

2024 Open Enrollment

October 2023

2024 Open Enrollment

Oct 25th - Nov 8th

- No premium rate increases for health plans
- Premium rate decreases for life, critical illness, and accident protection
- Change to a Passive Enrollment
 - Exception for: spending accounts, legal plan, vacation buy
- Plan Enhancements
 - Navigation Solution
 - Hinge Health/Free Virtual Physical Therapy
 - Doula Reimbursement
- GoodRx Partnership with CVS

KOHL'S®

OPEN ENROLLMENT

OCT. 25 - NOV. 08



2024 Open Enrollment

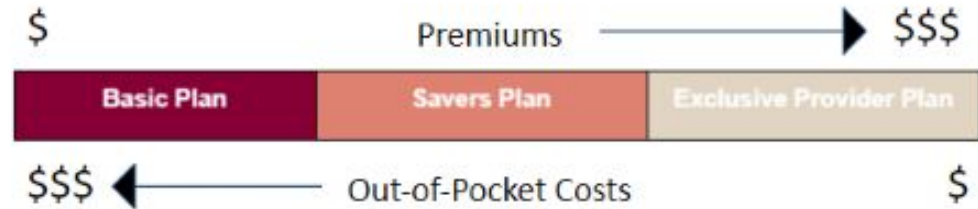
Oct 26th - Nov 9th

- Adding two new medical plan options, Centivo, in Dallas Market
 - HPP- Plus (replicate the design we have in WI) will replace EPP
 - HPP- Basic will replace the Basic plan
- Reducing the deductible on HPP- Plus
- No increases to medical & dental deductibles and out of pocket limits
- \$700 (single)/\$1,400 (couple) Medical Premium Credit
 - Now starting 1/1
- \$1,800 Nicotine Surcharge **per individual** - coaching options available to avoid surcharge beginning in January



Medical

- Basic Plan/High Performance Plan (HPP)-Basic
 - Lowest premiums
- Savers Plan
 - Core medical plan, includes HSA (Kohl's contributes)
- Exclusive Provider Plan (EPP)/Kaiser (CA only)/Centivo HPP - Plus
 - Highest premiums
 - Richest benefit



CA only: Kaiser plan is offered in place of the EPP plan. Plan structure is similar, but varies. View SPD for full details.

NE and SE WI only: Centivo's High-Performance Plan (HPP) - Plus is offered in place of the EPP plan. View SPD for full details.

Dallas only: Centivo's High-Performance Plan (HPP) - Plus is offered in place of the EPP plan and HPP- Basic in place of the Basic. View SPD for full details.

Medical - Overview

All Plans Offer:

- In-Network Preventive Care - Covered at 100%
- Broad network of physicians & hospitals
- Prescription drug coverage
- Higher benefits for in-network providers
- Telemedicine coverage

Difference:

- HPPs, EPP and Kaiser: In-network only benefits.
- Savers and Basic: HSA Option and RX spend applies to Medical Deductible.



2024 Medical Plan Design

	Basic Plan	Savers Plan	Exclusive Provider Plan*
Kohl's Annual HSA Contribution	An HSA is available, but only you contribute. Kohl's does not contribute to the account.	\$500 per associate \$1,000 per family	Not applicable
Annual HSA Maximum Contribution If you are 55 or older, you can contribute an additional \$1,000 per year.	\$4,150 single \$8,300 family	\$4,150 single \$8,300 family Note: This amount includes Kohl's contribution.	Not applicable
Annual Deductible	\$2,500 single \$5,000 family**	\$1,800 single \$3,600 family**	\$800 single \$1,600 family**
Out-of-Pocket Maximum	\$6,750 single \$13,500 family (max \$7,550 per person)	\$5,400 single \$10,800 family (max \$7,050 per person)	\$4,100 single \$8,200 family (max \$4,100 per person)
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
Preventive Care (annual physicals, well woman exams, checkups for your dependent children, etc.)	Plan pays 100% (in-network)	Plan pays 100% (in-network)	Plan pays 100% (in-network)
Office visits	You pay 30% after deductible	You pay 20% after deductible	Primary Care: \$30, then you pay 20% after deductible Specialist: \$45, then you pay 20% after deductible

2024 Medical Plan Design

	Basic Plan	Savers Plan	Kaiser Plan (limited California locations only)
Kohl's Annual HSA Contribution	An HSA is available, but only you contribute. Kohl's does not contribute to the account.	\$500 per associate \$1,000 per family	Not applicable
Annual HSA Maximum Contribution If you are 55 or older, you can contribute an additional \$1,000 per year.	\$4,150 single \$8,300 family	\$4,150 single \$8,300 family Note: This amount includes Kohl's contribution.	Not applicable
Annual Deductible	\$2,500 single \$5,000 family*	\$1,800 single \$3,600 family*	\$700 single \$1,400 family
Out-of-Pocket Maximum	\$6,750 single \$13,500 family (max \$7,550 per person)	\$5,400 single \$10,800 family (max \$7,050 per person)	\$5,100 single \$10,200 family (max \$5,100 per person)
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
Preventive Care (annual physicals, well woman exams, checkups for your dependent children, etc.)	Plan pays 100% (in-network)	Plan pays 100% (in-network)	Plan pays 100% (in-network)
Office visits	You pay 30% after deductible	You pay 20% after deductible	Primary Care: \$30 Specialist: \$45

2024 Medical Plan Design

	Basic Plan	Savers Plan—Narrow Network	EPP—Narrow Network*
Kohl's Annual HSA Contribution	An HSA is available, but only you contribute. Kohl's does not contribute to the account.	\$500 per associate \$1,000 per family	n/a
Annual HSA Maximum Contribution If you are 55 or older, you can contribute an additional \$1,000 per year.	\$4,150 single \$8,300 family	\$4,150 single \$8,300 family Note: This amount includes Kohl's contribution.	n/a
Annual Deductible	\$2,500 single \$5,000 family**	\$1,800 single \$3,600 family**	\$800 single \$1,600 family**
Out-of-Pocket Maximum	\$6,750 single \$13,500 family (max \$7,550 per person)	\$5,400 single \$10,800 family (max \$7,050 per person)	\$4,100 single \$8,200 family (max \$4,100 per person)
Coinsurance	You pay 30% after deductible	Tier 1: You pay 20% after deductible In-network: You pay 40% after deductible	Tier 1: You pay 20% after deductible In-network: You pay 40% after deductible
Preventive Care (annual physicals, well woman exams, checkups for your dependent children, etc.)	Plan pays 100% (in-network)	Plan pays 100% (in-network)	Plan pays 100% (in-network)
Office visits	You pay 30% after deductible	Tier 1: You pay 20% after deductible In-network: You pay 40% after deductible	Tier 1: \$30 primary care \$45 specialist In-network: \$60 primary care \$80 specialist You pay copay (listed above), then deductible and coinsurance

2024 Medical Plan Design - Dallas

Medical Plan Coverage—In-Network

	Centivo High Performance Plan - Basic	Savers Plan	Centivo High-Performance Plan - Plus
Kohl's Annual HSA Contribution	An HSA is available, but only you contribute. Kohl's does not contribute to the account.	\$500 per associate \$1,000 per family	Not applicable
Annual HSA Maximum Contribution If you are 55 or older, you can contribute an additional \$1,000 per year.	\$4,150 single \$8,000 family	\$4,150 single \$8,000 family Note: This amount includes Kohl's contribution.	Not applicable
Annual Deductible	\$2,500 single \$5,000 family*	\$1,800 single \$3,600 family*	\$50 single \$100 family
Out-of-Pocket Maximum	\$6,750 single \$13,500 family (max \$7,550 per person)	\$5,400 single \$10,800 family (max \$7,050 per person)	\$4,000 single \$8,000 family (max \$4,000 per person)
Coinsurance	N/A	You pay 20% after deductible	N/A
Preventive Care (annual physicals, well woman exams, checkups for your dependent children, etc.)	Plan pays 100% (in-network)	Plan pays 100% (in-network)	Plan pays 100% (in-network)
Office visits	Deductible plus: Primary Care: \$25 Specialist: \$90	You pay 20% after deductible	Primary Care: \$20 Specialist: \$50

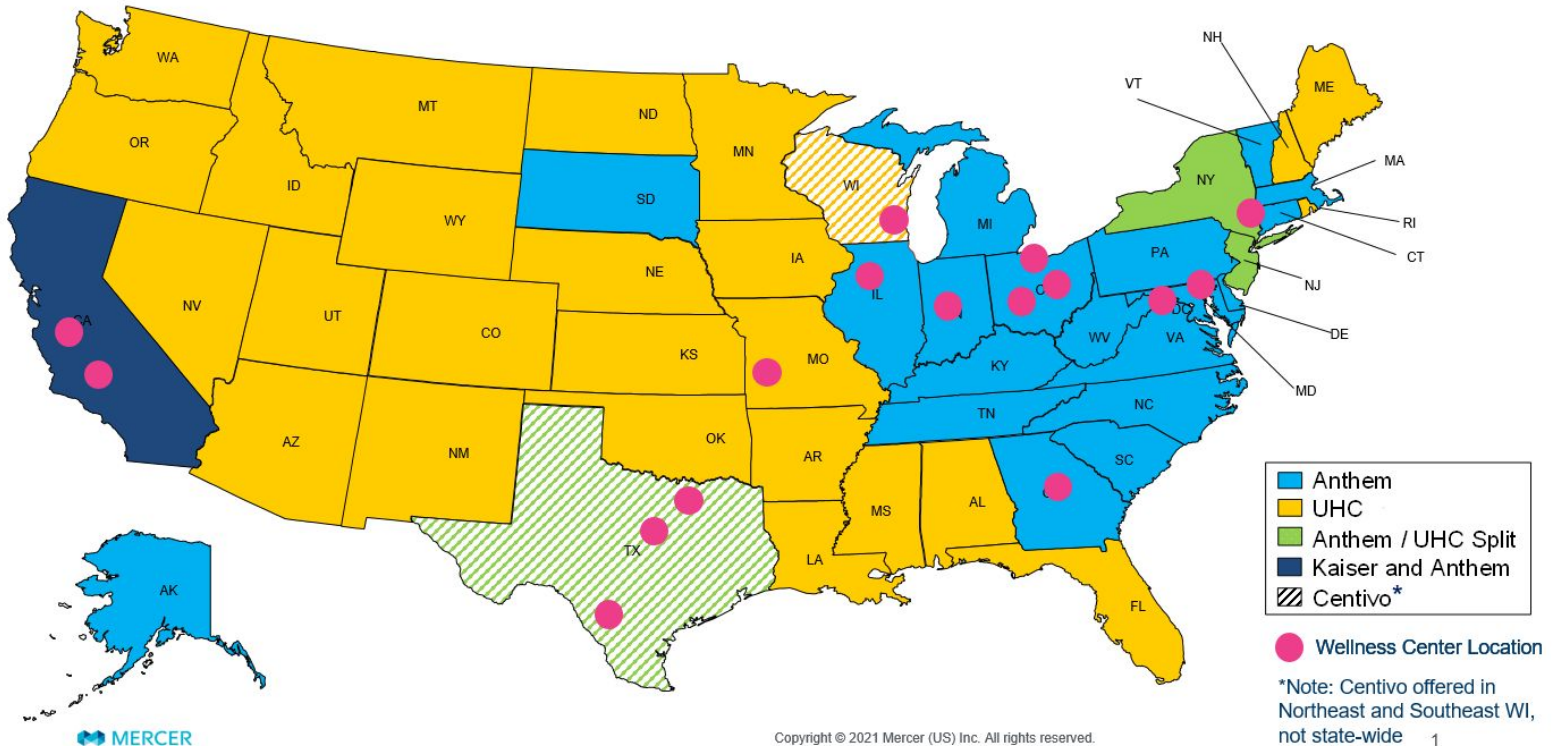
2024 Medical Plan Design - Eastern WI

Medical Plan Coverage—In-Network

	Basic Plan	Savers Plan	Centivo High-Performance Plan - Plus
Kohl's Annual HSA Contribution	An HSA is available, but only you contribute. Kohl's does not contribute to the account.	\$500 per associate \$1,000 per family	Not applicable
Annual HSA Maximum Contribution If you are 55 or older, you can contribute an additional \$1,000 per year.	\$4,150 single \$8,000 family	\$4,150 single \$8,000 family Note: This amount includes Kohl's contribution.	Not applicable
Annual Deductible	\$2,500 single \$5,000 family*	\$1,800 single \$3,600 family*	\$50 single \$100 family
Out-of-Pocket Maximum	\$6,750 single \$13,500 family (max \$7,550 per person)	\$5,400 single \$10,800 family (max \$7,050 per person)	\$4,000 single \$8,000 family (max \$4,000 per person)
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	N/A
Preventive Care (annual physicals, well woman exams, checkups for your dependent children, etc.)	Plan pays 100% (in-network)	Plan pays 100% (in-network)	Plan pays 100% (in-network)
Office visits	You pay 30% after deductible	You pay 20% after deductible	Primary Care: \$20 Specialist: \$50

2024 Medical Carrier Designation

2024 Carrier Configuration



2024 Dental Plan Design

	Standard plan		Buy-Up Plan	
Service	PPO Network	Premier Network	PPO Network	Premier Network
Annual Deductible <ul style="list-style-type: none"> • Single • Family 	\$50 \$150	\$75 \$225	\$25 \$75	\$50 \$150
Annual Max Benefit	\$1,250		\$1,500	
Preventive/ Diagnostic	100%	80%	100%	
Basic Restorative Services	70%		80%	
Major Restorative Services	40%		50%	
Orthodontic Service, including adult	N/A		60%	
Orthodontic Lifetime Max, including child and adult orthodontia	N/A		\$1,500	

2024 Vision Plan Design

	Standard plan	Buy-Up Plan
Services	In-Network	In-Network
Exam	\$20	\$10
Materials (Lenses & Frames) Single Vision Lined Bifocal Lines Trifocal Lenticular Frame	\$20 copay Covered in full Covered in full Covered in full Covered in full \$130 Retail frame allowance	\$25 copay Covered in full Covered in full Covered in full Covered in full \$150 Retail frame allowance
Lens Extras Standard Scratch-resistant coating and polycarbonate lenses Tints, UV coating, edge and anti-reflective coatings, photochromatic lenses	Covered in full No Coverage	Covered in full Covered in full
Contact Lenses Medically Necessary Non-Formulary Contact Lenses	\$20 copay/up to 4 boxes Up to \$130	\$25 copay/up to 6 boxes Up to \$150

Accessing Care

TELEMEDICINE

URGENT CARE

<p>\$</p> <p>Virtual visits for minor illnesses such as rashes, allergies, pink eye, etc.</p>	<p>\$ - \$\$</p> <p>A PCP is a great first resource to have and can treat most conditions or refer to specialists.</p>	<p>\$\$\$</p> <p>Treat problems like sprains, minor burns, strains, fever and minor cuts that need stitches.</p>	<p>\$\$\$\$</p> <p>Life threatening situations that require immediate medical attention.</p>
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PRIMARY CARE PROVIDER (PCP)

EMERGENCY ROOM

Accessing Care

TELEMEDICINE

URGENT CARE

	\$	\$ - \$\$	\$\$\$	\$\$\$\$
Free onsite clinic for all acute (sore throat, ear ache, headaches, etc) and primary care needs (physicals, immunizations, lab work and more)	Virtual visits for minor illnesses such as rashes, allergies, pink eye, etc.	A PCP is a great first resource to have and can treat most conditions or refer to specialists.	Treat problems like sprains, minor burns, strains, fever and minor cuts that need stitches.	Life threatening situations that require immediate medical attention.
KOHL'S WELLNESS CENTER		PRIMARY CARE PROVIDER (PCP)		EMERGENCY ROOM

Accessing Care

TELEMEDICINE

URGENT CARE

Low or no cost onsite clinic for all acute (sore throat, ear ache, headaches, etc) and primary care needs (physicals, immunizations, lab work and more)	\$	\$ - \$\$	\$\$\$	\$\$\$\$
	Virtual visits for minor illnesses such as rashes, allergies, pink eye, etc.	A PCP is a great first resource to have and can treat most conditions or refer to specialists.	Treat problems like sprains, minor burns, strains, fever and minor cuts that need stitches.	Life threatening situations that require immediate medical attention.

KOHL'S WELLNESS CENTER

PRIMARY CARE PROVIDER (PCP)

EMERGENCY ROOM

Don't Forget About These Benefits!

- 401(k) - Pretax and Roth
- Guidance Resources & EAP
- Wellness benefits (WW, Mental Health Resources/Be Well at Kohl's)
- Voluntary benefits (critical illness, accident protection, hospital indemnity, group home & auto, pet insurance and more)
- Prepaid Legal Plan
- Long-Term Care
- Guild
- Medicare Resources - associates and their families can visit:
connect.smartmatch.com/Kohls or call 1-833-621-2622

Resources & Next Steps

- Review your benefit options and make your elections in myHR
- Watch for your Confirmation Statement the week of Nov. 17
- Benefit Service Center - 844-564-5747
- Explore our partner's websites
 - UHC, Anthem, Kaiser, CVS, Centivo, etc.