



# Benefits 2025



## Eligibility

You are eligible for benefits if you work at least 30 hours per week. Most of your benefits are effective on the first day of the month following your date of hire. You may enroll your eligible dependents, including your spouse and children, for coverage once you become eligible.

## Medical

You have a choice of 3 medical plan options. All pay 100% of the cost for preventive care and all include an annual deductible amount you must satisfy before the plan begins paying for a portion of your experiences (coinsurance):

Exelligence Learning Corporation offers several benefits to provide health and financial security for you and your family, including medical, dental, vision and life insurance coverage. This is a summary of those benefits to help you make the right decisions when you enroll.

	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>CALENDAR YEAR DEDUCTIBLE</b>						
<b>Individual</b>	\$3,000	\$9,000	\$3,300	\$6,400	\$1,000	\$3,000
<b>Family</b>	\$6,000	\$18,000	\$6,000	\$12,000	\$3,000	\$9,000
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>						
<b>Individual</b>	\$6,000	\$15,000	\$6,000	\$15,000	\$6,000	\$15,000
<b>Family</b>	\$12,000	\$30,000	\$12,000	\$30,000	\$12,000	\$30,000
<b>COINSURANCE / COPAYS</b>						
<b>Preventive Care</b>	\$0	50%*	\$0	50%*	\$0	50%*
<b>Primary Care Physician</b>	\$30 copay	50%*	20%*	50%*	\$35 copay	50%*
<b>Specialist</b>	\$40 copay	50%*	20%*	50%*	\$35 copay	50%*
<b>Urgent Care</b>	\$30 copay	50%*	20%*	50%*	\$35 copay	50%*
<b>Emergency Room</b>	30%*		20%*		\$150 copay (waived if admitted), then 30%*	

\* After deductible

# HSA

The Consumer Driven Health Plan (CDHP) also offers a Health Savings Account (HSA). An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical, dental, and vision 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 claims. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the CDHP.

## MAXIMUM CONTRIBUTIONS

Total annual HSA contributions may not exceed the annual maximum amount established by the IRS. The annual contribution maximum is based on the coverage you elect.

- Individual – \$4,300
- Family (filing jointly) – \$8,550
- Employees age 55 and older can make an additional annual "catch-up" contribution of up to \$1,000

# FSA's

Health Care and Dependent Care Flexible Spending Accounts allow you to contribute funds on a pretax basis.

### HEALTH CARE FSA

- Contribute up to \$3,300 per year, pretax
- Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor

### LIMITED PURPOSE FSA

- Contribute up to \$3,300 per year, pretax
- Eligible expenses include dental and vision copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor

### DEPENDENT CARE FSA

- Contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns
- Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs

# Life and AD&D Insurance

## BASIC LIFE AND AD&D

The Company provides Basic Life and AD&D Insurance at no cost to you.

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

You may purchase life and AD&D insurance for yourself, your spouse, and your dependents, up to \$50,000 through after-tax payroll deductions.

\*Must purchase at time of eligibility or complete an Evidence of Insurability at any later date.

# Dental

Our dental plans pay 100% of the cost for routine checkups and share the cost with you for most dental procedures.

	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>					
<b>Per Individual</b>	\$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>					
<b>Individual</b>	\$50		\$50		\$0
<b>Family</b>	\$150		\$150		\$0
<b>PREVENTIVE CARE</b>					
<b>Exams, Cleanings, X-rays</b>	\$0	\$0	\$0	\$0	\$0-\$50 copay
<b>BASIC SERVICES</b>					
<b>Fillings, Extractions, Root Canals</b>	10%	20%	20%	20%	\$0-\$95 copay
<b>MAJOR PROCEDURES</b>					
<b>Dentures, Crowns, Bridges</b>	40%	50%	50%	50%	\$0-\$720 copay
<b>ORTHODONTIA</b>					
<b>Adults</b>	50%*		Not covered		Covered
<b>Children</b>	50%*				

\* For Out-of-Network services, members pay applicable coinsurance plus any amount that exceeds the usual, customary, and reasonable charge. (For a complete listing of covered benefits refer to your plan documents.)

# Vision

Our vision plan offers in- and out-of-network benefits to help you pay for the cost of routine eye exams, glasses and contacts. It pays for one eye exam a year, and pays for a portion of the cost for eyeglasses and frames or contact lenses once a year.

	VSP VISION PLAN
	IN-NETWORK
	<b>YOU PAY</b>
<b>Exam</b>	\$10 copay
<b>Single Vision Lenses</b>	\$0
<b>Bifocal Lenses</b>	\$95-\$105
<b>Trifocal Lenses</b>	\$150-\$175
<b>Frames</b>	\$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
<b>Elective Contacts</b>	Up to \$60 copay
<b>BENEFIT FREQUENCY</b>	
<b>Exams</b>	Once every 12 months
<b>Lenses</b>	Once every 12 months
<b>Frames</b>	Once every 24 months
<b>Contacts</b>	Once every 12 months

# Disability Insurance

The Company provides eligible employees with disability income benefits as follows:

## SHORT-TERM DISABILITY

### SHORT-TERM DISABILITY COVERAGE

- 60% of your weekly earnings to a \$1,390 maximum for 12 weeks
- Benefit begins after 7 days of disability

\*Must purchase at time of eligibility or complete an Evidence of Insurability at any later date.

## LONG-TERM DISABILITY

### LONG TERM DISABILITY COVERAGE

- 60% of your monthly earnings to a \$6,000 maximum
- Benefit begins after 90 days of disability and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner

\*Must purchase at time of eligibility or complete and Evidence of Insurability at any later date.

# 401(k) Retirement Savings Plan

You are eligible to participate in the plan as of the first day of the month following your date of hire. No matter the amount of hours you work

You may make contributions from your pay on a pretax basis — up to the Internal Revenue Service annual limit.

Excelligence matches your contributions dollar-for-dollar — 100% of your contribution up to the first 3%, and 50% of the next 2% of contribution of your pay. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution in addition to the normal IRS annual limit.

# Additional Benefits

## 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. For more information visit [www.petsnationwide.com](http://www.petsnationwide.com).

## EMPLOYEE ASSISTANCE & WELLNESS SUPPORT

Life: just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions is there for you with our Employee Assistance & Wellness Support program. It can help you and your family find solutions and restore your peace of mind. This is just another example of how we are committed to Putting Benefits To Work For People<sup>SM</sup>.

Confidential assistance is available any time by calling 800-344-9752 or logging on to [www.guidanceresources.com](http://www.guidanceresources.com) (WEB ID: NYLGBS).

