

BENEFITS ENROLLMENT GUIDE

2025-2026

Kings Plush / STI
Hourly Employees



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ENROLLMENT CHECKLIST

Information You Need to Know

- You can enroll in benefits during your initial enrollment period as a newly eligible associate, during Annual Open Enrollment or if you experience a Qualifying Life Event (QLE).
- The plan year is April 1st through March 31st.
- Choose your elections carefully. Section 125 of the IRS Internal Revenue Code (IRC) governs how employers provide benefits to employees on a pre-tax basis. Employers may choose to permit mid-year elections based on specified Qualifying Life Events (QLE) defined by IRS regulations. After an employee has made an initial enrollment election, Section 125 permits changes outside of annual Open Enrollment for specific reasons as outlined in the Permitted Election Changes Regulation of Section 125 (1.125-4). Kings Plush has chosen to permit QLE changes as outlined in the benefit Summary Plan Descriptions and Certificates. Kings Plush is required to follow the IRC consistently, or all Kings Plush employees could become immediately responsible for paying taxes on benefits, therefore Kings Plush adheres to the IRC for the protection of all employees. Contact Human Resources if you have questions on mid-year benefit election changes.
- Before enrollment begins, take the time to educate yourself on all of the benefit options that are available to you. Review this Benefits Guide carefully as you consider your plan choices.
- If you are electing coverage for your eligible dependents, proof of dependent eligibility may be required.

Current Employees

- Actively enroll during Open Enrollment.
- You must make active elections for the medical, dental and vision. Flexible Spending Account (FSA) contributions **require active enrollment elections each year**. For any USABLE coverages, you do not need to actively enroll, unless you want to make changes.
- Verify your 2025-2026 benefits elections and deductions on the first paycheck you receive after your April 1st effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately, **otherwise corrections will not be honored**.

New Hires

- Be sure to make your elections **before your benefits effective date**. If you do not make elections, then you may not be able to enroll until the next Open Enrollment period.
- When you elect certain benefits, you may receive an ID card in the mail. Your ID card contains important information about you, your employer group and the benefits to which you are entitled. Always remember to carry your ID card with you, present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card.
- If you need to replace your ID card, or need an additional card, you can request another by contacting the carrier or by visiting the carrier's website online to print another copy.
- Verify your benefits elections and deductions on the first paycheck you receive after your benefits effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately, otherwise corrections will not be honored.

ELIGIBILITY & ENROLLMENT

Kings Plush is proud to offer a comprehensive program of benefits to service the diverse needs of our workforce, and we are committed to continually enhancing and expanding our offerings. The information in this document is meant to familiarize you with the benefits and programs currently in place. During each annual Open Enrollment period, the benefits you elect will be effective April 1st. For New Hires, benefits are effective the first of the month following 60 days of continuous employment. Please remember that this guide is not intended to cover all provisions of all plans, but rather is a quick reference tool to help answer most of your basic questions. Please see each carrier’s Benefits Summary Plan Description or Certificate of Coverage for complete details of the benefits.

Am I Eligible?

Eligibility and required contributions for these benefits and programs depend on both your employee classification and whether you elect to extend coverage to your dependents.

Individuals eligible for coverage under the plans include:

- Your legal spouse
- Your dependent child(ren) up to age 26, regardless of full-time student status or marital status
- Your unmarried child(ren) of any age who, prior to age 26, has been declared incapable of self-support due to mental or physical disability

Once eligible, you will enroll in benefits using an online portal called Paylocity.

Qualifying Life Events (QLE)

Once you have made your benefit elections and your enrollment is closed, you **cannot** make changes until the next Open Enrollment period unless you experience a QLE such as:

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Change in child’s dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan
- Gain or loss of eligibility for CHIP or Medicare*

*You have 30 days from the date of the QLE to notify Human Resources and provide appropriate documentation to change your benefits. The exception to this rule is in the case of CHIP or Medicare benefits which allow a 60-day notification period.

Please Note: Not every QLE permits a change in benefit plan elections. A change in election is permitted only when it is determined that the QLE affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan and in accordance with Section 125 regulations.

Plan	Eligibility	Benefits Effective Date
Medical & Prescription Drugs		
Dental		
Vision		
Flexible Spending Accounts	Full-time, actively at work and scheduled to work 30+ hours per week	Benefits are effective the first day of the month following 60 days of employment
Basic & Voluntary Life		
Short-Term & Voluntary Long-Term Disability		
401(k)	After six months of employment	

MEDICAL INSURANCE – BASE PPO PLAN

Kings Plush’s medical and prescription drug insurance is provided through Blue Cross Blue Shield of North Carolina (BCBSNC). Below is a brief summary of the PPO Plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency Room visits when appropriate.

BCBSNC PPO Plan		
Services	In-Network (You Pay)	Out-of-Network (You Pay)
Plan Year Deductible Individual/Family	\$5,000 / \$10,000	\$10,000 / \$20,000
Plan Year Out-of-Pocket Maximum Individual/Family	\$7,500 / \$15,000 (includes deductible, coinsurance and copays)	\$15,000 / \$30,000 (includes deductible, coinsurance and copays)
Coinsurance	50%	80%
Preventive Care Services*	100% covered, no charge	30% after deductible
Virtual Visits through Teladoc	0% after deductible	Not Available
Retail Clinics	50% after deductible	80% after deductible
Primary Care Office Visit (in-person or virtual)	50% after deductible	80% after deductible
Specialist Office Visit	50% after deductible	80% after deductible
Urgent Care Facility	50% after deductible	80% after deductible
Emergency Room	50% after deductible	
Inpatient Services	50% after deductible	80% after deductible
Outpatient Services	50% after deductible	80% after deductible
Prescription Drugs – Essential Commercial Broad Network Formulary	Retail (up to 30-day supply)	Mail Order (up to 90-day supply)
Tier 1	\$10 copay	\$30 copay
Tier 2	100% to a maximum of \$150	100% to a maximum of \$450
Tier 3	100% to a maximum of \$150	100% to a maximum of \$450
Tier 4	100% to a maximum of \$300	100% to a maximum of \$900
Tier 5	100% to a maximum of \$300	100% to a maximum of \$900

*You can find a list of preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>

When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

MEDICAL INSURANCE – PPO 123 PLAN

Kings Plush provides the option for employees to “buy-up” to an alternate medical and prescription drug insurance plan provided through Blue Cross Blue Shield of North Carolina (BCBSNC). Below is a brief summary of the PPO Plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency Room visits when appropriate.

BCBSNC PPO 123 Plan		
Services	In-Network (You Pay)	Out-of-Network (You Pay)
Plan Year Deductible Individual/Family	\$4,500 / \$9,000	\$9,000 / \$18,000
Plan Year Out-of-Pocket Maximum Individual/Family	\$9,000 / \$18,000 (includes deductible, coinsurance and copays)	\$18,000 / \$36,000 (includes deductible, coinsurance and copays)
Coinsurance		
Level 2	30%	60%
Level 3	50%	60%
Preventive Care Services*	100% covered, no charge	30% after deductible
Virtual Visits through Teladoc	100% covered, no charge	Not Available
Retail Clinics	\$35 copay	60% after deductible
Primary Care Office Visit** (in-person or virtual)	\$35 copay	60% after deductible
Specialist Office Visit	50% after deductible	60% after deductible
Urgent Care Facility	\$100 copay	\$200 copay
Emergency Room	50% after deductible	
Inpatient Services	\$250 per admission, then 30% after deductible	\$500 per admission, then 60% after deductible
Outpatient Services	50% after deductible	60% after deductible
Prescription Drugs – Essential Commercial Broad Network Formulary	Retail (up to 30-day supply)	Mail Order (up to 90-day supply)
Tier 1	\$10 copay	\$30 copay
Tier 2	100% to a maximum of \$150	100% to a maximum of \$450
Tier 3	100% to a maximum of \$150	100% to a maximum of \$450
Tier 4	100% to a maximum of \$300	100% to a maximum of \$900
Tier 5	100% to a maximum of \$300	100% to a maximum of \$900

*You can find a list of preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>

** Login to Blue Connect to select your Primary Care Provider (PCP). Your copay is waived for your first 3 visits to your selected PCP>

When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

WHEN & WHERE TO GET HEALTH CARE

1

Telehealth Virtual Visits

- **Average wait time:** 5 minutes.
- Available 24/7/365.
- Basic physician care from your PC, phone, laptop or tablet.

2

Retail Health Clinics

- **Average wait time:** 15 minutes.
- Available extended hours.
- Basic care from a nurse practitioner.

3

Primary Care Physician

- Scheduled visits.
- Diagnose & treat a range of issues for the whole family
- Refer you to the right care when you need a specialist.

4

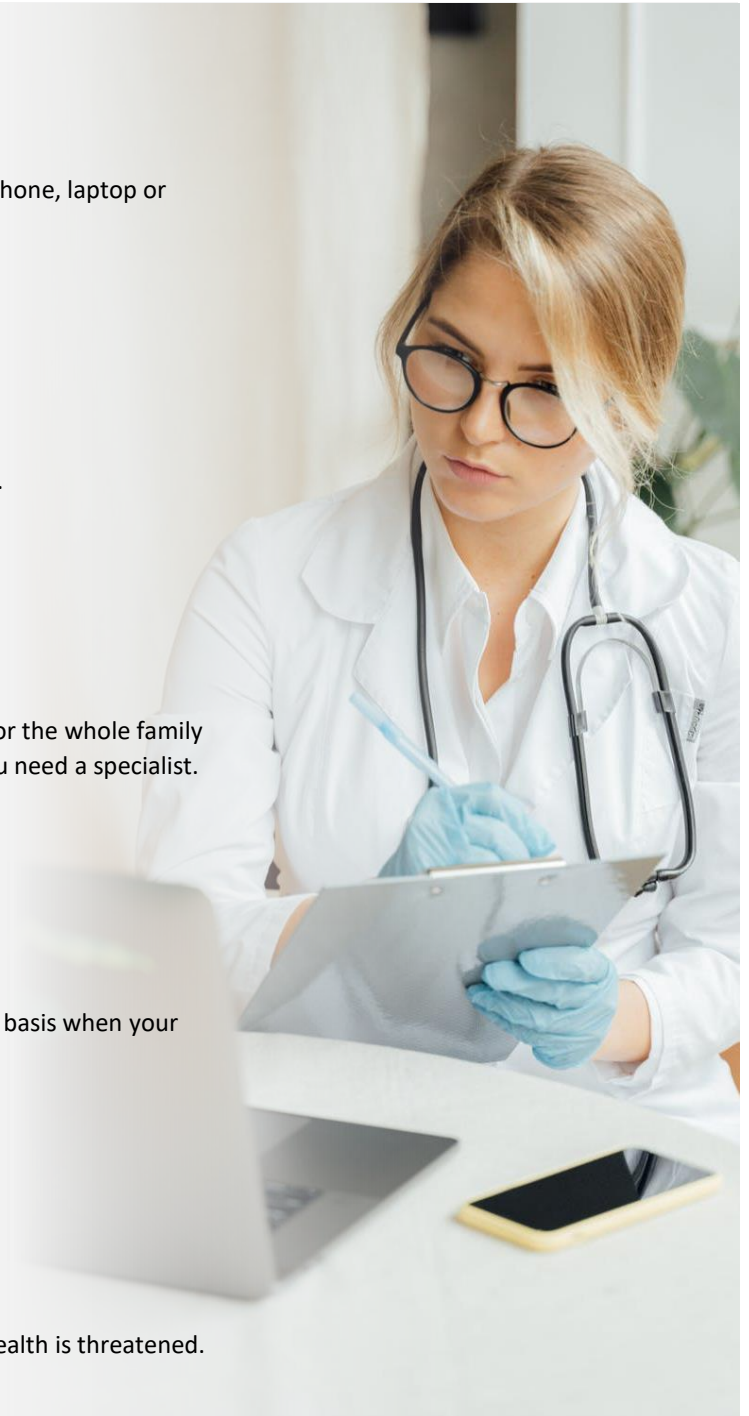
Urgent Care Clinic

- **Average wait time:** 45 minutes.
- Immediate quality care on a walk-in basis when your doctor is unavailable.

5

Emergency Room

- **Average wait time:** 4 hours.
- Available 24/7/365.
- Emergency care when your life or health is threatened.



Things to Think About

- Non-emergency care delivered in the Emergency Room (ER) costs 5 times more than in a doctor's office or clinic.
- Research studies indicate that between 8-27% of ER visits could have been treated in a less expensive care setting.
- ER doctors do not typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment.
- Patients, when possible, should be treated by their primary care physician for non-emergency conditions in order to promote consistent, preventive and quality care.

PRESCRIPTION DRUG PLAN HIGHLIGHTS

National Preferred Formulary Drug List

A preferred drug list helps keep healthcare costs down for everybody. It's a list of medicines that have been reviewed and approved for safety, effectiveness and cost by a panel of doctors and pharmacists. This list is continually reviewed and updated as new medicines become available.

Generic Drug Program

At Wal-Mart, Sam's Club, Target, and Walgreens you can get generic drugs that are on their "approved" list for a lower cost than your normal drug copay. Some of them offer \$4.00 per prescription, per month. This list is available on each of their respective websites (Walmart.com, Samsclub.com, Target.com, Walgreens.com) for further information.

Mail Order Program

The mail order program offers the convenience of obtaining home delivery of certain covered maintenance Prescription Drugs and Related Supplies through designated mail order pharmacies. You can save money and take advantage of 24/7 access to a pharmacist. Order refills online, on the phone, or register for auto-refills. For more information contact BCBSNC at 855-963-4546 or visit www.amazon.com/bluecrossnc.

Dispense as Written

When your doctor writes a prescription for you or a covered family member, unless the doctor specifically designates "DAW" (Dispense As Written), the pharmacist will dispense a generic medication, if one is available. Your doctor must write DAW on your prescription to avoid incurring a higher cost. Always talk to your doctor about what is right for you and your family.

Prior Authorization (PA)

The PA Program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse. Before medications in the PA Program can be covered under your benefit plan, your doctor will need to receive approval. If you are already taking or are prescribed a drug from the PA listing, your doctor must submit a request for consideration for coverage. Be sure to visit www.bluecrossnc.com for a listing of the drugs requiring PA.

Step Therapy

Step Therapy helps you choose the most cost effective and appropriate medicine for certain medical conditions. The first step in the step therapy process, "first-line therapy," is usually a simple, inexpensive treatment that is known to be safe and effective for most people. First-line therapy is usually a generic drug in the same therapy class. If the first-line therapy does not work, the next step is to try second-line therapy.

Specialty Pharmacy

A Specialty Pharmacy provides medicine and therapy for patients with serious, chronic conditions like cancer, rheumatoid arthritis and hepatitis C. These medications normally have to be stored or handled in special ways. Your Specialty Pharmacy offers specialized teams of pharmacists, nurses and clinicians who are specially trained on your condition. This level of specialization gives you the most comprehensive and customized care available. Specialty medications must be filled through the specialty pharmacy.

Mobile Apps for Prescription Savings

There are free mobile apps available on most smart phones. These apps will compare prescription drug costs in your area. You provide the drug name and quantity, and it compares the costs at various pharmacies in your area. Rx Saver and GoodRx are just two available mobile apps.

Partnership for Prescription Assistance

As the cost of prescription drugs rise, Partnership for Prescription Assistance (PPA) is a free service that connects individuals with payment assistance programs for prescriptions and other medical supplies. PPA provides a single point of access to more than 475 patient assistance programs. For a full list of patient assistance programs visit www.pparx.org/.

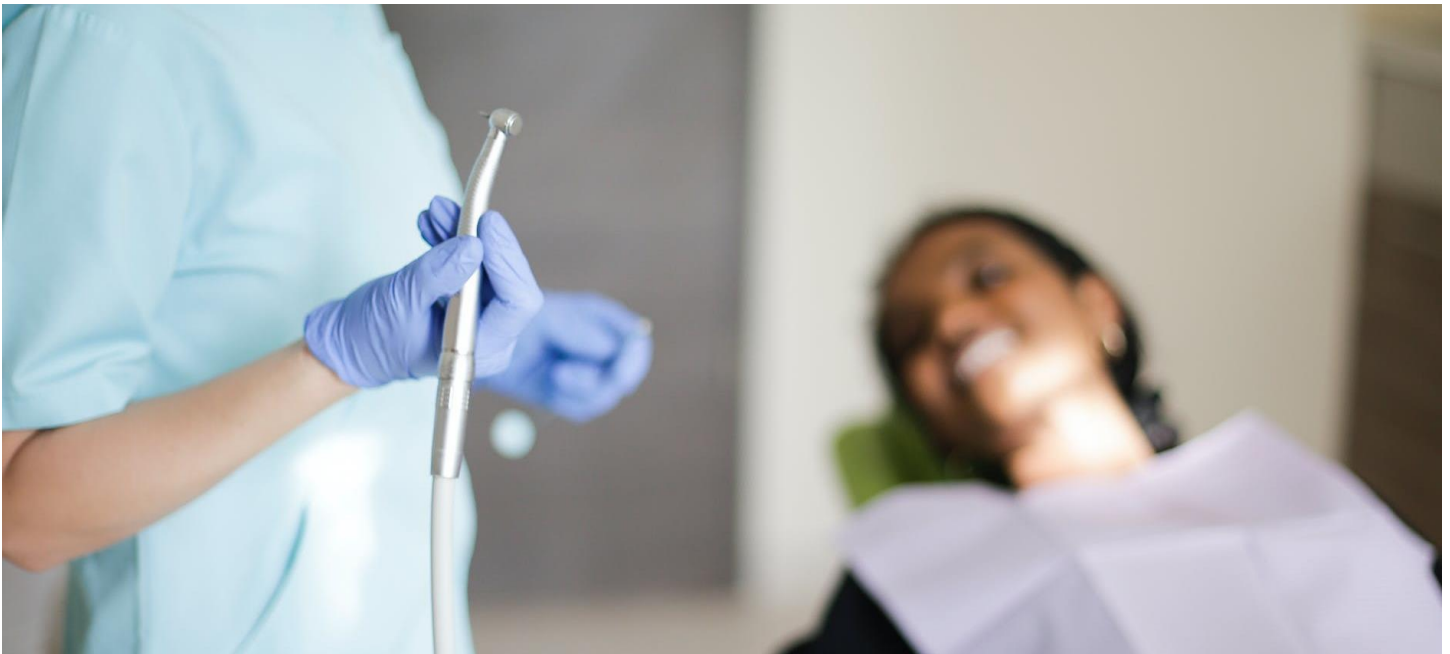


DENTAL INSURANCE

Kings Plush’s dental plan is administered by Blue Cross Blue Shield of North Carolina (BCBSNC). You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits.

Dental Plan		
Services	In-Network (You Pay)	Out-of-Network (You Pay)
Plan Year Deductible Individual/Family	\$50 / \$150	\$50 / \$150
Plan Year Maximum	\$1,500	\$1,500
Preventive Care Services (Covered services include oral exams, cleanings, fluoride application, sealants, space maintainers and bitewing x-rays)	Covered at 100%, not subject to deductible	Covered at 100%, not subject to deductible*
Basic Services (Fillings, oral surgery, periodontics and endodontics)	20% after deductible	20% after deductible*
Major Services (Crowns, inlays, onlays, dentures and implants)	50% after deductible	50% after deductible*
Waiting Period	N/A	N/A

*Out-of-network claims will be paid at 90% of Usual & Customary. Usual & Customary charges are based on prevailing cost of services within geographic areas for the insurance company.



VISION INSURANCE

Kings Plush’s vision plan is administered by Blue Cross Blue Shield of North Carolina (BCBSNC), utilizing the EyeMed network of providers. You may seek treatment from the provider of your choice, but you will realize your biggest savings by visiting in-network providers whenever possible. Please see the summary below for an outline of covered services.

Vision Plan		
Services	In-Network (You Pay)	Out-of-Network (Reimbursement)*
Eye Exam	\$10 copay	Up to \$39
Standard Lenses (instead of contacts)		
• Single	\$25 copay	Up to \$25
• Bifocal	\$25 copay	Up to \$39
• Trifocal	\$25 copay	Up to \$63
• Lenticular	\$25 copay	Up to \$63
• Progressive	Member costs vary by prescription, option chosen and retail locations	Member costs vary by prescription, option chosen and retail locations
Frames (instead of contacts)	\$130 allowance, then 20% discount	Up to \$65
Contact Lenses (instead of glasses)		
• Elective	\$130 allowance	Up to \$104
• Medically Necessary**	Covered in full	Up to \$200
Frequency	Based on Date of Service	
• Exam	12 months	
• Lenses	12 months	
• Contacts	12 months	
• Frames	12 months	

*Out-of-network amounts are reimbursed to member.

**Contact lenses may be deemed medically necessary when vision cannot be corrected with glasses due to extreme vision problems. Contact lenses will be deemed elective when vision can be corrected by glasses, but contacts are worn.



C O S T O F C O V E R A G E

BCBSNC Medical – Base Plan	Total Monthly Premium	Employee Weekly Deduction	Employee Monthly Deduction
Employee Only	\$781.89	\$33.35	\$144.52
Employee + Spouse	\$1,832.79	\$150.26	\$651.13
Employee + Child(ren)	\$1,284.66	\$100.18	\$434.11
Family	\$2,419.21	\$223.34	\$967.81

BCBSNC Medical – Buy-Up Plan	Total Monthly Premium	Employee Weekly Deduction	Employee Monthly Deduction
Employee Only	\$856.51	\$43.07	\$186.64
Employee + Spouse	\$2,007.75	\$173.03	\$749.80
Employee + Child(ren)	\$1,407.31	\$116.14	\$503.27
Family	\$2,650.17	\$253.40	\$1,098.07

BCBSNC Dental Plan	Employee Weekly Deduction	Employee Monthly Deduction
Employee Only	\$6.00	\$26.01
Employee + Spouse	\$12.00	\$52.02
Employee + Child(ren)	\$13.50	\$58.52
Family	\$21.01	\$91.04

BCBSNC Vision Plan	Employee Weekly Deduction	Employee Monthly Deduction
Employee Only	\$1.56	\$6.76
Employee + Spouse	\$2.96	\$12.84
Employee + Child(ren)	\$3.12	\$13.52
Family	\$4.59	\$19.87

FLEXIBLE SPENDING ACCOUNTS

Kings Plush continues to offer Health Care and Dependent Care Flexible Spending Accounts (FSAs), administered by Catapult. FSAs allow you to pay for eligible health care and dependent care expenses with pre-tax dollars which can increase your take-home pay. The Dependent Care FSA is offered to everyone, no matter what medical plan you may be covered under, through Kings Plush or elsewhere. [You are eligible if you have been continuously employed with Kings Plush at least 18 months as of March 31st, 2025.](#) You MUST enroll to participate in the new plan year.

There are Two Types of FSAs to Choose From

Health Care FSAs

May be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents.

Dependent Care FSAs

May be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return. Eligible expenses include child or adult daycare, after school care, nursery school, nanny or babysitter. You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

2025 IRS Contribution Limits	Minimum	Maximum	Rollover
Health Care FSA	\$100	\$3,300	\$660
Dependent Care FSA	\$100	\$5,000 (or \$2,500 if married and filing separately)	Not Available

FSA Rollover

Kings Plush allows participants to carry over up to \$660 in unused money in the Health Care FSA at the end of the plan year to be used to reimburse expenses incurred in the next year. Any amount in excess of \$660 will be forfeited, so plan accordingly.

FSA	Expense Incurred*	Submit Expense for Reimbursement*
Health Care FSA	April 1, 2025 – March 31, 2026	April 1, 2025 – May 31, 2026
Dependent Care FSA	April 1, 2025 – March 31, 2026	April 1, 2025 – May 31, 2026

LIFE AND AD&D INSURANCE

Basic Life Insurance

Kings Plush provides full-time employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance administered through USAble Life. Please remember to review and update your beneficiary designation annually.

Benefit	Basic Life and AD&D Insurance
Employee Life	1.5 times your base annual earnings, up to \$100,000
Basic AD&D Amount	Matches Employee Life Amount
Dependent Life*	Spouse: \$5,000 Child(ren): \$1,000 – birth to 6 months, \$2,500 – 6 months to age 26
Age Reduction Schedule	35% at age 65 50% at age 70
Waiver of Premium	Yes, if disabled prior to age 60
Conversion Option	Included (must apply within 31 days of termination date)

*You pay for the dependent basic life. It cost \$0.26 per week or \$1.13 monthly



VOLUNTARY LIFE AND AD&D INSURANCE

Voluntary Life and AD&D Insurance

Kings Plush is offering employees who would like to supplement their Basic Term Life and AD&D insurance benefits the opportunity to purchase additional coverage through USABLE Life. You may elect Voluntary Life and AD&D for yourself, your spouse and your dependents in the amounts shown in the table below. Please note, you must elect Voluntary Life for yourself in order to enroll your spouse and/or eligible dependents. Dependent children are eligible for coverage up to age 26.

If you did not purchase voluntary coverage when you first became eligible and would like to purchase coverage now, you will need to complete an Evidence of Insurability (EOI) form. If you currently have coverage, you may increase it by one benefit increment up to the guarantee issue amount without completing EOI. For any elected amount over the guarantee issue, an EOI is needed. Coverage is subject to approval by USABLE Life and may be denied.

Benefit	Voluntary Life and AD&D Insurance
Employee Life and Matching AD&D Amount	\$10,000 increments up to the lesser of 5x annual earnings or \$500,000
Employee Guarantee Issue Amount	Up to age 69: \$150,000 Age 70 and over: \$0
Spouse Life and Matching AD&D Amount	\$5,000 increments up to the lesser of 50% of employee amount or \$100,000
Spouse Guarantee Issue Amount	Up to age 69: \$30,000 Age 70 and over: \$0
Dependent Child and Matching AD&D Amount	\$1,000 – birth to 6 months \$5,000 or \$10,000 – 6 months to age 26
Age Reduction Schedule	35% at age 65 50% at age 70
Waiver of Premium	Yes, if disabled prior to age 60
Conversion and Portability Options	Included (must apply within 31 days of termination date)

Voluntary Life and AD&D Insurance	
Employee/Spouse Age	Monthly Premiums (per \$1,000)
<30	\$0.114
30 – 34	\$0.134
35 – 39	\$0.172
40 – 44	\$0.237
45 – 49	\$0.365
50 – 54	\$0.566
55 – 59	\$0.949
60 – 64	\$1.451
65 – 69	\$2.652
70+	\$5.380
Child Rate per \$1,000	\$0.184

*Spouse rate based on Spouse's age

SHORT-TERM DISABILITY

Short-Term Disability

Kings Plush provides all full-time eligible employees with Short-Term Disability (STD) Benefits administered through USABLE Life. **There is no cost to you for this valuable coverage.** Disability benefits protect a portion of your income in the event of any injury, accident or illness that keeps you from working.

Benefits are provided in the event of becoming disabled for more than 7 days due to a non-work-related illness, or on day one in the case of a non-work-related accident or injury. The plan pays 70% of an eligible employees' pre-disability base weekly earnings, to a maximum of \$250 per week for a qualified disability.

Benefit	Short-Term Disability
Elimination Period	7 days for illness or day one for an injury
Benefits Duration	Up to 26 weeks
Benefits Percentage	70% of weekly income
Maximum Benefit	\$250 per week



VOLUNTARY LONG-TERM DISABILITY

Voluntary Long-Term Disability

Voluntary Long-Term Disability (LTD) Benefits provide continued protection if you are still deemed disabled when STD benefits are exhausted.

Employees have the option to purchase Voluntary Long-Term Disability (LTD) Benefits through USABLE Life. Benefits are provided on the 181st day of disability, payable up to Social Security Normal Retirement Age (SSNRA). Income loss is replaced at 60% of your base monthly earnings, to a maximum of \$5,000 per month for a qualified disability.

Benefit	Voluntary Long-Term Disability
Elimination Period	180 days
Benefits Duration	Benefits are paid to the later of either age 65 or Social Security Normal Retirement Age (SSNRA)
Benefits Percentage	60% of monthly income
Maximum Benefit	\$5,000 per month
Definition of Disability	24 months own occupation, thereafter any occupation
Pre-Existing Conditions*	Pre-existing conditions may not be covered by this plan

Voluntary Long-Term Disability	
Employee Age	Monthly Rate per \$100 of Covered Payroll
<30	\$0.320
30 – 34	\$0.440
35 – 39	\$0.660
40 – 44	\$0.900
45 – 49	\$1.650
50 – 54	\$2.190
55 – 59	\$3.050
60+	\$2.700

*A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the 12 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.

Voluntary Long-Term Disability		
Sample Premium Calculation (Based on Employee, age 33)		
Voluntary LTD Rate		\$0.440
Yearly Salary		\$30,000
Monthly Salary	$\$30,000 / 12 \text{ months} =$	\$2,500
Monthly Covered Payroll		\$2,500
Monthly Premium	$\$2,500 \times \$0.440 / \$100 \text{ of monthly salary} =$	\$11.00
Or Weekly Premium	$\$11.00 \times 12 / 52 \text{ pay periods} =$	\$2.54

401(K) RETIREMENT SAVINGS PLAN

Kings Plush provides an employer sponsored retirement savings plan. In 2025, employees 21 years of age or older with at least 6 months of service are eligible to participate in the Kings Plush Inc. dba STI, Inc. 401(k) Plan (Semi-annual entry dates of January 1 and July 1). Your retirement savings offers a convenient, tax advantaged way to save for retirement. By participating in this plan, you benefit from current tax savings, tax deferral, investment option and portability.

Internal Revenue Service (IRS) regulations limit the amount of your salary you may defer/contribute annually to \$23,500 for 2025. Employees who are age 50 or older by the end of the calendar year may defer an additional \$7,500 in catch-up contributions for a total contribution limit of \$31,000.

IRS Contribution Limits	2025
Pre-Tax Contributions	\$23,500
Catch-Up (Age 50+)	\$7,500

Benefit	401(k) Retirement Savings Plan
Eligibility	Full-time employees 21 years of age or older
Enrollment	You may enroll and begin contributing after 6 months of service
Employee Deferrals	Once eligible, you are automatically enrolled in the plan at a 3% deferral rate. You can elect to defer 1% to 100% of compensation up to the 2025 IRS limits.
Catch-Up Contributions	If you are 50 years of age or older, you may qualify for catch-up provisions, allowing you to defer an additional \$7,500 in 2025.
Employer Contribution	Kings Plush will make a discretionary contribution, matching 100% of the first 3% you defer plus 50% on next 2% you defer
Vesting Schedule	
Employee Contributions	Immediately, 100%
Employer Match	Contributions prior to January 1, 2014 – 6 year graded

Kings Plush is pleased to announce that the after-tax Roth contribution is now available through Transamerica. You can contact Transamerica at 800-401-8726 or visit their website at www.ta-retirement.com for more information. They will be able to answer your questions and help you make an informative decision as to if this option would be right for you.

TERMINOLOGY TIP SHEET

Annual Limit

A cap on specific benefits your insurance plan will pay for services in a year while you're enrolled in a particular health insurance plan. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for that particular service for the rest of the year.

Brand Formulary Drugs

The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Coinsurance

Your share (a percentage) of costs of a covered health care service you must pay after you have met your deductible.

Copayment

A fixed amount (\$20, for example) you pay for a covered health care service.

Deductible

The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Many plans pay for in-network preventive care before you meet your deductible or may pay the balance for a service, after you pay a copayment, prior to satisfying the deductible. Some of your dental options also have a deductible.

Generic Drugs

These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs

Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

In-Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. These providers agree to accept pre-determined rates when servicing members, and will cost you the least out-of-pocket.

Non-Formulary Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost to you.

Out-of-Pocket Maximum

The most a plan member must pay towards covered medical expenses in a benefit period for both in-network and out-of-network services. Once you meet this out-of-pocket maximum, the plan pays 100% of the cost of covered services for the remainder of the benefit period.

Patient Protection and Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Primary Care Physician (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Qualifying Life Event (QLE)

An occurrence that qualifies the subscriber to make an insurance coverage change, most often to pre-tax benefits, outside of Open Enrollment.

Specialty Drugs

Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions. Injectable drugs are an example of Specialty Drugs.

CONTACT INFORMATION

Service	Vendor/Contacts	Phone Number	Website
Human Resources	Pat Queen Sherry Cooke	704-730-2806	pqueen@stikp.com scooke@stikp.com
Medical Plan or Prescription Drugs	Blue Cross Blue Shield of North Carolina	877-258-3334	www.bluecrossnc.com
Flexible Spending Account (FSA)	Catapult (formerly the Employers Association)	704-522-8011	www.teafsa.com
Dental	Blue Cross Blue Shield of North Carolina	877-258-3334	www.bluecrossnc.com
Vision	Blue Cross Blue Shield of North Carolina	855-400-3641	www.bluecrossnc.com www.eyemed.com
Life or Disability	USable Life	800-370-5856	custserv@usablelife.com claims@usablelife.com
401(k)	Transamerica Retirement Solutions	800-401-8726	www.ta-retirement.com
Employee Assistance Program	USable Life: New Directions	800-624-5544	www.ndbh.com Login: SGE3F 4 face-to-face visits

Find the nearest Retail Health Clinic locations at:

- www.ccaclinics.org/membership/clinic-locations
- www.cvs.com/minuteclinic/clinic-locator
- www.walgreens.com/pharmacy/healthcare-clinic/locations
- www.riteaid.com/shop/info/pharmacy/services/rediclinic

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.

