

\* Kimberly-Clark



# New Hire Benefits Guide

Your guide to enrolling in and managing your K-C benefits.

Total  
Rewards



**Achieve.**  
**Thrive.**  
**Grow.**

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*This guide is effective for full-time and part-time employees who are scheduled to work a minimum of 20 hours per week.*

*If you're an employee covered by a Collective Bargaining Agreement (CBA), refer to your CBA for information on how your plan(s) may differ from the information provided in this guide. You may also call the K-C Benefits Information Line at 800-551-2333 to speak with a representative.*



# Welcome



We're glad you've made the decision to join Kimberly-Clark (K-C). K-C is a team of talented people working together to provide better care for a better world. To attract and retain these talented people like you, we provide competitive benefits ranging from health care and time away from work to income protection and retirement.

Maximizing your K-C benefits takes teamwork. First, we build and administer these competitive benefits to provide for you and your family. Then, it's up to you to take it the rest of the way by using the resources available for your benefits enrollment. Once you've enrolled, you can use these resources for guidance when you need to use your benefits.



# Benefits Overview



Below you'll find a quick overview of the comprehensive benefits K-C offers. Explore all the ways K-C can help you get and stay healthy, protect your income, and save for retirement by visiting [mykcbenefits.com](https://mykcbenefits.com). The site provides a general overview of the benefits K-C provides until you can register for the My K-C Benefits Mobile app. To learn more about the mobile app, go to page 9.

## Health & Welfare (H&W)



### MEDICAL

*Anthem Blue Cross Blue Shield (Anthem) & CVS/caremark*

This benefit provides coverage for eligible medical services (including preventive medical services) and prescription drugs.

During enrollment, you'll be asked several questions to determine if the tobacco-free discount or spouse/partner surcharge will apply. To learn more, go to [mykcbenefits.com/medical-plans](https://mykcbenefits.com/medical-plans).



### DENTAL

*Delta Dental*

This benefit provides coverage for eligible preventive/diagnostic, maintenance, and orthodontia services. Preventive cleanings and checkups are covered at 100%.



### VISION

*EyeMed*

This benefit provides coverage for routine eye exams, allowances for eyeglasses and contacts, and discounts for other eye care services.



### SAVING AND SPENDING ACCOUNTS

*Fidelity*

K-C offers tax-advantaged accounts to help you set aside money for eligible health-related, dependent care, and commuter expenses:

- Health Savings Account (HSA)\*
- Flexible Spending Account (FSA), including Limited Use FSA
- Dependent Care Spending Account (DCSA)
- Commuter Benefits

\*If you or your spouse have participated in a General Purpose FSA in the current calendar year, you're not eligible to contribute to an HSA until the following calendar year. There are additional limitations for eligibility to contribute to an HSA. For more information, go to [mykcbenefits.com](https://mykcbenefits.com) > Life Events > Considering K-C > Benefits Overview.

**Note:** The IRS limits all saving and spending account contributions. For more information, go to [mykcbenefits.com](https://mykcbenefits.com).

## IMPORTANT - YOUR ACTION REQUIRED

### When am I covered?

Although your H&W benefits are **effective on your start date**, you'll still need to make benefit elections and enroll within **30 days** after Empyrean emails you with H&W enrollment information. If you don't, you'll be automatically enrolled in basic coverage, which may not meet your needs and won't include coverage for any eligible dependents you may have.

### What if I need care before I enroll?

If you require care before you complete your enrollment within the 30-day time frame, you'll have coverage retroactive to your hire date.

Explain to your provider that you're in the process of enrolling in health care coverage with K-C and ask to be billed later. Once enrolled, contact your provider and ask them to resubmit any claims.

If instructed to pay upfront, pay the minimum amount possible and file your claim with your insurance carrier (e.g., Anthem) once you've completed your enrollment. For questions about filing a claim, contact your insurance carrier. See page 10 for contact information.





### SEE A DOCTOR 24/7

If enrolled in a K-C medical plan, LiveHealth Online gets you connected with a therapist or board-certified doctor 24/7 from the click of a button on your smartphone or computer. Learn more at [mykcbenefits.com](https://mykcbenefits.com) > *Work/Life Programs* > *Health Care Support* > *See a Doctor 24/7*.



### TIME AWAY FROM WORK\*

**Disability:** K-C provides short-term and basic long-term disability coverage at no cost to you. Additional optional long-term disability coverage may be available for purchase during your H&W enrollment.

- Short-term disability benefits offer income protection if you're unable to work due to covered illness, injury, surgery, or childbirth for up to 26 weeks.
- Long-term disability benefits provide you with continued income protection for a covered illness or injury that extends beyond your short-term disability period.

**Other Types of Time Off:** K-C offers paid vacation and holidays, in addition to other leave benefits. Always check with your Team Leader first before taking any time off from work.

- **Vacation:** If you're hired before December 1, you're eligible for vacation in your first year (amount varies by hire date and employment status). For more information on your vacation allotment after your year of hire, go to [mykcbenefits.com](https://mykcbenefits.com) > *Time*.
- **Holidays:** You receive nine paid company holidays and 32 hours of paid personal floating holidays per calendar year.\*\*
- **Sick Leave:** K-C provides 40 hours of paid sick leave per calendar year.\*\*\*
- **FMLA:** K-C provides job-protected time off for qualifying events under the Federal (and state, where applicable) Family and Medical Leave Act (FMLA).
- **Parental Leave:** K-C provides 8 weeks of paid time off to bond with and care for a child following birth or adoption.
- **Caregiver Leave:** K-C provides 40 hours of paid time off per calendar year to help employees care for a qualifying family member's serious health condition.
- **Bereavement Leave:** K-C provides paid time off for the death of qualifying individuals.
- **Military Leave:** K-C provides 100% base pay for new enlistment training, inactive- and annual active-duty training, and post-deployment leave. K-C also provides pay differential for active-duty deployment.

Learn more at [mykcbenefits.com](https://mykcbenefits.com) > *Time*.

\*Amount and eligibility vary for employees regularly scheduled less than 30 hours per week

\*\*Excluding Owensboro

\*\*\*Amount of leave varies in local or state work locations with sick/state leave laws

**Covered by a CBA?** Your time off benefits vary. Refer to your CBA for more information.



## INCOME PROTECTION

In addition to disability benefits, K-C offers a variety of benefits designed to protect your income and dependents in case of an accident or death. K-C automatically provides Basic Group Life and Business Travel Accident (BTA) Insurance at no cost to you. You can purchase additional income protection benefits during your H&W enrollment.

- **Supplemental Life Insurance** allows you to purchase additional life insurance coverage.
- **Critical Illness Insurance** pays a lump sum cash benefit if you or an eligible, covered dependent are diagnosed with certain critical conditions.
- **Accident Insurance** pays a lump sum cash benefit if you or an eligible, covered dependent are injured in an accident and receive care for that injury.
- **Accidental Death & Dismemberment (AD&D)** pays a lump sum cash benefit if you experience a covered loss or injury as a result of a non-workplace accident.
- **Hospital Indemnity** pays a daily benefit if you or an eligible, covered dependent have a covered stay in a hospital, intensive care unit, or rehabilitation facility.

## Retirement Plans

K-C offers the 401(k) & Profit Sharing Plan (401(k) & PSP) to help you build savings for retirement during your career with K-C. The recordkeeper, Fidelity Investments, manages your account.

- **401(k) Contributions:** You can elect to contribute up to 50% of your eligible earnings (subject to IRS limits) each pay period through automatic pre-tax, Roth 401(k), and/or after-tax deductions. **K-C will match your contribution, dollar-for-dollar, on the first 5% of the eligible earnings you contribute.\***



All contributions, from you and K-C, are 100% vested immediately. If you're joining K-C mid-year, make sure to take into account any contributions you've already contributed to a 401(k) plan. The IRS limit applies an annual limit to all employer 401(k) plans and if you exceed this limit, penalties may apply.

- **Profit Sharing Contributions:** Based on Company performance, K-C may make a contribution – called profit sharing – into your 401(k) account on an annual basis. The range for K-C's discretionary profit sharing contribution payout is between 0% and 8% of your eligible earnings, with an annual target of 4%.
- **Investment Options:** The 401(k) & PSP offers a variety of investment options for the Do-It-Yourself investor. For the Do-It-For-Me investor, Fidelity offers help through Target Date Funds and Personalized Planning & Advice (for a fee).

\*Mobile hourly employees are eligible for a Company match of up to 4%.

### What is a 401(k)?

A 401(k) is a tax-qualified retirement savings plan sponsored by an employer that lets employees conveniently save through payroll deductions. Here at K-C, the retirement benefit we offer is called the 401(k) & PSP.

### Need help meeting your financial goals?

Fidelity's planning consultants can help you save for life's milestones such as buying a house, saving for college, or planning your retirement. Turn to page 10 for more on how to contact Fidelity.

If there is a Fidelity Investor Center in your area, you can even schedule an in-person session.

Whether you manage your investments or Fidelity does it for you, Fidelity's planning consultants and Investor Centers are available at no additional cost to you.

### What happens to K-C's 401(k) contributions?

To help you reach your retirement goals, the company match and annual discretionary profit sharing contribution will stay invested in your account while you're employed at K-C.

For more information, refer to the Summary Plan Description (SPD) on [netbenefits.com](http://netbenefits.com) > *Plan Information*.

# Work/Life Programs



## EDUCATION ASSISTANCE

K-C's Education Assistance program provides reimbursement of qualifying education expenses up to \$5,250 per year for your tuition, certifications, software programs, and pass-fail courses. The education/certification you select must align with your K-C career development and be approved by your Team Leader.



## FAMILY BUILDING RESOURCES

Whether you're adding to your family through birth or adoption, K-C wants to support you with a variety of family building resources.

- **Infertility Support:** The infertility coverage under K-C's medical plan includes a \$45,000 lifetime maximum for eligible medical expenses (\$25,000 maximum) and prescription expenses (\$20,000 maximum) subject to K-C's deductible and coinsurance.
- **Fertility Preservation:** K-C's medical plan covers fertility preservation (egg, sperm, and embryo freezing) subject to the infertility lifetime maximums and K-C's deductible and coinsurance.
- **Family Building Support:** Access to Maven's high-touch, no-cost family-building coaching service, providing support to you and your spouse/partner in every stage of your family-building journey.
- **Adoption Assistance:** Up to \$15,000 per child in reimbursement for eligible adoption- and surrogacy-related expenses.



## CHILD & ADULT BACK-UP CARE\*

K-C partners with Bright Horizons to provide you with 10 subsidized back-up care visits per year with qualified, licensed caregivers when there's an emergency disrupting your regular child or adult care. You can select from in-home child and adult care or child care center support from Bright Horizons' network of providers and pay only a small copay or hourly rate. You can also use your subsidized back-up care visits for virtual tutoring and camps for your child(ren).



## LEGAL & IDENTITY (ID) THEFT PROTECTION

With the Legal & ID Theft Protection benefit through MetLife, you and your dependents can navigate life's milestones with confidence. The benefit provides you with a package deal of legal assistance and ID theft protection.

\*Employees covered by a CBA should check their CBA for Back-Up Care eligibility.



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

K-C's EAP program offers confidential assistance for a wide variety of issues such as:

- Life changes
- Parenting and family issues
- Depression, anxiety, and stress
- Substance abuse

Through SupportLinc, K-C's EAP offers up to 10 free, confidential visits per eligible family/household member (per issue) each year. And, it's available 24/7 with online and phone support.



## MENOPAUSE SUPPORT

K-C partners with Maven to provide you and your spouse/partner with personalized 24/7 virtual care and guidance for your family-building, pregnancy, and menopause journey at no cost.



## EMPLOYEE DISCOUNT PROGRAM

As a K-Cer, you can get exclusive discounts at over 30,000 brands and retailers on items like discounted cell phone plans, automobiles, and more using Perks at Work.



## PET INSURANCE

MetLife Pet Insurance provides reimbursement of eligible care services for your cat and/or dog. Coverage is flexible and customizable so that you can choose the plan that works for you.



## K-C FOUNDATION

Established in 1952, the K-C Foundation carries out our mission of charitable giving, which is based on our promise to be a good employer, a good neighbor, and to support causes that provide essentials for a better life with a variety of different programs.

For more information on K-C's Work/Life programs, go to [mykcbenefits.com](https://mykcbenefits.com) > *Work/Life Programs*.



# Accessing Your Health & Retirement Benefits



When it comes to enrolling in and managing your K-C benefits, you'll use Empyrean for H&W and Fidelity for 401(k) & PSP.

As soon as Empyrean and Fidelity receive your hiring information from us – which takes about a week from your hire date – they'll send information directly to you, so watch your email and/or mailbox closely. This information will help guide you through the online account set-up process for both vendors. Once your Empyrean and Fidelity online accounts are set up, you can log in to access more detailed benefits information, make your H&W and 401(k) & PSP elections, check out helpful tools and resources, and much more.

	Website	Phone
<b>Empyrean</b>	You can access H&W information, make your elections, and complete most transactions (e.g., adding a new spouse/partner or child to your coverage) using Empyrean's K-C Benefit Compass website at <a href="http://kcbenefitcompass.com">kcbenefitcompass.com</a> .	Get help with H&W information, elections, and transactions by calling <b>800-551-2333</b> and choosing the <i>Health &amp; Welfare</i> option to speak with an Empyrean representative, available Monday through Friday from 9 a.m. to 5 p.m. ET.
<b>Fidelity</b>	You can access K-C 401(k) & PSP information, make your elections, and complete most transactions using Fidelity's NetBenefits website at <a href="http://netbenefits.com">netbenefits.com</a> or mobile app.	Get help with 401(k) & PSP information, elections, and transactions by calling <b>800-551-2333</b> and choosing the <i>401(k), HSA, &amp; Pension</i> option to speak with a Fidelity representative, available Monday through Friday from 8:30 a.m. to 8:30 p.m. ET.

## When can I visit these websites and/or call this phone number for support?

Once you receive communication from Empyrean and Fidelity, you can visit their websites to set up your online accounts and/or call the K-C Benefits Information Line. Doing so any earlier won't be helpful to you, as they won't have your information yet.





# Enrollment Preparation

As you're getting ready to complete your H&W and 401(k) & PSP enrollment, use the following resources to help with your decision-making process:



- **Get Familiar:** Visit [mykcbenefits.com](https://mykcbenefits.com) from work or your personal device to learn more about your K-C benefits. Easily navigate to the topic you want to learn more about (e.g., Medical) from the main menu.
- **Get Registered:** Within 7 days of your start date, you can register for the My K-C Benefits mobile app—your one-stop-shop for your personalized benefits information. This includes accessing benefits policies and guides under the *Resources* section of the app. Learn more about how the app works and how to register on page 9.
- **Ask Questions:** If you've read through the general and detailed information about K-C's benefits and still have questions, reach out to a representative to get them answered. Call **800-551-2333** to reach the K-C Benefits Information Line. From there, choose the *Health & Welfare* option to speak to an Empyrean representative and/or choose the *401(k), HSA, & Pension* option to speak with a Fidelity representative.

## Annual Enrollment

All K-Cers are responsible for reviewing and re-electing their H&W benefits annually. This takes place each fall and is called Annual Enrollment. Leading up to Annual Enrollment, you'll receive communication about any H&W benefit changes for the upcoming year.

It's important to note that the H&W enrollment you complete when you first join K-C is to provide the coverage you need for the calendar year in which you're hired. The H&W enrollment you complete during Annual Enrollment is to provide the coverage you need for the upcoming calendar year. This means you'll complete two H&W enrollments during your first year at K-C.



### Benefit ID Cards

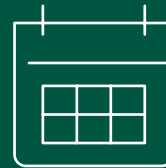
After completing your H&W enrollment, it can take two to three weeks to receive your insurance ID cards in the mail. Once enrolled, you can view digital copies of your medical/prescription, dental, and vision ID cards on the My K-C Benefits mobile app.

## IMPORTANT - TAKE ACTION

### What else should I do to get prepared for enrollment?

- **Get your dependent information and paperwork together.** If you have any eligible dependent(s) you plan to enroll in coverage, you'll need their Social Security Number, date of birth, and address (if different than yours). Documentation is required for every dependent you add to your H&W coverage. During H&W enrollment, you'll see information about who qualifies as an eligible dependent, what documents are required, and how to submit these documents. You'll have 30 days from the day you complete your H&W enrollment to submit your documents. If you cover a domestic partner and/or your domestic partner's child(ren), imputed income may apply.
- **Tell us who should get your money.** It's important to designate beneficiaries for all plans that pay a benefit in the event of your death. If you don't, your money could get tied up in complicated legal matters. You'll need the Social Security Number and date of birth for each beneficiary you elect.

# Enrollment Timeline & Checklist



	H&W	401(k) & PSP	Action
<b>Day 1</b>	Your K-C Benefits New Hire Guide provides an overview of your K-C benefits.		<ul style="list-style-type: none"> <li>• Get familiar with your K-C benefits by reading this guide and visiting <a href="http://mykcbenefits.com">mykcbenefits.com</a> for more details.</li> </ul>
<b>Days 7 - 14</b>	You'll receive information from Empyrean on how to set up your online account and where to access H&W enrollment instructions, including information on designating beneficiaries.	You'll receive information from Fidelity on how to set up your online account, along with 401(k) & PSP highlights, enrollment instructions, and beneficiary designation information. You'll also receive several legal notices from Fidelity – one of which is your notice of pending automatic enrollment.	<ul style="list-style-type: none"> <li>• Set up your Empyrean and Fidelity online accounts.</li> <li>• Get connected by downloading the My K-C Benefits mobile app.</li> <li>• Ask questions by calling the K-C Benefits Information Line.</li> <li>• Consider contacting our H&amp;W providers directly (e.g., Anthem, CVS/caremark, Delta Dental) if you need greater detail.</li> </ul>
<b>No later than Day 30</b>	You must complete your H&W elections within 30 days of when Empyrean contacts you with H&W enrollment information. If you don't, you'll be automatically enrolled in default coverage, which won't include coverage for any eligible dependents you may have. For information on eligible dependents, visit <a href="http://kcbenefitcompass.com">kcbenefitcompass.com</a> . Insurance ID card(s) will arrive two to three weeks after you enroll.	Once you receive notice of your pending automatic enrollment, you have about 30 days to make changes to your 401(k) & PSP elections or you'll be automatically enrolled. That means an 8% pre-tax contribution will be deducted from your eligible earnings each paycheck and you'll default into a Target Date Fund based on your age and the Automatic Increase Program. You can change your 401(k) contribution and investment elections at any time by visiting <a href="http://netbenefits.com">netbenefits.com</a> .	<ul style="list-style-type: none"> <li>• <b>H&amp;W ENROLLMENT DEADLINE:</b> Complete your H&amp;W elections by the date provided in your enrollment information.</li> <li>• <b>401(k) &amp; PSP AUTOMATIC ENROLLMENT DEADLINE:</b> Complete your 401(k) &amp; PSP elections by the date provided in your enrollment information.</li> <li>• <b>DESIGNATE BENEFICIARIES:</b> Designate beneficiaries for all plans that pay a benefit in the event of your death.</li> </ul>

**Note:** 30 days is subject to postal mail delivery.



# Access All Your K-C Benefits in One Place



Download & register for the My K-C Benefits App!

## New Hire

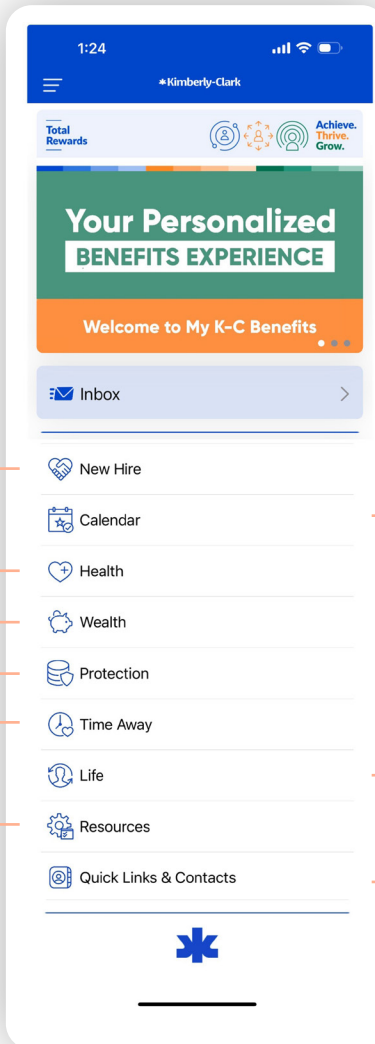
View resources and checklists for enrolling and managing your K-C benefits.

## Health, Wealth, Protection, & Time Away

Once you complete your new hire enrollment, the app is customized to you based on your elections and the benefits you're automatically eligible for.

## Resources

Access all your benefit policies, guides, and Summary Plan Descriptions (SPDs) in one convenient location.



## Calendar

Discover and register for live webinars on a variety of benefits topics throughout the year.

## Life

Explore benefits that support you and your family through various life stages.

## Quick Links & Contacts

Enjoy seamless access (no login required) to most K-C benefits vendor websites, including Fidelity NetBenefits, CVS/caremark, K-C Benefit Compass, Anthem, EyeMed, and Delta Dental. For assistance setting up your seamless experience, call the K-C Benefits Information Line using the contact information below.



## Register Now

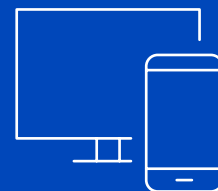
For registration instructions, go to [mykcbenefits.com/app](https://mykcbenefits.com/app) or scan the QR code.

If you need assistance, call the K-C Benefits Information Line at 800-551-2333 and select *Health & Welfare > Technical Support* for the Benefits app. Representatives are available Monday through Friday from 9 a.m. to 5 p.m. ET.





# Contacts



Vendor/Service	Website	Phone
<b>Administrative Services Provider</b>		
<b>Empyrean</b> Health & Welfare <i>Includes Medical, Dental, Vision, Life, and Other Welfare Benefits</i>	kcbenefitcompass.com	K-C Benefits Information Line 800-551-2333 Choose the Health & Welfare option Monday – Friday, 9 a.m. to 5 p.m. ET
<b>Fidelity</b> Retirement <i>401(k) &amp; Profit Sharing Plan</i>	netbenefits.com	K-C Benefits Information Line 800-551-2333 Choose the 401(k), HSA, & Pension option Monday – Friday, 8:30 a.m. to 8:30 p.m. ET
<b>Pay, Tax, &amp; Time Reporting</b>		
<b>UKG</b>	UKG Pro portal Go to K-C & Me > View Pay and Time	833-442-5275 Monday – Friday, 8:30 a.m. to 8:30 p.m. ET
<b>Medical &amp; Prescription Drug</b>		
<b>Anthem Blue Cross Blue Shield (Anthem)</b>	anthem.com	866-873-4010 Monday – Friday, 8 a.m. to 8 p.m. ET
<b>CVS/caremark</b>	caremark.com	888-797-8911 24/7, 365 days a year
<b>Dental &amp; Vision</b>		
<b>Delta Dental</b>	deltadentalins.com/ kimberly-clark	866-496-2371 Monday – Friday, 8 a.m. to 8 p.m. ET
<b>EyeMed</b>	eyemedvisioncare.com	866-939-3633 Monday – Saturday, 7:30 a.m. to 11 p.m. ET Sunday, 11 a.m. to 8 p.m. ET
<b>HSA, Spending, &amp; Reimbursement Accounts</b>		
<b>Fidelity</b> <i>HSA, FSA, DCSA, Commuter Benefits, Education Assistance, and Adoption &amp; Surrogacy Assistance</i>	netbenefits.com	K-C Benefits Information Line 800-551-2333 Choose the flexible spending and other reimbursement accounts option Monday – Friday, 8:30 a.m. to 8:30 p.m. ET
<b>Income Protection</b>		
<b>Reliance Matrix</b> <i>Short-Term Disability, Parental Leave, Military Leave, Caregiver Leave, and FMLA</i>	matrixabsence.com	866-658-3850 New claims/report absences: 24/7, 365 days a year General questions: Monday – Friday, 7:30 a.m. to 5:00 p.m. ET
<b>Voya</b> <i>Critical Illness, Accident Insurance, and Hospital Indemnity</i>	presents.voya.com/EBRC/ KimberlyClarkCorporation	888-238-4840 Monday – Friday, 9 a.m. to 6:30 p.m. ET
<b>Other Benefits</b>		
<b>Bright Horizons</b> <i>Child and Adult Back-Up Care</i>	clients.brighthorizons.com/kcc Username: KCC Password: mykcbenefits	877-242-2737 24/7, 365 days a year
<b>SupportLinc</b> <i>Employee Assistance Program (EAP)</i>	global.supportlinc.com Group code: kcc	877-638-5307 24/7, 365 days a year
<b>Maven</b> <i>Family Building &amp; Menopause Support</i>	mavenclinic.com/join/kc	support@mavenclinic.com

For a complete list of all of the benefits K-C offers, go to [mykcbenefits.com/contacts](https://mykcbenefits.com/contacts).

# Required Disclosures

This section wraps up your New Hire Guide with five required disclosures. The first four relate to H&W and the last one relates to 401(k) & PSP.



## State Legally Required Notices

K-C is legally required to provide you with notices based on the state you live or work in. Below is a list of the states and required notices as of December 1, 2023.

State	Notice
Connecticut	Paid Family & Medical Leave Notice
District of Columbia	Paid Family & Medical Leave Notice
Illinois	Health Insurance Notification
Massachusetts	Paid Family & Medical Leave Notice

To access a digital copy of the notices listed above go to [mykcbenefits.com/legalnotices](http://mykcbenefits.com/legalnotices). To request a physical copy of the notices above, call the K-C Benefits Information line at 800-551-2333 and select the Health & Welfare option. Representatives are available Monday through Friday, 9 a.m. to 5 p.m. ET.

## Health Insurance Marketplace Coverage Options

### GENERAL INFORMATION

When key parts of the health care law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by Kimberly-Clark.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Open enrollment for health insurance coverage through the Marketplace begins in November for coverage starting as early as January 1 of the following year.

### Can I Save Money on My Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depend on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings Through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan.

However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes.

Your payments for coverage through the Marketplace are made on an after-tax basis.

*Note:* An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

**How Can I Get More Information About the Marketplace?**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage and its cost. Please visit [www.HealthCare.gov](http://www.HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

**Information About Health Coverage Offered by Kimberly-Clark**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Kimberly-Clark Information	Detail
3. Employer Name	Kimberly-Clark
4. Employer Identification Number (EIN)	Located in Box B on your W-2
5. Employer Address	400 Goodys Lane Suite 100
6. Employer Phone Number	1-865-541-7000
7. City	Knoxville
8. State	TN
9. ZIP Code	37922
10. Who can we contact about employee health coverage at this job?	Empyrean Service Center
11. Phone Number	1-800-551-2333, choose Health & Welfare option
12. Email Address	Not Available





Here is some basic information about health coverage offered by this employer:

- The coverage your employer offers to eligible employees meets the minimum value standard, and the cost of this coverage is intended to be affordable, based on employee wages.
- Even if Kimberly-Clark intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount.
- If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.
- If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process.

#### FOR MORE INFORMATION ABOUT:

- The Marketplace and Marketplace coverage options, visit [HealthCare.gov](https://www.healthcare.gov) or contact the Help Center at 1-800-318-2596. TTY users should call 1-855-889-4325.
- Coverage offered by Kimberly-Clark, including eligibility and pricing information, visit K-C Benefit Compass at [kcbenefitcompass.com](https://kcbenefitcompass.com) or call 1-800-551-2333 between 9 a.m. and 5 p.m., ET, Monday-Friday.

## Kimberly-Clark's Group Health Plans' Notice of Health Information Privacy Practices

This notice describes how your health information (medical, dental, vision, and prescription drug information) in the group health plans sponsored by Kimberly-Clark Corporation may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice is required by law under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act of 2010.

- HIPAA is a federal law. One of its primary purposes is to make certain that information about your health is handled with special respect for your privacy. HIPAA includes numerous provisions that are designed to maintain the privacy and confidentiality of your protected health information (PHI).

#### OUR PLEDGE REGARDING HEALTH INFORMATION:

- We understand that health information about you and your health is personal.
- We are committed to protecting health information about you.
- This notice will tell you about the ways in which we may use and disclose health information about you.
- We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

#### WE ARE REQUIRED BY LAW TO:

- Ensure that health information that identifies you is kept private, except as such information is required or permitted to be disclosed by law;
- Give you this notice of our legal duties and privacy practices with respect to health information that Kimberly-Clark group health plans may collect and maintain about you; and,
- Abide by the terms of the notice that is currently in effect.

# How the Kimberly-Clark Group Health Plans May Use and Disclose Health Information about You

The categories listed below describe different ways that we and our business associates may use and disclose health information without your prior written authorization. Not every possible use or disclosure in a category is listed below. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. The Kimberly-Clark group health plans will not use or disclose your health information without your prior written authorization, except as permitted or required by law and described in this notice. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your health information for marketing; and we will not sell your health information, unless you give us a written authorization. For purposes of this notice, any references to “we” or “Kimberly-Clark group health plans” include our business associates.

**Treatment:** The Kimberly-Clark group health plans do not provide health treatment, but we may use or disclose your health information for coordination and management of your care to health care providers, such as your doctors, dentists, pharmacies, or hospitals. For example, doctors may request medical information to supplement their own records. We may also use or disclose your health information to coordinate the provision of mail order pharmacy services, or by sending certain information to doctors for patient safety or other treatment-related reasons.

**Payment:** We may use and disclose your health information in order to bill and collect payment for health insurance premiums, and for reimbursement of health care insurance benefits provided to you under your plan. We contract out to third-party payers to assess your health information to determine if payment is appropriate for the treatment you have received. These third parties may review information that identifies you, as well as your diagnosis and services

provided. They may also share that information with other contractors and agents who assist the Kimberly-Clark group health plans in the payment process.

**Health Care Operations:** We may use and disclose health information about you for other Kimberly-Clark group health plans operations. These uses and disclosures are necessary to run the Plans. For example, we may use information in your health record to assess our claims experience, to make determinations with respect to the payment options we should offer participants, and for chronic disease management programs. However, we will not use your genetic information for underwriting purposes.

**Business Associates:** There are some services provided in our organization through contracts with business associates. For example, we may contract with a company to provide benefit management services to adjudicate claims for prescription drug benefits under our prescription drug benefit plan. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we’ve asked them to do, which may include billing you, your insurance, or another third-party payer for services rendered and for analyzing claim data. We require our business associates to appropriately safeguard your information and agree to this in writing in the contract.

**Plan Sponsor:** We may disclose your health information to the plan sponsor (Kimberly-Clark Corporation) for purposes related to benefits and claims administration. For example, the plan sponsor may use this information to plan for its expected expenses under the plan or to assess health initiative benefit programs. Kimberly-Clark employees must protect the privacy of your health information as part of their jobs with Kimberly-Clark. Kimberly-Clark does not give employees access to your health information unless they need it as part of their jobs. Your health information cannot be used for employment purposes without your specific authorization.

**As Required by Law:** We will disclose health information about you when required to do so by federal, state, or local law.

**Workers' Compensation:** We may release health information about you for workers' compensation or other similar programs established by law, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs. These programs provide benefits for work-related injuries or illness without regard to fault.

**Law Enforcement:** We may disclose your health information for law enforcement purposes, or in response to a valid subpoena or other judicial or administrative request.

**Public Health or Safety:** We may use and disclose health information about you when necessary (i) to prevent a serious threat to your health and safety or the health and safety of others, such as for the purpose of preventing or controlling disease, injury, or disability; (ii) to report the abuse or neglect of children, elders, dependent adults, or others; (iii) to persons subject to the jurisdiction of the Food and Drug Administration for the purposes of product safety or effectiveness; or (iv) to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law. These activities, which are necessary for the government to monitor the health care system, may include audits, investigations, inspections, and licensure.

**Friends and Family Involved in Your Care and Emergencies:** If you need emergency treatment and we are unable to obtain your consent, we may share your health information with a family member or other person who is involved with your care.

**Appointment Reminders and Alternative Treatments:** We may use health information about you to provide you with information about appointment reminders, alternative treatments, or other health-related benefits and services that may be of interest to you.

**Specialized Government Functions:** We may disclose your health information for specialized government purposes, including military and veterans' activities, national security and intelligence activities, protective service of the President and others, medical suitability determinations for Department of State officials, correctional institutions and law enforcement custodial situations, or for the provision of public benefits.

**Coroners and Funeral Directors:** We may disclose protected health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or permit the coroner or medical examiner to fulfill their legal duties. We may also disclose information to funeral directors to allow them to carry out their duties.

**Organ Donation:** We may use or disclose protected health information after your death to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue.

**Research:** We may use or disclose your health information for research if approved by an institutional review or privacy board and appropriate steps have been taken to protect such information.

**Fundraising:** We may use your demographic information, insurance status, and dates of service to contact you regarding any fundraising activities in which we may engage. You may opt out of future fundraising communications.

**Disaster Relief:** In the event of a disaster, we may provide your health information to disaster relief organizations.



# Your Rights Regarding Your Health Information

This section describes your rights regarding the health information we maintain about you. Unless noted otherwise below, your requests relating to the Kimberly-Clark group health plans must be submitted in writing to:

Attn: Privacy Contact Kimberly-Clark  
400 Goodys Lane, Suite 100  
Knoxville, TN 37922

**Right to Inspect and Copy:** You have the right to inspect and copy your health information. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy health information in certain limited circumstances. If you are denied access to health information, you will receive a written denial and information regarding how your denial may be reviewed.

**Right to Amend:** If you believe that health information we have about you is incorrect or incomplete, you have the right to request that we amend the existing information. You must provide the request and your reason(s) for the request in writing to the contact person listed above. You will be notified in writing if your request is denied. If your request is denied, you have the right to submit a written statement disagreeing with the denial, which will be appended or linked to the health information in question.

**Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures of your health information that the Kimberly-Clark group health plans or our business associates have made. Your request must

state a time period, which may not be longer than six years before the date of the request. The first list you request within a 12-month period will be at no cost. For additional lists within a 12-month period, we may charge you for the costs of providing the list. Before providing you with the accounting, we will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations; except as required in the next paragraph, we are not required to agree to your request. If, however, we do agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted by the Kimberly-Clark group health plans.

**Right to Revoke:** You have the right to revoke in writing any authorization you have given us with respect to how we may use or disclose your health information. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain certain records about you.

**Right to Receive Notification in the Event of a Breach:**

You have a right to receive notification if there is a breach of your unsecured health information. After learning of a breach, we must provide notice to you without unreasonable delay and in no event later than 60 calendar days after our discovery of the breach, unless a law enforcement official requires us to delay the breach notification.

**Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Office for Civil Rights, Department of Health and Human Services. You will not be penalized, or in any other way retaliated against, for filing a complaint. All complaints submitted to us must be submitted in writing and sent to the Privacy Contact, as shown below.

**Right to Receive Notice Electronically or Obtain a Paper Copy:** You may download an electronic copy of this document by logging on to K-C Benefit Compass at [kcbenefitcompass.com](http://kcbenefitcompass.com). You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, the Privacy Contact may be reached in writing at the address on page 16. Or, you may call the Privacy Contact at 865-541-7215.

## Changes to the Notice of Health Information Privacy Practices

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for health information we already have about you, as well as any information we receive in the future. We will distribute a revised notice to you and post a copy of the current notice on K-C Benefit Compass.

## For More Information or to Report a Problem

If you have questions or would like additional information, you may contact our Privacy Contact at 865-541-7215. If you believe your privacy rights have been violated, you can file a formal complaint with our Privacy Contact, Kimberly-Clark, 400 Goodys Lane, Suite 100, Knoxville, TN 37922 or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Originally Adopted: August 1, 2005

Revised: November 15, 2022

SF1 1549411



# Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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 aren’t eligible for Medicaid or CHIP, you won’t 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 [healthcare.gov](http://healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [insurekidsnow.gov](http://insurekidsnow.gov) to find out how to apply. If you qualify, ask your 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 aren’t 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 [askebsa.dol.gov](http://askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.**

ALABAMA – Medicaid	ARKANSAS – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
ALASKA – Medicaid	CALIFORNIA - Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://health.alaska.gov/dpa/Pages/default.aspx">http://health.alaska.gov/dpa/Pages/default.aspx</a>	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>



**COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)**

**KENTUCKY – Medicaid**

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

**FLORIDA – Medicaid**

**LOUISIANA – Medicaid**

Website: <https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

**GEORGIA – Medicaid**

**MAINE – Medicaid**

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: (678) 564-1162, Press 2

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofc/applications-forms>  
Phone: 1-800-977-6740.  
TTY: Maine relay 711

**INDIANA – Medicaid**

**MASSACHUSETTS – Medicaid and CHIP**

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
Phone 1-800-457-4584

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

**IOWA – Medicaid and CHIP (Hawki)**

**MINNESOTA – Medicaid**

Medicaid Website: <https://dhs.iowa.gov/ime/members> Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

**KANSAS – Medicaid**

**MISSOURI – Medicaid**

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

Website: <https://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
 Phone: 1-800-694-3084  
 Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

**OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
 Phone: 1-800-699-9075

**NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>  
 Phone: 1-855-632-7633  
 Lincoln: 402-473-7000  
 Omaha: 402-595-1178

**PENNSYLVANIA – Medicaid and CHIP**

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
 Phone: 1-800-692-7462  
 CHIP Website: Children’s Health Insurance Program (CHIP) ([pa.gov](http://pa.gov))  
 CHIP Phone: 1-800-986-KIDS (5437)

**NEVADA – Medicaid**

Medicaid Website: <http://dhcnp.nv.gov>  
 Medicaid Phone: 1-800-992-0900

**RHODE ISLAND – Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/>  
 Phone: 1-855-697-4347, or  
 401-462-0311 (Direct Rlte Share Line)

**NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
 Phone: 603-271-5218  
 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

**SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov>  
 Phone: 1-888-549-0820

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
 Medicaid Phone: 609-631-2392  
 CHIP Website: <http://www.njfamilycare.org/index.html>  
 CHIP Phone: 1-800-701-0710

**SOUTH DAKOTA - Medicaid**

Website: <http://dss.sd.gov>  
 Phone: 1-888-828-0059

**NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
 Phone: 1-800-541-2831

**TEXAS – Medicaid**

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
 Phone: 1-800-440-0493

**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/>  
 Phone: 919-855-4100

**UTAH – Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov/>  
 CHIP Website: <http://health.utah.gov/chip>  
 Phone: 1-877-543-7669

**NORTH DAKOTA – Medicaid**

Website: <https://www.hhs.nd.gov/healthcare>  
 Phone: 1-844-854-4825

**VERMONT- Medicaid**

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
 Phone: 1-800-250-8427

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>  
 Phone: 1-888-365-3742

**VIRGINIA – Medicaid and CHIP**

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
 Medicaid/CHIP Phone: 1-800-432-5924

#### WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

#### WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

#### WEST VIRGINIA – Medicaid & CHIP

Website: <https://dhhr.wv.gov/bms/>  
<http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

#### WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[dol.gov/agencies/ebsa](https://dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[cms.hhs.gov](https://cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## Women’s Health and Cancer Rights Act

All options offered through a Kimberly-Clark medical plan provide coverage for breast reconstruction following a medically necessary mastectomy. Reconstruction includes the affected breast and the non-affected breast to produce a symmetrical appearance, prostheses, and physical complications related to the mastectomy, including lymphedema, in a manner determined in consultation with the attending physician and the patient. This change was effective January 1, 1999, and is required to be communicated every year.



# Kimberly-Clark Corporation 401(k) and Profit Sharing Plan

## Automatic Enrollment Notice, Default Investment Notice, and Safe Harbor Notice

Welcome to the Kimberly-Clark Corporation 401(k) and Profit Sharing Plan (the Plan).

### **THIS NOTICE IS A LEGALLY REQUIRED NOTICE FOR YOUR INFORMATION ONLY.**

You are being provided with this notice because the Plan contains “safe harbor” provisions. The legal rules for safe harbor 401(k) plans require that Kimberly-Clark Corporation (“K-C” or “the Company”) make certain contributions to the Plan and also require that you be provided with certain information about how the Plan works.

This notice describes options available to you if you’re impacted by automatic enrollment (see the Automatic Enrollment section below). It also describes other safe harbor features and options of the Plan. The terms of the Plan document are the governing document. In the event of inconsistency with this document, the terms of the Plan will control.

### **AUTOMATIC ENROLLMENT – HOW DOES IT WORK?**

To make it easy for you to begin saving for retirement, the Plan has a special feature that automatically enrolls you and allows you to make contributions through convenient payroll deductions. Starting with the first pay period after your automatic enrollment date, 8% of your eligible pay

will be deducted on a pre-tax basis. Your contribution rate will automatically increase by 1% of your eligible pay each year in June, until it reaches a target rate of 15%. Your contributions will be invested in the Plan’s default investment option, the Target Date Funds. If you’d like to contribute a pre-tax contribution of 8% with an automatic contribution escalation each year and invest in a Target Date Fund, you don’t need to do anything – your enrollment will take place automatically.

### **WHAT IS THE AUTOMATIC ENROLLMENT DATE?**

This will be provided in the enrollment kit you receive in the mail after your start date with K-C. This is generally thirty days after your start date.

### **WHAT IF YOU’VE ALREADY ENROLLED IN THE PLAN?**

You may enroll early at a different rate or decline contributions. If you’ve enrolled in the Plan and made your elections, you can disregard that section. There will be no changes to your Plan contribution or your elections if you’ve already taken action on your account. Please read on for details about beneficiaries, limits, and where to find more information on the Plan.

### **WHAT ABOUT K-C SAFE HARBOR MATCHING CONTRIBUTION?**

In addition to your contributions, the Company will provide a safe harbor matching contribution equal to 100% of the amount of your pre-tax, after-tax, and/or Roth 401(k) contribution that does not exceed 5% of your eligible earnings.\* IRS limits apply.

For example, assume you earn \$60,000 in eligible earnings during the Plan Year. If you contribute \$6,000 (or 10%) of your eligible earnings to the Plan, the Company will provide you with a matching contribution equal to \$3,000 (100% of the first 5% of \$60,000).

The Company matching contribution will be invested according to your investment elections on file. If no election exists, the matching contribution will be invested in the default investment described below.

\*Mobile hourly employees are eligible for a Company match of up to 4%.

## ELIGIBILITY FOR THE SAFE HARBOR COMPANY MATCHING CONTRIBUTION

To receive safe harbor company matching contributions (“matching contributions”), you must make pre-tax, after-tax, or Roth 401(k) contributions to the Plan. For every dollar of eligible earnings you defer up to 5%, you’ll receive a dollar of matching contributions.\* Matching contributions are generally contributed to the Plan and allocated to your account at the same time that your contributions are made to the Plan. In some cases you may have contributed the amount necessary to receive the maximum matching contribution, but your contributions stopped during the year because you reached an annual contribution limit before you received the full amount of matching contributions for which you are eligible. If this happens, you’ll receive a special “true-up” matching contribution in the first quarter of the following year.

## PROFIT-SHARING CONTRIBUTIONS

The Plan’s governing document provides that K-C may, at some time in the future and in its sole discretion, make profit-sharing contributions to the Plan. If you are actively employed on December 31 by K-C or its subsidiaries, you would receive a profit-sharing contribution for all months during the previous year in which you were paid eligible earnings by a participating unit and were eligible for the Plan. If you are a participant and terminate employment during the year, on or after age 55, or your employment ends due to death, you’ll receive a profit-sharing contribution for all months in which you were paid eligible earnings and were eligible for the Plan. Eligible earnings are taken into account in calculating your profit-sharing contribution only in the months in which you were eligible to participate in the Plan.

K-C will determine if a profit-sharing contribution will be provided based on the Company’s performance. The target for the annual profit-sharing contribution is 4% with a range between 0% and 8%.

\*Mobile hourly employees are eligible for a Company match of up to 4%.

## ELIGIBLE EARNINGS

Eligible earnings (“pay”) considered for the safe harbor matching and profit sharing contribution include your wages, overtime, shift differential, and certain bonuses (AIP, MAAP, Merit Lump Sum, Mill Incentive, Sales Incentive, Vacancy Pay, Lump Sum in lieu of Wage Increase or Fire Brigade) paid while you’re an eligible employee in the Plan. Profit-sharing contributions will be based on earnings for the year for which the contribution is being made, so that a profit sharing contribution made in 2025 for the 2024 Plan year will be based on 2024 earnings.

## AUTOMATIC INVESTMENT ALTERNATIVE SUMMARY

The Plan lets you invest your account balances in a number of different investment funds. If you are automatically enrolled in the Plan, unless you choose another investment option, your contributions and matching contributions will initially be invested in a Target Date Fund. The Target Date Fund is intended to serve as the Plan’s “qualified default investment alternative” (“QDIA”) under Section 404(c) (5) of ERISA, pursuant to guidance from the Department of Labor. You will be defaulted to the Target Date Fund close to the date you’ll turn age 65 (refer to the chart in the Summary Plan Description).

## HOW DO YOU GET MORE INFORMATION ON THE PLAN AND YOUR INVESTMENT OPTIONS?

You can view the investment fund information which will be included in your enrollment kit. This will give you specific information on the Core Funds and the Premixed Portfolios. In addition to these investment funds, you also have available to you a Self-Directed Brokerage Account (SDBA). For more information on the Plan and your investment options, see the contact information at the end of this notice.

## HOW CAN YOU REVIEW A COPY OF K-C'S MOST RECENT ANNUAL REPORT AND PROXY STATEMENT?

K-C's annual report and proxy statement contain important information that you should carefully consider prior to making an investment in Kimberly-Clark stock. You can review a copy of these documents by logging on to [netbenefits.com](https://netbenefits.com), clicking on *Quick Links* link and selecting *Plan Information and Documents*. You can also obtain a paper copy of these documents free of charge by contacting Stockholder Services by email at [stockholders@kcc.com](mailto:stockholders@kcc.com), by telephone at 972-281-1522, or by mail at P.O. Box 612606, Dallas, Texas 75261-2606.

## WANT TO SAVE AT A DIFFERENT RATE OR INVEST IN DIFFERENT FUNDS?

You may choose to make changes based on your unique savings needs and the amount of risk you want to assume. Once you complete your election on [netbenefits.com](https://netbenefits.com) or the K-C Benefits Information Line, the change will take place as soon as administratively possible. These contributions will be allocated to your account based on your elected investment options.

You may choose to contribute at a different pre-tax, after-tax, or Roth 401(k) contribution election, up to a combined maximum contribution of 50% of eligible earnings (not to exceed Internal Revenue Service (IRS) contribution limits). If you were defaulted into the Plan's qualified default investment, you may also elect to direct your contributions into one or more of the Plan's investment options. You may change your investment options daily (subject to appropriate, applicable restrictions on specific investment options). If you enrolled in Personalized Planning & Advice, you cannot change your investment choices, as this is one of the services they provide.

## NOT READY TO ENROLL IN THE PLAN?

If you don't wish to enroll at this time, you may decline enrollment and miss the benefit of receiving matching contributions. Log in to [netbenefits.com](https://netbenefits.com) or call the K-C Benefits Information Line before the deadline provided in your enrollment kit. If you don't decline enrollment by this date, you'll be automatically enrolled in the Plan. Please note that any contributions made to the Plan cannot be refunded to employees who decline at a later date.

Note that if you don't contribute to the Plan, you'll be missing out on matching contributions and an important opportunity to save for retirement. Also note that any automatic contributions made to the K-C Plan cannot be refunded to employees who stop making contributions in the Plan at a later date.

## HOW CAN YOU DESIGNATE OR CHANGE YOUR BENEFICIARY?

You can log in to [netbenefits.com](https://netbenefits.com), choose *Profile* and select *Beneficiaries* or call the K-C Benefits Information Line to designate a beneficiary who will receive your Plan account balance in the event of your death. If you don't choose a beneficiary, the benefit will be paid based on the provisions of the Plan. You can change your beneficiary at any time, subject to legal requirements.

## WHAT ABOUT ANNUAL CONTRIBUTION LIMITS?

If you contributed to another employer's qualified plan on a pre-tax basis or Roth 401(k) basis this calendar year, please make sure that the pre-tax and Roth 401(k) contributions that you have contributed across all plans do not exceed the annual contribution limit established by the IRS.

## VESTING

You're immediately 100% vested in your contributions and the company contributions made to the Plan.

## WITHDRAWAL RESTRICTIONS

There are limits on when you may withdraw your funds. These limits may be important to you in deciding how much, if any, to contribute to the Plan. Generally, you cannot withdraw pre-tax and/or Roth 401(k) contributions, company match safe harbor contributions or profit sharing contributions until you separate employment with the Company, you reach age 59½, or you become disabled. Also, there's generally an extra 10% tax on distributions before age 59½. You may withdraw after-tax contributions, and after-tax rollover contributions, provided such amounts (excluding earnings and losses) have been in the Plan for at least 24 months. Your beneficiary will receive any amount remaining in your account when you die.

Additionally, you may be able to borrow certain amounts from your account.



In certain cases, the Plan allows you to take a hardship withdrawal if you qualify for a “hardship” as defined by the Plan. However, in the event of a financial hardship, you cannot withdraw the company match safe harbor contributions or profit sharing contributions, including the earnings on both, that the Company made to your account.

At or after age 59½, you can withdraw your pre-tax, Roth 401(k), and matching contributions. Additionally, you can withdraw your Roth contributions with tax-free earnings with at least five years of Roth participation, at or after age 59½, or upon disability. Note that your beneficiary may withdraw all contributions and earnings upon your death.

Withdrawals that are not hardship withdrawals are limited to two per calendar year. You are not allowed to take an in-service withdrawal of profit sharing contributions.

You can find more information about what qualifies as a hardship using the contact information described on page 10.

## FOR MORE INFORMATION

**Web:** NetBenefits at [netbenefits.com](https://netbenefits.com)

**Phone:** Toll free at 800-551-2333 between 8:30 a.m. and 8:30 p.m., ET, Monday-Friday.

*This document is a brief summary of each Plan’s and Program’s provisions. Nothing in this document changes any of the Plans’ or Programs’ provisions or affects any rights under the Plans. Each Plan’s and Program’s document is the only governing document. Kimberly-Clark reserves the right to amend a part or all of the Plans and Programs or even discontinue the Plans and Programs.*



**\* Kimberly-Clark**

