



# 2024

## 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					
	SALARY <\$50,000		SALARY \$50,000 - \$100,000		SALARY >\$100,000	
	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					
	SALARY <\$50,000		SALARY \$50,000 - \$100,000		SALARY >\$100,000	
	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

	PPO PLAN					
	SALARY <\$50,000		SALARY \$50,000 - \$100,000		SALARY >\$100,000	
	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

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	\$3.45	\$1.72
Employee + 1	\$6.36	\$3.18
Employee + 2 or more	\$9.02	\$4.51

## 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	\$3,200	\$6,400
Family	\$6,000	\$12,000
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>		
Individual	\$6,000	\$15,000
Family	\$12,000	\$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

	HSA PLAN					
	SALARY <\$50,000		SALARY \$50,000 - \$100,000		SALARY >\$100,000	
	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
	<b>YOU PAY</b>	
<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	\$6,000	\$15,000
Family	\$12,000	\$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

	HRA PLAN					
	SALARY <\$50,000		SALARY \$50,000 - \$100,000		SALARY >\$100,000	
	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
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Employee + Family	\$322.49	\$161.25	\$434.41	\$217.20	\$450.56	\$225.28

Excelligence contributes \$1,000 a year for Employee Only and \$2,000 a year for Employee + one or more family members to the HRA. This amount is pro-rated if you start after January 1.



	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	\$6,000	\$15,000
Family	\$12,000	\$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

	PPO PLAN					
	SALARY <\$50,000		SALARY \$50,000 - \$100,000		SALARY >\$100,000	
	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*			
Brand Non-Preferred	\$75		\$75*			
Specialty Drugs	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*			
Brand Non-Preferred	\$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 with HSA 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 \$4,150 if you enroll only yourself or \$8,300 if you enroll in family coverage. You can make an additional catch-up contribution up to \$1,000 annually 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 is used to pay for out-of-pocket medical expenses with funds from Excelligence when you are enrolled in the HRA Medical plan. The funds are used automatically to pay for eligible medical expenses for you and/or your covered dependents.

**Please note:** You the employee may not contribute to the HRA account and there is no HRA card. Payments from your HRA account are handled automatically by Cigna when you receive health care services. You can log into your MyCigna account anytime to see your balance and transactions.

## 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

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

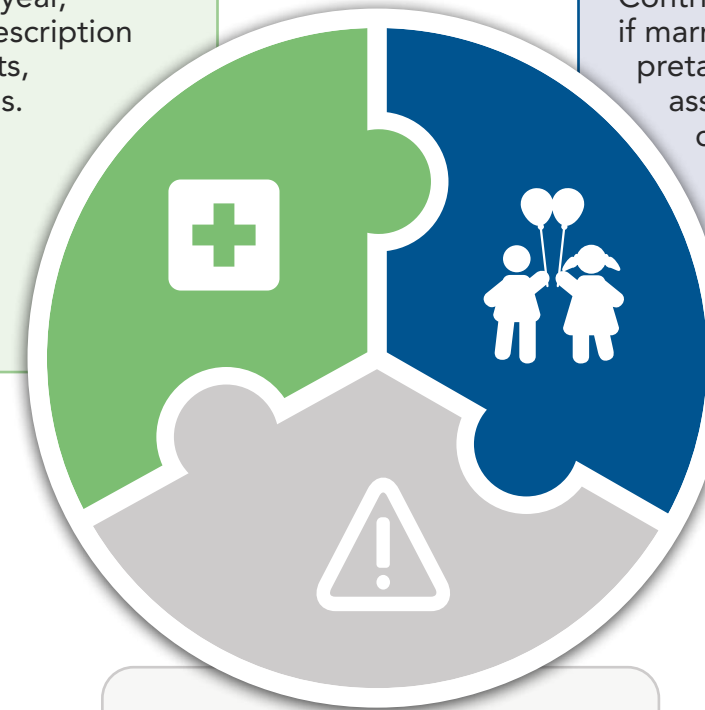
Contribute up to \$3,200 per year, pretax, to pay for copays, prescription expenses, lab exams and tests, contact lenses and eyeglasses.

### Limited Purpose FSA\*

Those enrolled in the HDHP can contribute up to \$3,200 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

Plan your contributions carefully, you have until **March 31** to use your funds. The IRS allows for \$640 of unused funds to rollover into the next plan year, any remaining money after the rollover max 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.)

	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

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
	<b>YOU PAY</b>
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
<b>BENEFIT FREQUENCY</b>	
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	\$3.45	\$1.72
Employee + 1	\$6.36	\$3.18
Employee + 2 or more	\$9.02	\$4.51

# 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.	

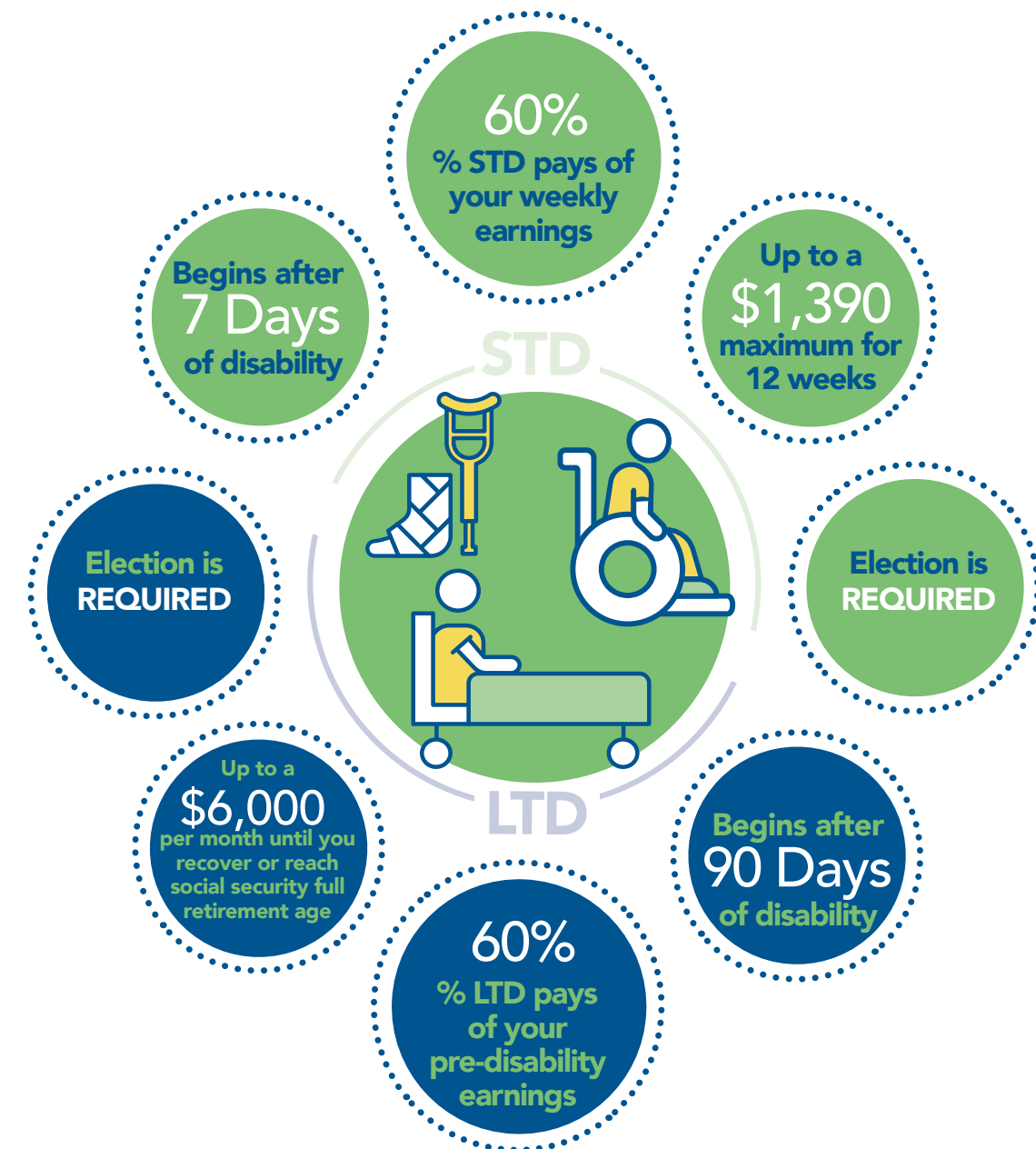
### EMPLOYEE AND SPOUSE/DOMESTIC PARTNER COMBINED RATE

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.



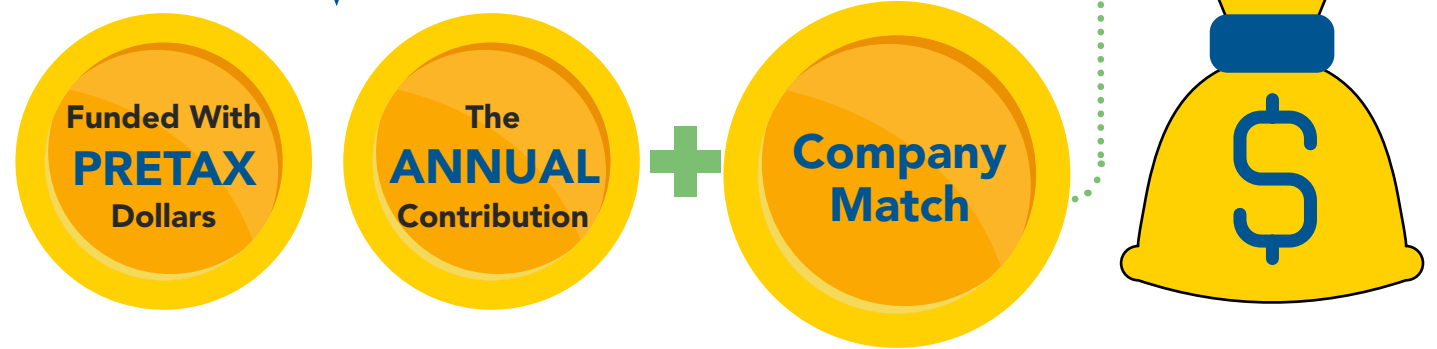



## Planning for Retirement

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



 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**



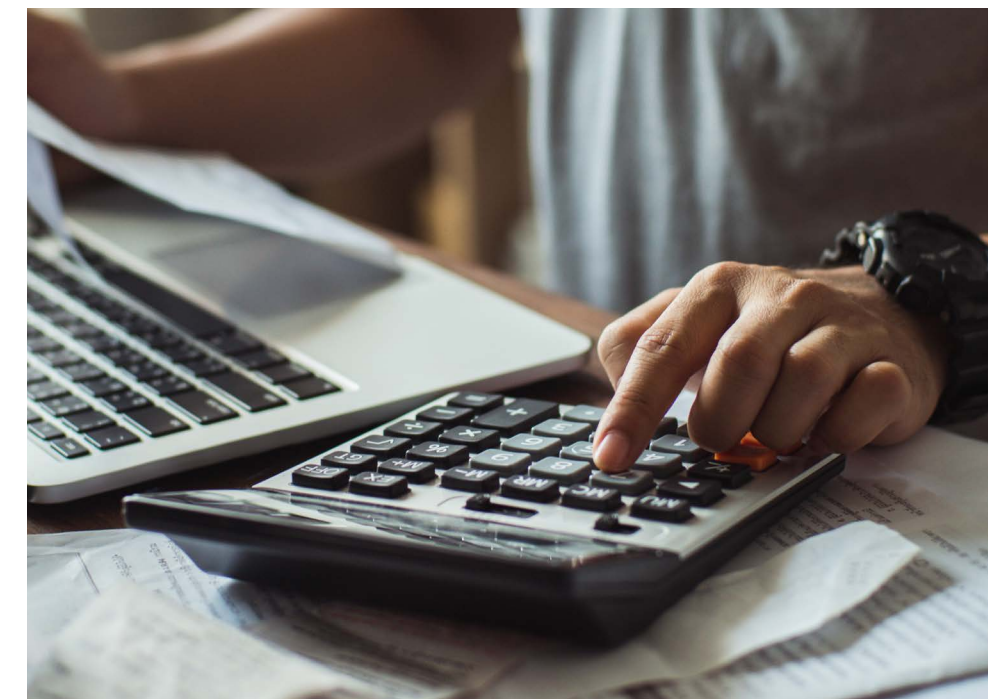
**Alzheimer's Disease**



**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>	\$85.59
<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

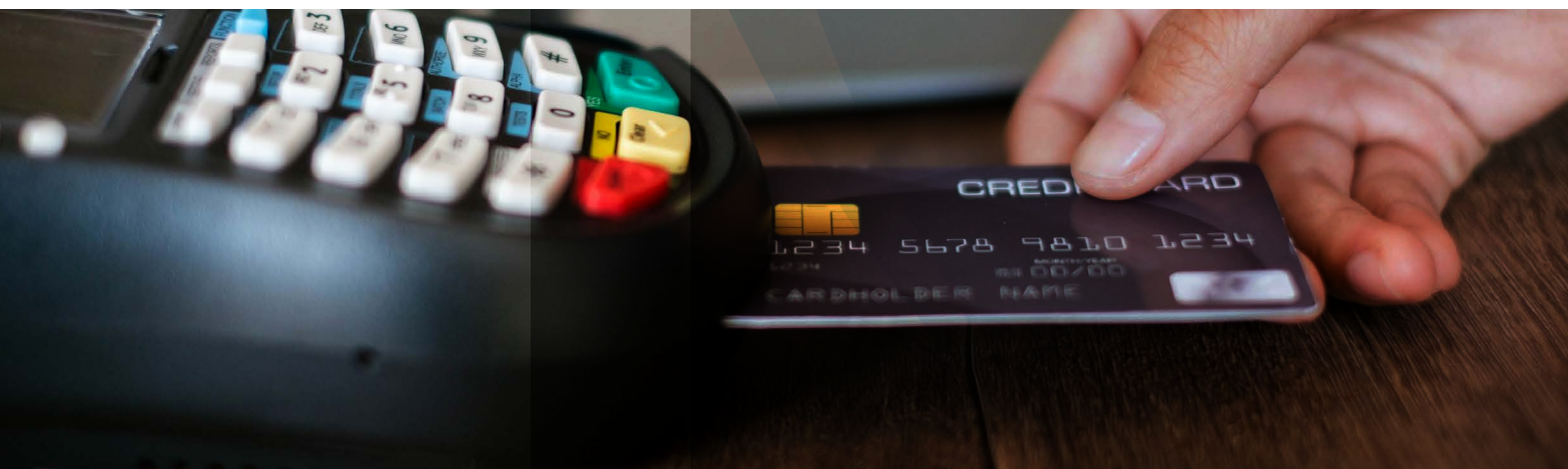
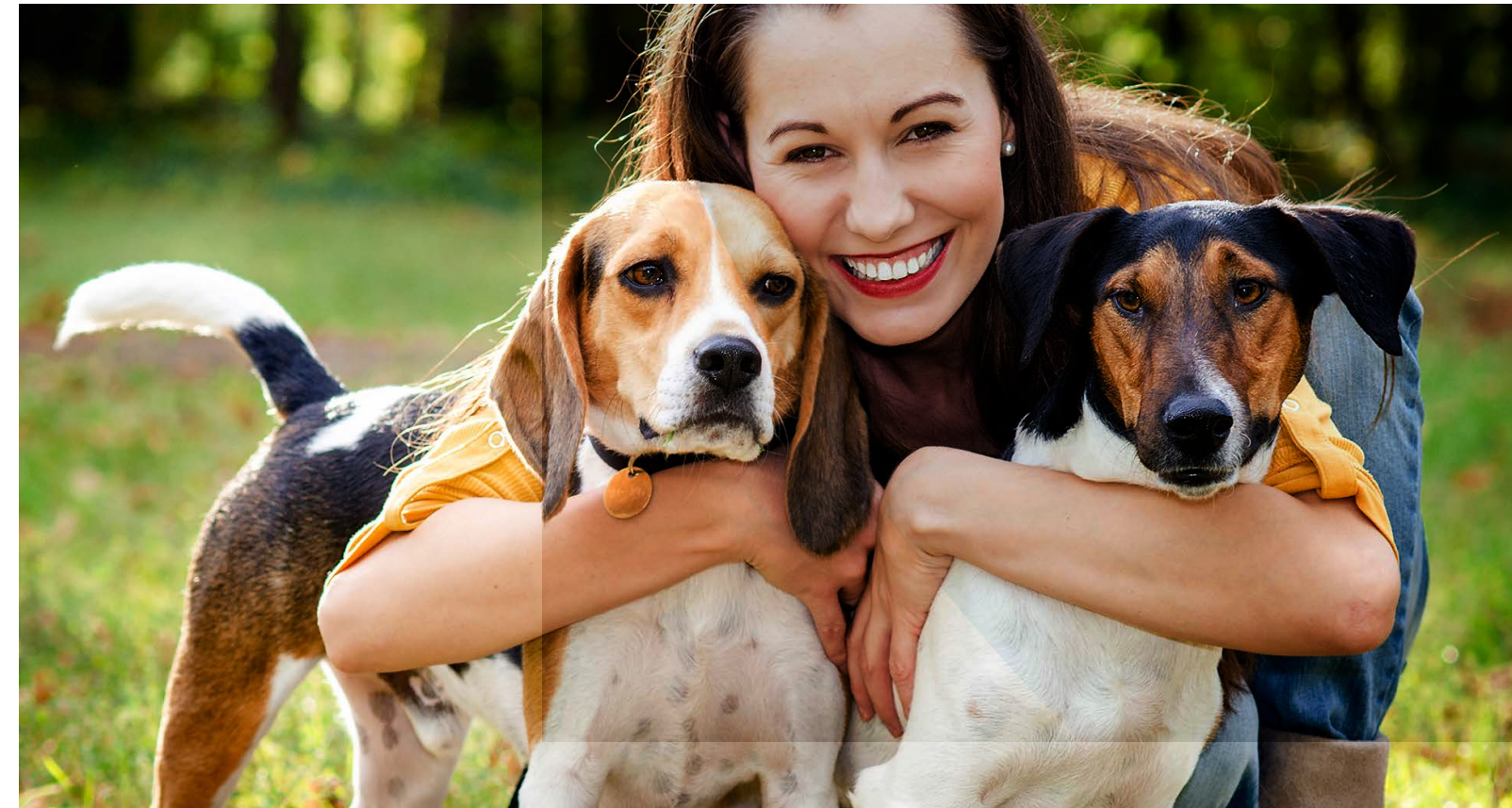
## EMPLOYEE ASSISTANCE & WELLNESS SUPPORT

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

## 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>
Employee Assistance & Wellness Support	New York Life	800-344-9752	<a href="http://www.guidanceresources.com">www.guidanceresources.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.excelligencesourcecenter.com">www.excelligencesourcecenter.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.

## Required Notices



**WOMEN’S HEALTH AND CANCER RIGHTS ACT NOTICES**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA).

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply (individual):

- HDHP with HSA: 20% after \$3,200 deductible in-network or 50% after \$6,400 deductible out-of-network
- PPO Plan with HRA: 30% after \$3,000 deductible in-network or 50% after \$9,000 out-of-network
- Traditional PPO: 30% after \$1,000 deductible in-network and 50% after \$3,000 deductible out-of-network.

If you would like more information on WHCRA benefits, call your plan administrator at 913-303-8430

**NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**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 [www.healthcare.gov](http://www.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 [www.insurekidsnow.gov](http://www.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 [www.askebsa.dol.gov](http://www.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 January 31, 2023. Contact your State for more information on eligibility –

<b>ALABAMA-MEDICAID</b>	<b>ALASKA – MEDICAID</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	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="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – MEDICAID</b>	<b>CALIFORNIA – MEDICAID</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <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>
<b>COLORADO – HEALTH FIRST COLORADO (COLORADO’S MEDICAID PROGRAM) &amp; CHILD HEALTH PLAN PLUS (CHP+)</b>	<b>FLORIDA – MEDICAID</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<b>GEORGIA – MEDICAID</b>	<b>INDIANA – MEDICAID</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584
<b>IOWA – MEDICAID AND CHIP (HAWKI)</b>	<b>KANSAS – MEDICAID</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
<b>KENTUCKY – MEDICAID</b>	<b>LOUISIANA – MEDICAID</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPROGRAM@ky.gov">KIHIPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – MEDICAID	MASSACHUSETTS – MEDICAID AND CHIP
<p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>                      Phone: 1-800-442-6003                      TTY: Maine Relay 711                      Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>                      Phone: 1-800-977-6740                      TTY: Maine Relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>                      Phone: 1-800-862-4840                      TTY: 711                      Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – MEDICAID	MISSOURI – MEDICAID
<p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>                      Phone: 1-800-657-3739</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>                      Phone: 573-751-2005</p>
MONTANA – MEDICAID	NEBRASKA – MEDICAID
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>                      Phone: 1-800-694-3084                      Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>                      Phone: 1-855-632-7633                      Lincoln: 402-473-7000                      Omaha: 402-595-1178</p>
NEVADA – MEDICAID	NEW HAMPSHIRE – MEDICAID
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>                      Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>                      Phone: 603-271-5218                      Toll-free number for the HIPP program: 1-800-852-3345, ext. 5218</p>

NEW JERSEY – MEDICAID AND CHIP	NEW YORK – MEDICAID
<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>                      Medicaid Phone: 609-631-2392                      CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>                      CHIP Phone: 1-800-701-0710</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>                      Phone: 1-800-541-2831</p>
NORTH CAROLINA – MEDICAID	NORTH DAKOTA – MEDICAID
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>                      Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>                      Phone: 1-844-854-4825</p>
OKLAHOMA – MEDICAID AND CHIP	OREGON – MEDICAID
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>                      Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>                      Phone: 1-800-699-9075</p>
PENNSYLVANIA – MEDICAID AND CHIP	RHODE ISLAND – MEDICAID AND CHIP
<p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>                      Phone: 1-800-692-7462                      CHIP Website: Children’s Health Insurance Program (CHIP) (<a href="http://pa.gov">pa.gov</a>)                      CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>                      Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)</p>
SOUTH CAROLINA – MEDICAID	SOUTH DAKOTA - MEDICAID
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>                      Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>                      Phone: 1-888-828-0059</p>
TEXAS – MEDICAID	UTAH – MEDICAID AND CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services                      Phone: 1-800-440-0493</p>	<p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>                      CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>                      Phone: 1-877-543-7669</p>

VERMONT – MEDICAID	VIRGINIA – MEDICAID AND CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access                      Phone: 1-800-250-8427</p>	<p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>                      Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – MEDICAID	WEST VIRGINIA – MEDICAID AND CHIP
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>                      Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>                      Medicaid Phone: 304-558-1700                      CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
WISCONSIN – MEDICAID AND CHIP	WYOMING – MEDICAID
<p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>                      Phone: 1-800-362-3002</p>	<p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>                      Phone: 1-800-251-1269</p>

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 Services  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.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 [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

**MEDICARE PART D – CREDITABLE COVERAGE**

**Important Notice from Excelligence Learning Corporation About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Excelligence Learning Corporation and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Excelligence Learning Corporation has determined that the prescription drug coverage offered by the Excelligence Learning Corporation Health & Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medical drug plan.

**WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?**

If you decide to join a Medicare drug plan, your current Excelligence Learning Corporation coverage will not be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Excelligence Learning Corporation coverage, be aware that you and your dependents may not be able to get this coverage back.

**WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?**

You should also know that if you drop or lose your current coverage with Excelligence Learning Corporation and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...**

For further information, call the Human Resources Department at 913-303-8430.

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Excelligence Learning Corporation changes. You also may request a copy of this notice at any time.

**FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: 01/01/2024

Name of Entity/Sender: Excelligence Learning Corporation

Contact—Position/Office: The Human Resources Department

Address: 20 Ryan Ranch Road, Monterey, CA 93940

Phone Number: 913-303-8430

**HIPAA NOTICE OF SPECIAL ENROLLMENT**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children’s Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days or any longer period that applies under the plan after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applies to most special enrollments.

To request special enrollment or obtain more information, contact: Human Resources Department, Phone number: 913-303-8430

**NOTICE OF PRIVACY PRACTICES**

**NOTICE OF EXCELLIGENCE LEARNING CORPORATION HEALTH & WELFARE PLAN HEALTH INFORMATION PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The effective date of this Notice of Excelligence Learning Corporation Health & Welfare Plan Health Information Privacy Practices (the “Notice”) is 01/01/2024.

Excelligence Learning Corporation Health & Welfare Plan (the “Plan”) provides health benefits to eligible employees of Excelligence Learning Corporation (the “Company”) and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits.

For ease of reference, in the remainder of this Notice, the words “you,” “your,” and “yours” refers to any individual with respect to whom the Plan receives, creates or maintains Protected Health Information, including employees, retirees (if applicable), and COBRA qualified beneficiaries, if any, and their respective dependents.

The Plan is required by law to take reasonable steps to protect your Protected Health Information from inappropriate use or disclosure.

Your “Protected Health Information” (PHI) is information about your past, present, or future physical or mental health condition, the provision of health care to you, or the past, present, or future payment for health care provided to you, but only if the information identifies you or there is a reasonable basis to believe that the information could be used to identify you. Protected health information includes information of a person living or deceased (for a period of fifty years after the death.)

The Plan is required by law to provide notice to you of the Plan's duties and privacy practices with respect to your PHI, and is doing so through this Notice. This Notice describes the different ways in which the Plan uses and discloses PHI. It is not feasible in this Notice to describe in detail all of the specific uses and disclosures the Plan may make of PHI, so this Notice describes all of the categories of uses and disclosures of PHI that the Plan may make and, for most of those categories, gives examples of those uses and disclosures.

The Plan is required to abide by the terms of this Notice until it is replaced. The Plan may change its privacy practices at any time and, if any such change requires a change to the terms of this Notice, the Plan will revise and re-distribute this Notice according to the Plan's distribution process. Accordingly, the Plan can change the terms of this Notice at any time. The Plan has the right to make any such change effective for all of your PHI that the Plan creates, receives or maintains, even if the Plan received or created that PHI before the effective date of the change.

The Plan is distributing this Notice, and will distribute any revisions, only to participating employees and retirees (if applicable) and COBRA qualified beneficiaries, if any. If you have coverage under the Plan as a dependent of an employee, retiree (if applicable) or COBRA qualified beneficiary, you can get a copy of the Notice by requesting it from the contact named at the end of this Notice.

Please note that this Notice applies only to your PHI that the Plan maintains. It does not affect your doctor's or other health care provider's privacy practices with respect to your PHI that they maintain.

#### RECEIPT OF YOUR PHI BY THE COMPANY AND BUSINESS ASSOCIATES

The Plan may disclose your PHI to, and allow use and disclosure of your PHI by, the Company and Business Associates, and any of their subcontractors without obtaining your authorization.

**Plan Sponsor:** Plan Sponsor: The Company is the Plan Sponsor and Plan Administrator. The Plan may disclose to the Company, in summary form, claims history and other information so that the Company may solicit premium bids for health benefits, or to modify, amend or terminate the Plan. This summary information omits your name and Social Security Number and certain other identifying information. The Plan may also disclose information about your participation and enrollment status in the Plan to the Company and receive similar information from the Company. If the Company agrees in writing that it will protect the information against inappropriate use or disclosure, the Plan also may disclose to the Company a limited data set that includes your PHI, but omits certain direct identifiers, as described later in this Notice.

The Plan may disclose your PHI to the Company for plan administration functions performed by the Company on behalf of the Plan, if the Company certifies to the Plan that it will protect your PHI against inappropriate use and disclosure.

**Example:** The Company reviews and decides appeals of claim denials under the Plan. The Claims Administrator provides PHI regarding an appealed claim to the Company for that review, and the Company uses PHI to make the decision on appeal.

**Business Associates:** The Plan and the Company hire third parties, such as a third party administrator (the "Claims Administrator"), to help the Plan provide health benefits. These third parties are known as the Plan's "Business Associates." The Plan may disclose your PHI to Business Associates, like the Claims Administrator, who are hired by the Plan or the Company to assist or carry out the terms of the Plan. In addition, these Business Associates may receive PHI from third parties or create PHI about you in the course of carrying out the terms of the Plan. The Plan and the Company must require all Business Associates to agree in writing that they will protect your PHI against inappropriate use or disclosure, and will require their subcontractors and agents to do so, too.

For purposes of this Notice, all actions of the Company and the Business Associates that are taken on behalf of the Plan are considered actions of the Plan. For example,

health information maintained in the files of the Claims Administrator is considered maintained by the Plan. So, when this Notice refers to the Plan taking various actions with respect to health information, those actions may be taken by the Company or a Business Associate on behalf of the Plan.

#### HOW THE PLAN MAY USE OR DISCLOSE YOUR PHI

The Plan may use and disclose your PHI for the following purposes without obtaining your authorization. And, with only limited exceptions, we will send all mail to you, the employee. This includes mail relating to your spouse and other family members who are covered under the Plan. If a person covered under the Plan has requested Restrictions or Confidential Communications, and if the Plan has agreed to the request, the Plan will send mail as provided by the request for Restrictions or Confidential Communications.

**Your Health Care Treatment:** The Plan may disclose your PHI for treatment (as defined in applicable federal rules) activities of a health care provider.

**Example:** If your doctor requested information from the Plan about previous claims under the Plan to assist in treating you, the Plan could disclose your PHI for that purpose.

**Example:** The Plan might disclose information about your prior prescriptions to a pharmacist for the pharmacist's reference in determining whether a new prescription may be harmful to you.

**Making or Obtaining Payment for Health Care or Coverage:** The Plan may use or disclose your PHI for payment (as defined in applicable federal rules) activities, including making payment to or collecting payment from third parties, such as health care providers and other health plans.

**Example:** The Plan will receive bills from physicians for medical care provided to you that will contain your PHI. The Plan will use this PHI, and create PHI about you, in the course of determining whether to pay, and paying, benefits with respect to such a bill.

**Example:** The Plan may consider and discuss your medical history with a health care provider to determine whether a particular treatment for which Plan benefits are or will be claimed is medically necessary as defined in the Plan.

The Plan's use or disclosure of your PHI for payment purposes may include uses and disclosures for the following purposes, among others.

- Obtaining payments required for coverage under the Plan
- Determining or fulfilling its responsibility to provide coverage and/or benefits under the Plan, including eligibility determinations and claims adjudication
- Obtaining or providing reimbursement for the provision of health care (including coordination of benefits, subrogation, and determination of cost sharing amounts)
- Claims management, collection activities, obtaining payment under a stop-loss insurance policy, and related health care data processing
- Reviewing health care services to determine medical necessity, coverage under the Plan, appropriateness of care, or justification of charges
- Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services

The Plan also may disclose your PHI for purposes of assisting other health plans (including other health plans sponsored by the Company), health care providers, and health care clearinghouses with their payment activities, including activities like those listed above with respect to the Plan.

**Health Care Operations:** The Plan may use and disclose your PHI for health care operations (as defined in applicable federal rules) which includes a variety of facilitating activities.

**Example:** If claims you submit to the Plan indicate that you have diabetes or another chronic condition, the Plan may use and disclose your PHI to refer you to a disease management program.

**Example:** If claims you submit to the Plan indicate that the stop-loss coverage that the Company has purchased in connection with the Plan may be triggered, the Plan may use or disclose your PHI to inform the stop-loss carrier of the potential claim and to make any claim that ultimately applies.

The Plan's use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following purposes.

- Quality assessment and improvement activities
- Disease management, case management and care coordination
- Activities designed to improve health or reduce health care costs
- Contacting health care providers and patients with information about treatment alternatives
- Accreditation, certification, licensing or credentialing activities
- Fraud and abuse detection and compliance programs

The Plan also may use or disclose your PHI for purposes of assisting other health plans (including other plans sponsored by the Company), health care providers and health care clearinghouses with their health care operations activities that are like those listed above, but only to the extent that both the Plan and the recipient of the disclosed information have a relationship with you and the PHI pertains to that relationship.

- The Plan's use and disclosure of your PHI for health care operations purposes may include uses and disclosures for the following additional purposes, among others.
- Underwriting (with the exception of PHI that is genetic information) premium rating and performing related functions to create, renew or replace insurance related to the Plan
- Planning and development, such as cost-management analyses
- Conducting or arranging for medical review, legal services, and auditing functions
- Business management and general administrative activities, including implementation of, and compliance with, applicable laws, and creating de-identified health information or a limited data set

The Plan also may use or disclose your PHI for purposes of assisting other health plans for which the Company is the plan sponsor, and any insurers and/or HMOs with respect to those plans, with their health care operations activities similar to both categories listed above.

**Limited Data Set:** The Plan may disclose a limited data set to a recipient who agrees in writing that the recipient will protect the limited data set against inappropriate use or disclosure. A limited data set is health information about you and/or others that omits your name and Social Security Number and certain other identifying information.

**Legally Required:** The Plan will use or disclose your PHI to the extent required to do so by applicable law. This may include disclosing your PHI in compliance with a court order, or a subpoena or summons. In addition, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records.

**Health or Safety:** When consistent with applicable law and standards of ethical conduct, the Plan may disclose your PHI if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or the health and safety of others. The Plan can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence

**Law Enforcement:** The Plan may disclose your PHI to a law enforcement official if the Plan believes in good faith that your PHI constitutes evidence of criminal conduct that occurred on the premises of the Plan. The Plan also may disclose your PHI for limited law enforcement purposes.

**Lawsuits and Disputes:** In addition to disclosures required by law in response to court orders, the Plan may disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if certain efforts have been made to notify you of the subpoena, discovery request or other lawful process or to obtain an order protecting the information to be disclosed.

**Workers' Compensation:** The Plan may use and disclose your PHI when authorized by and to the extent necessary to comply with laws related to workers' compensation or other similar programs.

**Emergency Situation:** The Plan may disclose your PHI to a family member, friend, or other person, for the purpose of helping you with your health care or payment for your health care, if you are in an emergency medical situation and you cannot give your agreement to the Plan to do this.

**Personal Representatives:** The Plan will disclose your PHI to your personal representatives appointed by you or designated by applicable law (a parent acting for a minor child, or a guardian appointed for an incapacitated adult, for example) to the same extent that the Plan would disclose that information to you. The Plan may choose not to disclose information to a personal representative if it has reasonable belief that: 1) you have been or may be a victim of domestic abuse by your personal representative; or 2) recognizing such person as your personal representative may result in harm to you; or 3) it is not in your best interest to treat such person as your personal representative.

**Public Health:** To the extent that other applicable law does not prohibit such disclosures, the Plan may disclose your PHI for purposes of certain public health activities, including, for example, reporting information related to an FDA-regulated product's quality, safety or effectiveness to a person subject to FDA jurisdiction.

**Health Oversight Activities:** The Plan may disclose your PHI to a public health oversight agency for authorized activities, including audits, civil, administrative or criminal investigations; inspections; licensure or disciplinary actions.

**Coroner, Medical Examiner, or Funeral Director:** The Plan may disclose your PHI to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, the Plan may disclose your PHI to a funeral director, consistent with applicable law, as necessary to carry out the funeral director's duties.

**Organ Donation.** The Plan may use or disclose your PHI to assist entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue.

**Specified Government Functions:** In specified circumstances, federal regulations may require the Plan to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

**Research:** The Plan may disclose your PHI to researchers when your individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established a process to ensure the privacy of the requested information and approves the research.

**Disclosures to You:** When you make a request for your PHI, the Plan is required to disclose to you your medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Plan must also, when requested by you, provide you with an accounting of disclosures of your PHI if such disclosures were for any reason other than Treatment, Payment, or Health Care Operations (and if you did not authorize the disclosure).

#### AUTHORIZATION TO USE OR DISCLOSE YOUR PHI

Except as stated above, the Plan will not use or disclose your PHI unless it first receives written authorization from you. If you authorize the Plan to use or disclose your PHI, you may revoke that authorization in writing at any time, by sending notice of your revocation to the contact person named at the end of this Notice. To the extent that the

Plan has taken action in reliance on your authorization (entered into an agreement to provide your PHI to a third party, for example) you cannot revoke your authorization.

Furthermore, we will not: (1) supply confidential information to another company for its marketing purposes (unless it is for certain limited Health Care Operations); (2) sell your confidential information (unless under strict legal restrictions) (to sell means to receive direct or indirect remuneration); (3) provide your confidential information to a potential employer with whom you are seeking employment without your signed authorization; or (4) use or disclose psychotherapy notes unless required by law.

Additionally, if a state or other law requires disclosure of immunization records to a school, written authorization is no longer required. However, a covered entity still must obtain and document an agreement which may be oral and over the phone.

#### THE PLAN MAY CONTACT YOU

The Plan may contact you for various reasons, usually in connection with claims and payments and usually by mail.

You should note that the Plan may contact you about treatment alternatives or other health related benefits and services that may be of interest to you.

#### YOUR RIGHTS WITH RESPECT TO YOUR PHI

**Confidential Communication by Alternative Means:** Confidential Communication by Alternative Means: If you feel that disclosure of your PHI could endanger you, the Plan will accommodate a reasonable request to communicate with you by alternative means or at alternative locations. For example, you might request the Plan to communicate with you only at a particular address. If you wish to request confidential communications, you must make your request in writing to the contact person named at the end of this Notice. You do not need to state the specific reason that you feel disclosure of your PHI might endanger you in making the request, but you do need to state whether that is the case. Your request also must specify how or where you wish to be contacted. The Plan will notify you if it agrees to your request for confidential communication. You should not assume that the Plan has accepted your request until the Plan confirms its agreement to that request in writing.

**Request Restriction on Certain Uses and Disclosures:** You may request the Plan to restrict the uses and disclosures it makes of your PHI. This request will restrict or limit the PHI that is disclosed for Treatment, Payment, or Health Care Operations, and this restriction may limit the information that the Plan discloses to someone who is involved in your care or the payment for your care. The Plan is not required to agree to a requested restriction, but if it does agree to your requested restriction, the Plan is bound by that agreement, unless the information is needed in an emergency situation. There are some restrictions, however, that are not permitted even with the Plan's agreement.

To request a restriction, please submit your written request to the contact person identified at the end of this Notice. In the request please specify: (1) what information you want to restrict; (2) whether you want to limit the Plan's use of that information, its disclosure of that information, or both; and (3) to whom you want the limits to apply (a particular physician, for example). The Plan will notify you if it agrees to a requested restriction on how your PHI is used or disclosed. You should not assume that the Plan has accepted a requested restriction until the Plan confirms its agreement to that restriction in writing. You may request restrictions on our use and disclosure of your confidential information for the treatment, payment and health care operations purposes explained in this Notice. Notwithstanding this policy, the plan will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and it is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider has been paid out-of-pocket in full.

**Right to Be Notified of a Breach:** You have the right to be notified in the event that the plan (or a Business Associate) discovers a breach of unsecured protected health information.

**Electronic Health Records:** You may also request and receive an accounting of disclosures of electronic health records made for treatment, payment, or health care operations during the prior three years for disclosures made on or after (1) January 1, 2014 for electronic health records acquired before January 1, 2009; or (2) January 1, 2011 for electronic health records acquired on or after January 1, 2009.

The first list you request within a 12-month period will be free. You may be charged for providing any additional lists within a 12-month period.

**Paper Copy of This Notice:** You have a right to request and receive a paper copy of this Notice at any time, even if you received this Notice previously, or have agreed to receive this Notice electronically. To obtain a paper copy please call or write the contact person named at the end of this Notice.

**Right to Access Your PHI:** You have a right to access your PHI in the Plan's enrollment, payment, claims adjudication and case management records, or in other records used by the Plan to make decisions about you, in order to inspect it and obtain a copy of it. Your request for access to this PHI should be made in writing to the contact person named at the end of this Notice. The Plan may deny your request for access, for example, if you request information compiled in anticipation of a legal proceeding. If access is denied, you will be provided with a written notice of the denial, a description of how you may exercise any review rights you might have, and a description of how you may complain to Plan or the Secretary of Health and Human Services. If you request a copy of your PHI, the Plan may charge a reasonable fee for copying and, if applicable, postage associated with your request. However, if you, or a third party requests a copy of your PHI, the fee limitations set out in the rules will apply only to your individual request for access to your own records but these fee limitations will not apply to an individual's request to transmit records to a third party.

**Right to Amend:** You have the right to request amendments to your PHI in the Plan's records if you believe that it is incomplete or inaccurate. A request for amendment of PHI in the Plan's records should be made in writing to the contact person named at the end of this Notice. The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if, for example, your PHI in the Plan's records was not created by the Plan, if the PHI you are requesting to amend is not part of the Plan's records, or if the Plan determines the records containing your health information are accurate and complete. If the Plan denies your request for an amendment to your PHI, it will notify you of its decision in writing, providing the basis for the denial, information about how you can include information on your requested amendment in the Plan's records, and a description of how you may complain to Plan or the Secretary of Health and Human Services.

**Accounting:** You have the right to receive an accounting of certain disclosures made of your health information. Most of the disclosures that the Plan makes of your PHI are not subject to this accounting requirement because routine disclosures (those related to payment of your claims, for example) generally are excluded from this requirement. Also, disclosures that you authorize, or that occurred more than six years before the date of your request, are not subject to this requirement. To request an accounting of disclosures of your PHI, you must submit your request in writing to the contact person named at the end of this Notice. Your request must state a time period which may not include dates more than six years before the date of your request. Your request should indicate in what form you want the accounting to be provided (for example on paper or electronically). The first list you request within a 12-month period will be free. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

**Personal Representatives:** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. The Plan retains discretion to deny a personal representative access to your PHI to the extent permissible under applicable law.

## COMPLAINTS

If you believe that your privacy rights have been violated, you have the right to express complaints to the Plan and to the Secretary of the Department of Health and Human Services. Any complaints to the Plan should be made in writing to the contact person named at the end of this Notice. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**Contact Information** The Plan has designated the Human Resources Department as its contact person for all issues regarding the Plan's privacy practices and your privacy rights. You can reach this contact person at: 20 Ryan Ranch Road, Monterey, CA 93940, 913-303-8430.

## CONTINUATION COVERAGE RIGHTS UNDER COBRA

### INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage unless otherwise communicated by Excelligence Learning Corporation.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to: The Human Resources Department, 913-303-8430.**

### HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### DISABILITY EXTENSION OF 18-MONTH PERIOD OF COBRA CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months.

The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### PLAN CONTACT INFORMATION

The Human Resources Department  
20 Ryan Ranch Road, Monterey, CA 93940  
913-303-8430

<sup>1</sup> <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.