



2026 Summary of Group Insurance Plans & Contributions

Date: October 1, 2025
To: All Employees Eligible for Group Insurance Benefits
From: Human Resources

The following pages contain important information about KCR's 2026 Group Insurance Benefits. For any questions contact HR@KCR.org.

Highlights include:

- New Premera Plan Options
- Same carriers as 2025: Premera, Kaiser, Delta Dental, VSP, Prudential & First Choice EAP
- Significant changes to the medical plans offered in 2026
- No benefit changes for 2026 to KCR's non-medical plans (dental, vision, life, etc.)

What's happening to KCR's plans in 2026?

The insurance market has experienced a significant increase in costs which are impacting KCR's ability to continue offering the same level of plans as in the past. Medical coverage costs for the existing 2025 Premera and Kaiser plan are increasing @15% in 2026 for a total additional cost to KCR of @\$250,000. To address this increase, beginning January 1st, 2026, KCR is offering two different Premera Preferred Provider Organization (PPO) plans in addition to the current Kaiser Health Maintenance Organization (HMO) plan. One Premera plan, with a higher deductible, will still be offered "free" for employee-only coverage. The second Premera plan offers a lower deductible but requires an employee contribution per paycheck. A Kaiser HMO plan will continue to be offered, with increased employee contributions. In summary,

- We are no longer able to offer the 2025 Premera Plan 3000 and are now offering a choice of either the Premera Plan 5000 or the Premera Plan 6000
- We are retaining the current Kaiser HMO 750 plan
- The new Premera Plan 6000 will be the 2026 "base plan", meaning KCR will pay 100% of the cost for employee-only coverage for this plan (KCR will be absorbing @\$70,000 to provide as "free")
- If an employee chooses the Premera Plan 5000 or the Kaiser Plan 750, the employee is responsible for paying the difference between the cost of these plan choices and the new "base plan 6000" – this is the employee contribution amount
- There are no changes to the contribution for Delta Dental or VSP vision plans

The 2026 contribution schedule can be found at the end of this document while the benefits comparison begins on page 3

Open Enrollment Period: Monday October 27th through Friday November 14th 2025

Because KCR is no longer offering the current plan and adding new plan options, KCR will require all eligible employees to complete new enrollment forms with Human Resources by November 14, 2025. All open enrollment plan changes are effective January 1, 2026.

- Select one of the two Premiera plans or the Kaiser plan
- Add or drop eligible family members to your coverage (*children are eligible until age 26*)
- Make changes to your Section 125 Premium Only Plan (POP) participation. Your enrollment status in the POP will continue unless you actively change it. **Contact Human Resources at HR@KCR.org.**

With few exceptions this is the only time during the year you may make these kinds of changes without a qualifying event such as:

- Change in status (for example, employee's legal marital status, number of dependents, employment status, dependent eligibility changes or change in residence),
- Loss of group health coverage sponsored by a governmental or educational institution,
- HIPAA special enrollment events,
- Judgment, decree or court order, such as a Qualified Medical Child Support Order (QMCSO).

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

2026 Group Insurance Benefits Summary

Please note: Legal spouses/domestic partners and children are eligible for medical, dental and vision benefits. Children are eligible for medical, dental and vision benefits up to age 26.

Medical Plan Options	Premera / WCIF 6000 PPO Plan		Premera / WCIF 5000 PPO Plan		Kaiser Permanente / WCIF HMO 750	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Individual Family	\$6,000 \$12,000	\$12,000 \$24,000	\$5,000 \$10,000	\$10,000 \$20,000	\$750 \$1,500	Not covered
Out of Pocket Max (includes deductible, copays and Rx copays) Individual Family	\$8,000 \$16,000	\$16,000 \$32,000	\$5,000 \$10,000	\$10,000 \$20,000	\$2,700 \$5,400	Not covered
Coinsurance (paid by plan)	80%	50%	100%	50%	80%	Not covered
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Preventive Care	Covered in Full	Ded/Coinsurance	Covered in Full	Ded/Coinsurance	Covered in Full	Not covered
Hospital Outpatient Surgery Inpatient	Ded/Coinsurance Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	Not covered Not covered
Emergency Room Services	\$200 copay, then In Network Deductible and 20%		\$200 copay, then In Network Deductible		\$100 copay, Then deductible and coinsurance	
Ambulance	\$50 copay, then In Network Deductible and 20%		\$50 copay, then In Network Deductible		Plan pays 80%, you pay 20%	
Acupuncture	\$40 copay 12 visits PCY*	Ded/Coinsurance	\$35 copay 12 visits PCY*	Ded/Coinsurance	Deductible then \$20 copay/Coins 12 visits PCY*	Not covered
Substance Abuse Outpatient Inpatient	\$40 copay Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	\$35 copay Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	\$20 copay, Ded/Coin Ded/Coinsurance	Not covered
Diabetic Supplies	See Prescription Drug Section for Insulin, needles, syringes and lancets. See Durable Medical Equip for devices, monitors pumps, etc.		See Prescription Drug Section for Insulin, needles, syringes and lancets. See Durable Medical Equip for devices, monitors pumps, etc.		See Prescription Drug Section for Insulin, needles, syringes and lancets. See Durable Medical Equip for devices, monitors pumps, etc.	

Medical Plan Options (cont.)	Premera / WCIF 6000 PPO Plan		Premera / WCIF 5000 PPO Plan		Kaiser Permanente / WCIF HMO 750	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Diagnostic Lab/X-ray Outpatient Inpatient	Ded/Coinsurance Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	Not covered Not covered
Durable Medical Equipment	Ded/Coinsurance	Ded/Coinsurance	Ded/Coinsurance	Ded/Coinsurance	Covered at 80%	Not covered
Hearing Benefit Annual Exam Hardware Allowance (1 device per ear every 36 months)	\$40 copay Covered in Full	Ded/Coinsurance Covered in Full	\$35 copay Covered in Full	Ded/Coinsurance Covered in Full	\$20 copay You pay 20%	Not covered
Home Health Care	Ded/Coinsurance 130 visits PCY*	Ded/Coinsurance 130 visits PCY*	Ded/Coinsurance 130 visits PCY*	Ded/Coinsurance 130 visits PCY*	Covered in full	Not covered
Hospice Inpatient Outpatient	\$100 copay In-Network Ded	\$100 copay Out-of-Network Ded	\$100 copay In-Network Ded	\$100 copay Out-of-Network Ded	Covered in Full	Not covered
Manipulative Services (Chiropractic spinal manipulations)	\$40 copay 20 visits PCY*	Ded/Coinsurance	\$35 copay 20 visits PCY*	Ded/Coinsurance	Deductible then \$20 copay/Coins to 20 visits/year	Not covered
Mental Health Care Outpatient Inpatient	\$40 copay Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	\$35 copay Ded/Coinsurance	Ded/Coinsurance Ded/Coinsurance	Deductible then \$20 copay/Coins Ded/Coinsurance	Not covered
Naturopathy	\$40 copay	Ded/Coinsurance	\$35 copay	Ded/Coinsurance	\$20 copay, then Ded/Coins 3/diagnosis PCY*	Not covered
Outpatient Rehabilitation Services (Includes speech, physical, occupational and massage therapy)	\$40 copay 45 visits PCY*	Ded/Coinsurance Visit limits shared with In Network	\$35 copay 45 visits PCY*	Ded/Coinsurance Visit limits shared with In Network	Deductible then \$20 copay/Coins 60 visits PCY*	Not covered
Habilitative Services (Covers physical, occupational, and speech therapies)	Covered under rehabilitation services		Covered under rehabilitation services		Covered under rehabilitation services	
Skilled Nursing Facility	Ded/Coinsurance 90 days PCY	Ded/Coinsurance 90 days PCY	Ded/Coinsurance 90 days PCY	Ded/Coinsurance 90 days PCY	Ded/Coinsurance 100 days PCY	Not covered

Medical Plan Options (cont.)	Premera / WCIF 6000 PPO Plan		Premera / WCIF 5000 PPO Plan		Kaiser Permanente / WCIF HMO 750	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK		IN-NETWORK	OUT-OF-NETWORK
Vision Exam 1 exam PCY	\$40 copay	Not Covered	\$35 copay	Not Covered	\$20 copay, then Covered in Full	Not covered
Prescription Drugs	Retail (30-day supply)	Out-of-Network Retail (30-day supply)	Retail (30-day supply)	Out-of-Network Retail (30-day supply)	Retail (30-day supply)	Out-of-Network Retail (30-day supply)
Preferred Generic	\$5	Not Covered	\$5	Not Covered	\$5	Not Covered
Preferred Brand	\$35		\$35		\$25	
Non-Preferred Brand	\$70		\$70		\$50	
Mail Order (90-day supply)	\$15/\$105/\$210	Not Covered	\$15/\$105/\$210	Not Covered	X2 Retail	Not Covered

*PCY = Per Calendar Year

DENTAL: Delta Dental of Washington		KCR Group Number: #00105		
Plan Summary	Payment Levels			
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist	
Class I - Diagnostic & Preventive Exams, Cleanings, X-rays, Fluoride & Sealants (these services do not reduce your annual benefit)	100%	100%	100%	
Class II - Restorative Restorations, Endodontics, Periodontics, Oral Surgery	80%	80%	80%	
Class III - Major Crowns, Dentures, Partial, Bridges and Implants	50%	50%	50%	
Annual Maximum Per Person Benefit Period: (January 1 - December 31) effective/end date	\$1,500	\$1,500	\$1,500	
Deductible (Waived on Class I) Per person/per benefit period Annual family maximum	No Deductible	\$50 \$150	\$50 \$150	

Dental Provider Choice

This is a Preferred Provider Organization (PPO) plan where using PPO providers will always give you the lowest out of pocket expense. Premier dentists will also honor Delta Dental of Washington's fee schedules, but their discounts are not as deep as PPO providers. Non-participating providers may always balance bill for any amounts not paid by Delta Dental of Washington. In the event you need to have dental work estimated to cost \$250 or more, we recommend you have your dentist submit to Delta Dental for pre-authorization. Delta Dental will review the intended treatment plan and let your dentist know how much of the bill they will cover. We recommend pre-authorization to avoid any billing surprises.

VISION: Vision Service Plan (VSP)		KCR Group Number: #12085063
	VSP Signature Providers In-Network	Non-VSP Providers Out-of-Network
Exam (Every 12 months)	\$10 Copay	Reimbursed up to \$50
Frames (Every 24 months)	\$25 Copay Covered up to \$150	Reimbursed up to \$70
Lenses (Every 12 months) Single Bifocal Trifocal Progressive	\$25 Copay Covered in Full Covered in Full Covered in Full Various copayments	Reimbursement up to \$50 Reimbursement up to \$75 Reimbursement up to \$100 Reimbursement up to \$75
Contact Exam Contacts (in lieu of glasses) Every 12 months	Up to a \$60 Copay Covered up to \$130	Up to a \$60 Copay Reimbursement up to \$105

Vision Provider Choice

Employees can access any eyecare provider. By choosing a provider that accepts VSP, employees will get the most out of the vision benefits and lower out of pocket costs.

- To find a VSP doctor, visit vsp.com or call (800) 877-7195
- Before your appointment visit vsp.com to review your plan coverage
- There's no ID card necessary or claim forms to complete

GROUP LIFE/AD&D: Prudential		#55453
Employee Only:	\$38,000 Life / \$38,000 Accidental Death & Dismemberment	

(Please refer to the plan Booklet for specific contract details)

GROUP LIFE /AD&D: The Standard through WCIF		#645273-B
Employee Only:	\$12,000 Life / \$12,000 Accidental Death & Dismemberment	

(Please refer to the plan Booklet for specific contract details)

SHORT TERM DISABILITY: Prudential #55453-PVIB-03	
Employee Only:	60% of weekly income to a maximum benefit of \$1,000 benefit per week. Benefits begin on the 15 th day of disability and continue for 23 weeks.

(Please refer to the plan Booklet for specific contract details)

CORE LONG TERM DISABILITY: The Standard through WCIF #645273-A	
Employee Only:	The WCIF package includes a core long-term disability plan which pays 40% of monthly income to a maximum benefit of \$4,000 per month. Benefits begin on the 181 st day of disability and continue until Social Security Normal Retirement Age.

(Please refer to the plan Booklet for specific contract details)

LONG TERM DISABILITY (LTD): Prudential #55453-PVIB-03	
Employee Only:	60% of monthly income to a maximum benefit of \$7,500 benefit per month. Benefits begin on the 181 st day of disability and continue until Social Security Normal Retirement Age.

(Please refer to the plan Booklet for specific contract details)

EMPLOYEE ASSISTANCE PROGRAM (EAP): First Choice EAP	
Available to employee and those in employee's household:	Your Employee Assistance Program (EAP) through the WCIF is made available to you by Kitsap Community Resources to provide you and your family members with confidential and professional resources to help you and your family members with issues such as co-worker or supervisor challenges, marital problems, legal matters, issues with children, gambling, substance abuse and other related problems which are affecting job performance or causing problems in the home. Please call (800) 777-4114 or visit the website for additional information www.fchn.com .
Benefit	Up to 6 visits with a professional counselor per issue per year

Kitsap Community Resources and Employee Contributions:

KCR will contribute up to 100% of the employee-only coverage cost of the Premera PPO Plan 6000. Eligible employees may choose the Premera PPO Plan 5000 or the Kaiser HMO 750 Plan. Choosing one of these will require the employee to contribute via payroll deduction the difference in cost between these choices and the Premera PPO Plan 6000 'base plan' cost. Employees may add eligible family members during open enrollment or for qualifying reasons. Employees are responsible for 100% of the cost of dependent coverage(s). However, KCR will continue to pay 100%

- Premera/WCIF 6000 PPO Medical
- Vision
- Dental
- Life / AD&D
- Short and Long-Term Disability
- Employee Assistance Program (EAP)

2026 MONTHLY COST SHARES BY PLAN

Dental: Delta Dental of Washington	Monthly Premium	KCR Pays	Employee Pays
Employee	\$54.45	\$54.45	\$0.00
Employee/Spouse-Domestic Partner	\$101.63	\$54.45	\$47.18
Employee/Spouse/Child(ren)	\$163.38	\$54.45	\$108.93
Employee/Child(ren)	\$116.19	\$54.45	\$61.74
Vision: Vision Service Plan (VSP)	Monthly Premium	KCR Pays	Employee Pays
Employee	\$6.42	\$6.42	\$0.00
Employee/Spouse-Domestic Partner	\$9.32	\$6.42	\$2.90
Employee/Spouse/Child(ren)	\$16.70	\$6.42	\$10.28
Employee/Child	\$9.32	\$6.42	\$2.90
Employee/Children	\$16.70	\$6.42	\$10.28

Medical: WCIF Premera Plan 6000 (Base Plan)	Monthly Premium	KCR Pays	Employee Pays Per Month
Employee	\$1,110.38	\$1,110.38	\$0.00
Employee/ Spouse-Domestic Partner	\$2,213.26	\$1,110.38	\$1,102.88
Employee/Spouse/Child(ren)	\$3,040.41	\$1,110.38	\$1,930.03
Employee/Child(ren)	\$1,937.53	\$1,110.38	\$827.15
Medical: WCIF Premera Plan 5000	Monthly Premium	KCR Pays	Employee Pays
Employee	\$1,203.29	\$1,110.38	\$92.91
Employee/Spouse-Domestic Partner	\$2,399.07	\$1,110.38	\$1,288.69
Employee/Spouse/Child(ren)	\$3,295.89	\$1,110.38	\$2,185.51
Employee/Child(ren)	\$2,100.12	\$1,110.38	\$989.74
Medical: WCIF Kaiser Permanente HMO 750	Monthly Premium	KCR Pays	Employee Pays
Employee	\$1,406.65	\$1,110.38	\$296.27
Employee/Spouse-Domestic Partner	\$2,875.76	\$1,110.38	\$1,765.38
Employee/Spouse/Child(ren)	\$3,995.08	\$1,110.38	\$2,884.70
Employee/Child(ren)	\$2,525.97	\$1,110.38	\$1,415.59

ANNUAL NOTIFICATIONS

Newborns' and Mothers' Health Protection Act of 1996

The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier. The Newborns' Act, and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above.

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.

Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications of the mastectomy, including lymphedemas

Health plans must provide coverage of mastectomy-related benefits in a manner determined in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan. Please call your Plan Administrator for more information.

Medicaid and the Children's Health Insurance Program (CHIP)

Offer Free or Low-Cost Health Coverage to Children and Families

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, you may contact the Washington State Medicaid or CHIP office to find out if premium assistance is available at <https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program> or dial **1-800-562-3022 ext. 15473**

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW (543-7669)** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

To see which states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

CONTACT INFORMATION

MEDICAL – PPO Premera	Customer Service for Members: (877) 500-9247 Premera Provider Directory www.premera.com
MEDICAL - HMO Kaiser Permanente	Customer Service for Members: (888) 901-4636 Consulting Nurse Services: Seattle area: (206) 901-2244 (800) 297-6877 Kaiser Permanente Provider Directory https://wa.kaiserpermanente.org
DENTAL Delta Dental of Washington	Customer Service for Members: (800) 554-1907 Delta Dental Provider Directory www.deltadentalwa.com
VISION Vision Service Plan (VSP)	Customer Service for Members: (800) 877-7195 VSP Vision Provider Directory www.vsp.com
LIFE AND DISABILITY Prudential The Standard	Life/AD&D and Disability Questions: Contact Human Resources Life/Ad&d and Short- or Long-Term Disability Claims Prudential Customer Service: (800) 842-1718 The Standard Customer Service: (800) 368-1135
EMPLOYEE ASSISTANCE PROGRAM (EAP) First Choice EAP	Customer Service for Members: (800) 777-4114 for confidential services and referrals www.firstchoicееap.com
BENEFITS CONSULTANTS DiMartino Associates	(800) 488-8277 John Wallen john@dimarinc.com Kristi DuPuy kristid@dimarinc.com

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