)				
Yes , I elect to contribute A (before taxes) for the PLAN YEAR, which is B per pay period, to fund my account that pays qualified dependent day care or elder care expenses. A: \$ _____ B: \$ _____				
No , I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.				
Authorization				
IMPORTANT Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by an equal portion of the benefit elections set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election in the event of certain changes in my status and that, prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. I acknowledge that I have received, read and understand the Summary Plan Description. I understand that the Medical Mutual debit card is available to pay only qualified expenses and that qualified expenses paid with the card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the card from any other source. I understand that when using the Medical Mutual debit card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with the Medical Mutual debit card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my employer to deduct the amount from my paycheck (if permitted by state law).				
Employee Signature			Date	
This section to be completed by employer only.				
Does this employee have Medical Mutual insurance?		Yes	No	Plan Year Start Date
Please note: All employees with Medical Mutual insurance must be actively enrolled for FSA enrollment to be processed.				
Member's Plan Effective Date	First Payroll Start Date	Number of Pays	Department	

*Account contributions are subject to IRS regulations and are subject to IRS limits. Based on IRS limits, your employer will determine contributions limit for your account. Please review your Summary Plan Description for contribution levels. You may contribute up to this amount for the plan year. This annual election amount will be deducted evenly out of each pay check on a pre-tax basis and deposited into your account.

Kimble Wellness Program Nicotine Use Policy

Plan Months: 1/1/2025-12/31/2025



Nicotine Affidavit

RETURN

Employees (and their spouse, if applicable) (collectively "Participant") who complete this Affidavit and: (1) do not use nicotine on a monthly basis; or (2) successfully complete an approved nicotine cessation program during 2025, will receive a discount on their monthly health plan premium contribution in 2025. This plan is a part of the Company wellness program and is administered on a monthly basis.

"Nicotine Use" is the use of any tobacco product, including cigarettes, cigars, e-cigarettes, smoking vapor cigarettes, using smokeless tobacco, chewing tobacco, snuff, and/or pipe tobacco, four or more times a week anytime within the past 3 months. (Religious or ceremonial use of tobacco is not considered nicotine use to the extent protected by local, state or federal law).

To be eligible for the applicable premium contribution discount offered by Kimble, Participants must either:

- 1) Not be a "Nicotine User" each month; or
- 2) Agree to participate and successfully complete an approved nicotine cessation program in 2025.

One company approved nicotine cessation program is the MMO Quit Line Program - (866) 845-7702. It can be completed at no cost to the Participant. The approved program you select may be started at any time during any month in 2025. Depending on when you begin and complete an approved nicotine cessation program, the difference between your previously paid monthly contribution and the applicable discounted contribution will be credited retroactively to the beginning of the month and your future contributions for health plan coverage for the rest of 2025 will be at the applicable discounted rate. Successful completion of the program does not require that you quit the use of nicotine but does require you meet all requirements of the nicotine cessation program you selected.

The health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees (and spouses, if a family plan is selected and the spouse is covered). If a Participant thinks he/she might be unable to meet a standard for the discount under this wellness program, the Participant might qualify for an opportunity to earn the same reward by different means. Contact Stacey McAfee, the Human Resources Manager, at 330-343-1226, Ext 2261, who will work with the Participant (and, if desired, the applicable doctor) to find a wellness program with the same reward that is right for the Participant in light of his/her health status. Failure to complete this Affidavit in full will result in the individual(s) being deemed a nicotine user for purposes of this program. Participant authorizes this Affidavit, and all information related thereto, to be provided to Kimble Company and Kimble Recycling & Disposal, Inc., and their health insurance company (currently Medical Mutual), their benefits advisors and agents (currently A.J. Gallagher), their wellness coach (currently Ramp Health) and their wellness vendors (collectively "Wellness Team"). Kimble reserves the right to take disciplinary action, if you falsify this certification, including, but not limited to discharge, increase of medical premiums and/or requiring repayment of the discounted contribution.

Kimble Employee

This section must be completed [Select only one]

- ☐ I am NOT a "Nicotine User".
- ☐ I am a "Nicotine User" and elect to participate in a Kimble approved nicotine cessation program.
- ☐ I decline to respond or elect not to participate in this Wellness Program, and therefore, I elect not to participate in the Kimble-endorsed Nicotine Cessation program.

Kimble Employee Spouse

[Complete if your spouse is covered and you are seeking Family Coverage or Employee + Spouse Coverage, otherwise leave blank.] [Select only one]

- ☐ I am NOT a "Nicotine User".
- ☐ I am a "Nicotine User" and elect to participate in a Kimble approved nicotine cessation program.
- ☐ I decline to respond or elect not to participate in this Wellness Program, and therefore, I elect not to participate in the Kimble-endorsed Nicotine Cessation program.

The undersigned certify(ies) the information herein is true and accurate and that if any information in this Affidavit would be incorrect in any month hereafter, he/she/they will immediately notify the Human Resources Manager and complete a new Affidavit correcting such information.

Employee Signature

Print Name

Date

Spouse Signature

Print Name

Date

SIGN HERE

SIGN HERE



NOTICE REGARDING 2026 WELLNESS PROGRAM

The Company wellness program is a voluntary wellness program available to all employees as a part of the Company's Group Health Care Plan. Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resource Department, Stacey McAfee, at 330-343-1226, ext. 2261, and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

The wellness program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to attend lectures; watch online videos; meet or make contact with our wellness coaches; provide proof of medical and/or dental preventative visits; participate in a wellness activity; complete a nicotine affidavit and complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which will include a blood test for Glucose, HDL, LDL and Triglycerides. You are not required to complete the HRA, meet with wellness coaches, participate in the blood test or other medical examinations. Refusing to participate will not result in any adverse employment action or result in a termination of your benefits. Your participation is purely voluntary.

However, employees who choose to participate in the wellness program will receive an incentive of adjusted insurance premiums set forth below for meeting the criteria set forth below. Although you are not required to complete the HRA, meet with wellness coaches, participate in the blood test or other medical examinations, only employees who do so will receive the incentive.

Program Description: 2026 WELLNESS CRITERIA AND INCENTIVES

Nicotine Incentive

Employees and their spouses (if covered) who **do not** use nicotine each month in 2026 **will each** be entitled to a wellness incentive in the form of a premium discount of \$30 per pay during that month; however, both the employee and spouse (if applicable) must qualify for either to receive the discount. To receive the discount, the Employee and the Spouse (if covered) must complete a Nicotine Affidavit certifying nonuse of nicotine on a monthly basis in 2026 or complete a nicotine cessation class during the 2026 calendar year. The nicotine incentive is administered on a monthly basis.

"Nicotine Use" is the use of any tobacco product, including cigarettes, cigars, e-cigarettes, smoking vapor cigarettes, using smokeless tobacco, chewing tobacco, snuff, and/or pipe tobacco, four or more times a



week anytime within the past 3 months. (Religious or ceremonial use of tobacco is not considered nicotine use to the extent protected by local, state or federal law).

To be eligible for the nicotine premium discount, participants must either:

- 1) Not be a “Nicotine User” each month in 2026; or
- 2) Agree to participate and successfully complete an approved nicotine cessation program in 2025.

One Company approved nicotine cessation program is the MMO Quit Line Program - (866) 845-7702. It can be completed at no cost to the participant. The approved program you select may be started at any time during any month in 2026. Depending on when you submit a nicotine affidavit verifying you are not a nicotine user or begin and complete an approved nicotine cessation program, the difference between your previously paid monthly contribution and the applicable discounted contribution will be credited retroactively to the beginning of the month and your future contributions for health plan coverage for the rest of 2026 will be at the applicable discounted rate. Successful completion of the program does not require that you quit the use of nicotine but does require you meet all requirements of the nicotine cessation program you selected.

General Wellness Incentive

Employees electing Single or Employee + children coverage will receive wellness incentives in the form of a premium discount of \$10 per pay **in 2026**, if they complete the following items **in 2025**:

- 1) Two meetings with the Health Coach before 12/15/2025. (As an alternative, you may show proof of preventative care, which will count as one coach consultation);
- 2) Log into Ramp Health portal and watch two health-related videos on the Wellness Coach website before 12/15/2025; and
- 3) Participate in a biometric screening event with Wellness Coach between August and November 2025; or as an alternative, supply a biometric screening from your physician dated between 1/1/2025-11/20/2025.

Employees electing Family coverage or Employee + Spouse coverage will receive a wellness incentive in the form of a premium discount of \$15 per pay for the Employee completing the items set for above; **AND** their Spouse who completes the following items in 2025:

- 1) One meeting/call with the Health Coach before 12/15/2025; and
- 2) Log into Ramp Health Ways portal and watch two health-related videos on the Wellness Coach website before 12/15/2025.

The above benefits are the sole consideration provided for participation in the wellness program and discounts provided above may not be exchanged or converted into cash payments or applied to items other than the insurance premiums identified above. Some employees may not utilize the Company offered health



insurance plan, but they are free to continue participating in the wellness program, although they will not be able to receive any incentive since they are not on the Company health insurance plan.

Who is eligible? All full-time and part-time employees, and their respective spouses, are entitled to participate in the wellness program. All full-time and part-time employees, and their respective spouses are eligible to participate in the wellness program so long as the employee is an active, full-time or part-time employee of the Company. Employees must be eligible to participate in the wellness program to receive the incentives described above, and spouses of employees must sign this disclosure and have a spouse who is an eligible employee of the Company to be eligible for the incentives.

How to access the program: Posters and paycheck stuffers are issued advertising the wellness program. For additional information please contact the Human Resource Department, Stacey McAfee, at 330-343-1226, ext. 2261.

Alternative standards are available:

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. The recommendations of an individual's personal physician will be accommodated. You may request a reasonable accommodation or an alternative standard by contacting the Human Resource Department, Stacey McAfee, at 330-343-1226, ext. 2261.

The information from your HRA and the results from your biometric screening will be used by the vendor to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program and MMO Disease Management. You also are encouraged to share your results or concerns with your own doctor. Please note the wellness program is not specifically tailored for any individual, and all participants are advised to consult their physician for specific guidance on a personal wellness program.

Protections from Disclosure of Medical Information:

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the Company may use aggregate information they collect to design a program based on identified health risks in the workplace, the Company will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed, except to the extent permitted by law, to carry out specific activities related to the wellness program; and you will not be asked or required to waive the confidentiality of your health information as a condition of participating



in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. **The only individual(s) who will receive your personally identifiable health information are Kimble Company and Kimble Recycling & Disposal, Inc., and their health insurance company (currently Medical Mutual), their benefits advisors and agents (currently A.J. Gallagher), their wellness coach (currently Ramp Health), their data support and analytics providers (currently HC Cube) and their wellness vendors (collectively “Wellness Team”), all for the sole purpose of administering Kimble’s wellness program.**

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Human Resource Department, Stacey McAfee, at 330-343-1226, ext. 2261. The Company reserves the right to discontinue or modify the wellness program at any time if it determines the wellness program is not fulfilling its obligations to promote employee health and prevent disease or is otherwise determined to violate any state, local or federal law.



RETURN

**THE UNDERSIGNED ACKNOWLEDGE(S) RECEIVING THE ATTACHED NOTICE
REGARDING 2026 WELLNESS PROGRAM DISCLOSURE**

SIGN HERE

Employee Signature

Print Name

Date

SIGN HERE

Employee Spouse Signature Print Name

Date

(Your spouse only needs to sign this form if you are seeking a wellness incentive, which includes the nicotine use discount and general wellness discount)

**RETURN**

Kimble Company
3596 State Route 39 NW
Dover, OH 44622
Phone: (330) 343-1226

www.kimblecompanies.com

The Company will be creating an online Employee Access Portal for employees to access their paystubs electronically. The Company will be transitioning away from paper paycheck stubs during 2025. More information will be provided before this change occurs. However, the Company would like you to designate the email address you would like to use for the online Employee Access Portal that will house your paycheck stubs. The email address will receive an alert when a new paystub is uploaded and will serve as your username to access the portal. Employees will have 24/7 access to their paycheck stubs and W-2s when the portal is started. It will be several months before the Company makes the switch and you will continue to receive a paper paycheck stub until the portal is live. Additionally, once the portal is live, all employees will be required to use direct deposit for their bi-weekly paychecks. Your designated email does not need to be a Kimble Company email address.

Printed Name

Email for Portal Access and Notices



3596 State Route 39 NW
Dover, OH 44622
Phone: (330) 343-1226
Fax: (330) 602-0517
www.kimblecompanies.com

December 2, 2024

RE: 2025 Benefits

To: All Employees

As you would expect, the Company's overall health care costs continue to rise and are projected to exceed \$11,900,000 per year. We recognize this is a necessary cost and providing quality affordable health insurance to our employees is a top priority. The Company will continue to cover a substantial portion of this burden for its employees, except for the small portion set forth in the table below.

We have decided to continue offering a wellness program for our employees and their spouses during 2025 which will provide discounts on your 2026 premiums. We hope our wellness program will assist everyone in making the healthiest choices possible. Nicotine use by employees continues to be higher than many similar businesses. Nicotine use leads to long-term health issues that are devastating to families. Nicotine use will cost you more insurance premium dollars as well. Our insurance program includes FREE assistance for you and your family to stop using nicotine, and we encourage you to take advantage of this resource. The Company will continue to provide a personal health coach to assist you in meeting your health and wellness goals.

Listed below are some highlights for the upcoming plan year that begins on January 1, 2025:

- You will continue to receive free the following benefits: short-term disability, life and accidental death coverage.
- No change in health insurance co-pay.
- Annual health insurance deductibles will remain the same at \$1,000 per person/\$2,000 per family.
- The out-of-pocket limits remain the same as last year (single \$2,250 in network and \$8,500 out of network/family \$4,500 in network and \$16,000 out of network). The Medical Mutual Network is very broad. For more information, contact the Human Resources Manager.
- No change in the price of your prescription co-pay.
- No change for non-emergency room visits, which require a \$200 co-pay, then deductible and then be paid at 50%.
- No change for emergency room visits, which require a \$150 copay, then be covered 100% by insurance (if you are admitted to the hospital, the copay is waived).
- No change in dental coverage, but you will see a slight increase in overall premiums between 29 cents and 71 cents per pay.

Set forth below are the four options you will have to select for insurance coverage. The below chart shows the cost of insurance with and without wellness discounts. The below rates provide for an increase of 9% or less per pay from 2024.

Employee Withholding Per Pay Health Care Deductions					
Coverage/Nicotine Use	No Wellness	Employee Only Wellness	Spouse Only Wellness	Both Wellness	Dental
Single					
Nicotine User	\$87.58	\$77.58	N/A	N/A	\$4.54
Non Nicotine User	\$57.58	\$47.58	N/A	N/A	
Employee Spouse					
Employee & Spouse Nicotine Users	\$182.78	\$172.78	\$177.78	\$167.78	\$10.15
Employee & Spouse Non Nicotine Users	\$122.78	\$112.78	\$117.78	\$107.78	
Employee & Child(ren)					
Nicotine User	\$158.30	\$148.30	N/A	N/A	\$9.08
Non Nicotine User	\$128.30	\$118.30	N/A	N/A	
Family					
Employee & Spouse Nicotine Users	\$202.91	\$192.91	\$197.91	\$187.91	\$11.21
Employee & Spouse Non Nicotine Users	\$142.91	\$132.91	\$137.91	\$127.91	

Controlling costs and maintaining good insurance benefits is a fundamental goal of the Company. Thank you for your continuing efforts to be healthy and help us maintain the best benefit package available.

Sincerely,

Stacey McAfee,
Human Resources Manager

Notice: Your health plan is committed to helping you achieve your best health. Rewards for participation in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this program, you might qualify to earn the same reward by different means. Contact Stacey McAfee at 330-343-1226, ext. 2261, and she will work with you (and if you wish, your doctor) to find a wellness program with the same reward that is right for you, in light of your health status. Additionally, the information set forth herein is only a summary and is not intended to modify the underlying plan documents. You should view the SPDs and actual plan documents for any specific coverage questions.

Subject: Important Disclosure About Your Retirement Plan.**Important information about your Retirement Plan is now available.****Please review this information.**

Dear Participants in the Kimble Company and Kimble Recycling & Disposal, Inc., 401K Retirement Plan ("Plan"):

As a Participant in the Plan, you are entitled to receive certain information about our benefits, as required by the Employee Retirement Income Security Act of 1974 ("ERISA"). Kimble Company and Kimble Recycling & Disposal, Inc., intend to provide this information to you by electronic email delivery. Included are the following:

- ☐ **Summary Plan Descriptions** – The SPD provides a summary of the plan document and other key plan information.
- ☐ **Summaries of Material Modification** - The SMM describes material changes to information furnished by the SPD.
- ☐ **Summaries of Benefits and Coverage** – These documents provide summaries of the benefits provided under the Plan and who is covered under the Plan.
- ☐ **Summary Annual Reports** - The SAR is a summary of the annual financial report that most plans must file with DOL.
- ☐ **Any documents required to be furnished under ERISA §104(b)(4) on request by a Participant or beneficiary under the Plan or made available under ERISA §104(b)(2).** These are any materials that you request to be provided to you about the Plan and which you are entitled to receive under all applicable laws.
- ☐ **401(k) Traditional Safe Harbor Notice** - The 401(k) Safe Harbor Notice provides information about a participant's rights and obligations under a Safe Harbor 401(k) Plan.
- ☐ **Plan and Expense Information for Participant-Directed Plans** – For participants in participant-directed plans, plan information, including information about plan fees and expenses. This information generally must be provided before enrollment and annually; some fee information is required quarterly and may be included in the quarterly benefit statement.
- ☐ **Investment Information for Participant-Directed Plans provided in a table or other format that allows comparisons of plan investment options** - Information about plan investment options, including performance and fees, must be provided before the participant's initial investment and at least annually, as set forth in the 404a- 5 Regulation.
- ☐ **Automatic Enrollment and Qualified Default Investment Alternative (QDIA) Notices** - Notice to participants of the investments of their account in a default investment, if the participant does not provide investment directions. For plans with automatic enrollment, a description of the plan and automatic enrollment process, including percentage of salary to be automatically deferred and the plan's default investment and how to opt out of or change the default elections.
- ☐ **Annual Reminder Notice of Eligibility to Participate.**
- ☐ **Investment Option Change Notice.**
- ☐ **Any other Notices Needed.**
- ☐ **Blackout Notices** - A notice that a temporary suspension limitation or restriction on directing retirement funds, obtaining loans or obtaining distributions, for more than three consecutive business days is going to be imposed.

To access these documents, please visit our website at:

<https://www.kimblecompanies.com/benefits>.

If you cannot access these documents via the website, please contact the Human Resources Manager by telephone at 330-343-1226, ext. 2261, or by mail to Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or by email to smcafee@kimblecompanies.com.

These documents will be furnished to you via a link to our website, which is provided in this Disclosure. The linked documents will be in PDF. To access the documents you must have: (1) a computer with internet access; and (2) Adobe Acrobat Reader installed on your computer allowing you to open and read the document. Please keep a copy of any attached or linked documents for future use. You must be able to either (1) print a copy on a printer attached to the computer; or (2) save a copy in electronic form to your computer's hard drive or an external drive (e.g., on a flash drive).

NOTE: If any of these requirements or delivery methods change in a way that creates a material risk that you may no longer be able to access and retain electronically-transmitted documents, we will furnish you with notice and a request that you provide a new consent.

Any documents available via a link are not required to be available for more than one year or, if later, after it is superseded by a subsequent version.

You have a right to request a paper copy of such documents at no charge by notifying the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or via email at smcafee@kimblecompanies.com with "Request for Paper Copy" in the subject line. Include your full name, address, and phone number in the body.

You understand that if your email address changes, you must notify the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or via email at smcafee@kimblecompanies.com with "E-mail Address Change" contained in the subject matter line of the email. Include your full name, address, and phone number in the body.

To receive documents electronically, you must take the following steps:

1. Provide your consent to receive documents electronically by completing the attached Consent form.

You may withdraw this consent at any time by notifying the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or via email at smcafee@kimblecompanies.com with "Consent Withdrawn for Electronic Disclosure" in the subject matter line. Include your full name, address, and phone number in the body.

Additionally, should you no longer be employed by the Company you will continue to receive all applicable notices via email at the address on file with the Company, except that if such email address indicates a failure of delivery, then at such time the Company will deem you to have withdrawn consent to electronic notifications.

The Company reserves the right, and you also agree to allow the Company to send any notices discussed in this document to you by ordinary mail, when the Company determines in its sole discretion.

KEEP

Subject: Important Benefit Disclosures About Your Group Health Plan.

Important information about your Group Health Plan is now available.

Please review this information.

Dear Participants in the Kimble Company and Kimble Recycling & Disposal, Inc., Group Health Insurance Plan ("Plan"):

As a Participant in the Plan, you are entitled to receive certain information about our benefits as required by the Employee Retirement Income Security Act of 1974 ("ERISA"). Kimble Company and Kimble Recycling & Disposal, Inc., intend to provide this information to you by electronic delivery via posting on a website. Included are the following:

- **Summary Plan Descriptions;**
- **Summaries of Material Modification;**
- **Summaries of Benefits and Coverage;**
- **Summary Annual Reports;**
- **All Plan Documents** that plan administrators must make available for inspection under ERISA or furnished on request under ERISA;
- **Qualified domestic relations order (QDRO) notices under ERISA §206(d)(3) (29 U.S.C. §1056);**
- **Qualified medical child support order (QMSCO) notifications under ERISA §609 (29 U.S.C. §1169);**
- **Notifications of claims decisions under ERISA §503 (29 U.S.C. §1133);**
- **Notice of special enrollment rights under ERISA §701 (29 U.S.C. §1181);**
- **Medical Child Support Order (MCSO) notices under ERISA §609(a)(5)(A) (29 U.S.C. §1169(a)(5)(A));**
- **National Medical Support (NMS) notices under ERISA §609(a)(5)(C) (29 U.S.C. §1169(a)(5)(C));**
- **COBRA notifications under ERISA §606 (29 U.S.C. §1166); and**
- **Annual Notices** (including Women's Health & Cancer Rights Act, Newborns and Mothers' Health Protection Act, Mental Health Parity, Premium Assistance Under Medicaid and The Children's Health Program, HIPAA Privacy Notice, HIPAA Special Enrollment Rights Notice of Creditable Coverage, Notice of Creditable Coverage, Wellness Program Disclosures, COBRA General Notice and Marketplace Notice).

To access these documents, please visit our website at:

<https://www.kimblecompanies.com/benefits>

If you cannot access these documents via the website, please contact the Human Resources Manager by telephone at 330-343-1226, ext. 2261, or by mail to Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or by email to smcafee@kimblecompanies.com.

These documents will be furnished to you via a link to our website, which is provided in this Disclosure. The linked documents will be in PDF. To access the documents you must have: (1) a computer with internet access; and (2) Adobe Acrobat Reader installed on your computer allowing you to open and read the

document. Please keep a copy of any attached or linked documents for future use. You must be able to either (1) print a copy on a printer attached to the computer; or (2) save a copy in electronic form to your computer's hard drive or an external drive (e.g., on a flash drive).

NOTE: If any of these requirements or delivery methods change in a way that creates a material risk that you may no longer be able to access and retain electronically-transmitted documents, we will furnish you with notice and a request that you provide a new consent.

You have a right to request a paper copy of such documents at no charge by notifying the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or via email at smcafee@kimblecompanies.com with "Request for Paper Copy" in the subject line. Include your full name, address, and phone number in the body.

You understand that if your mailing address or email address changes, you must notify the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or via email at smcafee@kimblecompanies.com with the subject line to read "Email Address Change". Include your full name, address, and phone number in the body.

To receive documents electronically, you must take the following steps:

1. Provide your consent to receive documents electronically by completing the attached Consent form.
2. You may withdraw this consent at any time by notifying the Human Resources Manager in writing at Kimble Company, Attention: Human Resources Manager, 3596 SR 39, NW, Dover, Ohio 44622, or via email at smcafee@kimblecompanies.com with "Consent Withdrawn for Electronic Disclosure" in the subject matter line. Include your full name, address, and phone number in the body.



KEEP

Kimble Company
 3596 State Route 39 NW
 Dover, OH 44622
 Phone: (330) 343-1226
 Fax: (330) 602-0517
www.kimblecompanies.com

2025 Benefits

Below is a summary of benefits available to Kimble Company employees. These benefits are available to full-time employees after working the balance of the month hired and working the following one (1) calendar month, with medical benefits beginning on the first of the next calendar month unless otherwise designated.

Medical Benefits: Administered by Medical Mutual of Ohio Medical, Prescription Drug and Dental Following one (1) calendar month of employment.					
Employee Withholding Per Pay Health Care Deductions					
<u>Coverage/Nicotine Use</u>	<u>No Wellness</u>	<u>Employee Only Wellness</u>	<u>Spouse Only Wellness</u>	<u>Both Wellness</u>	<u>Dental</u>
Single					
Nicotine User	\$87.58	\$77.58	N/A	N/A	\$4.54
Non Nicotine User	\$57.58	\$47.58	N/A	N/A	
Employee Spouse					
Employee & Spouse Nicotine Users	\$182.78	\$172.78	\$177.78	\$167.78	\$10.15
Employee & Spouse Non Nicotine Users	\$122.78	\$112.78	\$117.78	\$107.78	
Employee & Child(ren)					
Nicotine User	\$158.30	\$148.30	N/A	N/A	\$9.08
Non Nicotine User	\$128.30	\$118.30	N/A	N/A	
Family					
Employee & Spouse Nicotine Users	\$202.91	\$192.91	\$197.91	\$187.91	\$11.21
Employee & Spouse Non Nicotine Users	\$142.91	\$132.91	\$137.91	\$127.91	
Annual Deductible			<u>In-Network</u>		<u>Out-of-Network</u>
			\$1,000 Single \$2,000 All other Plans		\$3,000 Single \$6,000 All other Plans
Annual out-of-pocket Maximum <i>(includes deductible, Ov/SP, ER/UC, Rx Copays)</i>			\$6,600 Single \$13,200 All other Plans		\$11,500 Single \$22,000 All other Plans
Co-Insurance			20%		40%
Co-Insurance out-of-pocket limits <i>(excludes deductible)</i>			\$2,250 Single \$4,500 All other Plans		\$8,500 Single \$16,000 All other Plans
Doctor's Office					
Medically Necessary Office Visit			\$20 Copay		40% after deductible
Specialist Office Visit & Urgent Care			\$20 Copay		40% after deductible
Inpatient Services			20% after deductible		40% after deductible
Outpatient Services			20% after deductible		40% after deductible

Preventative/Routine/Well Child Care	100%	40%
Prescription Drugs		
Retail – Generic Drug		\$10
Retail – Preferred Brand		\$25
Retail – Non-Preferred Brand		\$60
Mail Order – Generic Drug (90 day supply)		\$20
Mail Order – Formulary Drug (90 day supply)		\$50
Mail Order – Non-Formulary Drug (90 day supply)		\$120
Hospital Services		
Emergency Room	\$150 copay, then 100% (Copay waived if admitted)	
Spousal Coverage		
Spouses of an eligible employee, who are employed and eligible for subsidized healthcare coverage from his/her employer will not be an eligible dependent. This provision also applies if the spouse has retired and is eligible for health care coverage through his/her former employer.		
Dental Benefits: <i>Administered by Guardian Life Insurance</i> Single = \$4.54 per pay Employee & Children = \$9.08 per pay Employee & Spouse = \$10.15 per pay Family = \$11.21 per pay	In-Network PPO DentalGuard Preferred	Out-of-Network
Annual Deductible	\$50 per person; Family limit 3 Waived for preventative care	\$50 per person; Family limit 3 Waived for preventative care
Annual Benefit Maximum	\$1,000	\$1,000
Preventative Dental Services (cleanings, exams, x-rays)	100% no deductible	100% no deductible
Basic Dental Services (fillings, periodontal maintenance, root canal, simple extractions)	80%	80%
Major Dental Services (surgical extractions, single crowns, inlays, onlays, bridges, dentures, anesthesia)	50%	50%
Orthodontia	Not Covered	Not Covered
Rollover Threshold	\$500	\$500
Rollover Amount	\$350	\$250
Rollover Amount Limit	\$1,000	\$1,000
Vision Benefits <i>Administered by EyeMed</i> Separate from Medical and Dental Insurance	Employee Only:	\$3.00 Per Pay
	Employee + Spouse:	\$5.70 Per Pay
	Employee + Child(ren):	\$6.00 Per Pay
	Employee & Family:	\$8.82 Per Pay
	EyeMed Network	Non-EyeMed Network
Exam (one every 12 months)	Covered in full after \$10 \$0 Copay	Up to \$40 reimbursement
Frames (one every 12 months)	\$0 Copay (up to \$120 allowance; 20% off anything over \$120)	Up to \$84 reimbursement
Single Vision	Covered by \$10 Copay	Up to \$30 reimbursement
Bifocal	Covered by \$10 Copay	Up to \$50 reimbursement
Trifocal	Covered by \$10 Copay	Up to \$70 reimbursement
Lenticular	Covered by \$10 Copay	Up to \$70 reimbursement
Contact Lenses (in lieu of frames and lenses, one pair every 12 months)	\$0 Copay (up to \$120 allowance; 15% off anything over \$120)	\$130 reimbursement
Laser Vision Correction Lasik or PRK from US Laser Network	15% off the retail price or 5% off the promotional price	N/A
Life, Disability and Accidental Death & Dismemberment Insurance (Kimble Paid)		
Life Insurance Insured by: MedMutual Life		
Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Kimble. The company provides basic life insurance to full-time associates of \$50,000 at no cost to you.		
**Available to full-time employees (36+ hours a week) on the 91 st day of employment.		

Accidental Death and Dismemberment (AD&D) Insurance *Insured by: MedMutual Life*

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Kimble provides AD&D coverage for full-time associates of \$50,000 at no cost to you. This coverage is in addition to your company-paid life insurance.

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Short-Term Disability *Insured by: Guardian*

Short-Term Disability (STD) insurance will pay you a percentage of weekly salary if you become disabled due to an injury or illness. The coverage amount is 60% of your salary to a maximum of \$3,000/week. Maximum payment period is 13 weeks.

***STD is provided by Kimble after 1 year of service.*

Voluntary Products

(Employee Paid)

Voluntary Life *Insured by: Guardian*

You have the option to purchase additional life insurance through Guardian. This is a Guarantee Issue Policy ONLY at the time when you are a new hire, meaning you do not have to answer medical questions when enrolling. During open enrollment if you choose to add the additional Life Coverage you will need to complete a medical form called an Evidence of Insurability. Coverage is guaranteed as follows:

Employee: \$200,000, Spouse: \$10,000, Dependent Children: \$10,000

Premiums are based off of your age. Refer to the Guardian Booklet. The Plan is portable so you can take it with you if you leave employment.

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Additional benefit to the plan is WillPrep Service, ensuring support and guidance with keeping an up-to-date Will.

ONLY AVAILABLE AT ORIENTATION

Voluntary Long-Term Disability *Insured by: Guardian*

LTD coverage will provide income when you have been disabled for 91 days or more. The cost of the benefits is based off of your salary and current age.

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Maximum benefit period is Social Security Normal Retirement Age.

ONLY AVAILABLE AT ORIENTATION

WorkLifeMatters *Guardian*

1-800-386-7055

Guardian offers a confidential employee assistance program. The program provides guidance for personal issues that you might be facing and information about other concerns that affect your life. The program is available 24/7. Just a few examples: before/after school programs, Financial Aid Resources, Credit & Collections, Home Buying, Anxiety & Depression, Divorce & Separation. 1-800-386-7055

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Cleveland Clinic Online Express Care <http://my.clevelandclinic.org/online-services/express-care-online>

Online medical care is medicine built for the way you live today. It's a simple, affordable service that lets you see a caregiver online or by mobile app. The health care provider can review your history, answer questions and at their discretion diagnose, treat and even prescribe medicine. There is a \$20 Copay for this service through Kimble. Just a few examples: Bronchitis; Cough; Sinusitis; Urinary Tract; Abdominal Pain; Fever; Strep Throat; Influenza; Respiratory Infection; Headache; Diarrhea. <http://myclevelandclinic.org/online-services/express-care-online>

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Aflac

Kimble has an Aflac Representative that will contact any employees interested in knowing more about Aflac. Aflac is enrolled in payroll deductions.

***Available to full time employees (36+ hours a week) on the 91st day of employment.*

401K *Voya*

Pre-taxed contribution. Personal contribution and employer matching: 50% of the first 3%.

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Flexible Spending Account (FSA)

You may set aside pre-taxed money into a health care reimbursement account to use towards medical related expenses. \$3,200 maximum per calendar year. This cannot be carried over.

***Enrollment is every December. Deductions begin in January.*

Wellness

Kimble offers onsite wellness coaches for all employees to access. There is no charge to access the wellness coaches. The wellness coach is provided to assist employees in achieving their health goals. Kimble also provides wellness incentives as part of its wellness program for employees and their spouses. Please see the Kimble Wellness Program Notice for additional details.

Paid Vacation

Vacation for the 1st calendar year of service is prorated and the number of days are based upon the month you are hired.

January – February:	10 days
March – April:	8 days

May – July:	6 days
August – September:	4 days
October – December	0 days
<p><i>**Available to full time employees (36+ hours a week) on the 91st day of employment.</i></p> <p>After 1st calendar year of service, eligible employees are eligible for vacation benefits on January 1 of each year in accordance with the schedule below:</p>	
2 nd year through the 5 th year:	10 days
6 th year through 14 th year:	15 days
15 or more years:	20 days
<u>Paid Holidays</u>	
<p>The following is a list of company paid holidays: <i>Labor Day, Memorial Day, Fourth of July, Thanksgiving Day, Christmas Day, New Year's Day.</i></p> <p><i>**Available to full-time employees (36+ hours a week) on the 91st day of employment</i></p>	

Please note this is for illustrative purposes only, and all benefits are subject to the Employee Handbook and Benefit Plan documents, in effect from time to time. If you have any discrepancies or questions be sure to review your detailed benefit booklets. You may also contact the Human Resources Department at (330) 343-1226.



KEEP

Kimble Recycling & Disposal, Inc.

P.O. Box 448

Dover, OH 44622

Phone: (800) 201-0005

Fax: (330) 343-7560

www.kimblecompanies.com

2025 Benefits

Below is a summary of benefits available to Kimble Recycling & Disposal, Inc. employees. These benefits are available to full-time employees after working the balance of the month hired and working the following one (1) calendar month, with medical benefits beginning on the first of the next calendar month unless otherwise designated.

Medical Benefits:

Administered by Medical Mutual of Ohio

Medical, Prescription Drug and Dental

Following one (1) calendar month of employment.

Employee Withholding Per Pay Health Care Deductions					
Coverage/Nicotine Use	No Wellness	Employee Only Wellness	Spouse Only Wellness	Both Wellness	Dental
Single					
Nicotine User	\$87.58	\$77.58	N/A	N/A	\$4.54
Non Nicotine User	\$57.58	\$47.58	N/A	N/A	
Employee Spouse					
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Employee & Spouse Non Nicotine Users	\$122.78	\$112.78	\$117.78	\$107.78	
Employee & Child(ren)					
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Employee & Spouse Nicotine Users	\$202.91	\$192.91	\$197.91	\$187.91	\$11.21
Employee & Spouse Non Nicotine Users	\$142.91	\$132.91	\$137.91	\$127.91	
Annual Deductible		In-Network \$1,000 Single \$2,000 All other Plans		Out-of-Network \$3,000 Single \$6,000 All other Plans	
Annual out-of-pocket Maximum <i>(includes deductible, Ov/SP, ER/UC, Rx Copays)</i>		\$6,600 Single \$13,200 All other Plans		\$11,500 Single \$22,000 All other Plans	
Co-Insurance		20%		40%	
Co-Insurance out-of-pocket limits <i>(excludes deductible)</i>		\$2,250 Single \$4,500 All other Plans		\$8,500 Single \$16,000 All other Plans	
Doctor's Office					
Medically Necessary Office Visit		\$20 Copay		40% after deductible	
Specialist Office Visit & Urgent Care		\$20 Copay		40% after deductible	
Inpatient Services		20% after deductible		40% after deductible	
Outpatient Services		20% after deductible		40% after deductible	

Preventative/Routine/Well Child Care	100%	40%
Prescription Drugs		
Retail – Generic Drug		\$10
Retail – Preferred Brand		\$25
Retail – Non-Preferred Brand		\$60
Mail Order – Generic Drug (90 day supply)		\$20
Mail Order – Formulary Drug (90 day supply)		\$50
Mail Order – Non-Formulary Drug (90 day supply)		\$120
Hospital Services		
Emergency Room	\$150 copay, then 100% (Copay waived if admitted)	
Spousal Coverage		
Spouses of an eligible employee, who are employed and eligible for subsidized healthcare coverage from his/her employer will not be an eligible dependent. This provision also applies if the spouse has retired and is eligible for health care coverage through his/her former employer.		
Dental Benefits: <i>Administered by Guardian Life Insurance</i> Single = \$4.54 per pay Employee & Children = \$9.08 per pay Employee & Spouse = \$10.15 per pay Family = \$11.21 per pay	In-Network PPO DentalGuard Preferred	Out-of-Network
Annual Deductible	\$50 per person; Family limit 3 Waived for preventative care	\$50 per person; Family limit 3 Waived for preventative care
Annual Benefit Maximum	\$1,000	\$1,000
Preventative Dental Services (cleanings, exams, x-rays)	100% no deductible	100% no deductible
Basic Dental Services (fillings, periodontal maintenance, root canal, simple extractions)	80%	80%
Major Dental Services (surgical extractions, single crowns, inlays, onlays, bridges, dentures, anesthesia)	50%	50%
Orthodontia	Not Covered	Not Covered
Rollover Threshold	\$500	\$500
Rollover Amount	\$350	\$250
Rollover Amount Limit	\$1,000	\$1,000
Vision Benefits <i>Administered by EyeMed</i> Separate from Medical and Dental Insurance	Employee Only:	\$3.00 Per Pay
	Employee + Spouse:	\$5.70 Per Pay
	Employee + Child(ren):	\$6.00 Per Pay
	Employee & Family:	\$8.82 Per Pay
	EyeMed Network	Non-EyeMed Network
Exam (one every 12 months)	Covered in full after \$10 \$0 Copay	Up to \$40 reimbursement
Frames (one every 12 months)	\$0 Copay (up to \$120 allowance; 20% off anything over \$120)	Up to \$84 reimbursement
Single Vision	Covered by \$10 Copay	Up to \$30 reimbursement
Bifocal	Covered by \$10 Copay	Up to \$50 reimbursement
Trifocal	Covered by \$10 Copay	Up to \$70 reimbursement
Lenticular	Covered by \$10 Copay	Up to \$70 reimbursement
Contact Lenses (in lieu of frames and lenses, one pair every 12 months)	\$0 Copay (up to \$120 allowance; 15% off anything over \$120)	\$130 reimbursement
Laser Vision Correction Lasik or PRK from US Laser Network	15% off the retail price or 5% off the promotional price	N/A
Life, Disability and Accidental Death & Dismemberment Insurance (Kimble Paid)		
Life Insurance Insured by: MedMutual Life		
Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Kimble. The company provides basic life insurance to full-time associates of \$50,000 at no cost to you.		
**Available to full-time employees (36+ hours a week) on the 91 st day of employment.		

Accidental Death and Dismemberment (AD&D) Insurance *Insured by: MedMutual Life*

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Kimble provides AD&D coverage for full-time associates of \$50,000 at no cost to you. This coverage is in addition to your company-paid life insurance.

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Short-Term Disability *Insured by: Guardian*

Short-Term Disability (STD) insurance will pay you a percentage of weekly salary if you become disabled due to an injury or illness. The coverage amount is 60% of your salary to a maximum of \$3,000/week. Maximum payment period is 13 weeks.

***STD is provided by Kimble after 1 year of service.*

Voluntary Products

(Employee Paid)

Voluntary Life *Insured by: Guardian*

You have the option to purchase additional life insurance through Guardian. This is a Guarantee Issue Policy ONLY at the time when you are a new hire, meaning you do not have to answer medical questions when enrolling. During open enrollment if you choose to add the additional Life Coverage you will need to complete a medical form called an Evidence of Insurability. Coverage is guaranteed as follows:

Employee: \$200,000, Spouse: \$10,000, Dependent Children: \$10,000

Premiums are based off of your age. Refer to the Guardian Booklet. The Plan is portable so you can take it with you if you leave employment.

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Additional benefit to the plan is WillPrep Service, ensuring support and guidance with keeping an up-to-date Will.

ONLY AVAILABLE AT ORIENTATION

Voluntary Long-Term Disability *Insured by: Guardian*

LTD coverage will provide income when you have been disabled for 91 days or more. The cost of the benefits is based off of your salary and current age.

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Maximum benefit period is Social Security Normal Retirement Age.

ONLY AVAILABLE AT ORIENTATION

WorkLifeMatters *Guardian*[1-800-386-7055](tel:1-800-386-7055)

Guardian offers a confidential employee assistance program. The program provides guidance for personal issues that you might be facing and information about other concerns that affect your life. The program is available 24/7. Just a few examples: before/after school programs, Financial Aid Resources, Credit & Collections, Home Buying, Anxiety & Depression, Divorce & Separation. 1-800-386-7055

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Cleveland Clinic Online Express Care <http://my.clevelandclinic.org/online-services/express-care-online>

Online medical care is medicine built for the way you live today. It's a simple, affordable service that lets you see a caregiver online or by mobile app. The health care provider can review your history, answer questions and at their discretion diagnose, treat and even prescribe medicine. There is a \$20 Copay for this service through Kimble. Just a few examples: Bronchitis; Cough; Sinusitis; Urinary Tract; Abdominal Pain; Fever; Strep Throat; Influenza; Respiratory Infection; Headache; Diarrhea. <http://myclevelandclinic.org/online-services/express-care-online>

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Aflac

Kimble has an Aflac Representative that will contact any employees interested in knowing more about Aflac. Aflac is enrolled in payroll deductions.

***Available to full time employees (36+ hours a week) on the 91st day of employment.*

401K *Voya*

Pre-taxed contribution. Personal contribution and employer matching: 50% of the first 3%.

***Available to full-time employees (36+ hours a week) on the 91st day of employment.*

Flexible Spending Account (FSA)

You may set aside pre-taxed money into a health care reimbursement account to use towards medical related expenses. \$3,200 maximum per calendar year. This cannot be carried over.

***Enrollment is every December. Deductions begin in January.*

Wellness

Kimble offers onsite wellness coaches for all employees to access. There is no charge to access the wellness coaches. The wellness coach is provided to assist employees in achieving their health goals. Kimble also provides wellness incentives as part of its wellness program for employees and their spouses. Please see the Kimble Wellness Program Notice for additional details.

Paid Vacation

Vacation for the 1st calendar year of service is prorated and the number of days are based upon the month you are hired.

January – February:	10 days
March – April:	8 days
May – July:	6 days

August – September:	4 days
October – December	0 days
<p><i>**Available to full time employees (36+ hours a week) on the 91st day of employment.</i></p> <p>After 1st calendar year of service, eligible employees are eligible for vacation benefits on January 1 of each year in accordance with the schedule below:</p>	
2 nd year through the 5 th year:	10 days
6 th year through 14 th year:	15 days
15 or more years:	20 days
<u>Paid Holidays</u>	
<p>The following is a list of company paid holidays: <i>Labor Day, Memorial Day, Fourth of July, Thanksgiving Day, Christmas Day, New Year's Day.</i></p> <p><i>**Available to full-time employees (36+ hours a week) on the 91st day of employment</i></p>	

Please note this is for illustrative purposes only, and all benefits are subject to the Employee Handbook and Benefit Plan documents, in effect from time to time. If you have any discrepancies or questions be sure to review your detailed benefit booklets. You may also contact the Human Resources Department at (330) 343-1226.