

RETIREE BENEFITS 2026



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This guide provides a summary of plan highlights. This is not a binding contract. In the event of any difference between the information contained herein and the plan documents, the plan documents will supersede and control over this guide. Please consult the Summary Plan Description for information on covered charges, limitations, and exclusions.

CONGRATS ON YOUR RETIREMENT!

FROM US AT KENT,

Congratulations on reaching this exciting milestone in your life! Retirement is a time to celebrate your achievements, reflect on your journey, and plan for a future filled with possibilities. Whether you're nearing retirement age or already enjoying your golden years, understanding your retirement benefits is essential to ensuring financial security and peace of mind.

This guide is designed to provide you with comprehensive information about the various retirement benefits available to you. We will explore topics such as Medicare, pension plans, 401(k), healthcare options, and other essential resources that can help you navigate this new chapter with confidence.

Our goal is to empower you with the knowledge you need to make informed decisions about your retirement and highlight key considerations to help you maximize your benefits.

Thank you for all that you have given to KENT.



Benefits Service Center

If you have any questions about your benefit options or need assistance with enrolling, contact KENT's Retirement Benefits Team at 563.264.4600.

MEDICAL BENEFITS

Medical Plan At A Glance

This is a Medicare Supplement Plan with TransAmerica. This plan is accepted anywhere that takes Medicare A & B, which you enroll in through Social Security. The network is open to any medical facility that accepts Medicare in all 50 states to include U.S. territories.

	TransAmerica
Medicare Part A Services	Member Pays
Part A Deductible	\$0
Part A Coinsurance	0%
Skilled Nursing Facility Care	\$0, Days 1-100
Emergency Room	\$20, then 10% Admit
Medicare Part B Services	
Part B Deductible	50%
Part B Coinsurance	50% (plan pays 10%/Insured pays 10%)
Primary Care Visit	\$20
Specialist Visit	\$20
Part B Excess Covered	Yes
Medical Supplement Coverage Specifications	
Medical Out-of-Pocket Maximum	\$3,000 - Including Deductible / Copays
Ancillary Benefit Coverage	
Foreign Travel Coverage	\$250 deductible and 20% coinsurance for medically necessary emergency care services beginning during the first 60 days of each trip outside the USA up to a \$50,000 lifetime maximum
Hearing	Medicare covered services only
Vision	Medicare covered services only
Dental	Medicare covered services only
Podiatry	Medicare covered services only
Chiropractic / Acupuncture	Medicare covered services only



MEDICAL BENEFITS

Terms to Know

Benefits can be confusing! Here's a quick reference to help you navigate commonly used terms:

- **Copay:** A flat dollar amount you pay the provider when you receive a service.
- **Deductible:** A deductible is the amount of money that an individual must pay out-of-pocket before an insurance company will pay for any covered expenses. For example, if you have a health insurance policy with a \$1,000 deductible, you are responsible for paying the first \$1,000 of your medical expenses before your insurance starts to cover the costs.
- **Coinsurance:** The portion of covered expenses you and the plan share after you meet the deductible (listed as a percentage).
- **Out-of-Pocket Maximum (OOP Max):** The maximum amount you pay out of your pocket for covered expenses in a year. Once you reach the out-of-pocket maximum, the medical plan pays for all covered services for the rest of the year.

Preventive Care: Your Key to Wellness



Identifying potential problems before they become major issues is key to your physical health.

Your medical plan includes free in-network preventive care that includes annual physicals, mammograms, immunizations, and more. So, stay on top of your wellness and schedule your in-network preventive visit today.

PRESCRIPTIONS



Welcome to the Pharmacy Benefits section of our Benefits Guide. At KENT Worldwide, we understand the importance of convenient and affordable access to prescription medications. Whether you need routine medications or specialty treatments, our plan provides you with the resources and support to manage your prescriptions effectively. Please read on to discover how you can make the most of your pharmacy benefits.

This is a Medicare Part D plan through Humana.

Humana PDP		
Part D Maximum Out-of-Pocket	\$2,100	
	30 Day Standard Retail	90 Day Standard Retail
Generic	15% (\$5 minimum out-of-pocket per prescription)	15% (\$15 minimum out-of-pocket per prescription)
Preferred Brand	30%	30%
Non-Preferred Drug	35%	35%
Specialty Tier	35%	N/A
90 Day Standard Mail Order		
Generic	10% (\$10 minimum and \$100 maximum out-of-pocket per prescription)	
Preferred Brand	25% (\$250 maximum out-of-pocket per prescription)	
Non-Preferred Drug	35% (\$500 maximum out-of-pocket per prescription)	
Specialty Tier	N/A	

Note: Plan covered insulin products will not exceed \$35 for a one-month supply no matter what cost-sharing tier it's on.

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Maintenance Drugs

If you take maintenance drugs (like those used to treat chronic conditions such as high blood pressure or high cholesterol) on a regular basis, be sure to have your physician write a 90-day prescription instead of a 30-day prescription. You can:

- Have your medication delivered straight to your door by using mail order service.
- Pick up your prescriptions at any in-network pharmacy.

DENTAL



With Delta Dental, you have access to the largest network of dentists in the U.S. That means they can receive affordable, quality dental care no matter where they are located. Below is a summary of the dental plan offered during your retirement.

Summary of Coverage	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Deductible	\$15 Individual / \$45 Family	\$25 Individual / \$75 Family	\$25 Individual / \$75 Family
Annual Benefit Maximum per person per calendar year	\$2,500		
Benefit Categories	You Pay		
Diagnostic & Preventive Services (routine check-ups, teeth cleaning, bitewing xrays, full mouth x-rays, fluoride, sealants, space maintainers)	0%	0%	0%
Routine & Restorative Services (cavity repair, tooth extractions, general anesthesia/sedation, routine oral surgery, emergency treatment)	25%	35%	35%
Posterior Composites (tooth-colored filling on back teeth)	25%	35%	35%
Endodontic Services (root canals and therapy)	35%	35%	35%
Periodontal Services (non-surgical procedures, gum and bone diseases, surgical procedures, perio maintenance therapy)	35%	35%	35%
High Cost Restorations (crowns, recementing crowns)	35%	35%	35%
Prosthetics (bridges, dentures, repairs and adjustments)	35%	35%	35%
Implants	35%	35%	35%
Enhanced Benefit Program	Extra dental benefits based on medical conditions.		

In-Network Dentist

You can see any dentist you choose, but in-network dentists have agreed to provide services at discounted rates. Use the **Find a Provider** tool at DeltaDentalIA.com to locate an in-network dentist.

Out-of-network benefits are based on reasonable and customary (R&C) limits. You will be responsible for any charges over that amount. These charges won't apply to your deductible.

VISION

VISION

The Vision Plan is administered by Vision Service Plan (VSP) and includes eye exams, lenses, and contacts every 12 months, and frames every 2 years. You'll save money if you go to a network provider.

VSP PROVIDERS

You can use any eye doctor you choose, but using VSP in-network providers will save you money. Use the Find a Provider tool at VSP.com to locate an in-network eye doctor.

NEW IN 2026!

Plan Feature	VSP	
	VSP Provider	Open Access Amount
Exam (every calendar year)		
Comprehensive WellVision Exam	\$5 copay	Up to \$45
Contact Lens Fitting and Evaluation	\$60 Max Copay	N/A
Lenses (every calendar year)		
Single Vision Lenses	\$25 copay	Up to \$30
Lined Bifocal Lenses	\$25 copay	Up to \$50
Lined Trifocal Lenses	\$25 copay	Up to \$65
Lenticular Lenses	\$25 copay	Up to \$100
Frames: Up to plan allowance, then 20% off overage, in-network (every other calendar year)		
Retail Frame Allowance (RFA)	\$180 allowance	Up to \$70
Featured Frame Brand Allowance (Attair or Marchon Frames Only)	\$200 allowance	Up to \$70
Contact Lenses: In lieu of eyeglass benefit, material copay applies to NCL (every calendar year)		
Elective Contact Lenses (ECL)	\$180 allowance	Up to \$105
Medically Necessary (NCL) - Prior Auth	\$25 copay	Up to \$210
Covered Lens Enhancements		
	Fixed Discounted Copays	
Standard Progressive Lenses	Covered in full	Up to \$50
Standard Anti-Reflective Coating	Covered in full	N/A
Custom and Premium Progressive Lenses	\$50 copay	Up to \$50
Non-Covered Lens Enhancements		
	Fixed Discounted Copays	
Other Add-ons & Services	30% average savings	N/A

HRA

HEALTH REIMBURSEMENT ACCOUNT (HRA)

A Health Reimbursement Account (HRA) is a benefit provided by KENT to help cover your insurance premiums and out-of-pocket expenses. Eligibility is only for employees whose benefits are partially subsidized by KENT. KENT sets aside a certain amount of money each year that you can use for eligible expenses. The best part is that the money you get reimbursed from the HRA is generally tax-free. Remember to complete your annual recurring reimbursement form from Optum for reimbursement.

HRA at a Glance

GROUP 3 RETIREES

	Optum HRA
Eligibility	Group 3 Retirees who are partially subsidized by KENT
Contribution Limits*	Varies
Fund Availability	January 1
Eligible Use	Insurance premiums, qualified medical, prescription, dental and vision expenses, copays, and deductibles

If you have the HRA & Health Savings, please be advised, that swiping your Optum card will pull from the HRA balance first. To submit to the Health Savings you can submit a claim online or complete a paper reimbursement form.



FUNDING

ACCOUNTS

HEALTH SAVINGS ACCOUNT (HSA)

The benefits of an HSA don't stop when you retire. While you are no longer allowed to contribute to your HSA after enrolling in Medicare, you can still use your funds income free to pay for qualified medical expenses. You can also use your HSA to pay for Medicare premiums and qualified out-of-pocket expenses including deductibles, copays and coinsurance for:

- Part A (hospital and independent care)
- Part B (doctor and outpatient care)
- Part D (prescription drugs)

WITHDRAWING FUNDS DURING RETIREMENT:

You can use the money in your HSA to pay for qualified medical expenses at any time. Once you turn 65, however, you can withdraw the money from your HSA for nonqualified expenses without a penalty. You will just be required to pay ordinary income tax on that amount.

Are There Special Rules for Medicare Enrollees?

An individual who is entitled to Medicare benefits is not eligible for HSA contributions. To be entitled to Medicare benefits, an individual generally must be **both eligible and enrolled in Medicare**. Eligibility for Medicare benefits alone does not make an individual ineligible for HSA contributions. **A Medicare-eligible individual who is not actually enrolled in Medicare Part A, Part B, Part D or any other Medicare benefit may contribute to an HSA until the month that he or she is enrolled in Medicare.**

There are some special timing rules regarding the effective date for Medicare coverage that sometimes come as a surprise to individuals who have been contributing to HSAs. Under these rules, Medicare Part A coverage begins the month an individual turns age 65, provided the individual files an application for Medicare Part A (or for Social Security or Railroad Retirement Board benefits) within six months of when the individual becomes age 65. If the individual files an application more than six months after turning age 65, Medicare Part A coverage will be retroactive for six months. If your birthday is the 1st of the month, coverage starts the 1st of the prior month.

Retroactive Effective Date - For individuals who delay enrolling in Medicare, Part A coverage may retroactively begin six months prior to their application date (but not earlier than when an individual is first eligible for Medicare). To avoid making excess HSA contributions (and incurring a tax penalty), the Centers for Medicare and Medicaid Services (CMS) recommends that individuals should stop contributing to their HSAs at least six months before applying for Medicare.

PENSION

WHERE YOUR PENSION IS LOCATED

As your pension benefit was annuitized, it went to one of the below annuity companies.

Company	Phone Number
Securian Financial Life Insurance Company	(800) 272-4772
Mutual of Omaha - United of Omaha	(800) 843-2455
Mutual of Omaha - Companion Life Insurance Company	(800) 843-2455
Midland National Insurance Company	(833) 496-0546



QUESTIONS?

All questions should be directed to the annuity company.

Examples of common inquiries:

- Update banking account
- Change tax withholdings
- Request a copy of your 1099
- Update address
- Notification of death
- To begin your benefit

401(k)

Vanguard
(800) 523-1188

Kent Corporation Retirement Plan
094837

login.vanguard.com



401(K) PLAN

If you still have assets in the KENT 401(k) Plan, it is your responsibility to monitor your account. Common items to monitor are: investments, statements, tax forms, beneficiaries, address on record, Required Minimum Distributions, disbursements, etc. A high level overview of key plan provisions and features is below. Please login to your account or call Vanguard at 800.523.1188. Our plan number is 094837.

Investments

The KENT 401(k) plan investment line-up offers participants the option to select from a portfolio of funds representing the most common asset classes, or default to the Vanguard Target Date fund based on year the participant turns 65. The target date funds will automatically adjust the balance of stocks and bonds to ensure appropriate risk allocation as the participant gets closer to age 65 and retirement. The investment line-up and fund performance are reviewed regularly, and funds may be updated based on performance.

Advice Services

Vanguard offers 3 advice options; each level provides different support. Fees associated with advice services are paid by the participant, thus you must opt-in to utilize.

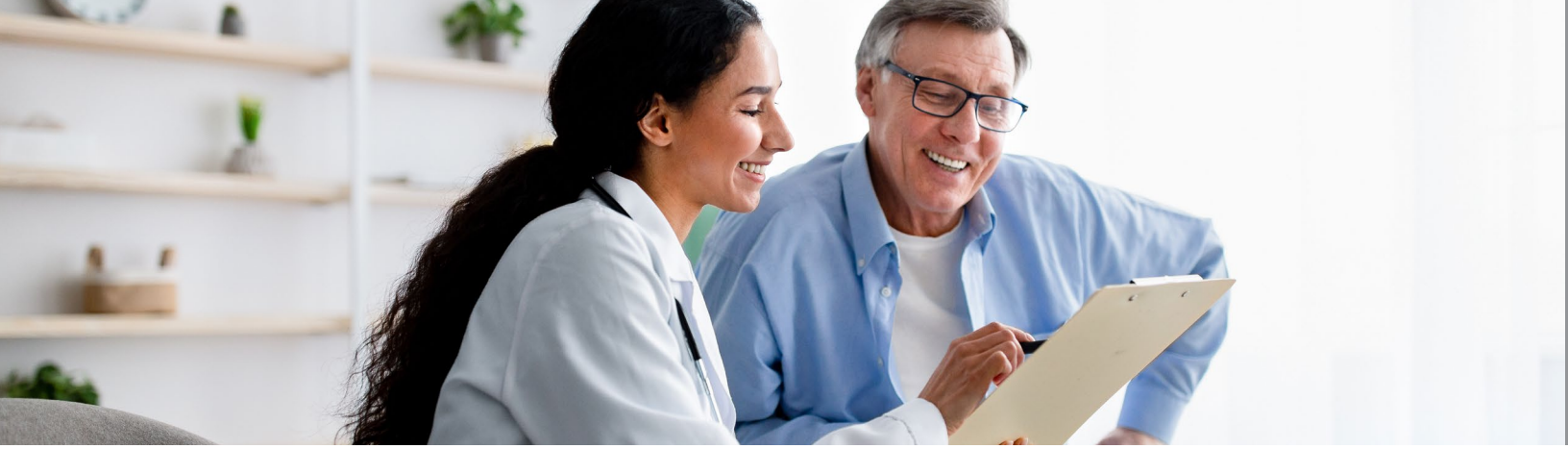
	Vanguard Digital Advisor	Vanguard Personal Advisor	Vanguard Situational Advisor
Level of Support	Unlimited digital access	Unlimited advisor support & digital access	Access to an advisor when you need one
What it Offers	<ul style="list-style-type: none">• Ongoing money management• Advice for all goals, not just retirement• Online financial tools	<ul style="list-style-type: none">• Ongoing money management• Advice for all goals, not just retirement• Ongoing advisor support for complex financial goals	<ul style="list-style-type: none">• Advice only, you still manage your money• Advice for a specific goal or questions• Advice for complex financial goals
Eligibility	Minimum of \$5 account balance	Minimum of \$250,000 account balance	Minimum of \$500 account balance
Cost	About \$15 per \$10,000 managed (net annual cost)	About \$30 per \$10,000 managed (net annual cost)	About \$30 per \$10,000 managed (net annual cost)

Fees

Vanguard record-keeping fees are \$13 per quarter as a flat rate and are auto-deducted from your account balance. Other fees are based on your specific fund portfolio and balance. For distribution requests, such as loans, withdrawals, etc., the participant is responsible for initiating the request from Vanguard. Fees are reviewed on a regular basis and are under benchmark.

401(k) Retirement Plan

Login to your account with Vanguard. Go to <https://investor.vanguard.com/my-account/log-on>.



Target Date Glide Path

For participants in the Target Date Fund, the glide path will reduce the asset mix to 50% stocks and bonds at age 65. The default glide path will reduce to 30% stocks and 70% bonds over the next 7 years (between 65-72). Our plan allows you to elect the Target Retirement Income and Growth to remain at a 50% stocks and 50% bonds asset mix beyond age 65. This feature is for participants who are comfortable with that mix and seek to maintain a higher return to sustain regular monthly income, while remaining within the plan.

In-plan Roth Conversions

You can convert all or a portion of your vested pre-tax and after-tax savings—which includes your contributions as well as company contributions—to Roth money within your retirement plan.

About Roth

Roth contributions and their earnings are not taxed when you take a distribution if you're at least age 59½ and you made your first Roth contribution at least five years earlier. That could be a significant advantage over pre-tax and after-tax contributions.

What You Need to Know

There are some important considerations to keep in mind before converting money to Roth within your plan:

- The money you convert to Roth will be taxed in the year you make the conversion.
- A Roth conversion increases your tax rate. This is because the amount you convert will be added to your taxable income. In some instances, this could be enough to push you into a higher income tax bracket or cause other adverse tax consequences.
- In most cases, you'll have to pay the taxes with money from outside the plan. You can't use your retirement money to cover this expense.

While having Roth money can be valuable in retirement, an in-plan conversion requires careful consideration. **We recommend consulting with a tax advisor before making a Roth conversion.**

YOUR CONTRIBUTIONS

Insurance Type	Rate
Medical & Rx	\$232.49
Dental	\$40.58
Vision	\$15.24

Individuals Enrolled in 2025 Enrollment Checklist for 2026

IMPORTANT! You must set up automatic recurring payments with RetireeFirst, our new Retiree Advocacy Benefit provider via the ACH form. If you have trouble completing the form or have any questions call RetireeFirst at (563) 518-5203 (TTY 711) or toll free (844) 400-KENT (TTY 711).

Medical & Rx Enrollment

- Coverage will transition from Humana Medicare Advantage to TransAmerica Medicare Supplement and Humana for Part D. No action required
- In 2026, you will utilize 3 cards, Original Medicare, Medicare Supplement, Part D
- Discard Humana Medicare Advantage card previously used
- Update providers with your new insurance information

Dental

- Not changing, no action needed

HRA

- Complete your recurring reimbursement form after making January payment to show proof of payment

ACTION ITEMS

Upcoming Retirement Checklist

- ☑ Discuss your retirement with your supervisor and HR partner
- ☑ Contact KENT's Compensation & Retirement Specialist for consultation no less than 30 days prior to your chosen date
- ☑ Discuss your retirement plans with your financial advisor
- ☑ If age 65 or older, enroll in Medicare Part A and Part B about 90 days prior to retirement unless maintaining coverage through spouses employer
- ☑ Contact Social Security

BENEFICIARIES

It is important to designate beneficiaries for your KENT 401(k) Retirement Plan and your HSA if applicable. Your beneficiaries will receive payment of benefits provided under the plan provisions in the event of your death. Designating and maintaining your beneficiaries as you have life change, will help ensure your assets will be distributed per your wishes. If you do not elect a beneficiary, plan provisions stipulate how your money will be distributed.

You are able to elect primary and contingent beneficiaries. Primary beneficiaries receive your assets first, contingents are used if there is no surviving primary. For example, if your spouse is your primary and you both pass away at the same time, the contingent would receive the benefit payment. You can also elect multiple beneficiaries and allocate a percentage. The total allocation must equal 100% so your benefit is fully utilized.

CONTACTS

Plan	Carrier	Website	Phone/Email
Retiree Advocacy	RetireeFirst	retireefirst.com/ kentcorporation/	(563) 518-5203 (TTY 711) or toll free (844) 400-KENT (TTY 711)
KENT's Retirement Benefits Team	Megan Schlueter		563.264.4600 Megan.Schlueter@kentww.com
Medical	TransAmerica	TransAmerica.com	800.755.5801
Prescription	Humana	Humana.com	800.457.4708
Dental	Delta Dental	DeltaDentalIA.com	800.544.0718
Vision	VSP	VSP.com	800.877.7195
HRA	Optum	optumhealthfinancial.com	800.243.5543
401(k)	Vanguard Kent Corporation Retirement Plan 094837	login.vanguard.com	800.523.1188
Pension	Securian Financial	www.securian.com	800.272.4772
	Mutual of Omaha - Omaha United	www.mutualofomaha.com	800.843.2455
	Mutual of Omaha - Companion Life	www.mutualofomaha.com	800.843.2455
	Midland National	www.midlandnational.com	833.496.0546



In the event something happens to a retiree, it's important for their loved ones to know that they had excellent coverage. During such a difficult time, the Retirement Benefits Team is here to help guide them through the next steps.

Please contact the team at KENT 563.264.4600. They will assist with the necessary processes, including providing guidance on death certificates required for life insurance and retirement plans.

RETIREE ADVOCACY

RetireeFirst

Phone Number:

(563) 518-5203 (TTY 711) or toll free (844)
400-KENT (TTY 711)

Website:

www.retireefirst.com/kentcorporation/

RetireeFirst Healthcare Advocacy Program

Kent Corporation has retained the services of RetireeFirst, a retiree benefits management and advocacy service provider. Whether facing a serious health problem or dealing with a confusing bill, it is easy for retirees to become confused and frustrated by the complicated healthcare system. RetireeFirst will guide you through the healthcare maze by providing the personalized support you deserve.

Kent Corporation has a dedicated Advocacy Team who will help you understand your healthcare benefits, options, and available resources while working on your behalf to resolve any issues. On every call, you will talk to a live person - no chatbots or call menus. Advocates are trained Medicare experts who ensure a simple and stress-free retirement healthcare experience.

Retiree Advocates Are:

- Trained Medicare experts
- All based in the United States
- HIPAA compliant and dedicated to protecting personal information
- Compassionate and focused on improving your health and wellbeing

How RetireeFirst Advocates Can Assist You

- Personal information changes
- Card replacements
- Claims, billing, and payment support
- Provider network questions
- Lower-cost generic availability prior authorizations, and mail order services
- High-cost prescription copay assistance
- Education and assistance with additional plan benefits
- Formulary, tier, and copay assistance
- Three-way calls to Medicare, vendors, healthcare providers, pharmacies and Social Security



