

Kimberly-Clark Inc.

Group Benefits Plan 2024 Cost Sheet

		Regular Full-Time Employee			Regular Part-Time Employee		
MEDICAL Monthly premium	Total	Company	Cost to Employee	Per Pay Period Amount	Company	Cost to Employee	Per Pay Period Amount
Single	\$130.64	\$111.06	\$19.58	\$9.79	\$91.48	\$39.16	\$19.58
Family	\$339.13	\$288.27	\$50.86	\$25.43	\$237.41	\$101.72	\$50.86

DENTAL Monthly premium	Total	Company	Cost to Employee	Per Pay Period Amount	Company	Cost to Employee	Per Pay Period Amount
Single	\$50.85	\$43.23	\$7.62	\$3.81	\$35.61	\$15.24	\$7.62
Family	\$181.07	\$153.91	\$27.16	\$13.58	\$126.75	\$54.32	\$27.16

EMPLOYEE LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	No Cost to Employee
--	---------------------

OPTIONAL EMPLOYEE AND SPOUSAL LIFE					
Premium per \$1,000 of coverage based on age, gender and smoker status					
Age Band*		Male Smoker	Male Non-Smoker	Female Smoker	Female Non-Smoker
0	24	\$0.097	\$0.049	\$0.042	\$0.021
25	29	\$0.094	\$0.047	\$0.051	\$0.026
30	34	\$0.091	\$0.046	\$0.073	\$0.037
35	39	\$0.103	\$0.052	\$0.103	\$0.052
40	44	\$0.163	\$0.082	\$0.150	\$0.076
45	49	\$0.258	\$0.130	\$0.236	\$0.119
50	54	\$0.431	\$0.217	\$0.357	\$0.180
55	59	\$0.678	\$0.342	\$0.527	\$0.266
60	64	\$0.954	\$0.481	\$0.690	\$0.348

*Premium changes due to age will be updated as of January 1st of each year

OPTIONAL EMPLOYEE AND SPOUSAL AD&D	
Premium per \$1,000 of coverage	
Cost to Employee	\$0.030

OPTIONAL CHILD LIFE	
Premium per \$1,000 of coverage	
Cost to Employee	\$0.227

OPTIONAL MEMBER / SPOUSE CRITICAL ILLNESS INSURANCE					
Premium per \$10,000 of coverage based on age, gender and smoker status					
Age Band*		Male Smoker	Male Non-Smoker	Female Smoker	Female Non-Smoker
0	29	\$1.65	\$1.40	\$1.55	\$1.32
30	34	\$2.65	\$1.93	\$3.05	\$2.29
35	39	\$3.37	\$2.36	\$4.32	\$2.82
40	44	\$5.74	\$3.44	\$7.38	\$4.06
45	49	\$11.27	\$5.71	\$10.92	\$5.37
50	54	\$20.29	\$8.99	\$17.39	\$8.15
55	59	\$33.83	\$13.97	\$20.49	\$9.88
60	64	\$53.97	\$22.82	\$26.37	\$13.96
65	69	\$90.21	\$41.55	\$41.54	\$23.90

*Premium changes due to age will be updated as of January 1st of each year

SHORT-TERM DISABILITY (STD)	No Cost to Employee
LONG-TERM DISABILITY (LTD)	No Cost to Employee
BUSINESS TRAVEL ACCIDENT (BTA)	No Cost to Employee

This document provides a summary of the Kimberly-Clark Inc. group benefits plan premiums. In the case of any conflict between this document or the master plan document, the plan document will govern. Kimberly-Clark Inc. reserves the right to change the group benefits plan offered to its employees and future retirees, at any time.

For more detailed information about your group benefits, please refer to your *Employee Booklet*. If you need additional information, call the Sun Life Financial Customer Care Centre at 866-881-0583. Representatives are available between 8 a.m. and 8 p.m., Eastern time, Monday through Friday except holidays.