



2025 Open Enrollment Employee Benefits Overview

Introduction

Benefits begin on **July 1, 2025**
Ends on **June 30, 2026**

Open Enrollment

This is the one time of the year to make changes, unless you have a Qualifying Life Event, such as you get Married, Divorced, have a Baby, Adopt or you lose other, coverage. You have 30 days from the date of the event to provide proof of the event and contact Human Resources to make appropriate changes.

To be considered eligible to participate in benefits, you must work at least 30 hours per week. All benefits begin on the first of the month following your date of hire.

What do you need to do?

- Review the benefit plan information. For dependents you wish to enter on your insurance, gather their personal information, including Social Security Numbers and Birth dates.
- You **must** actively enroll in benefits for the 2025 plan year, even if you are waiving benefits. Your elections will **not** automatically roll over from last year. All elections must be made in Employee Navigator www.employeenavigator.com.

Open Enrollment Begins: Monday, May 19th
Open Enrollment Closes: Sunday, June 1st



Eligibility for Dependents

Eligible Dependents may include:

- Your legal spouse
- Your child to age 26*
- Court ordered eligible dependents with legal guardianship

**Note: If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of disability is provided.*

If electing to enroll your dependents on your medical, dental or vision benefits proof of dependent eligibility may be required.

Dependents Termination:

- **Medical/Vision:** End of month in which dependent turns age 26
- **Dental:** End of policy year in which dependent turns 26



Your Options

2025 Benefit Choices



Medical & Pharmacy
90 Degree Benefits
Araya



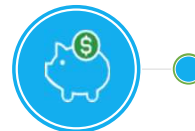
Dental Benefits
Anthem



Vision Benefits
EyeMed



Flexible Spending Accounts (FSA/DCFSA)
Flores



Health Savings Account (HSA)
HealthEquity



Life and Disability Insurance
UNUM



NEW Voluntary Benefits | Anthem
Accident, Critical Illness, Hospital Indemnity

Preventive Care – Covered at 100%

Preventive Care is always covered at 100%. Preventive care helps detect or prevent serious diseases and medical problems before they can become major. Routine Adult Physicals and Immunizations, Routine Gynecological Exams, Routine Well Child Exams and Immunization, Routine Mammograms (*Ultra-Sounds covered when billed as part of the Routine Mammogram*), Routine Colorectal Screenings (age 45 and up) for both preventive and diagnostic, and Routine Eye Exams, are a few examples of preventive care, which may also be called routine care.

Services must be preventive in nature, not to diagnose, monitor or treat an illness.



Examples of Services at a Preventive Care Visit	Office Visit
Check weight, height, temperature, blood pressure and pulse	Discussing or getting treatment for a specific health concern, condition or injury
Listen to your heart and lungs	Lab work, X-rays or additional tests related to a specific health concern, condition or injury
Check your ears, eyes, throat, skin and abdomen	
Various immunizations	
Various cancer screenings	
Certain blood tests to check such things as cholesterol or blood sugar	

What if I receive preventive and non-preventive services in the same office visit?

You can have preventive and non-preventive services in the same office visit. For example, you may visit your doctor for a Pap screening to check for cervical cancer (preventive care). In the same visit you may wish to discuss a health concern (non-preventive care). Your office visit benefit may apply to the non-preventive part of your visit.

If you schedule a preventive care visit and ask your doctor about a specific health concern or condition, your clinic may code and bill the appointment as an office visit.

Preventive care guidelines are based on multiple factors such as age and sex. For a complete listing of covered services contact your medical insurance provider or visit: <https://www.healthcare.gov/preventive-care-adults/>

Medical Plan Options



In-Network Benefits	Buy-Down HSA Plan	Core Plan	Buy-Up Plan
Deductible	\$3,500 Individual / \$7,000 Family <i>Aggregate</i>	\$2,500 Individual / \$5,000 Family <i>Aggregate</i>	\$1,500 Individual / \$3,000 Family <i>Embedded</i>
Coinsurance <i>Applies after deductible is met</i>			
Member Cost Share %	0%	0%	0%
Member Copayment(s)			
Preventative Care	No Cost	No Cost	No Cost
Primary Care (PCP)	\$0 after deductible	\$0 after deductible	\$25 copay
Specialist	\$0 after deductible	\$0 after deductible	\$45 copay
In-Patient Hospital	\$0 after deductible	\$0 after deductible	0% after deductible
Out-Patient Surgery	\$0 after deductible	\$0 after deductible	0% after deductible
Urgent Care	\$0 after deductible	\$0 after deductible	\$50 copay
Emergency Room	\$0 after deductible	\$0 after deductible	\$250 copay
Out-of-Pocket Maximum	\$7,000 Individual / \$14,000 Family	\$7,000 Individual / \$14,000 Family	\$4,000 Individual / \$8,000 Family
Out-of-Network Benefits	Buy-Down Plan	Core Plan	Buy-Up Plan
Deductible	\$6,000 / \$12,000	\$5,000 / \$10,000	\$4,000 / \$8,000
Coinsurance	30%	30%	30%
Out-of-Pocket Maximum	\$12,000 / \$24,000	\$10,000 / \$20,000	\$8,000 / \$16,000

Prescription Drug Plan Information (30 days)



Benefit	Buy-Down HSA Plan	Core Plan	Buy-Up Plan
Generic	\$0 Copay After Deductible	\$0 Copay After Deductible	\$0 Copay
Preferred Brand Name	\$25 Copay After Deductible	\$25 Copay After Deductible	\$25 Copay
Non-Preferred Brand	\$50 Copay After Deductible	\$50 Copay After Deductible	\$50 Copay
Specialty	50% to \$250 Maximum After Deductible	50% to \$250 Maximum After Deductible	50% to \$250 Maximum
International Program	Copay waived after deductible or deductible lowered to the IRS minimum of \$1,400 single or \$2,800 family. See details below.	Copay waived after deductible or deductible lowered to the IRS minimum of \$1,400 single or \$2,800 family. See details below.	\$0 Member Cost See details below.

Voluntary International Mail Order Program

You may not know that most of the brand-named drugs sold in the US are manufactured and distributed by countries, such as Canada, U.K., Australia and New Zealand. Medications are supplied in original factory sealed manufacturers packaging and delivered to your home. The cost however to both you and our health plan is far less expensive.

90 Degree Benefits Member Portal

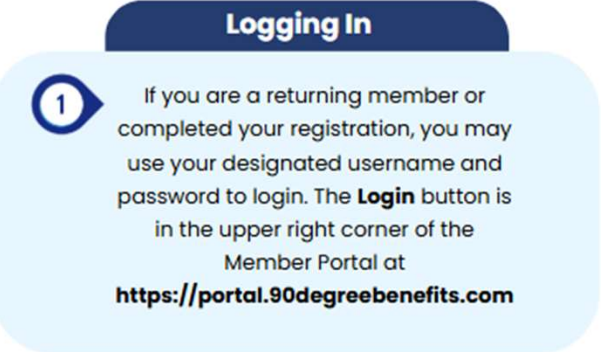
Access your health coverage anytime, anywhere with our secure online Member Portal. Designed for convenience, the portal lets you view your benefits, track claims, find in-network providers, download ID cards, and manage personal information—all in one place. Stay informed and in control of your medical insurance with just a few clicks. 90 Degree Benefits Member Portal allows you to easily access information about your benefits, view your claims status, find a provider, and more. It's the quickest way to get answers to frequently asked questions.

Member Portal Access Instructions

Registration



Logging In



The 90 Degree Benefits mobile application allows you to view your health plan summary, track your spending and progress towards your plan deductible, view and pay your claims, and find an in-network provider on the go! Download the **my90DB** mobile application by scanning the QR code.



Health Savings Account (HSA)

Medical Plan

Buy-Down HSA Plan

Aggregate Deductible

\$3,500 Individual

\$7,000 Family



Funds in
Health Savings
Account used
towards
Medical Expenses

Health Savings Account (HSA)

- Employee Pre-Tax Contributions
- Tax Free Growth
- Tax Free Distributions for medical, dental, vision expenses
- Unused Funds Rollover

IRS Maximum Contributions - 2025

Single: \$4,300

Family: \$8,550

IRS Maximum Contributions - 2026

Single: \$4,400

Family: \$8,750

Age 55+: \$1,000 Catch-up Contribution

You can not participate in a Health Savings Account

- If you are enrolled in Medicare, Tricare, or any other insurance coverage
- If you are claimed as a dependent on someone else's tax return
- If you are covered by a general-purpose health reimbursement account (HRA)

HSA Eligible Expenses

HealthEquity®

What can your HSA be used for?

HSA funds can be used for qualified medical expenses that your insurance didn't cover, and you paid out of pocket for.

Over the Counter (OTC) Expense Eligibility Change

- HSA dollars can be used towards certain OTC drugs and medications without a doctor's prescription.
- Menstrual Care Products, Fertility & Pregnancy Devices and Breast Pumps & Supplies
- Diagnostic and Orthotic Devices, Medicine, and Pain Management Drugs

Examples of Qualified Expenses

- Services rendered by physicians, surgeons, dentists and other medical practitioners
- Transportation to get medical care
- Imaging like MRIs
- Medical equipment and supplies
- Acupuncture
- Birth Control Pills
- Chiropractic Care
- Coinsurance, Copay & Deductibles
- COBRA & Medicare Premiums
- Dental Expenses
- Eye Exams, Eyeglasses & Contacts
- Fertility Treatments
- Flu Shots
- Hearing Aids & Devices
- Hospital Services
- immunization
- Insulin
- LASIK Eye Surgery
- Medical & Prescription Expenses
- Obstetrical Expenses
- Physical Therapy
- Psychiatric Care
- Surgery
- Specialty Drugs
- Vision Expenses
- Weight Loss Programs
- Wheelchairs & More*



How to Use Your Health Savings Account

Debit Card: Employees can use their Bank Visa Health Benefits Debit Card. No substantiation is needed.

Participants in the Health Savings Account will receive a debit card if a new account user. Existing participants can continue using their current card (until the expiration date on card).

Pay Provider: Let Claim Process. Create Payee information and Pay Provider on the member website or pay provider directly.

Reimbursement: Pay out-of-pocket and submit for reimbursement Online, through your mobile app or by Mail.

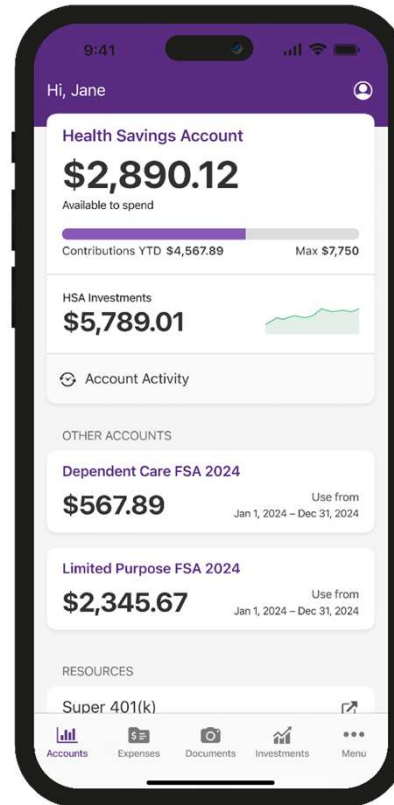
HealthEquity®



HealthEquity Member Portal

The HealthEquity member portal and mobile application are convenient and powerful tools that give you on-the-go access to your benefit accounts. Access all account balances and history of your claim reimbursement requests in one convenient profile.

To activate your account, visit healthequity.com or download the HealthEquity application on your mobile device.



HealthEquity

Convenience at your fingertips



On-the-go access and history

Access account balances and history wherever you go.



Initiate claims and view their status

View the status of claims as well as link payments and documentation to claims.



Manage debit card transactions

Link your debit card transactions to claims and documentation.



Send payments and reimbursements

Send payments to providers or reimburse yourself for out-of-pocket expenses.



Photo documentation

Take a photo with your device to initiate claims and payments.



Invest like a pro

One place to view performance, research funds, and place trades.

Plan Cost Comparison

Buy Down HSA Plan		
Employee + Spouse Coverage	Employee Payroll Contribution	\$64.41
	Annual Employee Contribution	\$772.92
	Deductible	\$7,000

Buy Up Plan		
Employee + Spouse Coverage	Employee Payroll Contribution	\$308.30
	Annual Employee Contribution	\$7,399.08
	Deductible / Copays	\$3,000

If you elect the **Buy Down HSA Plan** with Employee + Spouse coverage for medical benefits for **2025** you would see a savings of **\$2,626.16** per year when compared to the **Buy Up Plan**.

For employees considering electing the Buy Down HSA Plan vs. the Buy Up Plan, an option is to select the Buy Down HSA Plan and contribute additional pre-tax funds into an HSA account, instead, to build up the funds in your HSA and cover out-of-pocket costs associated with the Buy Down HSA Plan.

Please Note: This example is based on Employee + Spouse coverage working 35+ hours, 24 pay periods.

Plan Cost Comparison

Buy Down HSA Plan		
Employee + Family Coverage	Employee Payroll Contribution	\$96.00
	Annual Employee Contribution	\$2,304.00
	Deductible	\$7,000

Buy Up Plan		
Employee + Family Coverage	Employee Payroll Contribution	\$404.62
	Annual Employee Contribution	\$9,710.76
	Deductible / Copays	\$3,000

If you elect the **Buy Down HSA Plan** with Employee + Family coverage for medical benefits for **2025** you would see a savings of \$3,406.76 per year when compared to the **Buy Up Plan**.

For employees considering electing the Buy Down HSA Plan vs. the Buy Up Plan, an option is to select the Buy Down HSA Plan and contribute additional pre-tax funds into an HSA account, instead, to build up the funds in your HSA and cover out-of-pocket costs associated with the Buy Down HSA Plan.

Please Note: This example is based on Employee + Family coverage working 35+ hours, 24 pay periods.

Plan Cost Comparison

		Core Plan
Employee Only Coverage	Employee Payroll Contribution	\$18.22
	Annual Employee Contribution	\$437.28
	Deductible	\$2,500

		Buy Up Plan
Employee Only Coverage	Employee Payroll Contribution	\$117.35
	Annual Employee Contribution	\$2,816.64
	Deductible / Copays	\$3,000

If you elect the **Core Plan** with Employee Only coverage for medical benefits for **2025** you would see a savings of \$2,879.26 per year when compared to the **Buy Up Plan**.

Please Note: This example is based on Employee Only coverage working 35+ hours, 24 pay periods.

Flexible Spending Accounts



Health Care FSA \$3,300 Max. Contribution

- Use to cover your out-of-pocket costs for qualified medical, dental and vision expenses for yourself, spouse and dependent child(ren)
- **Employees who are participating in the Buy Down Plan are ineligible to participate**
- Full amount elected is available **Day 1**
- Rollover amount \$640
- Must enroll with \$100 minimum for funds to carryover each year

Limited-Purpose Health Care FSA \$3,300 Max. Contribution

- Use to cover your out-of-pocket costs for qualified dental and vision expenses for yourself, spouse and dependent child(ren)
- **Employees who are participating in the Buy Down Plan are eligible to participate**
- Full amount elected is available **Day 1**
- Rollover amount \$640
- Must enroll with \$100 minimum for funds to carryover each year

Dependent Care FSA \$5,000 Max. Contribution (\$2,500 if married & filing separately)

- Use to cover day-care expenses for qualified dependents such as pre-school programs, Latch Key programs through age 13, Daycare Centers for Adults
- **Available to benefit eligible employees with qualifying dependents**
- Only have access to the account balance
- Use it or Lose it benefit

You must actively reenroll every year in each of these benefits

Telemedicine Benefit Offering



Telemedicine provides 24/7 access to doctors via phone, mobile application, or video, giving employees on-demand diagnosis, treatment options, and prescriptions (if medically necessary) for non-emergency situations. The program is available to you, your spouse, and your children up to age 26 for \$0 per consultation! You can sign up for the New Benefits Telemedicine benefit for \$7.53 per pay period (24 pay periods) or \$9.03 per pay period (20 pay periods).



Includes:

- Nurseline, Medical Bill Saver, Medical Health Advisor, Discounts on Vitamins, Pharmacy and Vision Services.
- Telehealth at a \$0.00 copay -Teladoc provides 24/7/365 access to U.S. board certified doctors via phone or video consults.

Use it when yourself or a dependent has:

- Cold & Flu
- Allergies & Asthma
- Bronchitis & Sore Throat
- Skin Inflammations
- Ear Infections

Register for Your Account

- Log on through the My Benefits Work mobile app of MyBenefitsWork.com, click Teladoc and follow the instructions to register for your account
- Complete your account information with a unique username and password for your Teladoc account to secure your personal health information
- Complete your Medical History before requesting a visit
- Request a visit online, in the app, or call 855.VIPDOCS (855.847.3627) to speak with a doctor 24/7

Dental Insurance



PLAN FEATURES	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefit Period	Calendar Year		Calendar Year	
DEDUCTIBLE				
	Single	\$25	\$50	
	Family	\$75	\$150	
When does it apply?	When receiving Basic services (Does not apply for Preventive services)		When receiving Basic or Major services (Does not apply for Preventive services)	
COVERED SERVICES				
CLASS I: Preventive Services	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
CLASS II: Basic Services	Covered at 80%	Covered at 80%	Covered at 100%	Covered at 100%
CLASS III: Major Services	Not Covered	Not Covered	Covered at 60%	Covered at 60%
CLASS IIII: Orthodontia	Not Covered	Not Covered	Not Covered	Not Covered
ANNUAL MAXIMUM				
Maximum Benefit <i>Allowed per Benefit Period</i>	\$1,000 per covered individual		\$1,500 per covered individual	

*Anthem utilizes the Essential Choice dental network. If you see an out-of-network dentist you may experience balance billing



Sydney Health Mobile App

The Sydney Health Mobile App is a free Anthem Blue Cross Blue Shield app that gives you fast and convenient access to your health insurance information right on your mobile device.

Anthem offers the Sydney Health Mobile App on your mobile device for easy access to the following resources:

- Locating in-network providers and comparing costs
- Submit and view claim details
- See all your dental coverage benefits
- Use the dental cost estimator to estimate costs for rendered dental services
- Check your plan deductible balances
- Access a Digital copy of your ID card
- Email a dental hygienist for personalized advice



Vision Insurance



Benefit	Copay	Frequency
In-Network Benefits		
Vision Exam	\$10 copay	Once every 12 months
Standard Lenses (Single Vision, Bifocal, and Trifocal Lenses)	\$25 copay	Once every 12 months
Frames	\$130 allowance then 20% off balance over allowance	Once every 24 months
Contact Lenses (instead of Glasses)	\$130 allowance then 85% off balance over allowance	Once every 12 months
Out-of-Network Benefits		
Vision Exam	Reimbursement up to \$40	
Single Vision Lenses	Reimbursement up to \$30	
Lined Bifocal Lenses	Reimbursement up to \$50	
Lined Trifocal Lenses	Reimbursement up to \$70	
Frames	Reimbursement up to \$91	
Contacts	Reimbursement up to \$91	

If you are ENROLLED in one of the Medical plans:

- EdAdvance will cover the full cost of the vision insurance premiums

If you are WAIVING the Medical plans:

- You will be responsible for the full cost of the vision insurance premiums

To locate an in-network provider, visit eyemed.com or download the EyeMed mobile application. Search by location, doctors name, or office name.

Vision plan runs on a plan year based on date of service last received

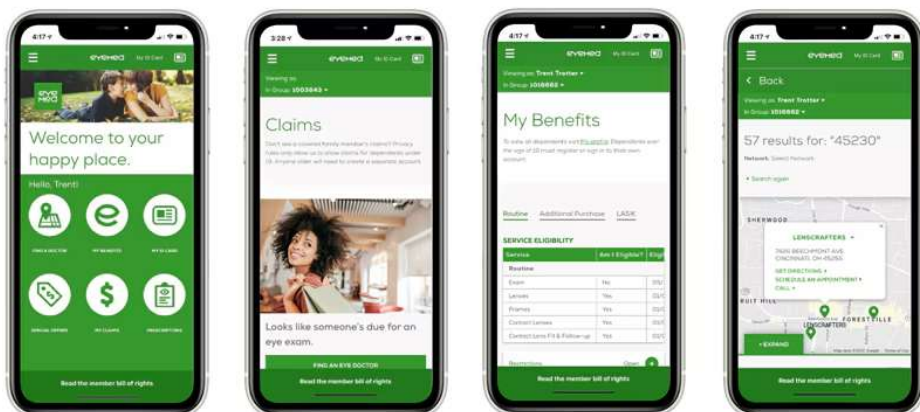
EyeMed Mobile App



On the go? Now your benefits are, too.

ACCESS YOUR BENEFIT INFORMATION, ANYTIME, ANYWHERE.

Our EyeMed Mobile App brings you features to help you get the most from your EyeMed experience – anytime, anywhere.



The features you love

- See benefits information at-a-glance
- Track your claims
- See special offers to help you save more
- Find an in-network eye doctor with the Provider Locator
- Gently shake your mobile device to quickly view your ID card
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides to help you see and live your best
- Use Facial recognition, Touch ID and Apple Wallet for Apple users



Ready to see what the EyeMed app is all about?
Scan the QR code to download now

Life Insurance

EdAdvance provides financial protection to employees with an employer paid Basic Life and AD&D program through UNUM to help you in the event of your passing. This coverage can offer financial assistance in your family's time of need at no cost to you.

Basic Life & Accident Death and Dismemberment

- **EdAdvance covers the full cost of this benefit**
- Benefit is 2 times annual salary to a maximum of \$150,000
- The amount of Accidental Death and Dismemberment insurance is equal to the benefit amount of your group life insurance
- Guaranteed Issue is the full coverage amount
- Benefits reduce 65% at age 65 and 50% at age 70

*Remember to update your beneficiary information in Employee Navigator!



Disability Insurance

EdAdvance provides financial protection to employees with an employer paid long-term disability program through UNUM to help you in the event you need to be out of work for an extended period due to a covered illness or accident.

Long-Term Disability

- **EdAdvance covers the full cost of this benefit**
- Benefit is 60% of salary to \$7,000 per month
- Benefits begin after you have satisfied a 180-day waiting period
- 3/12 Pre-Existing Condition Limitation
- Benefits are payable if you qualify as disabled, up to Social Security Retirement Age



NEW Additional Voluntary Insurance

You can choose to add voluntary coverage through Anthem to help reduce your out-of-pocket medical plans expenses.

This coverage is available for you, your spouse, and your covered dependents. You may enroll in Accident, Critical Illness, and Hospital Indemnity coverage through Anthem.

To see a full schedule of benefits and more plan information, please refer to the plan Benefit Summaries located in Employee Navigator.

You are responsible for the full cost of these benefits through the convenience of payroll deduction.

	What it does	What it covers
Accident Insurance	Helps employees cover the extra expenses associated with an accidental injury – including deductibles, co-pays and co-insurance. The covered individual receives a pre-defined benefit provided directly to the employee if a covered accident occurs, regardless of actual costs incurred. Employees can file claims for multiple covered accidents.	<ul style="list-style-type: none"> • Broken Bones • Burns • Knee Ligament • Dislocations • Emergency Dental • Physical Therapy
Critical Illness Insurance	Helps employees cover the extra expenses associated with a critical illness by paying a lump sum benefit directly to you when you are diagnosed with certain serious illnesses. Critical Illness coverage can help you with out-of-pocket expenses that your medical plan doesn't cover, like co-pays and deductibles.	<ul style="list-style-type: none"> • Heart Attack • Stroke • Cancer • Coma • Blindness • End Stage Renal (Kidney) Failure • Benign Brain Tumor • Major Organ Failure
Hospital Indemnity Insurance	Helps provide financial protection for covered individuals by paying a benefit due to hospitalization and in some cases treatment for an accident or sickness, even if that treatment occurs outside the hospital. Benefits can be used to meet the out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the amount of coverage elected, regardless of the actual cost of treatment.	<ul style="list-style-type: none"> • Broken Bones • Surgeries • Hospital Admission • Hospital Confinement • Emergency Room Visits • ICU Stays

Employee Assistance Program

Life presents us with challenges at work and at home on a daily basis. You have access to a team of counselors and service professionals.

Completely confidential, personalized guidance services are available 24 hours a day, 7 days a week, to provide immediate help and support on a host of life and work issues – focusing on keeping you healthy and productive.

Contact the Employee Assistance Program at **(800) 252-4555** or go to www.EducatorsEAP.com and create a username and password for access to services below.

Your EAP Benefit Summary

Each of us encounters personal problems from time to time. And that is why we partner with ESI EAP to provide you with the best possible solutions for issues you or one of your family members may face. Your EAP is here to help.



The following free benefits are available for Employees and Family Members.

- **COUNSELING BENEFITS**
Help from experienced Masters or Ph.D. level counselors for personal issues such as: relationships/family, depression/anxiety, grief and more.
- **PEAK PERFORMANCE COACHING**
Personal and professional coaching is available from senior-level ESI coaches. Get one-to-one telephonic coaching and support, as well as online self-help resources and trainings.
- **TRAINING AND PERSONAL DEVELOPMENT BENEFITS**
Access to our extensive library of online personal and professional development trainings in a variety of easy to use formats. Some of the topics covered are: debt, budgeting, communication, working remotely, stress management and emotional intelligence.
- **SELF-HELP RESOURCES**
Self-help Resources give you access to a collection of thousands of tools, videos, financial calculators and informative articles covering virtually every issue you might face, including adoption, relationships, legal, financial, cancer and more.
- **WORK/LIFE BENEFITS**
Assistance for financial, legal, and child & elder care.
- **PERSONAL ASSISTANT**
Help for everyday issues, including finding a local medical or dental provider, summer camp options and more.
- **WELLNESS BENEFITS**
Videos and resources to improve you and your family's overall health, including fitness, diet and tobacco cessation.
- **LIFESTYLE SAVINGS BENEFIT**
Includes thousands of discounts, rewards and perks in a variety of categories: Health & Wellness, Auto, Electronics, Apparel, Restaurants, Beauty & Spa, Flowers & Gifts, Sports & Fitness and more! Available benefits are accessible from ESI's Member website.

Scan the QR code to explore your EAP benefits!



What's Next?

REMINDER

Open Enrollment Begins: Monday, May 19, 2025

Open Enrollment Closes: Sunday, June 1, 2025

- You must enroll through Employee Navigator www.employeenavigator.com to make your 2025 elections even if you are waiving benefits. If you are waiving benefits, you must also complete the 'Waiver Form' and submit it to Human Resources.
- This year's enrollment is active, meaning if you do not complete Open Enrollment in Employee Navigator, you will **not** renew with the same plans you elected in the prior plan year. **You must complete enrollment in Employee Navigator www.employeenavigator.com even if you do not want to enroll in coverage.**
- Remember to update your beneficiary information in Employee Navigator

Benefits begin on **July 1, 2025**

End on **June 30, 2026**



Questions?

Contact NFP at:

Tracey Devitt, AVP: (860) 507 – 8886 or tracey.devitt@nfp.com

Karli Botteon, *Senior Account Manager*: (860) 351 – 8405 or karli.botteon@nfp.com

Contact HR at:

HR@edadvance.com

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