

Our purpose at Kohl's is to take care of families' realest moments. We offer benefits that support all aspects of your total well-being so you can thrive personally and professionally.

Rewarding the everyday means offering valuable benefits that protect our associates and the people they love, including medical, dental, vision and other insurance coverage.

Take some time to review these benefits — and all that Kohl's offers — to make sure you have the right coverage for yourself and your family.

Remember - you **must enroll within 45 days** of your hire date or you won't have coverage this year unless you experience a life event such as marriage or birth.



Associate Education Benefit Program

Receive up to \$3,000 per calendar year in tuition benefits for approved education programs including associate's and bachelor's degrees.



Health & Well-Being

Taking care of your total self is important. We offer medical to full and part time associates working at least 30 hours a week and all permanent associates have access to dental, vision and more!



Retirement

To help get you on the right track for your future, we offer a competitive 401(k) savings plan with company match dollar for dollar up to 5%.



Employee Assistance Program (EAP)

Provides free support, resources and information for your everyday challenges whether in your personal or work-life. The program includes free counseling, wellness coaching and access to expert guidance for legal and financial matters



Culture

At Kohl's, we Care. Our culture is deeply rooted in the values and behaviors that inspire and guide us every day, and we're committed to driving our business and teams forward under a unified purpose.



Volunteerism

We celebrate associates who donate their time to making a difference. Through the Kohl's Volunteer Program, when associates volunteer with eligible nonprofits focused on family health and wellness, a donation is made to the nonprofit—amplifying the impact of their service.



Associate Discount

Take advantage of your 15% associate discount everyday and on select associate shop days it jumps up to 35% off. Oh and don't forget to collect the famous Kohl's cash too.



Training & Development

When you're at your best, we're at our best. We have training and leadership development opportunities to help you grow within Kohl's.



Perks

Exclusive discounts on just about everything including movies, amusement parks, groceries, electronics, gym memberships, hotels and so much more.

Your Enrollment Checklist

Enroll in Your Benefits: You have 45 days from your hire date to enroll.

- Use this PDF to review your 2026 plan options.
- Evaluate your expenses and consider your needs.
- Decide who to cover. In addition to enrolling in coverage for yourself, you can also choose to cover:
 - Your spouse or domestic partner (same-sex or opposite sex)
 - Your children to age 26
 - Your unmarried disabled children age 26 and older

Note: If you enroll new dependents in medical or dental plans, you'll need to provide documentation to verify they're eligible for coverage.

Does your spouse or domestic partner have access to other medical coverage?

A working spouse/domestic partner premium applies if your spouse/domestic partner is employed full-time and is offered medical coverage through his or her employer. You can avoid the \$2,400 per year working spouse/domestic partner premium by choosing not to elect Kohl's medical coverage for your working spouse/domestic partner.

Full Time

Enroll Now	Enroll Any Time
Medical Health Savings Account (<i>if you enroll in the Savers, Basic or HPP Basic Plan</i>) Accident Protection Plan Critical Illness Plan Hospital Indemnity Protection Plan Dental Vision Flexible Spending Accounts (FSAs) Vacation Buy Program* MetLife Legal Plan Supplemental and Dependent Life Insurance Long-Term Disability	You can elect or change these benefits at any time: Kohl's 401(k) Savings Plan Life with Long-Term Care Commuter Program Identity Theft Protection Pet Insurance Auto and Home Insurance

*Review Vacation Buy Page for eligibility details

Part Time

Enroll Now	Optional Any Time
Dental Vision Flexible Spending Accounts (FSAs) MetLife Legal Plan Supplemental Life Insurance Dependent Life Insurance	Kohl's 401(k) Savings Plan* Commuter Program Identity Theft Protection Pet Insurance Auto and Home Insurance River Health Subscription Medical Plan

*Must work 1,000 hours in a calendar year to be eligible.

Compare the Medical Plans

All the medical plans offer the following services:

- In-Network Preventive Care - Covered at 100%
- Prescription Drug Coverage
- Virtual Healthcare
- Hinge Health - Virtual Physical Therapy
- Progyny - Fertility Resources which includes Doula Reimbursement
- Onelming - offers a concierge experience for your family's medical imaging needs

Regular full-time associates are eligible to enroll in the medical plans. Part-time associates that work an average of 30+ hours per week may become eligible.

If you do not make a medical plan selection during your initial enrollment window, your election will default to waive, meaning you will not have medical plan coverage. You will not have an opportunity to enroll in benefits until our annual open enrollment, unless you experience a status change or qualifying life event, such as marriage, divorce or the birth/adoption of a child during the year.

Basic Plan and Savers Plan: In- and out-of-network benefits

You can visit any provider you like but you'll save money when you receive care from in-network providers. This plan uses the same provider network as the Exclusive Provider Plan.

Note: There are separate in-network and out-of-network deductibles and out-of-pocket maximums. For example: Out-of-network charges will not count toward in-network limits and vice versa.

Exclusive Provider Plan: In-network benefits only

This plan does not offer out-of-network coverage. The coverage area is based on where you live—not where you work. This plan uses the same provider network as the Basic and Savers Plans.

Centivo High-Performance Plan Plus & Basic: In-network benefits only

This plan does not offer out-of-network coverage. The coverage area is based on where you live—not where you work. The plan uses a narrow network of high performing providers. Urgent and emergency care is covered nationwide.

Kaiser Plan: In-network benefits only (limited California locations only)

This plan does not offer out-of-network coverage. You must use Kaiser facilities and providers. Urgent and emergency care is covered worldwide as well as most care at other Kaiser Permanente Medical Centers and offices nationwide (OR, WA, HI, CO, GA, VA, MD & DC).

Anthem Eligible Locations

Medical Plan Coverage—In-Network

	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.	\$4,400 single \$8,750 family	\$4,400 single \$8,750 family Note: This amount includes Kohl's contribution.	Not applicable
Annual Deductible	\$2,600 single \$5,200 family**	\$1,900 single \$3,800 family**	\$900 single \$1,800 family**
Out-of-Pocket Maximum	\$6,850 single \$13,700 family (max \$7,650 per person)	\$5,500 single \$11,000 family (max \$7,150 per person)	\$4,200 single \$8,400 family (max \$4,200 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

Telemedicine (video or phone visit with other providers besides preferred telehealth provider)	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
Virtual visits (video visit with preferred telehealth provider through Anthem or UHC)*** (not including behavioral health)	You pay 30% after deductible (contracted rate \$59 or less/visit)	You pay 20% after deductible (contracted rate \$59 or less/visit)	\$10
Inpatient Hospitalization	You pay 30% after deductible	You pay 20% after deductible	\$300 copay; then you pay 20% after deductible
Emergency Room	You pay 30% after deductible	You pay 20% after deductible	\$300 copay; then you pay 20% after deductible
Total cost	This plan has the highest deductible, but the lowest premiums.	Remember—Kohl's contributes up to \$1,000 to your HSA to use on eligible health care expenses. When you compare your total costs, this plan may save you money.	Compare your total annual costs under this plan (out-of-pocket expenses when you use the plan, plus your paycheck contribution for coverage). Then determine if this plan provides the level of coverage you need.
How prescription drug coverage works (see following table for details)	You pay the full cost of your prescription drugs (copays for preventive prescription drugs) until you meet your deductible. Then you and the plan share in the cost.	You pay the full cost of your prescription drugs (copays for preventive prescription drugs) until you meet your deductible. Then you and the plan share in the cost.	Subject to coinsurance and copays

Note: Kohl's medical plans are administered by Anthem, depending on your home zip code. The medical coverage chart shows in-network services only.

*The Exclusive Provider Plan provides in-network benefits only. No out-of-network coverage is provided, except for care in the case of a true emergency. The coverage area is based on your home zip code.

**If you enroll as "Family," the entire family deductible must be satisfied before the plan begins paying benefits.

***Preferred telehealth provider(s) for Anthem is LiveHealth Online (LHOL)..

Prescription Drug Coverage—In-Network

	Basic Plan	Savers Plan	Exclusive Provider Plan
Out-of-Pocket Maximum	Combined with medical out-of pocket maximum	Combined with medical out-of pocket maximum	\$2,700 single \$5,400 family
Retail (30-day supply) Generics	Preventive: \$15 Non-preventive: Deductible, then you pay \$15	Preventive: \$15 Non-preventive: Deductible, then \$15	\$15
Retail (30-day supply) Brand Formulary	Preventive: 30% before Deductible Non-Preventive: 30% after Deductible	Preventive: You pay 50% (\$40 min, \$125 max) Non-preventive: Deductible, then you pay 50% (\$40 min, \$125 max)	You pay 50% (\$40 min, \$125 max)
Mail (90-day supply) Generics	Preventive: \$37.50 Non-preventive: Deductible, then you pay \$37.50	Preventive: \$37.50 Non-preventive: Deductible, then \$37.50	\$37.50
Mail (90-day supply) Brand Formulary	Preventive: 30% before Deductible Non-Preventive: 30% after Deductible	Preventive: You pay 50% (\$100 min, \$312.50 max) Non-preventive: Deductible, then you pay 50% (\$100 min, \$312.50 max)	You pay 50% (\$100 min, \$312.50 max)

<p>Specialty Medications Medications for certain complex diseases.</p> <p>The Prescription Drug Plan covers specialty drugs you can administer to yourself (or a caregiver can administer to you), and drugs you get from a retail or mail-order pharmacy Limit of 30-day supply.</p>	<p>Deductible, then: Enrolled in PrudentRX Program: \$0* Not enrolled in PrudentRX Program: 30%</p>	<p>Deductible, then: Enrolled in PrudentRX Program: \$0* Not enrolled in PrudentRX Program: 50% (\$40 min, \$125 max)</p>	<p>Enrolled in PrudentRX Program: \$0* Not enrolled in PrudentRX Program: 50% Plan deductible does not apply</p>
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Note: The prescription drug coverage chart shows in-network only.

*PrudentRX enrollment requires filling medications from the specialty drug list, dispensed by CVS Specialty.

Anthem/Centivo (Southeastern, WI) Eligible Locations

Medical Plan Coverage—In-Network

	Basic Plan	Savers Plan	Centivo High Performance Plan - Plus
<p>Kohl's Annual HSA Contribution</p>	<p>An HSA is available, but only you contribute. Kohl's does not contribute to the account.</p>	<p>\$500 per associate \$1,000 per family</p>	<p>Not applicable</p>
<p>Annual HSA Maximum Contribution If you are 55 or older, you can contribute an additional \$1,000 per year.</p>	<p>\$4,400 single \$8,750 family</p>	<p>\$4,400 single \$8,750 family Note: This amount includes Kohl's contribution.</p>	<p>Not applicable</p>

Annual Deductible	\$2,600 single \$5,200 family*	\$1,900 single \$3,800 family*	\$150 single \$300 family
Out-of-Pocket Maximum	\$6,850 single \$13,700 family (max \$7,650 per person)	\$5,500 single \$11,000 family (max \$7,150 per person)	\$4,100 single \$8,200 family (max \$4,100 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
Telemedicine	You pay 30% after deductible	You pay 20% after deductible	Primary Care: \$20 Specialist: \$50
Virtual visits	You pay 30% after deductible (contracted rate \$59 or less/visit)	You pay 20% after deductible (contracted rate \$59 or less/visit)	Plan pays 100% for virtual primary care
Inpatient Hospitalization	You pay 30% after deductible	You pay 20% after deductible	You pay \$750 copay after deductible
Emergency Room	You pay 30% after deductible	You pay 20% after deductible	You pay \$300 copay after deductible
What Do I Need to Consider? Total cost	This plan has the highest deductible, but the lowest premiums.	Remember—Kohl's contributes up to \$1,000 to your Health Savings Account to use on eligible health care expenses. When you compare your total costs, this plan may save you money.	Compare your total annual costs under this plan (out-of-pocket expenses when you use the plan, plus your paycheck contribution for coverage). Then determine if this plan provides the level of coverage you need.

How prescription drug coverage works (see following table for details)	You pay the full cost of your prescription drugs (copays for preventive prescription drugs) until you meet your deductible. Then you and the plan share in the cost.	You pay the full cost of your prescription drugs (copays for preventive prescription drugs) until you meet your deductible. Then you and the plan share in the cost.	Subject to copays
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Note: Kohl's Basic and Savers medical plans are administered by Anthem and the High Performance Plan Plus is administered by Centivo depending on your home zip code. The medical coverage chart shows in-network services only.

*If you enroll as "Family," the entire family deductible must be satisfied before the plan begins paying benefits.

Prescription Drug Coverage—In-Network

	Basic Plan	Savers Plan	Centivo High Performance Plan - Plus
Out-of-Pocket Maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
Retail (30-day supply) Generics	Preventive: \$15 Non-preventive: Deductible, then you pay \$15	Preventive: \$15 Non-preventive: Deductible, then \$15	\$15
Retail (30-day supply) Brand Formulary	Preventive: 30% before Deductible Non-Preventive: 30% after Deductible	Preventive: You pay 50% (\$40 min, \$125 max) Non-preventive: Deductible, then you pay 50% (\$40 min, \$125 max)	\$40

Mail (90-day supply)* Generics	Preventive: \$37.50 Non-preventive: Deductible, then you pay \$37.50	Preventive: \$37.50 Non-preventive: Deductible, then \$37.50	\$37.50
Mail (90-day supply)* Brand Formulary	Preventive: 30% before Deductible Non-Preventive: 30% after Deductible	Preventive: You pay 50% (\$100 min, \$312.50 max) Non-preventive: Deductible, then you pay 50% (\$100 min, \$312.50 max)	\$100
Specialty Medications Medications for certain complex diseases. The Prescription Drug Plan covers specialty drugs you can administer to yourself (or a caregiver can administer to you), and drugs you get from a retail or mail-order pharmacy Limit of 30-day supply.	Deductible, then: Enrolled in PrudentRX Program: \$0* Not enrolled in PrudentRX Program: 30%	Deductible, then: Enrolled in PrudentRX Program: \$0* Not enrolled in PrudentRX Program: 50% (\$40 min, \$125 max)	Not Enrolled in PrudentRX, then \$100 Enrolled in PrudentRX Program: \$0* Plan deductible does not apply

Note: The prescription drug coverage chart shows in-network only.

***PrudentRX enrollment requires filling medications from the specialty drug list, dispensed by CVS Specialty.**

Anthem/Centivo (Dallas, TX) Eligible Locations

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.	\$4,400 single \$8,750 family	\$4,400 single \$8,750 family Note: This amount includes Kohl's contribution.	Not applicable
Annual Deductible	\$2,600 single \$5,200 family*	\$1,900 single \$3,800 family*	\$150 single \$300 family
Out-of-Pocket Maximum	\$6,850 single \$13,700 family (max \$7,650 per person)	\$5,500 single \$11,000 family (max \$7,150 per person)	\$4,100 single \$8,200 family (max \$4,100 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
Telemedicine	Deductible plus: Primary Care: \$25	You pay 20% after deductible	Primary Care: \$20 Specialist: \$50

	Specialist: \$90		
Virtual visits	Plan pays 100% for virtual primary care Other visits follow office visit copays	You pay 20% after deductible (contracted rate \$59 or less/visit)	Plan pays 100% for virtual primary care Other visits follow office visit copays
Inpatient Hospitalization	Deductible plus: \$1,000 copay	You pay 20% after deductible	You pay \$750 copay after deductible
Emergency Room	Deductible plus: \$300 copay	You pay 20% after deductible	You pay \$300 copay after deductible
What Do I Need to Consider? Total cost	This plan has the highest deductible, but the lowest premiums.	Remember—Kohl's contributes up to \$1,000 to your Health Savings Account to use on eligible health care expenses. When you compare your total costs, this plan may save you money.	Compare your total annual costs under this plan (out-of-pocket expenses when you use the plan, plus your paycheck contribution for coverage). Then determine if this plan provides the level of coverage you need.
How prescription drug coverage works (see following table for details)	You pay the full cost of your prescription drugs (copays for preventive prescription drugs) until you meet your deductible. Then you and the plan share in the cost.	You pay the full cost of your prescription drugs (copays for preventive prescription drugs) until you meet your deductible. Then you and the plan share in the cost.	Subject to copays

Note: The Kohl's Savers medical plan is administered by Anthem and Centivo's HPP-Basic and HPP-Plus plans are administered by Centivo, depending on your home zip code. The medical coverage chart shows in-network services only.

***If you enroll as "Family," the entire family deductible must be satisfied before the plan begins paying benefits.**

Prescription Drug Coverage—In-Network

	Centivo High Performance Plan - Basic	Savers Plan	Centivo High-Performance Plan - Plus
Out-of-Pocket Maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
Retail (30-day supply) Generics	Preventive: \$15 Non-preventive: Deductible plus \$15 copay	Preventive: \$15 Non-preventive: Deductible, then \$15	\$15
Retail (30-day supply) Brand Formulary	Deductible plus \$40 copay	Preventive: You pay 50% (\$40 min, \$125 max) Non-preventive: Deductible, then you pay 50% (\$40 min, \$125 max)	\$40
Mail (90-day supply)* Generics	Preventive: \$37.50 Non-preventive: Deductible plus \$37.50 copay	Preventive: \$37.50 Non-preventive: Deductible, then \$37.50	\$37.50
Mail (90-day supply)* Brand Formulary	Preventive \$100 Non-preventive: Deductible plus \$100 copay	Preventive: You pay 50% (\$100 min, \$312.50 max) Non-preventive: Deductible, then you pay 50% (\$100 min, \$312.50 max)	\$100

<p>Specialty Medications Medications for certain complex diseases.</p> <p>The Prescription Drug Plan covers specialty drugs you can administer to yourself (or a caregiver can administer to you), and drugs you get from a retail or mail-order pharmacy. Limit of 30-day supply.</p>	<p>Deductible, then:</p> <p>Enrolled in PrudentRX Program: \$0*</p> <p>Not enrolled in PrudentRX Program: Deductible plus \$85 copay</p>	<p>Deductible, then:</p> <p>Enrolled in PrudentRX Program: \$0*</p> <p>Not enrolled in PrudentRX Program: 50% (\$40 min, \$125 max)</p>	<p>Not Enrolled in PrudentRX, then \$100</p> <p>Enrolled in PrudentRX Program: \$0*</p> <p>Plan deductible does not apply</p>
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Note: The prescription drug coverage chart shows in-network only.

*PrudentRX enrollment requires filling medications from the specialty drug list, dispensed by CVS Specialty.

Anthem/Kaiser (CA) Eligible Locations

Medical Plan Coverage—In-Network

	Basic Plan	Savers Plan	Kaiser Plan (limited California locations only)
<p>Kohl's Annual HSA Contribution</p>	<p>An HSA is available, but only you contribute. Kohl's does not contribute to the account.</p>	<p>\$500 per associate \$1,000 per family</p>	<p>Not applicable</p>

Annual HSA Maximum Contribution If you are 55 or older, you can contribute an additional \$1,000 per year.	\$4,400 single \$8,750 family	\$4,400 single \$8,750 family Note: This amount includes Kohl's contribution.	Not applicable
Annual Deductible	\$2,600 single \$5,200 family*	\$1,900 single \$3,800 family*	\$700 single \$1,400 family
Out-of-Pocket Maximum	\$6,850 single \$13,700 family (max \$7,650 per person)	\$5,500 single \$11,000 family (max \$7,150 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
Telemedicine (video or phone visit with a Kaiser provider or for Anthem other providers besides Live Health Online)	You pay 30% after deductible	You pay 20% after deductible	No charge
Virtual visits (video visit with a Kaiser provider or Anthem's Live Health Online) (not including behavioral health)	You pay 30% after deductible (contracted rate \$59 or less/visit)	You pay 20% after deductible (contracted rate \$59 or less/visit)	No charge
Inpatient Hospitalization	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
Emergency Room	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible

What Do I Need to Consider? Total cost	This plan has the highest deductible, but the lowest premiums.	Remember—Kohl's contributes up to \$1,000 to your Health Savings Account to use on eligible health care expenses. When you compare your total costs, this plan may save you money.	Compare your total annual costs under this plan (out-of-pocket expenses when you use the plan, plus your paycheck contribution for coverage). Then determine if this plan provides the level of coverage you need.
How prescription drug coverage works (see following table for details)	You pay the full cost of your prescription drugs (copays for preventive prescription drugs) until you meet your deductible. Then you and the plan share in the cost.	You pay the full cost of your prescription drugs (copays for preventive prescription drugs) until you meet your deductible. Then you and the plan share in the cost.	Subject to coinsurance and copays

Note: Kohl's Basic and Savers medical plans are administered by Anthem and the Kaiser plan is administered by Kaiser Permanente, depending on your home zip code. The medical coverage chart shows in-network services only.

*If you enroll as "Family," the entire family deductible must be satisfied before the plan begins paying benefits.

Prescription Drug Coverage—In-Network

	Basic Plan	Savers Plan	Kaiser Plan (limited California locations only)
Out-of-Pocket Maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum	Combined with medical out-of-pocket maximum
Retail (30-day supply) Generics	Preventive: \$15 Non-preventive: Deductible, then you pay \$15	Preventive: \$15 Non-preventive: Deductible, then \$15	\$10

Retail (30-day supply) Brand Formulary	Preventive: 30% before Deductible Non-Preventive: 30% after Deductible	Preventive: You pay 50% (\$40 min, \$125 max) Non-preventive: Deductible, then you pay 50% (\$40 min, \$125 max)	You pay 30% (\$100 max)
Mail (90-day supply)* Generics	Preventive: \$37.50 Non-preventive: Deductible, then you pay \$37.50	Preventive: \$37.50 Non-preventive: Deductible, then \$37.50	\$20
Mail (90-day supply)* Brand Formulary	Preventive: 30% before Deductible Non-Preventive: 30% after Deductible	Preventive: You pay 50% (\$100 min, \$312.50 max) Non-preventive: Deductible, then you pay 50% (\$100 min, \$312.50 max)	You pay 30% (\$100 max)
Specialty Medications Medications for certain complex diseases. The Prescription Drug Plan covers specialty drugs you can administer to yourself (or a caregiver can administer to you), and drugs you get from a retail or mail-order pharmacy Limit of 30-day supply.	Deductible, then: Enrolled in PrudentRX Program: \$0** Not enrolled in PrudentRX Program: 30%	Deductible, then: Enrolled in PrudentRX Program: \$0** Not enrolled in PrudentRX Program: 50% (\$40 min, \$125 max)	30% (\$100 max per prescription per fill) Plan deductible does not apply

Note: The prescription drug coverage chart shows in-network only.

***Kaiser mail-order is for a 100-day supply.**

****PrudentRX enrollment requires filling medications from the specialty drug list, dispensed by CVS Specialty.**

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

- **Emergency services:** If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.
- **Certain services at an in-network hospital or ambulatory surgical center:** When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- **Your health plan generally must:**
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact Anthem, Centivo or Kaiser (as applicable).

Visit:

<https://www.cms.gov/newsroom/press-releases/hhs-announces-rule-protect-consumers-surprise-medical-bills> for more information about your rights under federal law.

Transparency in Coverage - Machine Readable Files

Transparency in Coverage (TIC) regulations require health insurers and group health plans to create machine readable files (MRFs) that contain the negotiated rates for in-network providers and allowed amounts derived from historical claims for out-of-network providers and make those files publicly available.

Visit Anthem at:

<https://www.anthem.com/machine-readable-file/search>

Visit Kaiser Permanente at:

kp.org

Visit Centivo at:

<https://eldoradocomputing.hosted-by-files.com/centivopublicKOHLS/>

Pharmacy Plan

These helpful resources are available to assist you with your healthcare decisions.

Caremark online tools at www.caremark.com

- Refill a prescription
- Check the status of your mail order
- [Locate a network pharmacy](#)
- View the most up-to-date Caremark drug list
- Get the latest RxNews
- Watch a [video](#) on tips to maximize your benefits_____

Preventive Drug Lists

- [Preventive Drug List](#)

Value Formulary Drug Lists

- [Value Formulary Drug List](#)
- [Value Formulary Drug List - Quick Reference](#)

Prescription Drug Cost Estimator Tools

- [Centivo High Performance Plan - Basic](#)
- [Centivo High Performance Plan - Plus](#)
- [Savers Plan \(Individual\) - Prescription Drug Cost Estimator](#)
- [Savers Plan \(Family\) - Prescription Drug Cost Estimator](#)
- [Basic Plan \(Individual\) - Prescription Drug Cost Estimator](#)
- [Basic Plan \(Family\) - Prescription Drug Cost Estimator](#)
- [Exclusive Provider Plan - Prescription Drug Cost Estimator](#)

Kaiser online tools:

- Go to kp.org/formulary for information on covered drugs

Before Tax Savings Accounts

Before-tax savings accounts allow you to set money aside for related expenses before taxes are calculated and taken out of your paycheck. This means that you're reducing your taxable income, and funds withheld are not subject to federal or state* income taxes, or Social Security taxes.

*Residents of California and New Jersey are not exempt from state taxes for Health Savings Account contributions

Kohl's offers a variety of before-tax spending/saving accounts. In accordance with IRS rules, your eligibility to participate within health care savings accounts is determined by your medical plan enrollment.

Flexible Spending Account (FSA)	Health Savings Account (HSA)	Dependent Care Flexible Spending Account (DCFSA)
For use with EPP/Kaiser/HPP-Plus medical plans	For use with Basic or Savers medical plans	All regular associates are eligible to participate
<ul style="list-style-type: none"> Reimburse health care expense Up to \$3,300 for the 2026 plan year 	<ul style="list-style-type: none"> Save tax-effectively for future medical expenses, or reimburse current health care expenses Contribute up to \$4,400 for single coverage, or \$8,750 for family coverage for the 2026 plan year 	<ul style="list-style-type: none"> Reimburse dependent care expenses Up to \$7,500 to use for daycare, before/after school programs, summer day camps <p>Not for dependent's health expenses</p>
<ul style="list-style-type: none"> Use it or lose it by the end of the year Locked into election for the year 	<ul style="list-style-type: none"> Balance rolls over from year to year Elections can be updated at anytime 	<ul style="list-style-type: none"> Use it by the end of the year or lose it Lock into election for the year

Dental

Kohl's dental benefit plans, administered through Delta Dental, have comprehensive programs designed to ensure your dental health. Here are some of the key features:

- **Preventive services** - including dental exams and teeth cleanings every six months, x-rays, and for your dependent children, fluoride applications
- **Basic Restorative Services** - space maintainers, endodontics, periodontics, extractions and other oral surgery
 - *Note that the extraction of wisdom teeth is covered by your dental plan only if benefits are denied under your medical coverage.*
- **Major Restorative Services** - Crowns, inlays, prosthetics

Full-Time Dental - Kohl's offers two dental plans to meet the dental needs of you and your family:

Standard and Buy-Up

All full-time regular associates are eligible for this benefit. There is a separate dental plan for part-time associates.

	STANDARD		BUY UP	
	PPO Network	Premier Network	PPO Network	Premier Network
INDIVIDUAL DEDUCTIBLE	\$50	\$75	\$25	\$50
FAMILY DEDUCTIBLE	\$150	\$225	\$75	\$150
PREVENTIVE DIAGNOSTIC (routine exams, X-rays, and cleanings, etc.)	100%	80%	100%	
BASIC (fillings, root canals, extractions, etc.)	70%		80%	
MAJOR (bridges, crowns, dentures, etc.)	40%		50%	
ANNUAL MAXIMUM	\$1,250		\$1,500	
ORTHODONTIA	Not available		60%	
ORTHODONTIA LIFETIME BENEFIT	Not available		\$1,500	

Part-Time Dental - Kohl's offers a dental plan to meet the dental needs of you and your family. All part-time regular associates are eligible for this benefit. There is a separate dental plan for full-time associates.

	STANDARD	
	In-Network	Out-of-Network
INDIVIDUAL DEDUCTIBLE	\$50	
FAMILY DEDUCTIBLE	\$150	
PREVENTIVE DIAGNOSTIC (routine exams, X-rays, and cleanings, etc.)	100%	80%
BASIC (fillings, root canals, extractions, etc.)	60%	
MAJOR (bridges, crowns, dentures, etc.)	40%	
ANNUAL MAXIMUM	\$1,000	

Note: The extraction of wisdom teeth must be precertified.

The plan does not provide coverage for certain types of services such as cosmetic procedures

Delta Dental provides access to two network options; PPO and Premier Networks. Your lowest out of pocket costs will come from seeing a Delta Dental PPO dentist, but you will also enjoy cost advantages if you see a dentist in the Delta Premier network. When you enroll, your ID card will provide a phone number and website for you to obtain the most up-to-date information regarding the dental network. Or, you can visit the Delta Dental website at www.deltadentalwi.com.

Questions about coverage, claims or provider network for your dental plan:

Delta Dental
 800-236-3712
 Deltadentalwi.com

Vision

Kohl's offers two vision plans through Blue View Vision. If you enroll in a vision plan:

- You get annual exams, as well as contacts or standard lenses for a low, set copay
- You may see any provider you want. However, you'll pay less for care when you use Blue View Vision Network providers.

Reminder: Medical and Vision ID cards will be combined if enrolled in both benefits. If just enrolled in vision you will receive a separate ID card.

Benefits include:

- Vision Exam: A comprehensive vision exam once every calendar year.
- Lenses: Standard lenses or contact lenses covered every calendar year.
- Frames: Frames are covered once every other calendar year.

The Buy-Up plan offers additional lens options and a richer schedule of benefits. Visit <http://anthem.com/> for information on the two vision plans or to search for an in-network vision provider.

Vision Plan Comparison

	STANDARD	BUY UP
ANNUAL EXAM	\$20 copay	\$10 copay
STANDARD LENSES	\$20 copay (after copay, plan pays 100%)	\$25 copay (after copay, plan pays 100%)
CONTACTS	\$130 allowance, 15% off any balance	\$130 allowance, 15% off any balance
FRAMES	\$130 allowance, then 20% off any balance	\$150 allowance, then 20% off any balance
ADDITIONAL LENS OPTIONS	Up to \$85 based on tier	Up to \$85 based on tier

- Future members can visit <https://anthem.com/find-care/?alphaprefix=5107>
- Current members with Anthem or Centivo medical: <http://anthem.com/>
- Current members with no medical coverage: <http://anthem.com/>

Voluntary Plans

Eligibility

All regular Full Time associates are eligible for Hospital Indemnity, Critical Illness, and Accident Protection.

Hospital Indemnity Protection Plan

Full-time associates will have the opportunity to enroll in a new voluntary Hospital Indemnity

Protection Plan offered through Anthem. Like the Accident Protection Plan and the Critical Illness Plan, the new Hospital Indemnity Plan is designed to give you extra financial support beyond what your medical plan covers.

How this coverage works:

Hospital indemnity insurance pays a lump-sum benefit if you or a family member covered under this plan is hospitalized. The benefit is based on the type of hospital admission.

Accident Protection Plan

This program is a voluntary benefit that is designed to help with expenses resulting from an accident involving you or covered family members. The Accident Protection Plan pays a lump sum directly to you for certain injuries caused by a covered accident. Accidents can happen at any time and often result in a financially stressful situation. This program helps you get through these challenges and allows you to determine how best to use your benefit while you recuperate. Plan benefits are commonly used to pay for:

- Hospital or emergency care
- Ambulance fees
- Physical therapy
- Recovery income
- Family travel needs

Critical Illness Plan

This program is a voluntary benefit that is designed to help with various expenses if you or covered family members are diagnosed with a critical illness. The Critical Illness Plan pays a lump sum directly to you upon diagnosis of a covered illness. You may use the money for any expenses to protect the quality of your life, such as:

- Out of pocket medical expenses
- Protect assets
- Special medical equipment
- Mortgage or other loan payments
- Daily living expenses
- Transportation

Supplemental & Dependent Life Insurance

Supplemental Life

- All regular associates have the option to enroll in supplemental life insurance

- Any new elections in coverage, will require Evidence of Insurability (EOI) and that amount is subject to approval from Securian Life. Please look for EOI instructions during your enrollment.
- Once your EOI is reviewed by Securian Life, they will communicate with you regarding their decision. Please note that premium for coverage amounts requiring EOI will not be payroll deducted until/unless you have been approved by Securian Life.

Spouse/Domestic Partner Life Insurance

- You may elect coverage in increments of \$10,000 up to a maximum of \$100,000 for your spouse. Associate must be enrolled in Basic or Supplemental Life Insurance to make a Spouse Life Insurance election.
- In the event you become disabled, benefit continuation is available until you are no longer eligible for this benefit.
- Any new elections after your initial eligibility period, or that result in coverage over the Guarantee Issue amount, will require Evidence of Insurability (EOI) and that amount is subject to approval from Securian Life. Once your EOI is reviewed by Securian Life, they will communicate with you regarding their decision. Please note that premium for coverage amounts over the Guaranteed Issue will not be payroll deducted until you have been approved by Securian Life.

Child Life Insurance

- You may elect coverage of \$5,000, \$10,000 or \$15,000 for each dependent child.
- Children are eligible from live birth to 26 years of age. The benefit for a child under age six months is \$1,000.
- Associate must be enrolled in Basic or Supplemental Life Insurance to make a Child Life Insurance election.

Supplemental AD&D

In addition to the Supplemental Life Insurance, full time associates also have the option to purchase additional Accidental Death & Dismemberment coverage (AD&D). This plan offers coverage when accidental injuries occur that result in a loss of life or use of specific body functions. Coverage is available to yourself or you can also elect coverage for your spouse and/or dependents (in addition to yourself). The coverage amounts for a spouse/domestic partner and dependents amount to a percentage of the principal amount of coverage you elect for yourself. Rates are based on the Single/Family election and the dollar amount of your coverage. This benefit is paid by associate contribution through payroll deductions.

Benefits plan options include the following:

- Single Plan- choose from amounts in increments of \$10,000 to a maximum of \$500,000 ● Family Plan (Associate and eligible spouse/dependents)
 - Spouse/Domestic Partner only- 60% of the Associate coverage
 - Child(ren) Only - 25% of the Associate coverage (for each child)
 - Spouse/Domestic Partner & Child(ren) - Spouse = 50% of Associate coverage, Child(ren) = 20% coverage (each child)
- In the event you become disabled, benefit continuation is available until you are no longer eligible for this benefit.
- There is no ability to convert to an individual policy if coverage terminates

Vacation Buy

Vacation Buy is a voluntary benefit where you pay for the vacation time you elect to purchase as a pre-tax deduction from each paycheck throughout the calendar year.

How it works:

You can only election Vacation Buy during the annual Open Enrollment period. You pay for the vacation time you elect to purchase as a pre-tax deduction from each paycheck throughout the calendar year. Purchased vacation time will be paid out at the current rate of pay at the time taken. You are taxed on this amount, which is subject to normal withholdings that are deducted from your regular paycheck.

Eligibility:

Full-time exempt and non exempt associates are eligible for this program. However, this program is not available to:

- Senior vice presidents and above
- Part-time exempt and nonexempt associates

Paid Parental Leave

Kohl's commitment to families extends to customers and communities, but starts with our associates. We offer six weeks of paid time off for birth, bonding, surrogacy, and adoption placement for child-bearing parents and their spouses or domestic partners. This allows all parents to spend more paid time at home with their newest family addition.

Paid Time Away

At Kohl's, we value well-being and encourage work-life balance. Our comprehensive paid time-off strategy allows you to take time to enjoy activities and interests outside of work that support your well-being or if you need time to recover from a short term illness. Benefits include paid time off (PTO), Short term disability, holidays, including a floating holiday in select locations, bereavement, wellness hours and sick time for all associates in eligible locations as well as sick

Child Care Discounts

Kohl's is partnering with Learning Care Group (LCG) to offer all associates a 10% discount on child care for children ages 2-12 who attend one of LCG's more than 900 schools nationwide.

Questions

If you have questions regarding your benefit offerings, eligibility, qualified life events or enrollment, please contact AskHR at 1-844-KOHLSHR (844-564-5747), select your language, option 1.

¿Necesita ayuda en el idioma de su preferencia? Llame al 844-564-5747, oprima 1, y luego oprima 1 para hablar con un representante de inscripción. Una vez que contesten su llamada, puede solicitar asistencia en el idioma de su preferencia.