



2023

Guide to Employee Benefits





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## Welcome to Your Benefits!

We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family, and be sure to act before the enrollment deadline.

This brochure highlights the main features of our employee benefits program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. The Company reserves the right to change or discontinue its employee benefits plans at any time.



## Eligibility

If you are a Full Time Employee, you are eligible for benefits. You may also enroll your eligible dependents for coverage. Eligible dependents could be:



## CHANGING BENEFITS AFTER ENROLLMENT

During the year, you cannot make changes to your benefits unless you have a Qualified Life Event. If you do not make changes to your benefits within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

QUALIFIED LIFE EVENT	DOCUMENTATION NEEDED	
Change in marital status	Marriage	Copy of marriage certificate
	Divorce/Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
Change in number of dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full time to part time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

\* Your domestic partner with whom you have lawfully registered into a domestic partnership in a state or municipality that provides for such registration.

\*\*Proof of dependent status must be uploaded into iSolved.

# Benefit Costs

Your payroll contributions for medical, dental and vision benefits are shown here. The premiums you pay are based on the plan you select, your salary band and coverage level. Your salary band is based on your current annual base earnings. Even if your annual base earnings increases after you enroll, your salary band will not change until next year's Open Enrollment.

	HSA PLAN EMPLOYEE CONTRIBUTIONS					
	SALARY <\$40,000		SALARY \$40,000 - \$80,000		SALARY >\$80,000	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$38.68	\$19.34	\$42.09	\$21.04	\$42.09	\$21.04
Employee + Spouse	\$130.49	\$65.24	\$209.91	\$104.96	\$223.95	\$111.98
Employee + Child(ren)	\$106.76	\$53.38	\$171.74	\$85.87	\$183.23	\$91.62
Employee + Family	\$183.86	\$91.93	\$295.78	\$147.89	\$315.57	\$157.79

	HRA PLAN EMPLOYEE CONTRIBUTIONS					
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
	Employee Only	\$83.39	\$41.69	\$85.62	\$42.81	\$85.62
Employee + Spouse	\$228.87	\$114.44	\$308.30	\$154.15	\$319.75	\$159.88
Employee + Child(ren)	\$187.26	\$93.63	\$252.24	\$126.12	\$261.62	\$130.81
Employee + Family	\$322.49	\$161.25	\$434.41	\$217.20	\$450.56	\$225.28

	PPO PLAN EMPLOYEE CONTRIBUTIONS					
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
	Employee Only	\$132.76	\$66.38	\$133.68	\$66.84	\$133.68
Employee + Spouse	\$337.43	\$168.71	\$416.85	\$208.43	\$425.45	\$212.73
Employee + Child(ren)	\$276.07	\$138.04	\$341.06	\$170.53	\$348.09	\$174.04
Employee + Family	\$475.46	\$237.73	\$587.38	\$293.69	\$599.50	\$299.75

DENTAL	HIGH PLAN		LOW PLAN		DHMO	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$18.76	\$9.38	\$16.24	\$8.12	\$9.84	\$4.92
Employee + 1	\$44.81	\$22.40	\$33.14	\$16.57	\$20.07	\$10.03
Employee + 2 or more	\$65.03	\$32.52	\$51.05	\$25.52	\$30.88	\$15.44

VISION	VSP	
	BI-WEEKLY	WEEKLY
Employee Only	\$3.29	\$1.64
Employee + 1	\$6.06	\$3.03
Employee + 2 or more	\$8.60	\$4.30

## BENEFIT COSTS (CONTINUED)

EMPLOYEE AND SPOUSE/DOMESTIC PARTNER (MONTHLY RATE PER \$1,000 OF COVERAGE)			
AGE	VOLUNTARY LIFE*	VOLUNTARY AD&D	COMBINED RATE
<20-34	\$0.02	\$0.03	\$0.05
35-39	\$0.04	\$0.03	\$0.07
40-44	\$0.09	\$0.03	\$0.12
45-49	\$0.14	\$0.03	\$0.17
50-54	\$0.32	\$0.03	\$0.35
55-59	\$0.51	\$0.03	\$0.54
60-64	\$0.53	\$0.03	\$0.56
65-69	\$0.97	\$0.03	\$1.00
70-74	\$2.62	\$0.03	\$2.65
75+	\$5.52	\$0.03	\$5.55
CHILD(REN) (MONTHLY RATE PER \$1,000 OF COVERAGE)			
	VOLUNTARY LIFE	VOLUNTARY AD&D	COMBINED RATE
One contribution covers all dependent children	\$0.149	\$0.03	\$0.179

\*Voluntary Life coverage available for employee only from age 70+

SHORT-TERM DISABILITY RATES**	
AGE	MONTHLY RATE PER \$10 OF WEEKLY GROSS BENEFIT
<20-24	\$0.48
25-29	\$0.49
30-34	\$0.51
35-39	\$0.49
40-44	\$0.53
45-49	\$0.59
50-54	\$0.70
55-59	\$0.87
60-64	\$1.04
65-69	\$1.16
70-74	\$1.51
75+	\$1.97

LONG-TERM DISABILITY RATES	
AGE	MONTHLY RATE PER \$100 OF COVERED PAYROLL
<20-24	\$0.10
25-29	\$0.19
30-34	\$0.38
35-39	\$0.60
40-44	\$0.91
45-49	\$1.22
50-54	\$1.49
55-59	\$1.68
60-64	\$1.76
65-69	\$1.85
70-74	\$1.94
75+	\$2.04

\*\*STD rate for states with statutory benefits is \$0.08 (per \$10)



Medical insurance is essential to your well-being, and our Medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens. Visit [www.MyCigna.com](http://www.MyCigna.com) to set up your account to track deductibles and out of pocket costs, copays and coinsurance costs, and more! MyCigna will help you locate the lowest costs for procedures and tests.

## Medical

Excelligence offers three (3) plans for your convenience. All plans are through Cigna, but each plan will work a little different.

- **HDHP with HSA Plan** — This plan has the lowest weekly/bi-weekly premium with a deductible that must be met before the plan coverage kicks in. You may also elect to have an HSA to help meet the deductibles.
- **PPO Plan with HRA** — This plan has the same deductibles as the HDHP Plan, however, Excelligence will give you \$1,000 for employee only or \$2,000 for family coverage to help meet that deductible. The weekly/bi-weekly premiums are higher than the HDHP Plan as well. You may elect an FSA to also help meet your deductibles and out-of-pocket expenses.
- **PPO Plan** — This plan has a lower deductible for Individual and Family; however the premium for weekly/bi-weekly is higher than the other two plans. You may elect an FSA to help meet your deductibles and out-of-pocket expenses.

### PARTS OF YOUR MEDICAL PLAN

- **Preventive care** — always 100% covered when you use in-network providers and includes things like physical exams, flu shots and screenings.
- **Annual deductible amounts** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Annual out-of-pocket maximums** – the most you will pay each year for eligible in-network and out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- **Copays** – A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurance** – Once you've met your deductible, you and the plan share the cost of care, called coinsurance.



## MEDICAL PLAN COMPARISON

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. In-network providers charge members reduced, contracted fees instead of their typical fees. Providers outside the plan’s network set their own rates, so you may be responsible for the difference if a provider’s fees are above the Reasonable and Customary (R&C) limits.

	HDHP WITH HSA PLAN	
	IN-NETWORK	OUT-OF-NETWORK
	YOU PAY	
<b>CALENDAR YEAR DEDUCTIBLE</b>		
Individual	\$3,000	\$5,800
Family	\$6,000	\$11,800
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>		
Individual	\$5,000	\$15,000
Family	\$10,000	\$30,000
<b>COINSURANCE / COPAYS</b>		
Preventive Care	\$0	50%*
Primary Care Physician	20%*	50%*
Specialist	20%*	50%*
Urgent Care	20%*	50%*
Emergency Room	20%*	

\* After deductible

	EMPLOYEE CONTRIBUTIONS SALARY <\$40,000		EMPLOYEE CONTRIBUTIONS SALARY \$40,000-\$80,000		EMPLOYEE CONTRIBUTIONS SALARY >\$80,000	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$38.68	\$19.34	\$42.09	\$21.04	\$42.09	\$21.04
Employee + Spouse	\$130.49	\$65.24	\$209.91	\$104.96	\$223.95	\$111.98
Employee + Child(ren)	\$106.76	\$53.38	\$171.74	\$85.87	\$183.23	\$91.62
Employee + Family	\$183.86	\$91.93	\$295.78	\$147.89	\$315.57	\$157.79

**NOTE:** Employees must meet the deductible before the plan pays, except for preventive care



	PPO PLAN WITH HRA	
	IN-NETWORK	OUT-OF-NETWORK
	YOU PAY	
<b>CALENDAR YEAR DEDUCTIBLE</b>		
Individual	\$3,000	\$9,000
Family	\$6,000	\$18,000
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>		
Individual	\$5,000	\$15,000
Family	\$10,000	\$30,000
<b>COINSURANCE / COPAYS</b>		
Preventive Care	\$0	50%*
Primary Care Physician	\$30 copay	50%*
Specialist	\$40 copay	50%*
Urgent Care	\$30 copay	50%*
Emergency Room	30%*	

\* After deductible

	EMPLOYEE CONTRIBUTIONS SALARY <\$40,000		EMPLOYEE CONTRIBUTIONS SALARY \$40,000-\$80,000		EMPLOYEE CONTRIBUTIONS SALARY >\$80,000	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$83.39	\$41.69	\$85.62	\$42.81	\$85.62	\$42.81
Employee + Spouse	\$228.87	\$114.44	\$308.30	\$154.15	\$319.75	\$159.88
Employee + Child(ren)	\$187.26	\$93.63	\$252.24	\$126.12	\$261.62	\$130.81
Employee + Family	\$322.49	\$161.25	\$434.41	\$217.20	\$450.56	\$225.28





	TRADITIONAL PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK
	<b>YOU PAY</b>	
<b>CALENDAR YEAR DEDUCTIBLE</b>		
Individual	\$1,000	\$3,000
Family	\$3,000	\$9,000
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>		
Individual	\$5,000	\$15,000
Family	\$10,000	\$30,000
<b>COINSURANCE / COPAYS</b>		
Preventive Care	\$0	50%*
Primary Care Physician	\$35 copay	50%*
Specialist	\$35 copay	50%*
Urgent Care	\$35 copay	50%*
Emergency Room	\$150 copay (waived if admitted), then 30%*	

\* After deductible

	EMPLOYEE CONTRIBUTIONS SALARY <\$40,000		EMPLOYEE CONTRIBUTIONS SALARY \$40,000-\$80,000		EMPLOYEE CONTRIBUTIONS SALARY >\$80,000	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$132.76	\$66.38	\$133.68	\$66.84	\$133.68	\$66.84
Employee + Spouse	\$337.43	\$168.71	\$416.85	\$208.43	\$425.45	\$212.73
Employee + Child(ren)	\$276.07	\$138.04	\$341.06	\$170.53	\$348.09	\$174.04
Employee + Family	\$475.46	\$237.73	\$587.38	\$293.69	\$599.50	\$299.75



## PHARMACY PLAN COMPARISON

When you enroll in Medical coverage, you will also receive prescription benefits. Here you can see the basics, but be sure to check the formulary for a full list of the prescriptions that are covered by the plan. Remember, you can always ask your doctor about lower-cost alternatives. Generic drugs tend to be less expensive than brand-name drugs, so keep that in mind when shopping around.

	PPO PLAN WITH HRA		HDHP WITH HSA PLAN		TRADITIONAL PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>YOU PAY</b>						
<b>RETAIL RX (UP TO 30-DAY SUPPLY)</b>						
Generic	\$20	Not covered	\$20*	Not covered	\$20	Not covered
Brand Preferred	\$45		\$45*		\$45	
Brand Non-Preferred	\$75		\$75*		\$75	
Specialty Drugs	30% up to \$250		30% up to \$250		30% up to \$250	
<b>MAIL ORDER RX (UP TO 90-DAY SUPPLY)</b>						
Generic	\$45	Not covered	\$45*	Not covered	\$45	Not covered
Brand Preferred	\$135		\$135*		\$135	
Brand Non-Preferred	\$225		\$225*		\$225	

\* After deductible

## SAVE ON PRESCRIPTION DRUGS

### ASK FOR GENERICS

Generic and brand-name drugs have the same active ingredients, which means they have the same efficacy for treating your condition. The main difference is the cost to you.

Brand-name drugs tend to be more expensive because of the lengthy drug development process. Manufacturers charge more to recoup costs. When a patent expires, other manufacturers can produce the medication, and competition drives the price down.

### HOME DELIVERY

Enjoy the convenience and savings of home delivery for medications you take on a regular basis through our mail-order prescription program. The larger 90-day supply is mailed directly to your home — saving you time and money.

**NOTE:** You must meet the deductible for the HDHP Plan before benefits kick in.



# HSA

A Health Savings Account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan.

## HOW A HEALTH SAVINGS ACCOUNT WORKS



### ELIGIBILITY

You must be enrolled in the High Deductible Health Plan.

### CONTRIBUTIONS

**You contribute** on a pretax basis and can change how much you contribute from each paycheck up to the annual IRS maximum of \$3,850 if you enroll only yourself or \$7,750 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55 or older.



### ELIGIBLE EXPENSES

You may use your HSA funds to cover Medical, Dental, Vision and prescription drug expenses incurred by you and your eligible family members.

### USING YOUR ACCOUNT

Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



### YOUR HSA IS ALWAYS YOURS — NO MATTER WHAT.

One of the best features of an HSA is that any money left in your account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the Company or retire, your HSA goes with you so you can continue to pay for or save for future eligible health care expenses.





## FOR YOUR PROTECTION

The out-of-pocket maximum provides financial protection in the event of a serious illness or injury. The out-of-pocket maximum includes your payments for covered in-network or out-of-network expenses, as applicable, and is withdrawn from your funds. The out-of-pocket maximum, however, does not include penalties (such as a late cancellation fee for a doctor's appointment). After you reach your out-of-pocket maximum, the plan covers all expenses up to 100% for the rest of the year.

## HRA

A Health Reimbursement Account (HRA) is an account that you can use to pay out-of-pocket medical expenses with pretax dollars when you are enrolled in the HRA Medical plan. You can use HRA money to pay for eligible medical expenses for you and your covered dependents. HRAs are also a way for an individual or a family to pay for medical expenses without the funds being taxed by the government beforehand. The employee may not contribute to the HRA. Please note: Funds available for reimbursement are limited to the balance in your HRA.

### USING THE HRA



**The Company contributes to your account.**  
\$1,000 for individual employees | \$2,000 for a family



**Your expenses are paid by your HRA.**  
Your HRA pays your eligible deductible and coinsurance amounts.



**You make all applicable copayments at the doctor's office.**  
These payments apply toward your deductible.



**You pay your deductible.**  
After you use all of your HRA funds, you then pay the rest of the deductible amount out of your own pocket.



**After that, you pay only coinsurance.**  
Once you have met your deductible, you share in the cost of the expenses. This is called coinsurance.

## FSA's

Flexible Spending Accounts (FSAs) allow you to pay for eligible expenses using tax-free dollars. Important: There is a "use it or lose it" rule imposed by the IRS. If you do not spend all the money in your Health Care, Limited Purpose or Dependent Care FSA by March 31 of the following year for expenses incurred from January 1 – December 31, unused dollars will be forfeited per IRS regulations for pretax contributions.

### HEALTH CARE FSA

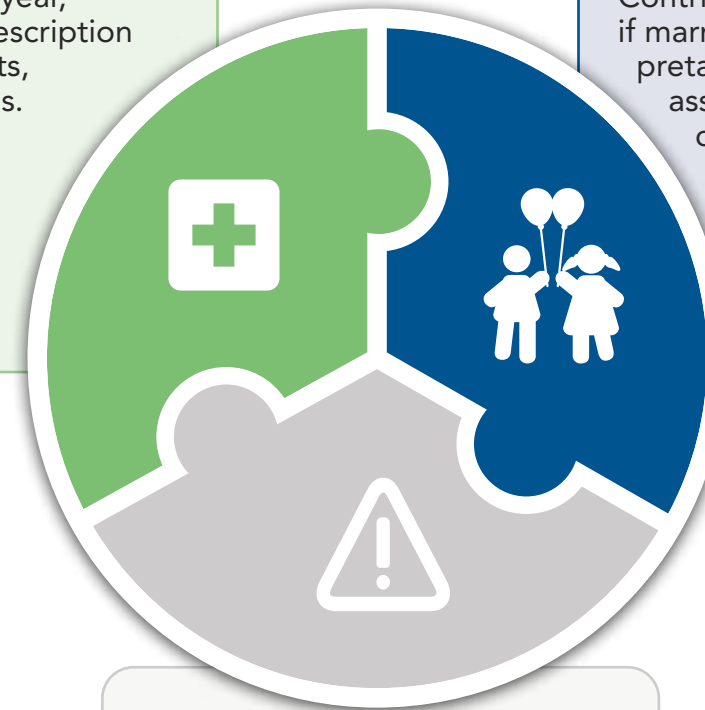
Contribute up to \$3,050 per year, pretax, to pay for copays, prescription expenses, lab exams and tests, contact lenses and eyeglasses.

### Limited Purpose FSA\*

Those enrolled in the HDHP can contribute up to \$3,050 per year, pretax, to pay for eligible vision and dental expenses.

### DEPENDENT CARE FSA

Contribute up to \$5,000 per year (\$2,500 if married and filing separate tax returns), pretax, to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.



### USE IT OR LOSE IT

If you do not spend all the money in this FSA by **March 31**, per IRS regulations for pretax contributions, unused dollars will be forfeited.

\*Current IRS max, subject to change

When you need care — anytime, day or night — or when your primary care provider is not available, telemedicine can be a convenient option. With telemedicine, you don't have to drive to the doctor's office or sit in a waiting room when you're sick — you can see your doctor from the comfort of your own bed or sofa.



## Telemedicine

### REGISTER TODAY SO YOU ARE READY WHEN YOU NEED CARE

- Avoid germs in the ER, urgent care clinic or doctor's office.
- See a board-certified, licensed, telehealth-trained doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends and holidays.
- Get treated for more than 80 common conditions including colds, flu, allergies and more.
- Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby in less time than your usual doctor visit.
- Avoid costly copays and deductibles of the ER and urgent care clinic.

### USING TELEMEDICINE IS AS EASY AS ONE, TWO, THREE

STEP  
1

#### REGISTER NOW

**Setting up your secure account takes only minutes.**

Visit [MDLIVEforCigna.com](https://MDLIVEforCigna.com) and click on Login / Register > Get Started or call 888-726-3171

STEP  
2

#### REQUEST A VISIT

You can have a doctor visit right away or schedule an appointment — all by phone, computer or the app.

STEP  
3

#### FEEL BETTER

Get treated by a doctors who can prescribe medication if necessary.



Taking care of your oral health is not a luxury — it's a necessity to long-term optimal health.

With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will pay only a small deductible and coinsurance for basic and major services.

## Dental

When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

	DENTAL PPO HIGH PLAN		DENTAL PPO LOW PLAN		DENTAL HMO PLAN**
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
<b>CALENDAR YEAR PLAN MAXIMUM</b>					
Per Individual	\$1,500 per individual (Basic and Major Services combined)		\$1,500 per individual (Basic and Major Services combined)		\$0
<b>YOU PAY</b>					
<b>CALENDAR YEAR DEDUCTIBLE</b>					
Individual	\$50		\$50		\$0
Family	\$150		\$150		\$0
<b>PREVENTIVE CARE</b>					
Exams, Cleanings, X-rays	\$0	\$0	\$0	\$0	\$0-\$50 copay
<b>BASIC SERVICES</b>					
Fillings, Extractions, Root Canals	10%	20%	20%	20%	\$0-\$95 copay
<b>MAJOR PROCEDURES</b>					
Dentures, Crowns, Bridges	40%	50%	50%	50%	\$0-\$720 copay
<b>ORTHODONTIA</b>					
Adults	50%*		Not covered		Covered
Children	50%*				

\*For Out-of-Network services, members pay applicable coinsurance plus any amount that exceeds the usual, customary, and reasonable charge.

\*\*DHMO is not available in AK, MT, ND, NH, SD, VT, WY.

(For a complete listing of covered benefits refer to your plan documents.)

EMPLOYEE CONTRIBUTIONS	DENTAL PPO HIGH PLAN		DENTAL PPO LOW PLAN		DENTAL HMO PLAN	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$18.76	\$9.38	\$16.24	\$8.12	\$9.84	\$4.92
Employee + 1	\$44.81	\$22.40	\$33.14	\$16.57	\$20.07	\$10.03
Employee + 2 or more	\$65.03	\$32.52	\$51.05	\$25.52	\$30.88	\$15.44



## Vision

You may enroll yourself and your eligible dependents, or you may waive Vision coverage. You do not have to be enrolled in Medical coverage to elect Vision coverage or cover the same dependents under Medical and Vision.

The table below summarizes the key features of the Vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.



Healthy eyes and clear vision are an important part of your overall health and quality of life.

VSP VISION PLAN	
	IN-NETWORK
	YOU PAY
Exam	\$10 copay
Single Vision Lenses	\$0
Bifocal Lenses	\$95-\$105
Trifocal Lenses	\$150-\$175
Frames	\$140 allowance for a wide selection of frames
	\$160 allowance for featured frame brands
	20% savings on the amount over your allowance
	\$75 Walmart/Costco frame allowance
Elective Contacts	Up to \$60 copay
BENEFIT FREQUENCY	
Exams	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 24 months
Contacts	Once every 12 months

EMPLOYEE CONTRIBUTIONS		
	BI-WEEKLY	WEEKLY
Employee Only	\$3.29	\$1.64
Employee + 1	\$6.06	\$3.03
Employee + 2 or more	\$8.60	\$4.30



# Income Protection

## BASIC LIFE AND AD&D

Life insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death. Accidental Death & Dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (e.g., loss of sight, loss of a limb), the benefit you receive is a percentage of your total AD&D coverage based on the severity of the accidental injury.

BASIC LIFE AND AD&D INSURANCE – FOR YOU		
COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/PROOF OF GOOD HEALTH
Basic Life and AD&D	\$25,000	None

### IMPUTED INCOME

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

### GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

## VOLUNTARY LIFE AND AD&D

Voluntary Life and AD&D insurance for you and your dependents can help protect your family during difficult times.

VOLUNTARY LIFE AND AD&D INSURANCE – FOR YOU AND YOUR DEPENDENTS		
COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/PROOF OF GOOD HEALTH
Employee Only	Increments of \$10,000 not to exceed 5 times to your salary or \$500,000.	Required if electing coverage equal to or greater than \$150,000.
Spouse	Increments of \$5,000 up to \$50,000 – not to exceed 50% of employee coverage.	None
Child(ren)	Increments of \$2,500 to a maximum of \$10,000.	None
	\$500 for children birth to 6 months.	

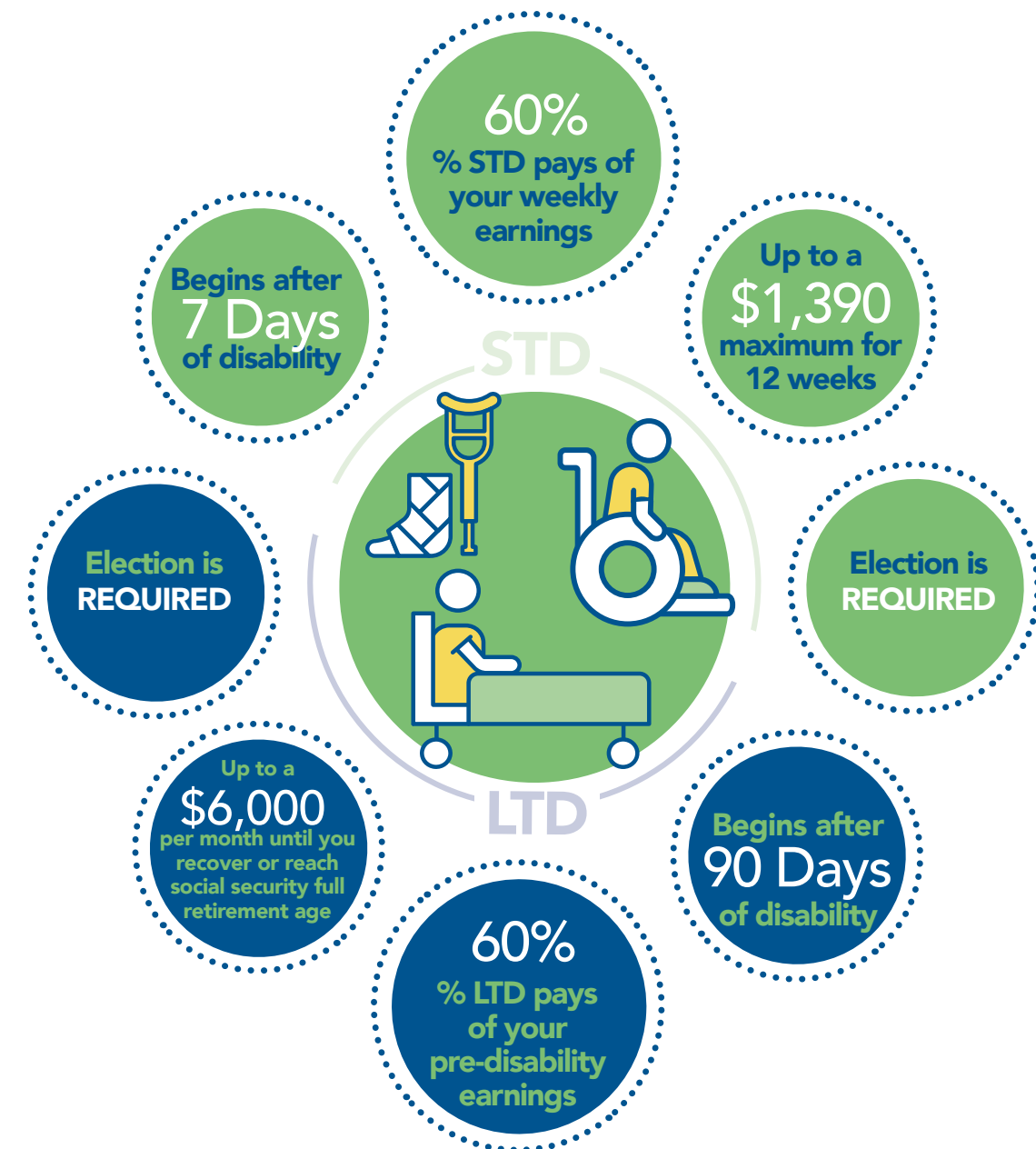
### EMPLOYEE AND SPOUSE/DOMESTIC PARTNER COMBINED RATE

AGE	MONTHLY RATES PER \$1,000	AGE	MONTHLY RATES PER \$1,000
< 20-34	\$0.05	60-64	\$0.56
35-39	\$0.07	65-69	\$1.00
40-44	\$0.12	70-74	\$2.65
45-49	\$0.17	75+	\$5.55
50-54	\$0.35	Child Rate	\$0.179
55-59	\$0.54		



## VOLUNTARY DISABILITY

Disability insurance can keep you financially stable should you experience a qualifying disability and become unable to work. It can help provide a sense of security, knowing that if the unexpected should happen, you'll still receive a monthly income. A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.



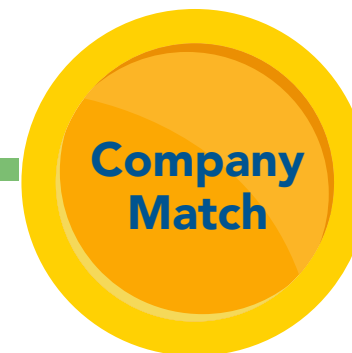


## Planning for Retirement

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 401(k) savings plan allows you to save for retirement on a pretax basis. You can begin contributing to the plan at any time once you become eligible and can start making contributions to your account through convenient payroll deductions. Excelligence will match 100% of your contribution up to the first 3%, and 50% of the next 2% of contribution.

### INCREASE YOUR RETIREMENT SAVINGS WITH A 401(K)

SET ASIDE CONTRIBUTIONS OF YOUR ELIGIBLE EARNINGS



can not exceed the IRS limit of **\$22,500**



If you are **AGE 50+** you can make an additional contribution of **\$7,500**

Call Fidelity today at (800) 835-5097 to get started or go to [www.nb.fidelity.com](http://www.nb.fidelity.com).



# Supplemental Medical

Just as it sounds, Supplemental Medical plans can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary.

## ACCIDENT INSURANCE

Accident insurance pays out a lump sum if you become injured because of an accident. It allows you to claim benefits even if the injuries you incur do not keep you out of work. Accident insurance may also complement health insurance if an accident causes you to have medical expenses that your health insurance doesn't cover.

Accident insurance covers qualifying injuries, which might include a broken limb, loss of a limb, burns, lacerations or paralysis. In the event of your accidental death, Accident insurance pays out money to your designated beneficiary. While health insurance companies pay your provider or facility, Accident insurance pays you directly.

### ELIGIBLE EXPENSES



**Emergency Room Visits**



**Hospital Stays**



**Fractures and Dislocations**



**Medical Exams** – including major diagnostic exams



**Physical Therapy**



**Transportation and Lodging** – if you are away from home when the accident happens

### HOW DOES ACCIDENT INSURANCE WORK?

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging, and follow-up care. Here's how it works:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse and eligible dependent children.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Accident insurance covers injuries that happen on the job or off the job — unlike workers' compensation, which only covers on-the-job injuries.
- Benefit payments are not reduced by any other insurance you may have with other companies.

### MONTHLY PREMIUMS

<b>Employee Only</b>	\$16.00
<b>Employee + Spouse</b>	\$27.68
<b>Employee + Child(ren)</b>	\$33.64
<b>Family</b>	\$42.68

## CRITICAL ILLNESS INSURANCE

While medical insurance is vital, it doesn't cover everything. If you suffer from a serious illness, such as cancer, stroke or a heart attack, Medical insurance may not provide the coverage you need. Critical Illness insurance will ease the financial strain and help you focus on your recovery.

### HOW WILL A CRITICAL ILLNESS CLAIM GET PAID?

After purchasing Critical Illness insurance, if you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum. The payment will go directly to you instead of to a medical provider. The payment you receive can be used for many things including:

- Child care costs
- Medical expenses
- Travel expenses for you and your family
- Lost wages from missed time at work
- Living expenses

Note: To enroll in this plan, you must be enrolled in a medical plan (any major plan, not necessarily an Excelligence medical plan). If you are enrolling in the Critical Illness plan, you will need to submit EOI. Not doing so will result in your enrollment being terminated.

The Accidental and Critical Illness Insurance Plans are not sponsored by Excelligence Corporation and are not intended to be subject to ERISA. This means that the company does not endorse this benefit program; it is offered to you merely as a consequence of your employment with Excelligence Learning Corporation. If you elect to participate in this benefit, your contracted relationship will be directly with the benefit carrier, not with Excelligence Learning Corporation.

## EMPLOYEE CONTRIBUTIONS

BIWEEKLY COST – \$20,000 COVERAGE AMOUNT					
NON-TOBACCO			TOBACCO		
AGE	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE / FAMILY	AGE	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE / FAMILY
<b>18-29</b>	\$3.46	\$5.50	<b>18-29</b>	\$4.34	\$6.84
<b>30-39</b>	\$7.26	\$11.28	<b>30-39</b>	\$10.20	\$15.68
<b>40-49</b>	\$14.06	\$21.58	<b>40-49</b>	\$22.30	\$33.94
<b>50-59</b>	\$24.68	\$37.66	<b>50-59</b>	\$39.78	\$60.32
<b>60-64</b>	\$33.42	\$50.86	<b>60-64</b>	\$54.18	\$82.00
<b>65+</b>	\$51.88	\$78.74	<b>65+</b>	\$84.12	\$127.10

### SAMPLE OF COVERED CONDITIONS



**Heart Attack**



**Multiple Sclerosis**



**Stroke**



**Alzheimer's Disease**



**Parkinson's Disease**



**Major Organ Failure**





## HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your Medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover.

### HOW DOES HOSPITAL INDEMNITY INSURANCE WORK?

You pay monthly premiums for your Hospital Indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you. And with the payments going directly to you, you can use these emergency funds to pay for costs not covered by your Medical insurance, Medical insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital or cost-of-living expenses as you recover.

MONTHLY PREMIUMS	
<b>Employee Only</b>	\$30.42
<b>Employee + Spouse</b>	\$83.59
<b>Employee + Child(ren)</b>	\$52.65
<b>Family</b>	\$89.96

### SAMPLE OF COVERED CONDITIONS



**Hospital Admission**



**Hospital Confinement**



**Hospital Intensive Care**



**Surgical Care**



**Medical Diagnostic and Imaging**



**Transportation and Lodging**

## LEGAL PLAN

The MetLife legal plan provides legal representation for you, your spouse, and your dependents at a price that won't break your budget. You can receive legal advice and fully covered legal services for a wide range of personal legal matters from a network-participating plan attorney. Services provided through the plan include:

- Court appearances
- Document review and preparation
- Debt collection defense
- Will preparation
- Family law
- Real estate matters




When you use a plan attorney for covered services, there is no waiting period, limits on usage, deductibles or copays. The plan is available at a low monthly group rate, which you can pay through automatic payroll deductions.

## SUPPLEMENTAL MEDICAL SCENARIOS




### ACCIDENT

FOR EXAMPLE	
<b>The Accident</b>	On his way to work, John was in a car accident.
<b>Ambulance, ER and Hospital Charges</b>	He was transported by ground ambulance to the emergency room and admitted to the hospital.
<b>Hospital Stay and Physical Therapy</b>	He had a dislocated hip and spent five days in the hospital. He had several physical therapy sessions before returning to work.
<b>His Medical Plan Paid</b>	John's medical plan means he has to pay a deductible before the plan pays, plus coinsurance.
<b>John also has Accident Insurance</b>	He submitted his accident claim and received \$5,850 from his Accident Policy. He used it towards his deductible, copay and supplemental income for his missed work days.
JOHN'S ACCIDENT INSURANCE PAID	
<b>Ground Ambulance</b>	\$300
<b>Emergency Room</b>	\$150
<b>X-ray</b>	\$50
<b>MRI</b>	\$150
<b>Hospital Stay – Admission</b>	\$1,000
<b>Hospital Stay – Daily (5)</b>	\$1,000
<b>Dislocated Hip</b>	\$3,000
<b>Appliances</b>	\$100
<b>Physical Therapy (4)</b>	\$100
<b>TOTAL BENEFITS PAID</b>	<b>\$5,850</b>

### CRITICAL ILLNESS

FOR EXAMPLE		
		
Tom suffers a relatively small stroke.	He is hospitalized for five days.	He begins rehab to get back to where he was physically before the stroke.
<b>TOTAL LUMP-SUM BENEFITS PAID</b>		<b>\$10,000</b>

### HOSPITAL INDEMNITY

FOR EXAMPLE		
		
In April, Sarah unexpectedly needed back surgery.	Sarah was admitted to the hospital for surgery.	She submitted her claim and received a lump sum of \$1,000 from the insurance company.
<b>TOTAL BENEFITS PAID</b>		<b>\$1,000</b>



# Additional Benefits

## LIFE ASSISTANCE PROGRAM

Because personal issues can affect every aspect of your life, we automatically provide you and your family with Life Assistance Program (LAP) through New York Life at no cost to you. Call the LAP 24/7 for unlimited confidential assistance with nearly any personal matter you may be experiencing. You and your family have access to three free consultations with a licensed clinician per incident, per individual, per calendar year. Services include:

- **Legal Services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning, and more
- **Financial Services:** Budgeting, credit and financial guidance, retirement planning, and assistance with tax issues
- **Childcare and Eldercare Assistance:** Needs assessment along with referrals to childcare and eldercare providers
- **Identity Theft Recovery Services:** Information on identity theft prevention, an identity theft emergency response kit, and help if you are victimized
- **Daily Living Services:** Referrals to help with event planning, transportation services, pet services, and more

Confidential assistance is available any time by calling 800-538-3543 or logging on to [www.nylgbs-lap.com](http://www.nylgbs-lap.com)



## PET INSURANCE

Let's not forget about our furry friends! Veterinary Pet Insurance (VPI) helps offset the cost of caring for your pet with a wide range of covered medical treatments. VPI covers everything from preventive care to accidents and illness, as well as the costs of X-rays, office visits, medications, surgeries and hospital stays. You can either choose your own vet or use a licensed in-network vet. The cost of coverage depends on your pet's age, species and the coverage level that you select.

For more information, a quote, or to enroll, visit Nationwide Pet Insurance [www.petsnationwide.com](http://www.petsnationwide.com) or call 877-738-7874.







## Important Contacts

COVERAGE	CONTACT	PHONE	WEBSITE
Medical and Pharmacy	Cigna	800-244-6224	<a href="http://www.myCigna.com">www.myCigna.com</a>
Critical Illness	Allstate	800-521-3535	<a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a>
Accident Insurance	Allstate	800-521-3535	<a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a>
Hospital Insurance	Allstate	800-521-3535	<a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a>
Health Reimbursement Account	Cigna	800-244-6224	<a href="http://www.myCigna.com">www.myCigna.com</a>
Health Savings Account	Cigna	800-244-6224	<a href="http://www.myCigna.com">www.myCigna.com</a>
Telemedicine	MDLIVE	888-726-3171	<a href="http://MDLIVEforCigna.com">MDLIVEforCigna.com</a>
Dental	Cigna	800-244-6224	<a href="http://www.myCigna.com">www.myCigna.com</a>
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Accounts	PayPro	800-427-4549	<a href="http://www.PAGroup.US">www.PAGroup.US</a>
Life and AD&D	New York Life	800-557-7975	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
Disability	New York Life	800-557-7975	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
401(k) Retirement	Fidelity	800-835-5097	<a href="http://www.netbenefits.com">www.netbenefits.com</a> or <a href="http://www.401k.com">www.401k.com</a>
Life Assistance Program (LAP)	New York Life	800-538-3543	<a href="http://www.nylgbs-lap.com">www.nylgbs-lap.com</a>
Legal Plan	MetLife	800-821-6400	<a href="http://www.legalplans.com">www.legalplans.com</a>
Pet Insurance	Nationwide	877-738-7874	<a href="http://www.PetsNationwide.com">www.PetsNationwide.com</a>
Human Resources - Benefits	Excelligence	913-303-8430	<a href="http://www.excelligenceresourcecenter.com">www.excelligenceresourcecenter.com</a>
Benefits Helpline	Willis Towers Watson	833-744-1218	<a href="mailto:excelligence@willistowerswatson.com">excelligence@willistowerswatson.com</a>

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 28 months, a federal law gives you more choices about your prescription drug coverage. Please see page 28 for more details.