

Your Benefits

Effective June 2025 - May 2026

KIDZ

MEDICAL SERVICES





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Enrollment Counselor

Enrollment is Mandatory – We strongly encourage you to schedule a meeting with a Benefits Counselor to ensure you feel confident and secure in the coverage options you choose.

This year, benefits enrollment is required for all eligible employees, and to complete your enrollment, we encourage you to schedule and attend a one-on-one meeting with a benefits counselor before completing your enrollment in ADP.

What to Expect During Your Appointment:

- Get personalized guidance and answers to any questions about your benefit options
- Review your current elections and explore this year's updates and changes
- Choose the coverage that best fits your individual and family needs

Whether you need help understanding your medical, dental, or voluntary benefits, your dedicated benefits counselor will walk you through the process and ensure you're confident in your choices.

**Click here to schedule an appointment
with a benefits counselor**





Making Benefit Selections

Enrolling in coverage

Your benefit plans are in effect June 1 – May 31 next year. In general, there are three times you can make benefit selections:

1

When you're first eligible

Your benefits will become effective on the first day of the following month after your start date. Be sure to submit your benefit selections within ADP in your first 30 days of employment. Your benefit selections will be in effect through May 31 next year, unless you have a qualifying life event.

2

At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from June – May of the following year unless you have a qualifying life event.

3

If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.



You must request a change to your benefits within 30 days of your life event (60 days for changes involving Medicaid eligibility). **Documentation will be required.**



Helpful Terms & Resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: balance billing is in addition to – and does not count towards – your out-of-pocket maximum.

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include - but are not limited to - surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician

A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).



Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

We're required to tell you about certain rights and responsibilities you have as an employee of Kidz Medical Services, Inc.

You can request a paper copy at no charge from:

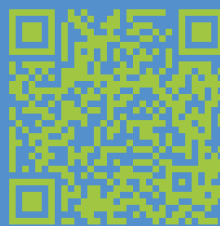
Irene Navarro, Benefits & HR Specialist

305-661-1515 Ext. 243

Annual Notices

How to handle medical bills (2:04)

[Learn more](#)





Contact Information

Claims & coverage assistance



Your advocate, **Natalie Scruggs**, is here to help you with claims, ID cards, coverage questions, and more!

Natalie.scruggs@onedigital.com

1-239-301-4337

*Monday - Friday, 8am-5pm EST
Bilingual (Spanish) assistance is available*

Benefits contacts

Medical Insurance	UMR (plan administrator) Unitedhealth Choice Plus provider network Phone: 800-826-9781
Health Savings Account (HSA)	Ameriflex Phone: 888-868-3539
Dental Insurance	Guardian Group: 0022036 Phone: 800-541-7846
Vision Insurance	Guardian Group: 0022036 Phone: 800-541-7846
Life and AD&D Insurance	Hartford 0GL805623 Phone: 888-563-1124
Disability Insurance	Hartford 0GL805623 Phone: 888-277-4767
Additional benefit options (Accident, Critical Illness, Hospital Indemnity)	Aflac 305-740-7228
Retirement Savings Plan	BPAS Phone: 1-866-401-5272



Medical Insurance

Your claims are processed through **UMR.***

The network for finding a provider is **United HealthCare Choice Plus Network**.

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered.

● [See your plan details for out-of-network information.](#)



 [Find an in-network provider](#)

See your plan documents for out-of-network benefits.

In-network care	Base Plan: HDHP HMO  See plan details	Mid Plan: HMO  See plan details	High Buy-Up Plan: NPOS  See plan details
Network Name:	Choice Plus	Choice Plus	Choice Plus
Annual Deductible (DED)	\$4,000 per person \$8,000 family max	\$3,000 per person \$6,000 family max	\$2,000 per person \$4,000 family max
Out-of-pocket maximum	\$6,000 per person \$12,000 family max	\$6,000 per person \$12,000 family max	\$6,000 per person \$12,000 family max
Preventive care	100% covered	100% covered	100% covered
Primary care visit	DED then you pay 50%	100% covered	100% covered
Specialist visit	DED then you pay 50%	\$40 copay	\$40 copay
Urgent care	DED then you pay 50%	\$80 copay	\$80 copay
Emergency room	DED then you pay 50%	DED then you pay 30%	DED then you pay 20%
Inpatient hospital care	DED then you pay 50%	DED then you pay 30%	DED then you pay 20%
Prescription drugs	30 days Mail Order (90 days)	30 days Mail Order (90 days)	30 days Mail Order (90 days)
Tier 1	DED then: \$10 \$20	\$20 \$40	\$20 \$40
Tier 2	DED then: \$40 \$80	\$60 \$120	\$60 \$120
Tier 3	DED then: \$70 \$140	\$100 \$200	\$100 \$200
Specialty	DED then 25%	35% up to \$250	35% up to \$250

● [Please refer to ADP to see your applicable payroll deduction.](#)

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.



Medical Insurance

UMR and UnitedHealthcare: Partnering to deliver you an exceptional health plan experience

How does UMR and UHC partner together?

UMR acts as UnitedHealthcare’s TPA (Third-Party Administrator).

UMR handles claims processing, payments, and customer service for UnitedHealthcare's health plans, while UHC provides the actual insurance coverage, provider network, and confirms eligibility.

For more FAQ’s please see the table on the right.

As always, please reach out to your Client Advocate, [Natalie Scruggs](#), if you have further questions.

FAQs and more information

Who is my medical insurance carrier?	UMR
What is my network for finding a provider?	UHC Choice Plus
Where should claims be submitted?	Claims: EDI # 39026, PO Box 211762, Eagan, MN 55121 This information is listed on the back of your ID card
How do I find a provider?	www.umar.com
How does my provider confirm my benefits eligibility?	Your provider can confirm benefits eligibility at 1-877-233-1800. This information is listed on your ID card
What is my Group Number?	Group No. 76417648
What is my member ID?	Member ID is listed on the front of your ID card
Who should be contacted if assistance is needed with eligibility?	Contact your HR team at KIDZ Medical



Your quick start guide to Rightway

We pair you with an expert health guide.

You have unlimited access to a healthcare expert who has your specific benefits information and will tailor their recommendations to your needs.

We provide you with a simple, modern app

The Rightway app is the front door to your healthcare. Use it to view your benefits information, access your prescription ID card, review your medication history, find a top doctor in your area, or browse educational resources.

Exploring the Rightway app

1. Connect your health guide

Tap the “phone” or “compose new message” field to connect with your health guide.

2. View insurance and Rx coverage

View a breakdown of your benefits and digital ID cards.

3. Get a care plan

Your health guide can put together options for high-quality, in-network doctors. Choose one, and your health guide will schedule an appointment.

4. Review or dispute a bill

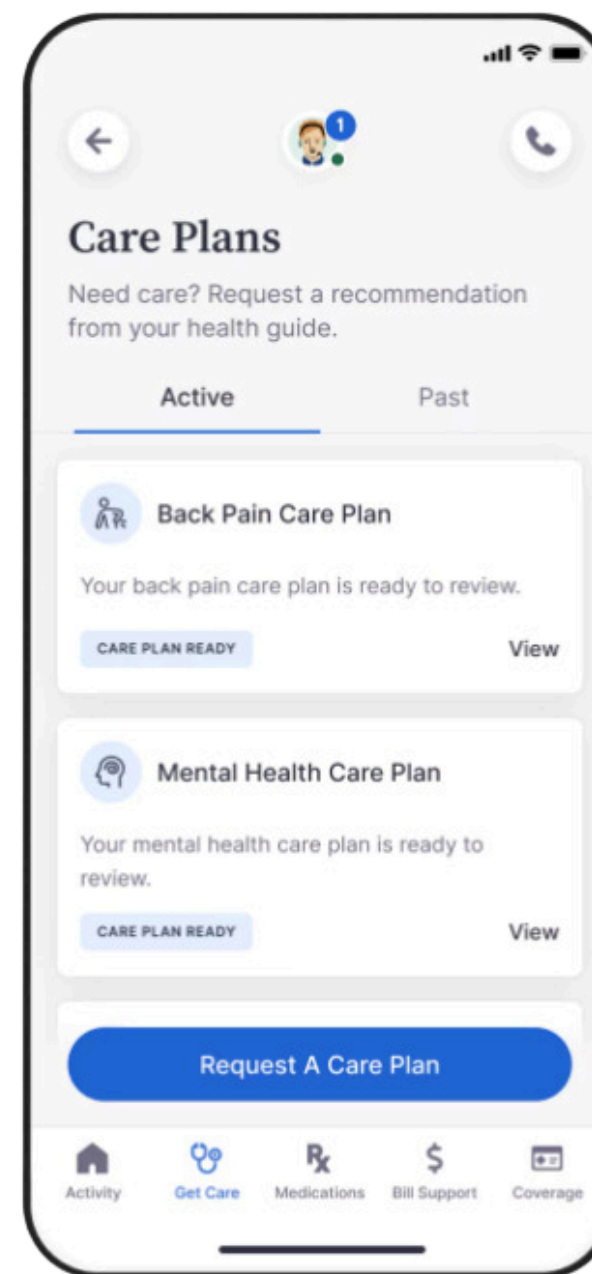
Take a picture of your bill and send it to your health guide. They will explain your bill and can dispute it on your behalf.

5. View prescriptions and find a pharmacy

Find active and pending prescriptions, your medication history, and recommendations for the best pharmacy with the lowest price.

6. Get help button

Your fast track to the help you need.



How to download the Rightway app

Scan the QR code to **download the app**. Or click [Apple App Store](#) or [Google Play](#) to download.



Google Play
Store



Apple App
Store

[Rightway Overview](#)

[How to register with Rightway](#)



Wellness Incentive Program

Enrolled employees and spouses will need to download the Rightway app, complete and upload their wellness form, and complete the self attestation form. Employees will receive an email confirmation once the form is successfully uploaded.



Wellness Exam Verification Form.

Collection period 04/1/25 - 3/30/26. Forms accepted for physicals dated 04/1/25 - 3/30/26.

Click here to download the Wellness form

To submit your form:

1. Scan the QR code to download the Rightway app, or visit member.rightwayhealthcare.com
2. If needed, follow the prompts to activate your Rightway account
3. Select the "Wellness Program" card and follow the prompts to complete all required fields and upload a copy of your completed Wellness Exam Verification Form
4. Click Submit



Participant information

First and last name (please print)	Date of birth (MM/DD/YYYY)	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse
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Biometric Results (Health Care Provider completes the section below. All fields must be completed*)

Height (in)	Weight (lb)	Body mass index (BMI)	A1c*	Blood pressure
Total cholesterol	LDL cholesterol	HDL cholesterol	Triglycerides	Fasting glucose*
Tobacco use — last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No				

*For fasting glucose and A1c, only one lab value may be acceptable based on the treating physician's recommendation.

Primary care provider information

Primary care provider name	Primary care provider phone	
Physician name	Physician signature	Date of exam (MM/DD/YYYY)

Required: Authorization to release protected health information to my / my spouse's employer (to be signed by the employee/spouse completing this form)

I understand that by submitting this form, Rightway may report to my / my spouse's employer the following information about me: a) name; b) date of birth, c) whether I have verified that I have received my annual physical and d) whether I have met the program compliance. Also, I understand that if Rightway submits this form to my / my spouse's employer that I will receive an email verification from Rightway. I agree that if I do not receive an email verification, it is my responsibility to verify with Rightway that my form has been submitted to my / my spouse's employer. Notwithstanding, I agree that Rightway bears no responsibility, or any legal liability, for its failure to submit this form to my employer.

Signature: _____ Date: _____

Optional: Authorization to release protected health information to my spouse

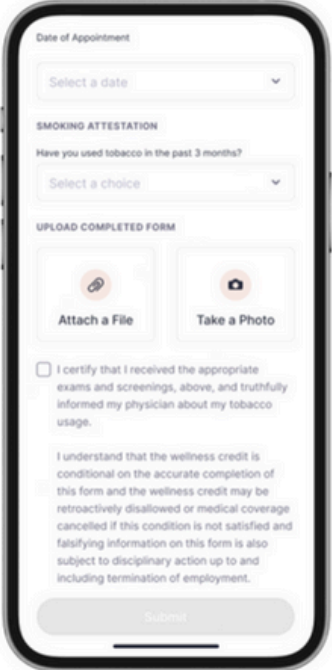
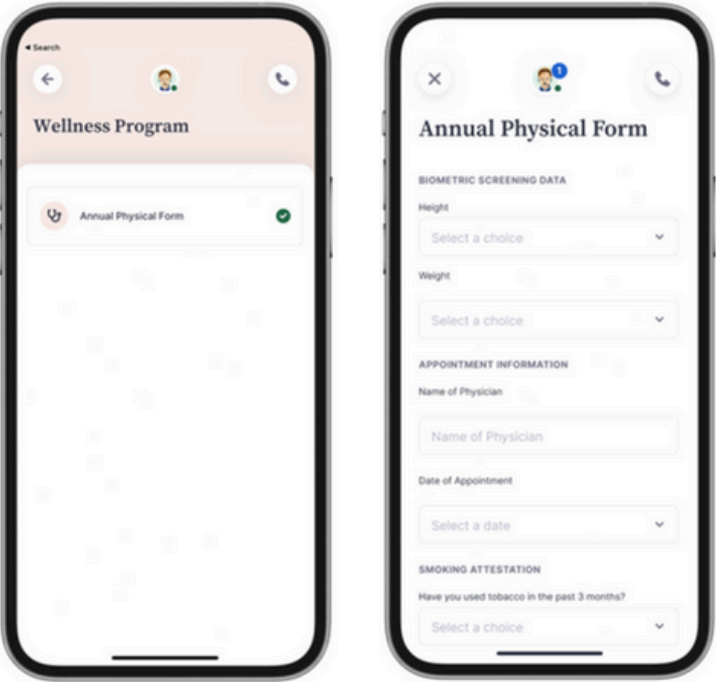
(If an employee is submitting a form on behalf of their spouse, the spouse must print, sign and date this authorization)

I authorize Rightway to disclose my information, including my protected health information as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), with my spouse who is an employee of Vital MD. My spouse's name is indicated below:

Name of Spouse: _____

Signature of Spouse: _____ Date: _____

Learn more at rightwayhealthcare.com.



Make sure you and your spouse complete your wellness exams and upload your Wellness Compliance forms on the Rightway App to qualify for a wellness credit on your medical premium for the following year.

Wellness Compliance Period

Existing Employees

- **Wellness Exam** must be dated **4/1/2025 - 3/31/2026**
- **Wellness Form** must be submitted to Rightway between **4/1/2025 - 3/31/2026**
- **Wellness Credit** effective **June 2026**





Health Savings Account (HSA)

An HSA through **Ameriflex** is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – or retirement!

Contributions

You may contribute tax-free funds to save for current and future health expenses:

	If you cover yourself only	If you cover any dependents
2025 IRS maximum contribution	\$4,300	\$8,550

55 or older? You can contribute an extra \$1,000 per year in catch-up contributions.

If you are enrolled in the HDHP plan, you are eligible for the \$250 employer contribution toward your HSA.

HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is always yours and available for qualified health care expenses - even if you change jobs or health plans. Before retirement, any funds used for non-health care expenses are subject to tax penalties. Keep your receipts!

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties; regular income tax will still apply.

Eligibility

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- be enrolled in a qualified High Deductible Health Plan (HDHP),
- not be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- not be anyone else’s tax dependent, and
- not be enrolled in Medicare A or B, Tricare, or certain VA benefits.

Learn how HSAs can help you save for today and tomorrow.

[Learn more](#)





Virtual Care and Mental Health

Support for your mental health, finances, and life.

Rula: virtual mental health care

[Learn More](#)

Schedule a virtual (online) session with a licensed mental health professional in about 5 minutes – and see your provider as soon as tomorrow.

- Care is available in all 50 states.
- Get a personalized cost estimate before your session based on your insurance coverage.
- Select from a list of providers who meet your needs: gender, language/culture, therapy type, and more.

Total Wellbeing Calendar

[Access Now](#)

Access no-cost monthly resources designed to support your wellbeing, help you understand your benefits, and manage your finances.

Topics include:

- tips to connect with your child(ren),
- ways to ditch debt for good, and
- what to do when a medical bill arrives.

Real Appeal Wellness

[Learn More](#)

Take small steps for lasting change with Real Appeal, a healthy lifestyle and weight management program designed to help you build better habits across key areas, such as nutrition, fitness, sleep and stress, to support a healthier lifestyle. This program is available at **no additional cost** to eligible members and dependents as part of their health plan benefits.

Real Appeal members have access to:

- Online health coach
- Digital tools to track your food, activity, and progress
- Real Appeal Success Kit

Mental Health Hub

[Learn More](#)[Get Started with Mental Health Support](#)

Access on-demand mental health resources on a platform built with your mobile device in mind.

The Mental Health Hub includes:

- Tips for managing day-to-day stressors,
- Resources for times of crisis,
- Practical information about mental health, and more!

Employee Assistance Program (EAP)

[Learn More](#)

Our Employee Assistance Plan (EAP) through **Hartford** provides you and your family with no-cost, confidential assistance with all things related to your life, including mental health, finances, caregiving, relationships, community resources, and more. Support is available 24 hours a day, 7 days a week, 365 days a year. Mental health: get up to 3 visits per issue, per year at no cost to you. Household members are eligible as well.

1-800-964-3577

guidanceresources.com

Web ID: HLF902



Dental insurance

Select from two dental options through **Guardian**.

Both plans cover in-network preventive care at 100%. The differences are:

- what you pay for the plan,
- what you pay when you get care,
- the maximum amount Guardian will pay each year for dental care (annual maximum benefit), and
- whether orthodontic care is covered.

[Learn about dental care categories](#)

Why Buy Dental Insurance?

	DHMO	DPPO
In-network care	See plan details	See plan details
Annual Deductible (DED)	\$0 per person \$0 family max	\$50 per person \$150 family max
Annual maximum benefit	N/A	\$1,250 per person
Preventive care	See plan schedule	100% covered
Basic care	See plan schedule	DED then you pay 20%
Major care	See plan schedule	DED then you pay 50%
Orthodontic care		
Coverage (Adults & Children)	See plan schedule	Not covered
Lifetime maximum benefit	N/A	
Bi-Weekly Payroll Deductions	Bi-weekly	Bi-weekly
Employee only	\$3.52	\$19.03
Employee + Spouse	\$5.75	\$42.47
Employee + Child(ren)	\$7.60	\$51.00
Employee + Family	\$9.96	\$68.28



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).





Vision insurance

Your vision coverage is through **Guardian**.



Why Buy Vision Insurance?

You'll get an annual exam with coverage for lenses and frames, or **contacts in lieu of glasses**.

Kidz Medical’s Vision coverage is powered by the VSP - Full Feature Network.

- Get more at preferred in-network doctor locations, i.e., Visionworks.

Vision plan



[See plan details](#)

In-network care

Annual eye exam (every calendar year)	\$10 copay
Materials copay (lenses & frames)	\$25 copay
Lenses (every calendar year)	Included in materials copay
Frames (every calendar year)	\$130 allowance, 20% off discount
Contact lenses (every calendar year)	Elective: \$130 allowance Medically necessary: 100% covered after \$25 copay

Bi-Weekly Payroll Deductions

Bi-weekly

Employee only	\$2.85
Employee + Spouse	\$5.42
Employee + Child(ren)	\$5.70
Employee + Family	\$8.39

Your vision plan covers either glasses (lenses and frames) or contact lenses each year. If you receive contact lenses, they will be instead of your glasses benefit.



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Life and AD&D insurance

Financial peace of mind through **Hartford**.

Why Buy Life Insurance?

Life insurance pays a benefit if you pass away while you're covered. **Accidental Death and Dismemberment (AD&D)** insurance offers additional support if you pass away or are seriously injured due to an accident.



Basic life and AD&D insurance

- See plan details -
Shareholders, Doctors, Nurses, AHP
- See plan details -
All-Full Time Staff

Kidz Medical Services, Inc provides life and AD&D insurance at no cost to you.

	Basic life	Basic AD&D
Shareholders, Doctors, Nurses (AHP), Management	\$100,000	\$100,000

	Basic life	Basic AD&D
All Full-Time Staff	\$50,000	\$50,000

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

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What's AD&D?

- Accidental death and dismemberment (AD&D) insurance may pay:
- **your beneficiary** if you pass away due to an accident
 - **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Additional life and AD&D insurance

-
- See plan details

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	\$5,000	\$1,000
Coverage maximum	5x your annual earnings to \$500,000	50% of Your (employee) coverage amount to \$250,000	\$10,000
Guaranteed Issue	\$200,000	\$50,000	\$10,000

You can increase your voluntary life coverage by \$10,000 without Evidence of Insurability up to the Guarantee Issue amount if you have some amount of voluntary life coverage already elected.

.....

Medical question limit

When you’re first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.



Disability Insurance



Why Buy Disability Insurance?

Protect your paycheck with disability insurance through **Hartford**.

Disability coverage insures your paycheck, replacing a portion of your income if you’re unable to work due to a covered illness or injury.

Short-term disability

See plan details

Short-term disability coverage can replace part of your paycheck if you’re unable to work for a shorter period of time. Kidz Medical Services, Inc provides this coverage at no cost to you.

Employees are eligible for Short Term Disability after 1 year of employment with Kidz Medical.

Benefits begin	After 14 days of inability to work
Coverage amount	60% of your income up to \$1,000 per week
Payments may continue	Up to 11 weeks if you’re unable to return to work

Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how **pre-existing condition limitations** might impact your coverage.

Long-term disability

See plan details -
Shareholders, Doctors, Nurses, AHP

See plan details -
All-Full Time Staff

Long-term disability coverage can provide lasting income protection if you remain unable to work. This coverage is available for purchase.

Shareholders, Doctors, Nurses (AHP), Management

Benefits begin	After 90 days of inability to work (once short-term disability ends)
Coverage amount	60% of your income up to \$15,000 per month
Payments may continue	Based on your disabled age

All Full-Time Staff

Benefits begin	After 90 days of inability to work (once short-term disability ends)
Coverage amount	60% of your income up to \$7,500 per month
Payments may continue	Based on your disabled age

See your benefit summary to learn more about the definition of "unable to work".



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Supplemental Medical Options

Additional benefit plans are a great way to customize your benefits package.

Accident Coverage

[See plan details](#)

Why Buy Accident coverage?

Accident coverage through **Aflac** pays you a cash benefit to help with your expenses –your deductible or copays, transportation, groceries and more – if you or a covered family member is injured due to an accident. The money is yours to use as you choose.

Critical Illness

[See plan details](#)

Why Buy Critical Illness coverage?

Critical illness coverage through **Aflac** pays you a cash benefit to help with your expenses– your deductible or copays, transportation, groceries and more – if you or a covered family member is diagnosed with a covered critical illness. The money is yours to use as you choose.

Hospital Indemnity

[See plan details](#)

Why Buy Hospital Indemnity coverage?

Hospital Indemnity coverage through **Aflac** pays you a cash benefit to help with your expenses - your deductible or copays, transportation, groceries and more - if you or a covered family member is admitted to the hospital. The money is yours to use as you choose.

Medicare



For Team Members and/or their spouses who are 65 and older, Medicare is an appealing alternative to group insurance.

Many of your current doctors also accept Medicare.

Kidz has partnered with SmartConnect to help evaluate your Medicare options for you or a family member.

Scan the QR Code to contact an advisor for a free individual consultation:



Benefits GPS URL
<https://gps.smartmatch.com/kidzmedical>



Retirement savings plan

Set your future self up for financial stability with a 401(k) through **BPAS**.

The basics

Choose from pre-tax (traditional) or after-tax (Roth) contributions, depending on your need. You can change your contribution amount or pre- or after-tax election at any time. Once eligible, Kidz will auto enroll you at a deferral rate of 3% of your compensation.

You can change your deferral amount or opt out altogether on the BPAS website.

Contributions

The IRS maximum 401(k) contribution for 2025 is \$23,500. If you're over age 50, or will be turning 50 during 2025, you can contribute a catch-up contribution of \$7,500 in addition to the maximum limit. 401(k) limit increases to \$23,500 for 2025, IRA limit remains \$7,000 | Internal Revenue Service.

- Under a change made in SECURE 2.0, a higher catch-up contribution limit applies for employees aged 60, 61, 62 and 63 who participate in these plans. For 2025, this higher catch-up contribution limit is \$11,250 instead of \$7,500.

Not sure whether to select pre-tax (traditional) or after-tax (Roth)? Check with your financial advisor to determine the best choice for you. The basic differences:

- Pre-tax: your contributions come out of your paycheck before Federal and state taxes but after FICA (Medicare and Social Security) taxes. You'll pay regular income tax when you withdraw your money at retirement.
- Roth (after-tax): your contributions come out of your paycheck after taxes. When you withdraw your funds at retirement, they're tax-free.

You are eligible to begin contributing to our for the 401(k) plan **after 90 days of employment.**

Your personal payroll contributions vest immediately.

- Website: **u.bpas.com**
- Participant Service Center: **(866) 401-5272**
- Plan ID: **KIDMED0146**

**Wish you knew more about finances?
Now you can - at no cost!**

[Learn more](#)



Your Benefits

Effective June 2025 - May 2026

KIDZ

MEDICAL SERVICES

