



# Summary of Benefits

## July 2026 – June 2027





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## Questions About Your Benefits?

Vita Concierge is here to help! Meazure Learning has partnered with the Vita Companies to assist you with your benefits needs. Vita Concierge can support you with a multitude of issues including those outlined below:

Benefits Plan Enrollment  
Plan Design Inquiries  
Eligibility Issues

Health Claims Assistance  
Pre-Tax Claims Assistance  
Enrollment Advice

### Vita Concierge

Monday – Friday | 8:00 am – 5:00 pm PT

(650) 966-1492 | [meazurelearning@vitamail.com](mailto:meazurelearning@vitamail.com)



# Eligibility, Signing Up & Making Changes

## ELIGIBLE EMPLOYEES

- Regular, full-time employees working 30 or more hours per week are eligible for benefits effective on your date of hire or becoming eligible for benefits.

## ELIGIBLE DEPENDENTS

- Spouse, Domestic Partner (see below), and children up to age 26.

## DOMESTIC PARTNERS

- Domestic Partners include any partner that meets the criteria in the Domestic Partner Affidavit. An Affidavit is required when enrolling a non-Registered Domestic Partner.
- You will pay taxes on the employer paid premium and employee contribution for enrolled Domestic Partners and/or their children. State level tax exemptions may apply. Additional details may be found in ADP.

## NEW HIRE ENROLLMENT PROCESS

- You have 30 days from your eligibility date to complete your enrollment through the ADP portal at <https://workforcenow.adp.com/>. You must click on “Complete Enrollment” in ADP before it is processed with the applicable carriers.

## QUALIFIED LIFE EVENTS

- After your initial new hire enrollment period, you may only enroll or make election changes mid-year if you experience a qualified life event such as marriage, birth or adoption, divorce, or an involuntary loss of coverage from another group health plan. Change requests must be completed in ADP within 30 days of the qualifying event.

## OPEN ENROLLMENT

- This is your annual opportunity to make changes to your benefits without a qualified life event. One Open Enrollment is conducted in May through early June for medical, dental, vision or voluntary benefit changes effective July 1<sup>st</sup>. A separate Open Enrollment for Health FSA and Dependent Care FSA is typically held in November for changes effective January 1<sup>st</sup>.

## COVERAGE TERMINATION

- Medical, dental, and vision benefits terminate on the last day of the month in which you terminate employment. All other benefits, including pre-tax plans, end on your last day of employment.

## COBRA CONTINUATION

- You and your covered dependents have a right to continue medical, dental, vision, and health FSA coverage for a specified period of time after you terminate employment or for other qualified events. You will be notified of your rights and responsibilities to continue coverage under the federal continuation law (if applicable).

### HAVE QUESTIONS?

Vita's Concierge team is here to help! Meazure Learning has partnered with Vita to assist you with your benefits needs.

### VITA CONCIERGE

Monday - Friday  
8:00am – 5:00 pm PT  
(650) 966-1492  
[meazurelearning@vitamail.com](mailto:meazurelearning@vitamail.com)



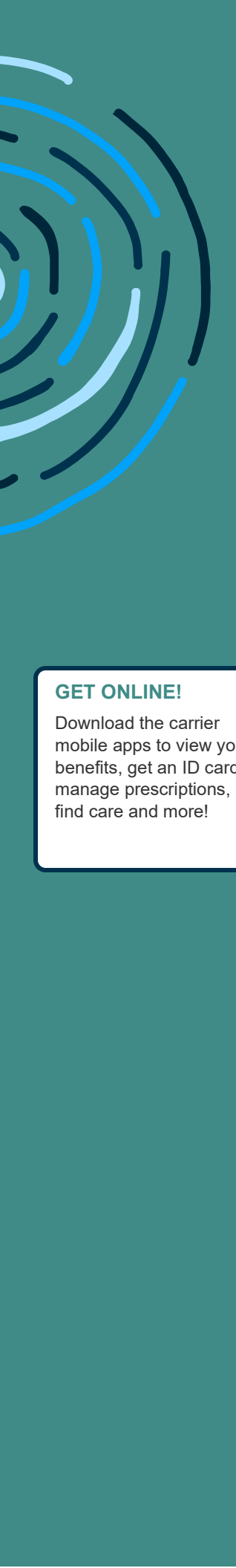
# Employee Contributions

## CONTRIBUTIONS

The cost for medical, dental, and vision benefits is shared by you and Meazure Learning. Your benefit contributions will be taken on a pre-tax salary reduction basis over 26 pay periods.

There is no cost to you for life and disability benefits; premiums are fully sponsored by Meazure Learning. Additional costs apply for voluntary products as outlined in this document and in ADP.

| CONTRIBUTIONS      |                                 |                   |                       |                   |
|--------------------|---------------------------------|-------------------|-----------------------|-------------------|
|                    | Employee Only                   | Employee + Spouse | Employee + Child(ren) | Employee + Family |
| BCBSAL HDHP        | \$70.76                         | \$184.26          | \$167.10              | \$280.30          |
| BCBSAL PPO         | \$99.78                         | \$259.45          | \$235.65              | \$395.27          |
| Dental             | \$4.08                          | \$12.83           | \$12.83               | \$12.83           |
| Vision             | \$1.90                          | \$3.26            | \$3.33                | \$5.37            |
| Voluntary Life     | View rates in ADP               |                   |                       |                   |
| Voluntary Products | View rates in ADP               |                   |                       |                   |
| Pre-Tax Benefits   | Self-directed up to IRS maximum |                   |                       |                   |
| 401k               | Self-directed up to IRS maximum |                   |                       |                   |



# Additional Details

## PLAN DOCUMENTS

- Plan summaries, Summary of Benefits and Coverage (SBC), and Evidence of Coverage documents can be found online in ADP or on the benefits website:  
<https://www.resources.vitacompanies.com/meazurelearning.benefits>

## ID CARDS

- Your medical and dental ID cards will arrive within 7-10 business days of your enrollment being processed by the insurance carrier. You may also download an electronic version of your ID card by registering directly on the carrier's website or via the carrier's mobile app.
- You will not be issued ID cards for vision benefits. Eligibility is verified for you and your enrolled dependents using your name, date of birth, and social security number.

## DEBIT CARDS

- If you opt into the Health Flexible Spending Account (FSA) or Health Savings Account (HSA) plans, you will receive a debit card in the mail within 7-10 business days of your enrollment being processed by the pre-tax administrator. You will use the same debit card to access all pre-tax funds.

### GET ONLINE!

Download the carrier mobile apps to view your benefits, get an ID card, manage prescriptions, find care and more!

# Medical

## BLUE CROSS BLUE SHIELD OF ALABAMA

|                                  | BCBSAL HDHP        | BCBSAL PPO               |
|----------------------------------|--------------------|--------------------------|
| <b>Network</b>                   | Blue Card PPO      | Blue Card PPO            |
| <b>Deductible</b>                |                    |                          |
| Individual                       | \$4,000            | \$1,000                  |
| Individual within a Family       | \$8,000            | \$2,000                  |
| Family                           | \$8,000            | \$2,000                  |
| <b>Out-of-Pocket Max</b>         |                    |                          |
| Individual                       | \$6,000            | \$6,000                  |
| Individual within a Family       | \$6,000            | \$6,000                  |
| Family                           | \$12,000           | \$12,000                 |
| <b>Coinsurance</b>               | 40%                | 20%                      |
| <b>Preventive Care</b>           | No charge          | No charge                |
| <b>Office Visit</b>              |                    |                          |
| Primary / Specialty              | 40%                | \$30, deductible waived  |
| <b>Virtual Visit</b>             |                    |                          |
| <a href="#">Doctor on Demand</a> | 40%                | \$30, deductible waived  |
| <b>Urgent Care</b>               | 40%                | \$30, deductible waived  |
| <b>Emergency Room</b>            | 40%                | \$150, deductible waived |
| <b>Inpatient Care</b>            | 40%                | 20%                      |
| <b>Retail Rx</b>                 |                    |                          |
| Tier 1 / 2 / 3                   | \$15 / \$50 / \$75 | \$10 / \$30 / \$75       |
| Specialty Pharmacy               | \$395              | \$150                    |
| <b>Out-of-Network Coverage</b>   | Yes                | Yes                      |

Please refer to the carrier documents for details on benefits, exclusions, restrictions, and allowances.

Benefits listed above reflect in-network benefits only. A doctor or facility that is not contracted with your insurance is considered out-of-network. Benefits, when available out-of-network, are very limited. Some services require prior authorization or a specialty network for services to be covered.

**For more benefit plan details, exclusions, restrictions, and limitations, please refer to the carrier documents posted in ADP.**

### STAY IN-NETWORK TO SAVE MONEY!

A doctor or facility that is not contracted with your insurance company is considered out-of-network. Benefits, when available, are very limited. Out-of-network benefits have a separate deductible from the in-network deductible, then are covered at a percentage of the carrier's *allowed amount* (not the total amount billed by the provider). Out-of-network providers often charge significantly more than this amount and "balance bill" their patients the cost difference between the total amount charged and the carrier's allowed amount. **You are responsible for these balances.**

### CONTACT INFO

**Blue Cross Blue Shield of Alabama**

Group ID #: 78964

(800) 292-8868

[www.bcbsal.org](http://www.bcbsal.org)

# Dental

| BLUE CROSS BLUE SHIELD OF ALABAMA                                                                                             |                                                                                                                                                                      |                        |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Network                                                                                                                       | In-Network<br>(Access Plus Dental)                                                                                                                                   | Out-of-Network*        |
| <b>Deductible</b><br>Combined in/out of network                                                                               | \$25 per member / \$75 per family                                                                                                                                    |                        |
| <b>Preventive Care</b><br>Cleanings and exams covered twice per calendar year                                                 | 0% (deductible waived)                                                                                                                                               | 0% (deductible waived) |
| <b>Restorative &amp; Supplemental Care</b><br>Fillings, Root Canals, Extractions, Oral Surgery, Anesthesia                    | 0%                                                                                                                                                                   | 0%                     |
| <b>Periodontic Care</b><br>Gum Disease                                                                                        | 20%                                                                                                                                                                  | 20%                    |
| <b>Prosthetic Care</b><br>Crowns, Bridges, Dentures, Onlays                                                                   | 50%                                                                                                                                                                  | 50%                    |
| <b>Calendar Year Benefit Allowance/Maximum</b><br>Once the carrier pays this amount, you are responsible for 100% of charges. | \$1,500<br>combined in/out-of-network                                                                                                                                |                        |
| <b>Orthodontia</b><br>Adults and Children                                                                                     | 50%                                                                                                                                                                  | 50%                    |
| <b>Lifetime Orthodontia Maximum</b><br>Separate lifetime allowance for orthodontia                                            | \$1,500                                                                                                                                                              |                        |
| <b>*Services Received Out-of-Network</b>                                                                                      | Out-of-network dentists are reimbursed at 120% of BCBSAL's "allowed amount". You are responsible for any charges above this amount, in addition to your coinsurance. |                        |

## CONTACT INFO

**Blue Cross Blue Shield of Alabama**

Group ID #: 78964

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For more benefit plan details, exclusions, restrictions, and limitations, please refer to the carrier documents posted in ADP.

# Vision

| VSP                                                                                                     |                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Network                                                                                                 | VSP Choice                                                                                                                                                                             |
| <b>Well Vision Exam</b><br>Once every 12 months                                                         | \$10 copay                                                                                                                                                                             |
| <b>Additional Exams</b><br>Additional exams and services beyond routine care to treat immediate issues. | \$20 copay                                                                                                                                                                             |
| <b>Prescription Glasses</b><br>Lenses – Covered every 12 months                                         | Standard lenses covered in full<br>Additional copays for upgrades                                                                                                                      |
| <b>Prescription Glasses</b><br>Frames – Covered every 12 months                                         | \$150 frame allowance (includes Sam's Club & Walmart)<br>\$80 frame allowance at Costco                                                                                                |
| <b>Contact Lenses</b><br>Purchase in lieu of glasses every 12 months.                                   | \$150 contact lens allowance<br>15% off fitting/evaluation                                                                                                                             |
| <b>Laser Vision Correction</b><br>Discount Only                                                         | Average up to 15% off regular price (5% off promotional pricing) from VSP contracted facilities.                                                                                       |
| <b>Services Received Out-of-Network</b>                                                                 | Expenses from non-network providers must be paid in full and submitted for reimbursement through VSP. Reimbursement maximums will apply (e.g., \$70 frames, \$30 single vision lenses) |

## CONTACT INFO

### VSP

Group ID #: 30032117

(800) 877-7195

[www.vsp.com](http://www.vsp.com)

For more benefit plan details, exclusions, restrictions, and limitations, please refer to the carrier documents posted in ADP.



# Life and AD&D

| LINCOLN                |                                                                                                                                                                                                                                                                    |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Benefit Amount</b>  | 1x your base annual earnings                                                                                                                                                                                                                                       |
| <b>Benefit Maximum</b> | \$250,000                                                                                                                                                                                                                                                          |
| <b>Beneficiary</b>     | Name a personal beneficiary of your choosing. It is recommended that you not list minor children as benefits will not be payable directly to the minor. Beneficiaries may be changed at any time in ADP.                                                           |
| <b>Age Reductions</b>  | At age 70, benefits will reduce to 35% of the original amount.                                                                                                                                                                                                     |
| <b>Taxation</b>        | While Meazure Learning pays the premium for this coverage, the value (benefit) above \$50,000 is taxable to you per IRS guidelines, otherwise known as Table 1 taxation. This amount will be imputed to your income and is calculated using the IRS Table I rates. |



## CONTACT INFO

**Lincoln**

**Group ID:**

PROCTORU

(800) 423-2765

[www.lincolnfinancial.com](http://www.lincolnfinancial.com)

**For more benefit plan details, exclusions, restrictions, and limitations, please refer to the carrier documents posted in ADP.**

# Voluntary Life and AD&D

Purchase additional term life and/or AD&D coverage for yourself. If you purchase for yourself, you may also purchase coverage for your spouse and/or child(ren).

| LINCOLN                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                              |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                                       | EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SPOUSE                                                            | CHILD(REN)                                                                                   |
| <b>Voluntary Life Options</b>         | \$10,000 increments                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$5,000 increments                                                | \$10,000                                                                                     |
| <b>Coverage Maximum</b>               | \$150,000 not to exceed 5x your earnings                                                                                                                                                                                                                                                                                                                                                                                                                                       | 50% of employee election, up to \$50,000                          | \$10,000 (6 months – 26 years)<br>\$250 (14 days – 6 months)<br>No benefit (birth – 14 days) |
| <b>Guarantee Issue</b>                | \$150,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$50,000                                                          | \$10,000                                                                                     |
| <b>Age Reductions</b>                 | Begin at 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Begin at employee age of 65. Benefits terminate at employee at 70 | N/A                                                                                          |
| <b>Application Process</b>            | As a new hire, you may elect up to the guarantee issue amounts for yourself and your dependent(s). Simply choose your coverage within ADP. You must elect coverage for yourself in order to elect coverage for your spouse and/or child(ren). All Elections made outside of your new hire window are subject to EOI.                                                                                                                                                           |                                                                   |                                                                                              |
| <b>Annual Enrollment</b>              | During open enrollment you may choose to increase coverage up to two increments, up to the benefit coverage maximum, with no medical underwriting required. New elections or elections in excess of two increments made during open enrollment are subject to EOI.                                                                                                                                                                                                             |                                                                   |                                                                                              |
| <b>Evidence of Insurability (EOI)</b> | If you elect coverage in excess of the guarantee issue amount, you must complete EOI, a short medical underwriting questionnaire, <b>within 60 days</b> of submitting your election in ADP. The amount subject to EOI is not in effect until you receive written approval from Lincoln. Complete the EOI process by clicking “Complete sign-up” immediately after submitting your election in ADP, or Navigate to Myself > Benefits > Enrollments > Attention Needed > Review. |                                                                   |                                                                                              |
| <b>Rates and Payment</b>              | Rates are based on your age and coverage amount. Rates can be reviewed in ADP during the enrollment process. Rates are in five-year age-bands and will increase July 1. Premiums will be deducted each pay period on an after-tax basis.                                                                                                                                                                                                                                       |                                                                   |                                                                                              |

For more benefit plan details, exclusions, restrictions, and limitations, please refer to the carrier documents posted in ADP.

## CONTACT INFO

**Lincoln**  
Group ID:  
PROCTORU

(800) 423-2765  
[www.lincolnfinancial.com](http://www.lincolnfinancial.com)

# Disability Insurance

\*The “*Benefits Begin to Pay After*” is the amount of time you have to be out of work before your benefits become available.

\*\*The “*Max Benefit Duration*” is the maximum amount of time benefits may be paid while you continue to be out on an approved disability.

## CONTACT INFO

**Lincoln**  
Group ID:  
PROCTORU

(800) 423-2765  
[www.lincolffinancial.com](http://www.lincolffinancial.com)

### LINCOLN SHORT-TERM DISABILITY (STD)

|                                     |                                                                                                                                                                     |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Benefits Begin to Pay After*</b> | 7 days                                                                                                                                                              |
| <b>Benefit (% of Earnings)</b>      | 60%                                                                                                                                                                 |
| <b>Benefit Maximum</b>              | \$2,500/week<br>(Integrates with other social sources e.g., State Disability, Worker’s Compensation, Social Security, etc., not to exceed the benefit plan maximum) |
| <b>Max Benefit Duration**</b>       | 13 weeks                                                                                                                                                            |
| <b>Definition of Earnings</b>       | Base Annual Earnings                                                                                                                                                |

### LINCOLN LONG-TERM DISABILITY (LTD)

|                                          |                                                                                                                                                                      |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Benefits Begin to Pay After*</b>      | 90 days                                                                                                                                                              |
| <b>Benefit (% of Earnings)</b>           | 60%                                                                                                                                                                  |
| <b>Benefit Maximum</b>                   | \$10,000/month<br>(Integrates with other social sources e.g. State Disability, Worker’s Compensation, Social Security, etc., not to exceed the benefit plan maximum) |
| <b>Max Benefit Duration**</b>            | To Social Security Normal Retirement Age                                                                                                                             |
| <b>Definition of Earnings</b>            | Base Annual Earnings                                                                                                                                                 |
| <b>Pre-Existing Condition Limitation</b> | Conditions that existed or are treated during the 3 months immediately preceding coverage effective date are not covered if disability occurs in first 12 months.    |
| <b>Special Limitations</b>               | 24-month lifetime benefit maximum for mental/nervous conditions, alcohol, and substance abuse.                                                                       |

Claims should be filed on or within 90 days after the date of disability. Claim forms can be requested from HR or filed online. Claim forms include detailed instructions on required documentation and ways to submit a claim.

**For more benefit plan details, exclusions, restrictions, and limitations, please refer to the carrier documents posted in ADP.**

# Flexible Spending Accounts (FSA)



## CONTACT INFO

### Vita Flex

(650) 966-1492  
[www.vitaflex.net](http://www.vitaflex.net)

| VITA FLEX                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                    | HEALTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEPENDENT CARE                                                                                                                                 |
| <b>Plan Year</b>                                                                                   | January 1 <sup>st</sup> – December 31 <sup>st</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |
| <b>Description</b><br>All contributions are made via pre-tax payroll deductions                    | Qualified healthcare expenses incurred by you or your eligible dependents, regardless of your enrollment on Meazure Learning's medical plan                                                                                                                                                                                                                                                                                                                                                                                                         | Qualified childcare expenses for your child(ren) age 12 or younger and care for adult dependents in limited circumstances                      |
| <b>2026 Maximum Election</b>                                                                       | \$3,400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$7,500 (per household)                                                                                                                        |
| <b>Claims Incurred Start Date</b>                                                                  | Later of January 1 or your effective date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                |
| <b>Claims Incurred Deadline</b>                                                                    | December 31 <sup>st</sup> or your employment termination date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | December 31 <sup>st</sup>                                                                                                                      |
| <b>Claims Submission Deadline</b>                                                                  | March 31 <sup>st</sup> after Plan Year ends                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | March 31 <sup>st</sup> after Plan Year ends                                                                                                    |
| <b>Filing Claims and Using Your Funds</b>                                                          | Full annual election available immediately <ul style="list-style-type: none"> <li>• Debit Card (Save your receipts!)</li> <li>• Online</li> <li>• Mobile App, Email, and Fax also available</li> </ul>                                                                                                                                                                                                                                                                                                                                              | Funds available as contributed <ul style="list-style-type: none"> <li>• Online</li> <li>• Mobile App, Email, and Fax also available</li> </ul> |
| <b>Use It or Lose It Rule</b>                                                                      | Under IRS guidelines, Flexible Spending Account plans are subject to a "use it or lose it" rule. If your eligible expenses are not sufficient to exhaust your full election, any unused funds will be forfeited. Note: for <i>health</i> FSAs, there is a rollover provision where unused funds between \$50 - \$680 can be rolled over into the following plan year (2027). Unused funds less than \$50 will only rollover if you elect for the next plan year.                                                                                    |                                                                                                                                                |
| <b>Limited Purpose Health FSA</b><br>Enrollment in a Health FSA and a Health Savings Account (HSA) | If you participate in the HDHP and HSA and elect a Health FSA, your Health FSA is considered a Limited Purpose account. This means that eligible expenses for the health care FSA include dental and vision expenses but cannot be used for medical expenses until you've met a portion of the plan deductible (statutory deductible). For 2026, once you've met \$1,700 of the deductible (individual coverage) or \$3,400 of the family deductible, your FSA account can then be used for medical expenses in excess of the statutory deductible. |                                                                                                                                                |

For more benefit plan details, exclusions, restrictions, and limitations, please refer to the carrier documents posted in ADP.

# Health Savings Account (HSA)

## CONTACT INFO

### Vita Flex

(650) 966-1492  
[www.vitaflex.net](http://www.vitaflex.net)

| VITA FLEX                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Opening Your HSA</b>                   | If you choose to enroll in the HDHP, you will automatically be enrolled in a health savings account (HSA) with Vita Flex. Only expenses incurred after your HSA has been opened are eligible for reimbursement.                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Employer Funding</b>                   | <p>Meazure Learning will make per-pay-period contributions to your HSA as follows:</p> <ul style="list-style-type: none"> <li>• Employee Only Coverage: \$46.15</li> <li>• Family Coverage: \$92.31</li> </ul> <p>If you do not open a Vita Flex HSA within 60 days of your eligibility date, by the end of the calendar year in which you are first eligible, or prior to your termination date (whichever comes first), you will forfeit the employer contributions.</p>                                                                                                                 |
| <b>Employee Contributions</b>             | You may make additional contributions via pre-tax payroll reductions as long as you remain enrolled in a qualified HDHP. HSA contributions may be changed at any time in ADP.                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Maximum Contribution</b>               | 2026: \$4,400 single coverage or \$8,750 family coverage<br>Additional \$1,000 catch-up contribution for those age 55+<br>These IRS limits are combined for all employee and employer contributions.                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Account Management</b>                 | You will have online access to manage funds, withdrawals, and investment options. Upon enrollment, you will be sent a welcome email with more details.                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Over Age 65 or Turning Age 65</b>      | If you are over age 65 or turning age 65, please <a href="#">read this article</a> prior to making HSA contributions or receiving any HSA funding from your employer.                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Eligibility Restrictions</b>           | <p>In order to be eligible to make contributions into an HSA, you must meet all of the following criteria: (1) Covered by a qualified High Deductible Health Plan (HDHP), (2) Not covered by any other health coverage, including a regular Flexible Spending Account (FSA), (3) Cannot be claimed as a dependent on another person's tax return, (4) Not entitled to benefits under Medicare, including Medicare Part A.</p> <p><b>If you are not eligible to open and contribute to an HSA, you must notify Meazure Learning in writing within 30 days of your eligibility date.</b></p> |
| <b>Filing Claims and Using Your Funds</b> | Access funds using your debit card or by submitting an expense for reimbursement online.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

For more benefit plan details, exclusions, restrictions, and limitations, please refer to the carrier documents posted in ADP.



# Mental Health Benefits

Your mental health is extremely important to Meazure Learning. You and your dependents have access to several mental health resources as noted below.

## EMPLOYEE ASSISTANCE PROGRAM (EAP) – FREE AND CONFIDENTIAL

Your EAP is a free professional, confidential consultation service provided by ComPsych available to you and your dependents. All counselors and consultants are experienced, licensed professionals in employee assistance consultation. Everything discussed in consultation is kept completely confidential. The EAP also provides you with up to 4 face-face (or virtual) visits with a counselor.

You may call 24/7 for consultation or assistance or access online resources at any time.

(888) 628-4824 | [www.GuidanceResources.com](http://www.GuidanceResources.com) (username = LFGsupport, PW: LFGsupport1)

## COVERAGE THROUGH YOUR MEDICAL PLAN

Both Blue Cross Blue Shield of Alabama medical plans include mental health coverage.

| BCBSAL                       |                      |                      |
|------------------------------|----------------------|----------------------|
|                              | HDHP                 | PPO                  |
| Office Visit                 | 40% after deductible | \$30 copay           |
| Inpatient Services           | 40% after deductible | 20% after deductible |
| Network                      | BlueCard PPO         | BlueCard PPO         |
| Out-of-Network Reimbursement | Yes                  | Yes                  |

Most carriers also include a variety of self-care and mental health apps that may also be used at no cost to you. Log in to your online account with your medical carrier to find out more details and the additional resources available to you.



# Additional Benefits

## LINCOLN VOLUNTARY PRODUCTS

Voluntary benefits pay you an immediate cash benefit to help with out-of-pocket medical expenses and living expenses should you qualify under the plan provisions. You have the option to enroll yourself and dependent(s) in any of the following:

- **Accident** – payable benefit if you experience an accident such as a broken bone, fracture, emergency room visit, and more.
- **Critical Illness** – payable benefit should you be diagnosed with a covered critical illness such as heart attack or cancer
- **Hospital Indemnity** – payable benefit should you be hospitalized due to sickness or accidental injury

## 401(k) PLAN

Eligible employees may participate in Measure Learning's 401(k) plan. You may make tax-deferred contributions into a variety of investment options. Check the 401(k) plan documents for details.

## TIME OFF

A performance driven culture is one where results are rewarded. Measure Learning supports a healthy work life balance by providing our employees with resources such as Time Off and Management Support. Measure Learning provides Flexible Time Off (FTO) to Full Time Salary employees and a generous Paid Time Off (PTO) to Full Time Hourly employees.

## Global Core Travel – Blue Cross Blue Shield of Alabama

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you when you are abroad. Through the Blue Cross Blue Shield Global Core program, you have access to doctors and hospitals around the world.

Call: (800) 810-2583

Mobile: Use the Blue Cross Blue Shield Global Core app

Online: [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com)

## Nationwide Pet Insurance

Receive discounted pet insurance for your dog or cat with Nationwide! Measure Learning will provide a \$25 monthly reimbursement for your pet insurance.

Sign up online at <http://www.petinsurance.com/proctoru> or call 877-738-7874 and mention that you're an employee at ProctorU.

## WORKING ADVANTAGE DISCOUNT PROGRAM

Measure Learning employees and dependents have access to an employee discount program where you can save up to 60% on ticketed events and online shopping.

Visit <https://vitacompanies.savings.workingadvantage.com> to register.



NOTE: The initial plan description is intended for general information purposes only; it is NOT to be considered a Summary Plan Description nor is it a contract. It provides only a very brief summary of benefits and does not replace or supersede the actual plan provisions as defined in the master plan documents. It is not all-inclusive, and it is not a contract. Every attempt has been made to ensure the accuracy of this summary, but in the event of a discrepancy between this summary and the plan contract, benefits will be governed solely by the respective plan contracts.