



2023 FULL-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.



	Anthem/BCBS - HDHP		Anthem - HPN*
	In-Network	Out-of-Network	In-Network
Deductible (Ind./Fam.)	\$3,000/\$6,000	\$6,000/\$12,000	\$2,500 / \$5,000
Out-of-pocket maximum (Ind./Fam.)	\$6,000/\$12,000	\$13,000/\$26,000	\$7,000 / \$14,000
Doctor's office visits	Ded & 30%	Ded & 50%	\$20 copay
Preventive care	Free	Ded & 50%	Free
Specialist visits	Ded & 30%	Ded & 50%	\$40 copay
Outpatient surgery	Ded & 30%	Ded & 50%	Ded & 30%
Inpatient hospital (per stay)	Ded & 30%	Ded & 50%	Ded & 30%
Emergency room	Ded & 20%		\$500 copay
Routine labs and X-rays	Ded & 30%	Ded & 50%	Ded & 30%
Retail prescription drugs (30-day supply)			
Generic	\$10 copay	Not covered	Ded & \$20 copay
Brand formulary	Ded & 30%	Not covered	Ded & \$40 copay
Non-formulary	Ded & 40%	Not covered	Ded & \$80 copay
Mail-order prescription drugs (90-day supply)			
Generic	\$20 copay	Not covered	Ded & \$40 copay
Brand formulary	Ded & 60%	Not covered	Ded & \$80 copay
Non-formulary	Ded & 80%	Not covered	Ded & \$160 copay

* No Out-of-Network benefits other than emergency

NETWORK ACCESS OPTIONS

The HDHP and HPN plans are administered by Anthem Blue Cross Blue Shield. The HDHP uses the National BlueCard PPO network. The HPN uses the BlueHPN network and is not available in all zip codes. The Out-of-Area plan is also administered by Anthem Blue Cross Blue Shield and uses the traditional network.

ELIGIBILITY

Benefits become effective on the first month following 12 months when employees average 30 hours or more per week.



MEDICAL PLANS

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

	Minimum Essential Coverage Only Plan		Minimum Essential Coverage Combo Plan – Excepted Indemnity	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Excepted Indemnity: MEC/Combo			Benefit Reimbursement Paid by Plan	
Deductible (Ind./Fam.)	N/A	N/A	N/A	
Out-of-pocket maximum (Ind./Fam.)			N/A	
Doctor’s office visits			\$60/day up to 6 days/person/year	
Preventive care			Free	
Specialist visits			Included in physician office visit	
Outpatient surgery			N/A	
Inpatient hospital (per stay)			\$100/day up to 500 day lifetime maximum	
Emergency room			\$150 per day. Two day maximum per year.	
Routine labs and X-rays			\$75 testing/day up to 2 days/person/year	
Prescription Drugs				
Generic	Not covered	Not covered	\$10 copay; monthly maximum of \$300	Not covered
Brand formulary	Not covered	Not covered	Discounts available	Not covered
Minimum Essential Coverage				
Screenings: specified list	Covered at 100%	Not covered	Covered at 100%	Not covered
Counseling: specified list				
Prescription contraception (women only): specified list				
Preventive drug/ shots: specified list				
Preventive exams: well child				
Preventive exams: well adult				

DENTAL PLANS

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.

	Basic Plan	Voluntary Plan
Annual deductible (individual/family)	\$50/\$150	\$50/\$150
Calendar-year maximum	\$1,250	\$500
Preventive/diagnostic services	Covered at 100%	Covered at 100%
Basic services	20% coinsurance	20% coinsurance
Major services	50% coinsurance	50% coinsurance
Orthodontia	60% coinsurance; Adult & child with \$1,000 lifetime ortho maximum	50% coinsurance; Adult & child with \$1,000 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

FLEXIBLE SPENDING ACCOUNTS (FSA)

Save tax-free to pay health care and dependent care expenses — while reducing your taxable income.

- **Health care** – Contribute up to \$3,050 in 2023.
- **Dependent care** – Contribute up to \$5,000 in 2023, or \$2,500 if you are married and file separate tax returns.

WELL-BEING PROGRAM

We know that you have a lot going on in your life and that your health may not always be at the top of your to-do list. That's why Circle K created our employee well-being program, designed to help you and your spouse live your best life, achieve your goals, stay connected with Circle K and even earn points toward rewards and recognition.

401(k) PLAN

The company offers a 401(k) plan to help you save money for retirement. If you are a full-time employee age 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 from 1–5 times your yearly salary up to a maximum of \$1.5 million • Spousal Coverage: You may elect coverage in \$10,000 increments up to a maximum of \$50,000 • Dependent Child Coverage: Coverage of \$10,000 per child
Voluntary Accidental Death and Dismemberment (AD&D)	<ul style="list-style-type: none"> • Associate Coverage: \$25,000–\$500,000 in \$25,000 increments • Spousal Coverage: Spouse coverage cannot exceed 50% of associate's coverage amount • Dependent Child Coverage: Dependent coverage up to 15% of associate's coverage amount
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
Voluntary Short-Term Disability	In the event you are unable to work due to a short-term disability, you are eligible to receive 66% of your pay up to a weekly maximum of \$350. Waiting period for accident and sickness is 7 days.

* 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

Anthem/BCBS HDHP Plan	EE Weekly	EE Bi-Weekly
EE	\$23.83	\$47.67
EE + Spouse	\$98.45	\$196.90
EE + Child(ren)	\$84.56	\$169.12
Family	\$150.03	\$300.05
Anthem HPN	EE Weekly	EE Bi-Weekly
EE	\$19.22	\$38.44
EE + Spouse	\$57.87	\$115.74
EE + Child(ren)	\$49.98	\$99.96
Family	\$84.17	\$168.35
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 — Basic Plan	EE Weekly	EE Bi-Weekly
EE	\$4.06	\$8.11
EE + Spouse	\$8.61	\$17.21
EE + Child(ren)	\$7.38	\$14.75
Family	\$11.88	\$23.76
Cigna — Voluntary Plan	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.