



# 2023 CIRCLE K EMPLOYEE BENEFITS SUMMARY

2023 NON-STORE EMPLOYEES — STORE MANAGERS, MANAGERS IN TRAINING & QSR SUPERVISORS

## 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

	Plus Plan – PPO		Basic Plan – HSA		Anthem – HPN*
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
<b>Deductible (Ind./Fam.)</b>	\$1,750 / \$3,500	\$3,500 / \$7,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,500 / \$5,000
<b>Out-of-pocket maximum (Ind./Fam.)</b>	\$5,000 / \$10,000	\$12,000 / \$24,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$7,000 / \$14,000
<b>Doctor's office visits</b>	\$40 copay	Ded & 50%	Ded & 20%	Ded & 40%	\$20 copay
<b>Preventive care</b>	Free	Ded & 50%	Free	Ded & 40%	Free
<b>Specialist visits</b>	\$80 copay	Ded & 50%	Ded & 20%	Ded & 40%	\$40 copay
<b>Outpatient surgery</b>	Ded & 20%	Ded & 50%	Ded & 20%	Ded & 40%	Ded & 30%
<b>Inpatient hospital (per stay)</b>	\$500 copay, then Ded & 20%	Ded & 50%	Ded & 20%	Ded & 40%	Ded & 30%
<b>Emergency room</b>	Ded & 20%		Ded & 20%		\$500 copay
<b>Routine labs and X-rays</b>	Free	Ded & 20%	Ded & 20%	Ded & 20%	Ded & 30%
<b>Retail prescription drugs (30-day supply)</b>					
<b>Generic</b>	\$10 copay	Not covered	Ded & 20%	Ded & 20%	Ded & \$20 copay
<b>Brand formulary</b>	25%, max \$85	Not covered	Ded & 20%	Ded & 20%	Ded & \$40 copay
<b>Non-formulary</b>	40%, max \$125	Not covered	Ded & 20%	Ded & 20%	Ded & \$80 copay
<b>Mail-order prescription drugs (90-day supply)</b>					
<b>Generic</b>	\$20 copay	Not covered	Ded & 20%	Not covered	Ded & \$40 copay
<b>Brand formulary</b>	40%, max \$170	Not covered	Ded & 20%	Not covered	Ded & \$80 copay
<b>Non-formulary</b>	40%, max \$250	Not covered	Ded & 20%	Not covered	Ded & \$160 copay

\* No Out-of-Network benefits other than emergency

## NETWORK ACCESS OPTIONS

The HSA, PPO and HPN plans are administered by Anthem Blue Cross Blue Shield. The HSA and PPO use 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

Employees receive benefits effective the 46th day following 45 days of employment 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.

	Basic Plan	Plus Plan
<b>Annual deductible (Ind./Fam.)</b>	\$50/\$150	\$25/\$75
<b>Calendar-year maximum</b>	\$1,250	\$1,500
<b>Preventive/diagnostic services</b>	Covered 100%	Covered 100%
<b>Basic services</b>	20% coinsurance	10% coinsurance
<b>Major services</b>	50% coinsurance	40% coinsurance
<b>Orthodontia</b>	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
<b>Exam (once per calendar year)</b>	\$5 copay	\$10 copay
<b>Retinal imaging</b>	Up to \$39	Up to \$39
<b>Lenses</b>	\$15 copay (once every two calendar years)	Member pays \$50
<b>Frames</b>	\$0 copay; \$100 allowance; 20% discount over \$100 (once every two calendar years)	35% off retail price
<b>Contact lenses</b>	\$0 copay; \$115 allowance; 15% discount over \$115	15% discount off retail or 5% off promo price

## HEALTH SAVINGS ACCOUNT (HSA)

Those enrolled in the HSA Medical Plan can contribute up to \$3,850 individual, \$7,750 family (you and company combined) tax-free to pay for eligible health care expenses. Money is yours and rolls over each year

## 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. During the second year of employment, Circle K will match 50% of the first 4% of employee contributions; after three or more years of service, Circle K provides a 50% match on the first 6% of employee contributions.)

## LIFE, DISABILITY AND ACCIDENT PLANS

Benefit	What It Means for You
<b>Life &amp; Accidental Death and Dismemberment (AD&amp;D)</b>	Company paid Basic Life Insurance and AD&D equal to your base salary.
<b>Voluntary Life and/or Dependent Life</b>	<ul style="list-style-type: none"> <li>• <b>Associate Coverage:</b> You may elect from 1-5 times your yearly salary up to a maximum of \$1.5 million</li> <li>• <b>Spousal Coverage:</b> You may elect coverage in \$10,000 increments up to a maximum of \$50,000</li> <li>• <b>Dependent Child Coverage:</b> Coverage of \$10,000 per child</li> </ul>
<b>Voluntary Accidental Death and Dismemberment (AD&amp;D)</b>	<ul style="list-style-type: none"> <li>• <b>Associate Coverage:</b> \$25,000-\$500,000 in \$25,000 increments</li> <li>• <b>Spousal Coverage:</b> Spouse coverage cannot exceed 50% of associate's coverage amount</li> <li>• <b>Dependent Child Coverage:</b> Dependent coverage up to 15% of associate's coverage amount</li> </ul>
<b>Voluntary Accident*</b>	Helps 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.
<b>Critical Illness**</b>	Helps offset 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.
<b>Employer Paid Short-Term Disability</b>	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 \$1,800. Waiting period for accident and sickness is 7 days.
<b>Voluntary Long-Term Disability</b>	In the event you are disabled for 26 weeks or more, this benefit will provide a portion of pay in replacement of your salary.

\* 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

100% reimbursement of expenses up to a maximum of \$5,000 per year for tuition, books and fees for any job related courses or degree programs.

## EMPLOYEE DISCOUNT PROGRAM

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



## EMPLOYEE STOCK PURCHASE PLAN

After one year of service, you are eligible to participate in the Company's ESPP. You can contribute up to 5% of your salary and receive company matching contributions on the funds you contribute to the Plan. The Company matches your contributions up to a maximum match of \$1,250 per year in two ways:

- Each pay period, Couche-Tard will match 15% of your contributions up to an annual maximum match of \$750.
- At the beginning of the following year, Couche-Tard will provide an "additional" match equal to an additional 10% on your contributions made during the previous year up to a maximum match of \$500, as long as you did not sell any share units during the previous year.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Anthem Employee Assistance Program program helps you balance work and life through free, confidential and easily accessible services including face to face counseling, an Anthem EAP website, dependent care resources and legal and financial consultation.

## TIME OFF

Work smarter with a healthy work-life balance. One week of personal time and two days of sick time are allotted each year. Vacation time accrues based on hours worked.

Length of Service	Vacation Hours
Year of Hire	No vacation
Year 2	Up to 10 days based on hours worked in the prior calendar year
Year 3-4	2 weeks
Year 5-14	3 weeks
Year 15+	4 weeks

# EMPLOYEE CONTRIBUTIONS

## MEDICAL

<b>Anthem/BCBS (Plus) Medical Plan</b>	<b>EE Weekly</b>	<b>EE Bi-Weekly</b>
EE	\$44.28	\$88.56
EE + Spouse	\$108.34	\$216.68
EE + Child(ren)	\$84.96	\$169.92
Family	\$152.43	\$304.87
<b>Anthem/BCBS (HSA) Medical Plan</b>	<b>EE Weekly</b>	<b>EE Bi-Weekly</b>
EE	\$23.83	\$47.67
EE + Spouse	\$67.60	\$135.19
EE + Child(ren)	\$56.08	\$112.16
Family	\$97.20	\$194.40
<b>Anthem HPN Medical Plan</b>	<b>EE Weekly</b>	<b>EE Bi-Weekly</b>
EE	\$19.22	\$38.44
EE + Spouse	\$57.87	\$115.74
EE + Child(ren)	\$49.98	\$99.96
Family	\$84.17	\$168.35

## DENTAL

<b>Cigna – Basic Plan</b>	<b>EE Weekly</b>	<b>EE Bi-Weekly</b>
EE	\$4.06	\$8.11
EE + Spouse	\$8.61	\$17.21
EE + Child(ren)	\$7.38	\$14.75
Family	\$11.88	\$23.76
<b>Cigna – Plus Plan</b>	<b>EE Weekly</b>	<b>EE Bi-Weekly</b>
EE	\$5.20	\$10.40
EE + Spouse	\$9.81	\$19.62
EE + Child(ren)	\$8.87	\$17.75
Family	\$14.30	\$28.59

## VISION

<b>EyeMed Preferred Plus – Access C Plan</b>	<b>EE Weekly</b>	<b>EE Bi-Weekly</b>
EE	\$0.17	\$0.35
EE + Spouse	\$0.34	\$0.68
EE + Child(ren)	\$0.30	\$0.59
Family	\$0.47	\$0.95
<b>EyeMed Primary Plus – Access H Plan</b>	<b>EE Weekly</b>	<b>EE Bi-Weekly</b>
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.*