



2023 PART-TIME ASSOCIATE BENEFITS SUMMARY

2023 STORE EMPLOYEES

MEDICAL PLANS

The chart below provides a comparison of key coverage features and costs of Circle K's 2023 medical plan options.



Keeping you and your family covered!
Circle K Benefits

	Basic Plan	Enhanced Plan	MEC Only Plan	MEC/Combo Plan
Minimum Essential Coverage	N/A	N/A	100% coverage when utilizing a First Health provider for ACA-required preventive services	100% coverage when utilizing a First Health provider for ACA-required preventive services
Physician's Office Benefit	\$50/day, 6 days/ person/year	\$60/day, 6 days/ person/year	N/A	\$60/day, 6 days/person/year
Outpatient Diagnostic X-ray	\$50/testing day, 2 days/person/year	\$50/testing day, 2 days/person/year	N/A	\$50/testing day, 2 days/ person/year
Outpatient Diagnostic Lab	\$50/testing day, 2 days/person/year	\$75/testing day, 2 days/person/year	N/A	\$75/testing day, 2 days/ person/year
Preventive Care	\$100/day, 1 day/ person/year	\$100/day, 1 day/ person/year	N/A	N/A
Emergency Room Sickness	N/A	\$150/day, 2 days/ person/year	N/A	\$150/day, 2 days maximum/ year
Surgical: • Daily Inpatient • Inpatient Maximum • Daily Outpatient (Minor) • Outpatient Benefit Maximum	• \$500/day • 1 day/person/year • \$250 • \$50 • 1 day/person/year	• \$500/day • 1 day/person/year • \$250 • \$50 • 1 day/person/year	N/A	N/A
Anesthesia	30% of surgical benefit	30% of surgical benefit	N/A	N/A
Daily In-Hospital	\$200/day, 500 day lifetime maximum	\$300/day, 500 day lifetime maximum	N/A	\$100 per day, 500 day lifetime maximum
Incentive Care Unit	\$400/day, 30 days/ person/year	\$600/day, 30 days/ person/year	N/A	\$200 per day, 30 days per person per year
Substance Abuse	\$100/day, 30 days/ person/year	\$150/day, 60 days/ person/year	N/A	\$50 per day, 30 days per person per year
Mental Illness	\$100/day, 30 days/ person/year	\$150/day, 60 days/ person/year	N/A	\$50 per day, 60 days per person per year
Inpatient Skilled Nursing Facility	\$100/day, 60 days/ person/year	\$150/day, 60 days/ person/year	N/A	\$50 per day, 60 days per person per year
First Health Network*	Physician and Hospital	Physician and Hospital	N/A	Physician and Hospital
RxEdo*	N/A	N/A	N/A	Included
AWP Value Rx	Included	Included	N/A	Included
Teladoc	Included	Included	N/A	Included



ELIGIBILITY

Employees receive benefits effective the first day of pay period following 60 days of service in an eligible position.

DENTAL PLAN

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.

	Voluntary Plan
Annual deductible (individual/family)	\$50/\$150
Calendar-year maximum	\$500
Preventive/diagnostic services	Covered at 100%
Basic services	20% coinsurance
Major services	50% coinsurance
Orthodontia	50% coinsurance; Adult & child with \$250 lifetime ortho maximum

Benefits shown are for in-network providers and are based on negotiated fees. Out-of-network coverage is based on reasonable and customary (R&C) charges.

VISION PLANS

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses and more for yourself and your covered dependents.

	Access H Plan	Access C Plan
Exam (once per calendar year)	\$5 copay	\$10 copay
Retinal imaging	Up to \$39	Up to \$39
Lenses	\$15 copay (once every two calendar years)	Member pays \$50
Frames	\$0 copay; \$100 allowance; 20% discount over \$100 (once every two calendar years)	35% off retail price
Contact lenses	\$0 copay; \$115 allowance; 15% discount over \$115	15% discount off retail or 5% off promo price

401(k) PLAN

The company offers a 401(k) plan to help you save money for retirement. If you are 18 or older, you're eligible to enroll in this benefit following 60 days of employment. After one year of service, Circle K matches a portion of your contributions which will be made on before-tax contributions, Roth 401(k) after-tax contributions and catch-up contributions each pay period. Leased employees are not eligible to enroll in the plan. (No matching contribution is made during the first year of employment. Starting on your second year of employment, Circle K will match 50% of the first 4% of employee contributions.)

LIFE, DISABILITY AND ACCIDENT PLANS

Benefit	What It Means for You
Voluntary Life and/or Dependent Life	<ul style="list-style-type: none">• Associate Coverage: You may elect \$5,000, \$10,000 or \$20,000• Spousal Coverage: You may elect \$2,500, \$5,000 or \$10,000 (cannot exceed 50% of associates amount)• Dependent Child Coverage: Coverage of \$2,000, \$3,000 or \$5,000
Voluntary Accidental Death and Dismemberment (AD&D)	<ul style="list-style-type: none">• Associate Coverage: You may elect \$5,000, \$10,000 or \$20,000• Spousal Coverage: You may elect \$2,500, \$5,000 or \$10,000 (can not exceed 50% of associates amount)• Dependent Child Coverage: Coverage of \$2,000, \$3,000 or \$5,000
Voluntary Accident*	Help offset the cost associated with minor and major accidents. For every covered accident you receive a benefit payment based on the type of injury and treatment received. Choose between \$15,000 and \$30,000 benefit amount that covers you, your spouse and/or your children.
Critical Illness**	Helps offset the cost of bills, groceries, rent and mortgage in the event of critical illness such as cancer, heart attack and/or stroke. Spouse covered at 50% of your coverage level and dependent children covered at 25% of your coverage level.

* Your coverage amount depends on the amount you elect

** Your coverage amount depends on the amount you elect — either \$5,000 or \$10,000 benefit amount

TUITION REIMBURSEMENT

50% on the first \$1,000 of eligible expenses for a max of \$500 per year for the first year of employment. 50% on first \$2,000 of eligible expenses for a max of \$1,000 per year for 13-24 months of employment. 50% on first \$3,000 of eligible expenses for a max reimbursement of \$1,500 per year for 25 or more months of service.

EMPLOYEE DISCOUNT PROGRAM

Eligible on first day of employment. Countless discounts on products, restaurants, activities and events.



TIME OFF

Work smarter with a healthy work-life balance. Vacation time is based on actual hours worked and Sick Time is based on state law.

Length of Service	Vacation Hours
New Hire	Accrued vacation available on 91st day of employment
Year 1-2	Accrues monthly, up to 5 days per year; monthly accrual is based on hours worked during the prior month
Year 3-4	2 weeks
Year 5-14	3 weeks
Year 15+	4 weeks



EMPLOYEE CONTRIBUTIONS

MEDICAL

Basic Plan	EE Weekly	EE Bi-Weekly
EE	\$10.62	\$21.24
EE + Spouse	\$19.18	\$38.36
EE + Child(ren)	\$18.43	\$36.86
Family	\$27.32	\$54.64
Enhanced Plan	EE Weekly	EE Bi-Weekly
EE	\$12.08	\$24.16
EE + Spouse	\$24.77	\$49.54
EE + Child(ren)	\$21.01	\$42.02
Family	\$30.80	\$61.60
MEC Only Plan	EE Weekly	EE Bi-Weekly
EE	\$5.60	\$11.20
EE + Spouse	\$8.11	\$16.22
EE + Child(ren)	\$8.57	\$17.14
Family	\$10.25	\$20.50
MEC/Combo Plan - Excepted Indemnity	EE Weekly	EE Bi-Weekly
EE	\$16.38	\$32.76
EE + Spouse	\$29.58	\$59.16
EE + Child(ren)	\$25.58	\$51.16
Family	\$34.83	\$69.66

DENTAL

Cigna Voluntary	EE Weekly	EE Bi-Weekly
EE	\$3.39	\$6.79
EE + Spouse	\$5.66	\$11.31
EE + Child(ren)	\$6.20	\$12.39
Family	\$8.68	\$17.36

VISION

EyeMed Preferred Plus - Access C Plan	EE Weekly	EE Bi-Weekly
EE	\$0.17	\$0.35
EE + Spouse	\$0.34	\$0.68
EE + Child(ren)	\$0.30	\$0.59
Family	\$0.47	\$0.95
EyeMed Primary Plus - Access H Plan	EE Weekly	EE Bi-Weekly
EE	\$0.90	\$1.80
EE + Spouse	\$1.89	\$3.77
EE + Child(ren)	\$1.62	\$3.23
Family	\$2.60	\$5.21

CIRCLE K RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE ANY BENEFITS PLAN AT ANY TIME FOR ANY REASON. PARTICIPATION IN A BENEFITS PLAN IS NOT A PROMISE OR GUARANTEE OF FUTURE EMPLOYMENT. RECEIPT OF BENEFITS DOCUMENTS DOES NOT CONSTITUTE ELIGIBILITY.

The Benefits Summary provides an overview of the benefits available to eligible employees and their dependents. In all cases, the official plan documents govern and this Benefits Guide is not, and should not be relied upon as a governing document. In the event of a discrepancy between the information presented in the Benefits Summary and official plan documents, the official plan documents will govern.