



# RETIREE BENEFIT HIGHLIGHTS 2026-2027



## Contact Information

### Human Resources

|                                 |                       |
|---------------------------------|-----------------------|
| Director of HR - Communications | Phone: (305) 295-1023 |
| Human Resources Supervisor      | Phone: (305) 295-1068 |
| Human Resources Coordinator     | Phone: (305) 295-1067 |



### Online Enrollment

Bentek

Phone: (888) 5-Bentek (523-6835)  
Email: [support@mybentek.com](mailto:support@mybentek.com)  
[app.mybentek.com](http://app.mybentek.com)



### Medical Insurance

Cigna Healthcare

Phone: (800) 244-6224  
[www.mycigna.com](http://www.mycigna.com)



### Prescription Drug Coverage & Mail-Order Program

Express Scripts Pharmacy through  
Cigna Healthcare

Phone: (800) 835-3784  
[www.mycigna.com](http://www.mycigna.com)



### Virtual Care

MDLIVE through Cigna Healthcare

Phone: (888) 726-3171  
[www.mycigna.com](http://www.mycigna.com)



### Health Savings Account (HSA)

Cigna

Phone: (800) 244-6224  
[www.mycigna.com](http://www.mycigna.com)



### Dental Insurance

Cigna Healthcare

Phone: (800) 244-6224  
[www.mycigna.com](http://www.mycigna.com)



### Vision Insurance

Cigna Healthcare Vision

Phone: (877) 478-7557  
[www.mycigna.com](http://www.mycigna.com)



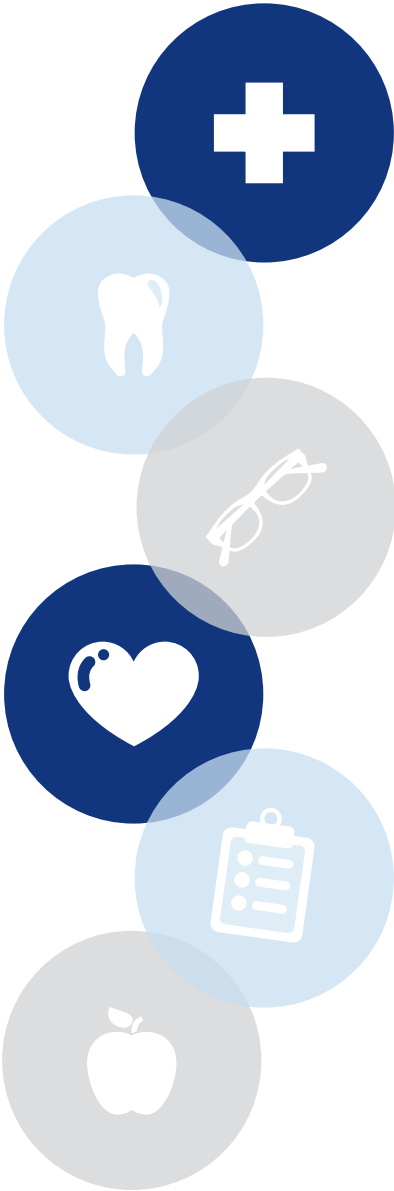
### Life Insurance

The Standard

Phone: (800) 368-1135  
[www.standard.com](http://www.standard.com)



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## Introduction

This Retiree Benefit Highlights Booklet provides a general summary of retiree benefit options as a convenient reference. Please refer to KEYS' Policies and/or Certificates of Coverage for detailed descriptions of all available retiree benefit programs and stipulations therein. If retiree requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources for further information.

## Online Benefit Enrollment

KEYS offers employees convenient online benefits enrollment through BenteK®. Benefit eligible employees can enroll or make changes during the annual Open Enrollment period, New Hire Orientation, or following a Qualifying Life Event. Employees can log in to review detailed information about benefit plans, view current elections, and print summaries of coverage for themselves and dependents. BenteK also provides access 24 hours a day, year-round to important forms and carrier resources and enabling employees to update beneficiary designations.

### Accessing BenteK

- ✓ Visit [app.mybentek.com](https://app.mybentek.com)
- ✓ Sign in with email and password, or select "Create an Account."
- ✓ Need Password Help? Follow the link for a password reset.
- ✓ Once logged in, use the Launchpad icons to navigate.

### Technical Support

For technical assistance related to using the platform, contact BenteK Support:

Email: [support@mybentek.com](mailto:support@mybentek.com)

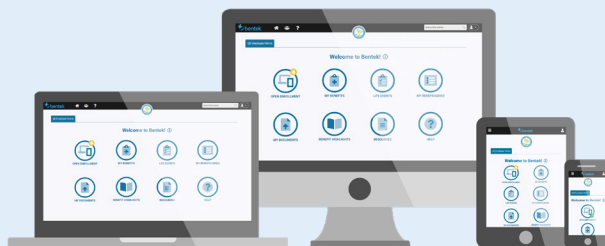
Phone: (888) 5-Bentek (523-6835)

Hours of Operation: Monday through Friday 8:30 am - 5:00 pm (EST)



#### Scan QR Code to Access BenteK

For the best experience, we recommend enrolling on a computer.





## Group Insurance Eligibility

### Retiree Eligibility

Retirees must maintain continuous enrollment. If a retiree elects to cancel, drop, or separate from the KEYS' group insurance plan at any time in the future, they will permanently forfeit their eligibility and will not be permitted to re-enroll or rejoin the plan under any circumstances.

Dependents must be enrolled at the time of retirement and must maintain continuous coverage. Retirees are not permitted to drop and later re-enroll dependents, nor can they add new dependents after retirement, unless the retiree experiences a validated Qualifying Life Event (such as marriage, birth, or adoption). Any such addition must be requested within 30 days of the event. If a dependent is voluntarily removed from coverage for any other reason, that removal is permanent.

### Dependent Eligibility

A dependent is defined as the legal spouse/domestic partner and/or dependent child(ren) of the participant or spouse/domestic partner. The term "child" includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A newborn child (up to the age of 18 months old) of a covered dependent (per Florida State Statute)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner

### Dependent Age Requirements

**Medical Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 26. An over-age dependent (taxable dependent) may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 30, if the dependent meets the following requirements:

- Unmarried with no dependents; and
- A Florida resident, or full-time or part-time student; and
- Otherwise uninsured; and
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is disabled.

**Dental Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 30.

**Vision Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 30.

*Please see Taxable Dependents if covering eligible over-age dependents.*

### Disabled Dependents

Coverage for a dependent child may be continued beyond age 26 if:

- Is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Unmarried and primarily dependent upon the employee for support; and
- Is otherwise eligible for coverage under the group's insurance plans; and
- Has been continuously insured.

Proof of disability will be required upon request. Please contact Human Resources for more information.

### Domestic Partner Coverage

Domestic partners may be eligible to participate in KEYS' group insurance if the partner is officially registered as a domestic partner with KEYS'. IRS guidelines state the retiree may not receive a tax advantage on any portion of premiums paid related to domestic partner coverage. Retirees insuring domestic partners and/or child dependent(s) of a domestic partner are required to pay imputed income tax on subsidy amounts and should consult a tax advisor. Please contact Human Resources for more information.



## Medical Insurance

KEYS offers medical insurance through Cigna Healthcare to benefit-eligible retirees. The monthly costs for coverage are listed in the premium tables below and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact customer service.

### Medical Insurance – Cigna Open Access Plus Plan

Monthly Premiums

| Tier of Coverage             | Monthly Cost<br>(Hired Prior 06/10/1999) | Monthly Cost<br>(Hired After 06/10/1999) |
|------------------------------|------------------------------------------|------------------------------------------|
| Retiree Only                 | \$0.00                                   | \$1,727.85                               |
| Spouse / DP without Medicare | \$1,111.40                               | \$2,839.25                               |
| Spouse / DP with Medicare    | \$799.06                                 | \$2,526.91                               |
| Child(ren)                   | \$832.90                                 | \$2,560.75                               |
| Family                       | \$1,966.82                               | \$3,694.67                               |

### Medical Insurance – Cigna HDHP Open Access Plus Plan

Monthly Premiums

| Tier of Coverage             | Monthly Cost<br>(Hired Prior 06/10/1999) | Monthly Cost<br>(Hired After 06/10/1999) |
|------------------------------|------------------------------------------|------------------------------------------|
| Retiree Only                 | \$0.00                                   | \$1,434.11                               |
| Spouse / DP without Medicare | \$953.70                                 | \$2,387.81                               |
| Child(ren)                   | \$719.47                                 | \$2,153.58                               |
| Family                       | \$1,673.11                               | \$3,107.22                               |

**Please Note:** Retirees hired prior to June 10, 1999, who attain retirement eligibility are eligible for paid health insurance benefits. Retirees hired after June 10, 1999, who attain retirement eligibility will have the opportunity to purchase health insurance at the same rate KEYS pays for its active employees.

**Cigna Healthcare** | Phone: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)

## Medical Plan Resources

Enrolled retirees and dependents have access to additional services and discounts through value added programs. Resources such as in-network providers, benefits, deductibles, ID cards, claims, and more are easily accessed through the carrier portal and mobile app. For more details regarding medical plan resources, contact customer service.

### Mobile App

Mobile app provides on-the-go access to the medical benefit account to view benefits, download ID card, locate providers, or view claims.

## Virtual Care

Cigna provides access to virtual care services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Virtual Care should be considered when retiree's primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with Virtual Care

- ✓ Acne
- ✓ Allergies
- ✓ Cold and Flu
- ✓ Fever
- ✓ Headache/Migraine
- ✓ Rash
- ✓ Sore Throat
- ✓ Stomachache
- ✓ UTIs and More

Virtual Care doctors do not replace retiree's primary care physician but may be a convenient alternative for non-emergent, urgent care and ER visits.

**MDLIVE** | Phone: (888) 726-3171 | [www.mycigna.com](http://www.mycigna.com)

### Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan(s) is provided as a supplement to this booklet being distributed to new hires and existing employees during the Open Enrollment Period. The summary is an important item in understanding employee's benefit options. A free paper copy of the SBC document may be requested or is also available as follows:

**From:** Human Resources  
**Address:** 1001 James St.  
Key West, FL 33040  
**Website URL:** [app.mybentek.com](http://app.mybentek.com)

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the group certificate of coverage can be reviewed by contacting Human Resources.



## Cigna Open Access Plus Plan At-A-Glance

| Network                                                                     | Open Access Plus                       |                                         |
|-----------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|
| Calendar Year Deductible (CYD)                                              | In-Network                             | Out-of-Network*                         |
| Individual                                                                  | \$1,500                                | \$3,000                                 |
| Family                                                                      | Individual: \$1,500 / Family: \$4,500  | Individual: \$3,000 / Family: \$9,000   |
| Coinsurance                                                                 |                                        |                                         |
| Member Responsibility                                                       | 30%                                    | 50%                                     |
| Calendar Year Out-of-Pocket Maximum                                         |                                        |                                         |
| Individual                                                                  | \$5,000                                | \$10,000                                |
| Family                                                                      | Individual: \$5,000 / Family: \$10,000 | Individual: \$10,000 / Family: \$20,000 |
| What Applies to the Out-of-Pocket Maximum?                                  | Deductible, Coinsurance, Copays and Rx |                                         |
| Physician Services                                                          |                                        |                                         |
| Primary Care Physician (PCP) Office Visit                                   | \$30 Copay                             | 50% After CYD                           |
| Specialist Office Visit                                                     | \$45 Copay                             | 50% After CYD                           |
| Chiropractor Office Visit (60 visit max combined with other Therapy Visits) | \$25 Copay                             | 50% After CYD                           |
| Non-Hospital Services; Freestanding Facility                                |                                        |                                         |
| Clinical Lab (Bloodwork)**                                                  | 30% After CYD                          | 50% After CYD                           |
| X-rays                                                                      | 30% After CYD                          | 50% After CYD                           |
| Advanced Imaging (MRI, PET, CT) - Per Scan                                  | 30% After CYD                          | 50% After CYD                           |
| Outpatient Surgery at Surgical Center                                       | 30% After CYD                          | 50% After CYD                           |
| Physician Services at Surgical Center                                       | 30% After CYD                          | 50% After CYD                           |
| Urgent Care (Per Visit)                                                     | \$50 Copay                             | \$50 Copay                              |
| Hospital Services                                                           |                                        |                                         |
| Inpatient Hospital (Per Admission)                                          | 30% After CYD                          | 50% After CYD                           |
| Outpatient Hospital (Per Visit)                                             | 30% After CYD                          | 50% After CYD                           |
| Physician Services at Hospital                                              | 30% After CYD                          | 50% After CYD                           |
| Emergency Room (Per Visit; Waived if Admitted)                              | \$100 Copay                            | \$100 Copay                             |
| Mental Health/Alcohol & Substance Abuse                                     |                                        |                                         |
| Inpatient Hospital Services (Per Admission)                                 | 30% After CYD                          | 50% After CYD                           |
| Outpatient Services (Per Visit)                                             | 30% After CYD                          | 50% After CYD                           |
| Outpatient Office Visit                                                     | \$45 Copay                             | 50% After CYD                           |
| Prescription Drugs (Rx)                                                     |                                        |                                         |
| Generic                                                                     | \$15 Copay                             | 50% Coinsurance                         |
| Preferred Brand Name                                                        | \$50 Copay                             | 50% Coinsurance                         |
| Non-Preferred Brand Name                                                    | \$80 Copay                             | 50% Coinsurance                         |
| Self-Administered Injectables                                               | 20% Coinsurance (Not to exceed \$200)  | 50% Coinsurance                         |
| 90-Day Supply (Mail Order/Retail Pharmacy)                                  | 2x Retail Copay                        | Not Covered/50% Coinsurance             |
| 90-Day Supply (Mail Order/Retail Pharmacy) Self-Administered Injectable     | 20% Coinsurance (Not to exceed \$400)  | Not Covered/50% Coinsurance             |



### Locate a Provider

To find a participating provider, contact customer service or visit [www.mycigna.com](http://www.mycigna.com). When searching, select the Open Access Plus network.



### Plan References

#### \*Out-Of-Network Balance Billing:

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

\*\*LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using another lab, please confirm the lab is contracted with the plan's network before receiving services.



### Important Note

Preventive services are routine health care visits that include screenings, check-ups, and patient counseling to prevent illness, disease or other health problems. Preventive Care is covered under the group's medical plan at No Charge for In-Network providers. Charges are based on the doctor coding as preventive visit, not diagnostic (wellness visit only, not for any illness or injury). Please check the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna for a list of preventive exams and for information regarding age and plan requirements.



## Cigna HDHP Open Access Plus Plan At-A-Glance



### Locate a Provider

To find a participating provider, contact customer service or visit [www.mycigna.com](http://www.mycigna.com). When searching, select the Open Access Plus network.



### Plan References

#### **\*Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

\*\*LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using another lab, please confirm the lab is contracted with the plan's network before receiving services.

| Network                                                                  |  | Open Access Plus                       |                           |
|--------------------------------------------------------------------------|--|----------------------------------------|---------------------------|
| Calendar Year Deductible (CYD)                                           |  | In-Network                             | Out-of-Network*           |
| Individual                                                               |  | \$2,500                                | \$5,000                   |
| Family                                                                   |  | \$5,000                                | \$10,000                  |
| Coinsurance                                                              |  |                                        |                           |
| Member Responsibility                                                    |  | 30%                                    | 50%                       |
| Calendar Year Out-of-Pocket Maximum                                      |  |                                        |                           |
| Individual                                                               |  | \$5,000                                | \$10,000                  |
| Family                                                                   |  | \$9,100                                | \$20,000                  |
| What Applies to the Out-of-Pocket Maximum?                               |  | Deductible, Coinsurance, Copays and Rx |                           |
| Physician Services                                                       |  |                                        |                           |
| Primary Care Physician (PCP) Office Visit                                |  | 30% After CYD                          | 50% After CYD             |
| Specialist Office Visit                                                  |  | 30% After CYD                          | 50% After CYD             |
| Non-Hospital Services; Freestanding Facility                             |  |                                        |                           |
| Clinical Lab (Bloodwork)**                                               |  | 30% After CYD                          | 50% After CYD             |
| X-rays                                                                   |  | 30% After CYD                          | 50% After CYD             |
| Advanced Imaging (MRI, PET, CT)                                          |  | 30% After CYD                          | 50% After CYD             |
| Outpatient Surgery at Surgical Center                                    |  | 30% After CYD                          | 50% After CYD             |
| Physician Services at Surgical Center                                    |  | 30% After CYD                          | 50% After CYD             |
| Urgent Care (Per Visit)                                                  |  | 30% After CYD                          | 50% After CYD             |
| Hospital Services                                                        |  |                                        |                           |
| Inpatient Hospital (Per Admission)                                       |  | 30% After CYD                          | 50% After CYD             |
| Outpatient Hospital (Per Visit)                                          |  | 30% After CYD                          | 50% After CYD             |
| Physician Services at Hospital                                           |  | 30% After CYD                          | 50% After CYD             |
| Emergency Room (Per Visit)                                               |  | 30% After CYD                          | 30% After CYD             |
| Mental Health/Alcohol & Substance Abuse                                  |  |                                        |                           |
| Inpatient Hospital Services (Per Admission)                              |  | 30% After CYD                          | 50% After CYD             |
| Outpatient Services (Per Visit)                                          |  | 30% After CYD                          | 50% After CYD             |
| Outpatient Office Visit                                                  |  | 30% After CYD                          | 50% After CYD             |
| Prescription Drugs (Rx)                                                  |  |                                        |                           |
| Generic                                                                  |  | 30% After CYD                          | 50% After CYD             |
| Preferred Brand Name                                                     |  | 30% After CYD                          | 50% After CYD             |
| Non-Preferred Brand Name                                                 |  | 30% After CYD                          | 50% After CYD             |
| Self-Administered Injectables                                            |  | 30% After CYD                          | 50% After CYD             |
| 90-Day Supply (Mail Order/Retail Pharmacy)                               |  | 30% After CYD                          | Not Covered/50% After CYD |
| 90-Day Supply (Mail Order/Retail Pharmacy) Self-Administered Injectables |  | 30% After CYD                          | Not Covered/50% After CYD |



## Health Savings Account (HSA)

The Cigna High Deductible Health Plan (HDHP) complies with the Internal Revenue Service (IRS) requirements and qualifies enrollee to open a Health Savings Account (HSA). An HSA is an interest-bearing account where funds may be used to help pay employee and dependent(s) deductible, coinsurance and any qualified health care expenses not covered by the plan

- 2026 IRS Contribution Limitations: \$4,400 (individual coverage) \$8,750 (family coverage)
- 2027 IRS Contribution Limitations: \$4,500 (individual coverage) \$9,000 (family coverage)
- Individuals age 55 and older can also make additional "catch-up" contributions up to \$1,000 annually

### What to Know About an HSA

- To be eligible to open an HSA, retiree must be covered by a qualified high deductible health plan. Retiree may not be covered under another medical plan that is not a high deductible health plan including a plan the retiree's spouse may have selected where they have family coverage. Eligibility status to qualify for an HSA is specifically driven by retiree and NOT dependents.
- Retiree owns the HSA account and will receive a account debit card. Account service fees, determined by the bank, may apply.
- No use-it or lose-it rules; funds are available to the account owner now or in the future
- HSA funds may earn interest.
- Tax-free HSA dollars can be used for eligible health care expenses.
- Balance, activity and account history are available on the online portal or by contacting customer service.
- HSA funds are portable from one employer to another. Accumulated funds can help retiree plan for retirement.
- HSA funds can be used for dependent(s) even if dependent is not enrolled in the retiree's group insurance benefits as long as the dependent is a qualified tax dependent.
- Retiree's over-age dependent is not able to use the HSA account funds even if dependent is covered under the medical plan as Federal law does not recognize over-age dependents as HSA eligible qualified dependent.
- If retiree is enrolled in Medicare, TRICARE or TRICARE for Life, retiree is not eligible to contribute funds into an HSA. In addition, the IRS prohibits an employer from contributing HSA funds into the account. If retiree is not enrolled in Medicare, TRICARE or TRICARE for Life, then retiree is eligible to enroll and contribute into the HSA up to the maximum contribution amounts of tier enrolled.
- Retiree NOT on Medicare but with a spouse enrolled in Medicare: Retiree who is covering a spouse that is enrolled in Medicare is eligible to enroll and contribute into the HSA up to the maximum contribution amounts of tier enrolled. These funds can be utilized for the retiree and spouse expenses.
- Retiree ON Medicare and with a spouse NOT enrolled in Medicare: Retiree who is enrolled in Medicare and covering a spouse may not contribute or receive HSA funding. Any remaining balance in the HSA can be utilized until there are no funds remaining.

**Cigna Healthcare**

Phone: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)



## Dental Insurance

### Cigna Dental PPO Plan

KEYS offers dental insurance through Cigna Healthcare to benefit-eligible retirees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to the carrier's summary plan document or contact customer service.

#### Dental Insurance – Cigna Dental PPO Plan

Monthly Premiums

| Tier of Coverage | Monthly Cost |
|------------------|--------------|
| Retiree Only     | \$48.83      |
| Retiree + Family | \$115.40     |

#### In-Network Benefits

This plan provides benefits for services received from in-network and out-of-network providers. It is also an open-access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the Cigna Total network. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount." This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

*Please Note: Total network dental members have the option to utilize a dentist that participates in either Cigna's Advantage or Total network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage dentist or Total dentist.*

#### Out-of-Network Benefits

Out-of-network benefits are used when members receives services by a non-participating Cigna Total provider. Cigna reimburses out-of-network services based on what it determines as the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member may be responsible for balance billing. Balance billing is the difference between Cigna's MRC and the amount charged by the out-of-network dentist. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Calendar Year Deductible

The Dental PPO plan requires a \$50 individual or a \$100 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for preventive services.

#### Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO plan will pay for each covered member is \$2,000 for in-network and out-of-network services combined. All services, including preventive, accumulate towards the benefit maximum. Once the plan's benefit maximum is met, the member will be responsible for future charges until next calendar year.

#### Mobile App

Mobile app provides on-the-go access to the dental benefit account to view benefits, download ID card, locate providers or view claims.

**Cigna Healthcare**

Phone: (800) 244-6224 | [www.mycigna.com](http://www.mycigna.com)



## Cigna Total Dental PPO Plan At-A-Glance

| Network                                        |  | Total                                |                                                                      |
|------------------------------------------------|--|--------------------------------------|----------------------------------------------------------------------|
| Calendar Year Deductible (CYD)                 |  | In-Network                           | Out-of-Network                                                       |
| Per Member                                     |  |                                      | \$50                                                                 |
| Per Family                                     |  |                                      | \$100                                                                |
| Waived for Class I Services?                   |  |                                      | Yes                                                                  |
| Calendar Year Benefit Maximum                  |  |                                      |                                                                      |
| Per Member                                     |  |                                      | \$2,000                                                              |
| Class I Services: Diagnostic & Preventive Care |  |                                      |                                                                      |
| Routine Oral Exam (2 Per Year)                 |  | Plan Pays: 100%<br>Deductible Waived | Plan Pays: 100%<br>Deductible Waived<br>(Subject to Balance Billing) |
| Routine Cleanings (2 Per Year)                 |  |                                      |                                                                      |
| Complete X-rays (1 Set Every 2 Years)          |  |                                      |                                                                      |
| Bitewing X-rays (2 Sets Per Year)              |  |                                      |                                                                      |
| Class II Services: Basic Restorative Care      |  |                                      |                                                                      |
| Fillings                                       |  | Plan Pays: 80%<br>After CYD          | Plan Pays: 80%<br>After CYD<br>(Subject to Balance Billing)          |
| Deep Cleaning                                  |  |                                      |                                                                      |
| Endodontics (Root Canal Therapy)               |  |                                      |                                                                      |
| Periodontal Services                           |  |                                      |                                                                      |
| Anesthesia                                     |  |                                      |                                                                      |
| Simple Extractions                             |  |                                      |                                                                      |
| Oral Surgery                                   |  |                                      |                                                                      |
| Class III Services: Major Restorative Care     |  |                                      |                                                                      |
| Crowns                                         |  | Plan Pays: 60%<br>After CYD          | Plan Pays: 60%<br>After CYD<br>(Subject to Balance Billing)          |
| Dentures                                       |  |                                      |                                                                      |
| Bridges                                        |  |                                      |                                                                      |
| Class IV Services: Orthodontia                 |  |                                      |                                                                      |
| Lifetime Maximum                               |  | \$1,500                              |                                                                      |
| Benefit (Dependent Children Up To Age 19)      |  | Plan Pays: 50%<br>Deductible Waived  | Plan Pays: 50%<br>Deductible Waived<br>(Subject to Balance Billing)  |



### Locate a Provider

To find a participating provider, contact customer service or visit [www.mycigna.com](http://www.mycigna.com). When searching, select the Total network.



### Plan References

*\*Out-of-Network Balance Billing: For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Out-of-Network Benefits section on the previous page.*



### Important Notes

- Each covered family member may receive up to two (2) routine cleanings per calendar year covered under the preventive benefit.
- For any dental work expected to cost \$200 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should Retiree have the dental work performed.
- Waiting periods and age limitations may apply.
- Benefit frequency limitations may apply to certain services.



## Vision Insurance

### Cigna Vision Plan

KEYS offers vision insurance through Cigna Healthcare to benefit-eligible retirees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, including exclusions and stipulations, please refer to the carrier's benefit summary plan document or contact customer service.

#### Vision Insurance Premiums – Cigna Vision Plan

Monthly Premiums

| Tier of Coverage      | Monthly Cost |
|-----------------------|--------------|
| Retiree Only          | \$6.18       |
| Retiree + Spouse / DP | \$12.38      |
| Retiree + Child(ren)  | \$12.51      |
| Retiree + Family      | \$19.71      |

#### In-Network Benefits

The vision plan offers retiree and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered retiree and dependent(s) may select any network provider who participates in the Cigna Vision network. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of the appointment.

#### Out-of-Network Benefits

Retiree and covered dependent(s) may choose to receive services from vision providers who do not participate in the Cigna Vision network. When going out of network, the provider will require payment at the time of appointment. Cigna will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

#### Calendar Year Deductible

There is no calendar year deductible.

#### Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

#### Mobile App

Mobile app provides on-the-go access to the vision benefit account to view benefits, download ID card, locate providers or view claims.

#### Claims Mailing Address

Cigna Vision, Claims Department  
P.O. Box 385018, Birmingham, AL 35238-5018

#### Cigna Healthcare Vision

Phone: (877) 478-7557 | [www.mycigna.com](http://www.mycigna.com)



## Cigna Vision Plan At-A-Glance

| Network                                 |                                                                                | Cigna Vision                           |  |
|-----------------------------------------|--------------------------------------------------------------------------------|----------------------------------------|--|
| Services                                | In-Network                                                                     | Out-of-Network                         |  |
| Eye Exam                                | \$10 Copay                                                                     | Up to \$45 Reimbursement               |  |
| Materials                               | \$25 Copay                                                                     | Reimbursement Based on Type of Service |  |
| Retinal Imaging                         | Up to \$39 Copay                                                               | Not Covered                            |  |
| Frequency of Services Per Calendar Year |                                                                                |                                        |  |
| Examination                             | 12 Months                                                                      |                                        |  |
| Lenses                                  | 12 Months                                                                      |                                        |  |
| Frames                                  | 24 Months                                                                      |                                        |  |
| Contact Lenses                          | 12 Months                                                                      |                                        |  |
| Lenses                                  |                                                                                |                                        |  |
| Single                                  | No Charge After \$25 Materials Copay                                           | Up to \$32 Reimbursement               |  |
| Bifocal                                 | No Charge After \$25 Materials Copay                                           | Up to \$55 Reimbursement               |  |
| Trifocal                                | No Charge After \$25 Materials Copay                                           | Up to \$65 Reimbursement               |  |
| Frames                                  |                                                                                |                                        |  |
| Allowance                               | Up to \$150 Allowance After \$25 Materials Copay<br>20% Off Balance Over \$150 | Up to \$83 Reimbursement               |  |
| Contact Lenses*                         |                                                                                |                                        |  |
| Non-Elective (Medically Necessary)      | No Charge                                                                      | Up to \$210 Reimbursement              |  |
| Elective (Fitting, Follow-up & Lenses)  | Up to \$130 Allowance                                                          | Up to \$105 Reimbursement              |  |



### Locate a Provider

To find a participating provider, contact customer service or visit [www.mycigna.com](http://www.mycigna.com). When searching, select the Cigna Vision network.



### Plan References

\*Contact lenses are in lieu of spectacle lenses.



### Important Notes

- The Frequency Period is based on a calendar year basis (January 1).
- Member options, such as LASIK, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.



## Basic Term Life Insurance

## Life Insurance Imputed Income

## Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctor's names and addresses or prescription medications.

## The Standard

Phone: (800) 368-1135 | [www.standard.com](http://www.standard.com)

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This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.