



2026

EMPLOYEE BENEFITS GUIDE

For benefits effective April 1, 2026

WELCOME TO

Kingsway!

We value your contribution to make Kingsway as successful as we are. We also care deeply about the welfare of our employees and families. The benefits outlined in this guide are effective April 1, 2026.

Questions?

Keep in mind that the Benefits Member Advocacy Center at Conner Strong & Buckelew is available to assist you with any questions regarding enrollment and throughout the plan year. You can reach them by calling 800.563.9929, or visiting www.connerstrong.com/memberadvocacy.

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Enrollment Information

Eligibility & Making Plan Changes

Who is Eligible to Enroll in Benefits?

If you're a full-time employee at Kingsway, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for coverage:

- Spouses under a legally valid existing marriage.
- Dependent children under the age of 26.

Remember! Only eligible dependents can be enrolled for coverage.

Making Plan Changes

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as: marriage, divorce, death of a spouse, civil union partner or a dependent, birth or adoption of a child, termination or commencement of employment for your spouse/civil union partner, a change in employment status (full-time to part-time or part-time to full-time) for you or your spouse/civil union partner that affects benefits eligibility, or taking an unpaid, medical leave of absence by either you or your spouse/civil union partner.

PLEASE NOTE:

If you experience one of these qualifying life events, you must notify your benefits administrator within 30 days of the event.



What's New for 2026?

Benefits Highlights

- Your medical/prescription drug, dental, vision, life and disability carriers will remain the same for the 2026 plan year
 - AmeriHealth Administrators will remain as your medical/prescription drug carrier
 - Aetna will remain as your dental carrier
 - VSP will remain as your vision carrier
 - The Hartford will remain as your life and disability carrier
- There will be no plan design or contribution changes for medical or vision
- Your new dental contributions can be found on [page 13](#)



EPO HDHP Plan

Health Reimbursement Account (HRA)



If you elect coverage in the EPO Plan, you will automatically be enrolled in a Health Reimbursement Account (HRA).

HRAs are convenient, employer-funded accounts that set aside money that can be used for your out-of-pocket medical expenses such as deductibles and prescription copays.

The HRA amounts that will be funded by Kingsway are:

PLAN YEAR APRIL 1, 2026 –MARCH 31, 2027	
Per Employee	Medical expenses, subject to deductible - \$750 max
Per Family	Medical expenses, subject to deductible - \$1,500 max

Benefits of an HRA

- **Tax savings:** Your employer’s contributions to your HRA can be excluded from your gross income, meaning you don’t pay taxes on that money. Also, reimbursements from your HRA are tax-free when used to pay for qualified medical expenses.
- **Out-of-Pocket expense reduction:** Reimbursement from your HRA will make it easier to meet your deductible and pay copays while taking advantage of a health plan with lower employee payroll contributions.
- **The account is fully funded by Kingsway.**

HRA Reimbursement

To be eligible for reimbursement, please provide the following documentation:

- An explanation of benefits (EOB) statement from AmeriHealth showing a deductible expense for you or your eligible dependent.
- A signed HRA claim form. This form can be obtained from Human Resources.
- Copy of paid receipt.

Reimbursement of eligible costs applied to deductible will be made payable directly to claimant and is intended only for expenses incurred during the plan year that were not already reimbursed through another tax-advantaged account.

Opt-Out-Provision

The opt-out credit of \$1,500 per year will continue. You may elect to opt-out of the medical plan providing you have coverage available through another health plan and complete the appropriate waiver form. The opt-out credit will be paid to you in 24 pay periods and will be added to your income.

If you opt out of the dental and vision coverages, you will receive an additional opt-out credit of \$500 per year. There is not a partial opt-out if you choose to opt-out of one or the other. The opt-out applies to both coverages. The \$500 will be added to the \$1,500 medical opt out and will be paid to you in 24 pay periods.

Medical and Prescription Plan Comparison

AmeriHealth Administrators

SERVICES	EPO Plan	POS Plan 1	POS Plan 2	
	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
Deductible (Calendar Year 1/1/26-12/31/26) Individual/Family	\$1,500 / \$3,000	\$750 / \$1,500	None	\$500 / \$1,000
Out-of-Pocket Maximum Individual/Family	\$3,000 / \$6,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Preventive Care Services	100% covered	100% covered	100% covered	70% after deductible
Primary Care Physician (PCP) Required?	No	Yes	No	No
PCP Office Visit	70% after deductible	\$20 copay	\$15 copay	70% after deductible
Specialist Office Visit	70% after deductible	\$40 copay	\$25 copay	70% after deductible
Imaging (Routine/Complex)	70% after deductible	\$25 / \$50 copay	\$25 / \$50 copay	70% after deductible
Emergency Room	70% after deductible	\$100 copay	\$100 copay	\$100 copay
Urgent Care Center	70% after deductible	\$25 copay	\$25 copay	70% after deductible
Inpatient Hospital	70% after deductible	80% after deductible	\$200 copay per day, max 5 copays per admission	70% after deductible
Outpatient Surgery	70% after deductible	80% after deductible	\$150 copay	70% after deductible
PRESCRIPTION BENEFITS - RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)				
Generic	\$10 copay after deductible	\$15 copay	\$15 copay	50% after deductible
Preferred Brand	\$40 copay after deductible	\$25 copay	\$25 copay	50% after deductible
Non-Preferred Brand	\$60 copay after deductible	\$35 copay	\$35 copay	50% after deductible
Mail Order (90-day supply)	2x Retail	2x Retail	2x Retail	N/A

BLOOD PRESSURE
 CHOLESTEROL
 DIABETES
 BREAST CANCER
 PROSTATE CANCER
 THYROID DISEASE
 GLAUCOMA

Preventive Care Services are covered 100% in-network!

The screenings to the left represent just some of the preventive care screenings available through the medical plan. Don't guess when it comes to your health—make the most of your healthcare investment and take advantage of the preventive care services that are covered 100% in-network.

Member Portal

AmeriHealth Administrators

Log in to myahabenefits.com to easily access your health plan information and find important resources for your medical and prescription drug benefits. On the secure portal, you can:

- View coverage and benefits for your plan
- View and print your ID card
- Find an in-network doctor, hospital or other health care provider using the Find a Doctor tool on the Dashboard page
- Estimate care costs for a procedure or appointment
- Manage your health by tracking wellness goals, setting up health-related reminders and contacting a Registered Nurse Health Coach

You can also download the AmeriHealth mobile app on Google Play or on the Apple App Store to access all of these resources. Log in using the same username and password as you do when you log in at myahabenefits.com.



Vision Plan

VSP

Kingsway will continue to offer you a vision plan through VSP. Benefits are covered according to the following summary.

VSP Choice Plan

COVERAGE	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
Exam	\$10 copay	Up to \$45 reimbursed
Frames	\$150 allowance	Up to \$70 reimbursed
Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	Covered in full after \$10 copay Covered in full after \$10 copay Covered in full after \$10 copay Covered in full after \$10 copay	Up to \$30 reimbursed Up to \$50 reimbursed Up to \$65 reimbursed Up to \$100 reimbursed
Contact Lenses (in lieu of eyeglasses)	\$150 allowance	Up to \$105 reimbursed
Frequency Vision Exam Lenses Frames	12 months 12 months 24 months	12 months 12 months 24 months

Finding a Participating Provider

Finding a provider is simple, just follow these quick steps:

- Go to www.vsp.com
- Click the "Find a Doctor" tab
- Enter the search parameters and click "Search"



Dental Plan

Aetna

Kingsway will offer a dental plan administered by Aetna. You have the freedom to seek care from a dentist of your choice, whether in or out-of-network. You will have a higher level of benefit if you utilize in-network providers. Benefits are covered according to the following summary. The Aetna Freedom of Choice allows you to choose between the Dental PPO/PDN with PPO II Plan and Dental Maintenance Organization (DMO) Plan at no additional cost. You have the ability to switch between the plans once per month.

Aetna Freedom of Choice Plan

	<i>PPO</i>		<i>DMO*</i>
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
Calendar Year Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	N/A
Calendar Year Maximum (Per patient)	\$1,500	\$1,500	N/A
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19)	100%	100% of R&C	100%
Basic Services Fillings, Extractions Endodontics (root canal) Periodontics, Oral Surgery Sealants	80%	80% of R&C	100%
Major Services Crowns, Gold Restorations Bridgework Full and Partial Dentures	50%	50% of R&C	60%
Orthodontia Benefits Adults and Children Included	50%	50% R&C	\$2,400 copay
Orthodontia Lifetime Maximum (Per patient)	\$1,500	\$1,500	N/A

* DMO plan utilizes different network and requires designation of dentist.

Finding a Participating provider:

Because not all dentists accept both networks, please visit www.aetna.com and click "Find a Doctor" to see which network your dentist participates in.

PLEASE NOTE: If you choose the DMO plan, you must choose a primary dentist.



Life/AD&D and Disability Plans

The Hartford

Life and AD&D Insurance

Kingsway provides benefit eligible employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance. The company pays the full cost of this benefit.

In the event you lose your life while coverage is in effect, **Basic Life Insurance is payable in the amount of 1x salary to \$100,000 maximum for all employees.**

Accidental Death and Personal Loss Coverage is payable for certain losses if both of the following occur while your coverage is in effect:

- You are involved in an accident; and
- You suffer a bodily injury as a direct result of the accident.

Coverage under this plan includes occupational injuries and non-occupational injuries.

PLEASE NOTE: The life insurance amount you receive under the permanent and total disability feature of this plan will be reduced at the specified ages, and according to the Age Reduction Rule. Please refer to the Schedule of Benefits for additional information.

Long-Term Disability (LTD) Insurance

Company-paid Long-Term Disability provides you with income continuation in the event your illness or injury lasts beyond 90 days. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury. You may receive 66 - 2/3% of your pre-disability earnings to a maximum benefit of \$3,000 per month.

Please refer to the Schedule of Benefits for additional information.



Voluntary Benefits

The Hartford

Supplemental Life and AD&D Insurance

In addition to your Basic Life and AD&D, you have the option of electing Supplemental Life and AD&D insurance.

Coverage is available for you, your spouse and eligible dependent children. The rates for this coverage are age-based and will increase each time you enter into a new age bracket.

Employee Coverage:

You have the option of purchasing additional coverage for yourself in \$10,000 increments up to the lesser of 5x annual salary or \$500,000. Coverage is guaranteed up to \$100,000 with further Evidence of Insurability required for any additional amount.

REMEMBER! if you did not enroll in this coverage when it was first offered to you, then you will be considered a late enrollee, and may be required to submit evidence of insurability, for any amount.

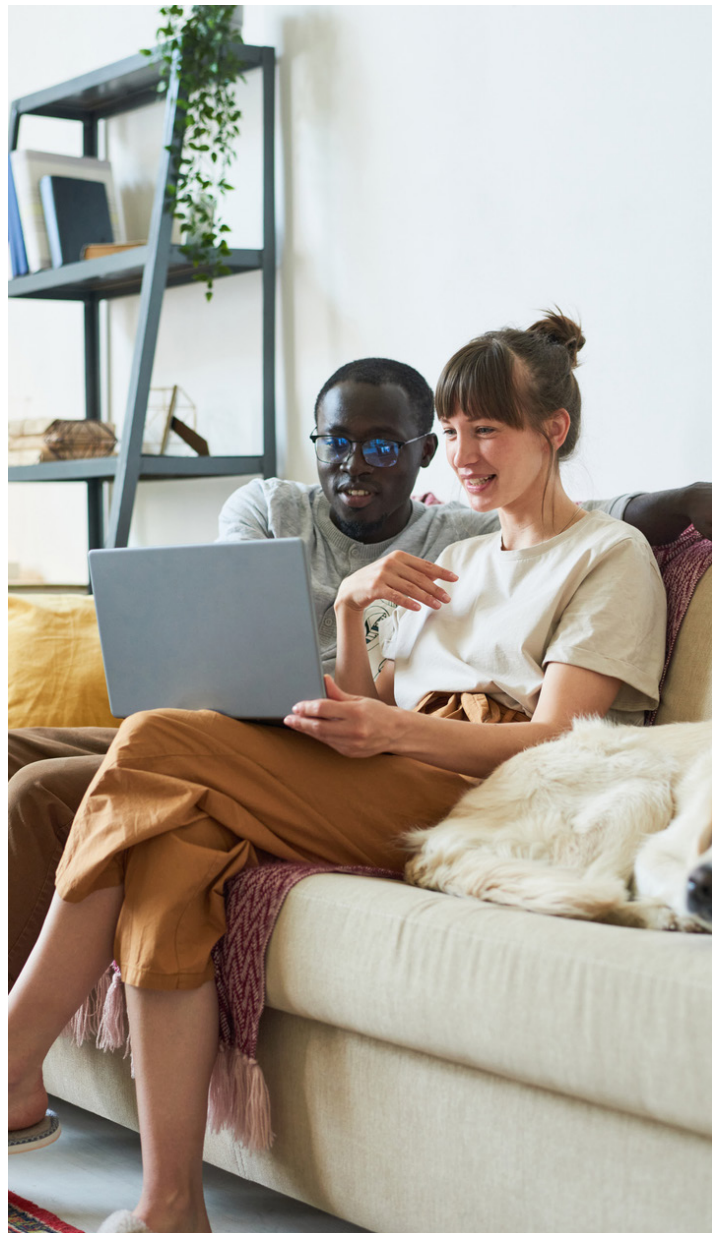
Spouse Voluntary Life Insurance:

You may purchase coverage for your spouse in \$5,000 increments up to \$250,000 (cannot exceed 50% of the employee's voluntary life election). Coverage is guaranteed up to \$30,000 with further Evidence of Insurability required for any additional amount.

Child Voluntary Life Insurance:

Voluntary Life Insurance for dependent children may be purchased up to \$10,000 (cannot exceed the employee's supplemental life election). Coverage is available for children age 15 days to age 26.

PLEASE NOTE: You must purchase Voluntary Life Insurance for yourself in order to elect Dependent Life Insurance (Spouse and/or Child). Life Insurance elections may require EOI. If you are electing life insurance after your initial eligibility, all amounts require evidence of insurability be completed. Coverage will need to be approved by the carrier before the deductions and coverage would begin.



Voluntary Benefits

The Hartford



Hospital Indemnity

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection.

With hospital indemnity insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

It can be used for expenses, such as:

Copays, deductibles, and coinsurance
You can use it towards unexpected costs such as; child care, help around the house, follow up services

Accident insurance

Accidents happen and they can affect your financial health. With Accident Insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You can use the money however you'd like.

Accident Insurance covers:

- Initial & emergency care
- Hospitalization
- Fractures & Dislocation
- Follow-up care

Critical Illness

We know that everyone has different needs when coping with a critical illness. With Critical Illness insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, if they are diagnosed with a covered critical illness, like cancer, heart attack or stroke. This plan can help ease some of your financial worries so you can stay focused on your health. **You choose how to spend or save your benefit.**

It can be used for expenses, such as:

- Paying for child care or help around the house
- Travel costs to see a specialist
- Medical treatment and doctor visits
- Copays and deductibles
- Prescription drug costs

Employee Contributions



Medical/Prescription Semi-Monthly Payroll Deduction

	EPO	POS PLAN 1	POS PLAN 2
Employee	\$73.78	\$119.42	\$199.83
Employee + Spouse	\$581.19	\$677.02	\$845.88
Employee + Child(ren)	\$429.40	\$509.75	\$652.07
Family	\$975.58	\$1,100.44	\$1,348.05

Dental Semi-Monthly Payroll Deduction

TIER	
Employee	\$0
Employee + 1	\$20.84
Employee + Family	\$41.83

Vision Semi-Monthly Payroll Deduction

TIER	
Employee	\$0.00
Employee + Spouse	\$2.06
Employee + Child(ren)	\$2.18
Family	\$5.61



Outside Resources

Benefits MAC & Beneportal

Benefits Member Advocacy Center

Who to call when you have benefits questions

The Benefits Member Advocacy Center (Benefits MAC), provided by our benefits consultant, Conner Strong & Buckelew, allows you to speak to a specially trained Member Advocate who can assist with benefit claims issues, coverage questions, and enrollment inquiries.

Call **800.563.9929** or submit a request online at www.connerstrong.com/memberadvocacy.

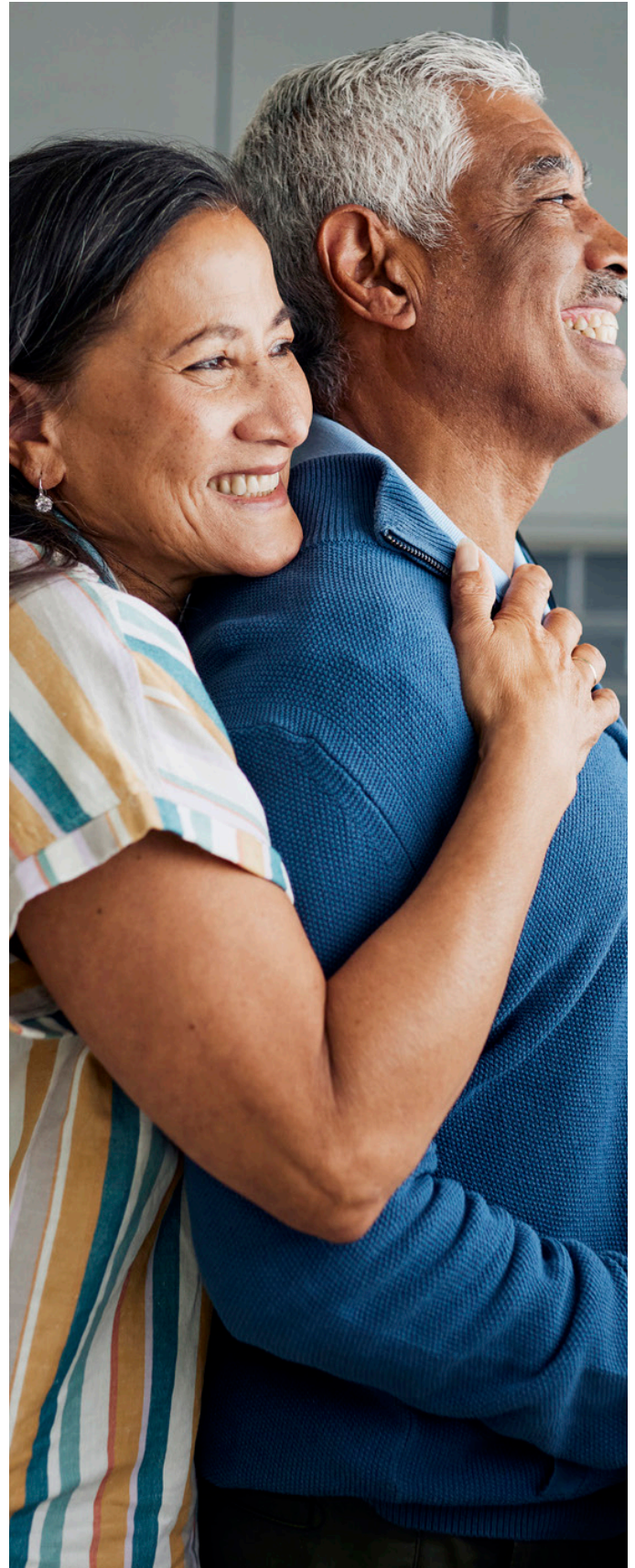
BenePortal

Your benefits information is just a click away!

BenePortal is Kingsway's virtual employee benefits portal, providing access to company benefits programs, health and wellness information, recommended links, pertinent forms and guides, and a wealth of additional tools and resources.

BenePortal is available 24/7 to Kingsway's employees and their eligible dependents to access benefit plan information, insurance company contacts, forms, guides, links and other applicable benefit materials.

Simply go to www.kingswaybeneportal.com to access your benefits information today!



Outside Resources

Your Carrier Contacts

COVERAGE	CARRIER NAME	PHONE	WEBSITE
Medical/Rx	AmeriHealth Administrators	800-492-2385	www.myahabenefits.com
Dental	Aetna	800-872-3862	www.aetna.com
Vision	VSP	800-877-7195	www.vsp.com
Life/AD&D and Disability	The Hartford	800-523-2233	www.thehartford.com
Voluntary Benefits	The Hartford	800-523-2233	www.thehartford.com
Member Advocacy	Conner Strong & Buckelew	800-563-9929	Submit an online request at: www.connerstrong.com/memberadvocacy



We are pleased to provide you with various notices and disclosures related to the Plan. By scanning the QR code you may review the information contained in the various notices and disclosures and share them with your dependents.





Kingsway reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken 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.