Benefits Guide

BENEFIT PERIOD | January 1, 2026– December 31, 2026

Eligibility Requirements

Benefits begin the **first of the month following date of hire**. Regular full-time employees working a minimum of 30 hours per week are eligible.

Eligible dependents: Spouse or registered domestic partner; Children up to age 26; any dependent child who is incapable of self support because of mental or physical disability.

Open Enrollment is held every year starting in **November** for a **January 1st** effective date. At this time, you can make changes to your benefit plan elections such as adding or deleting spouses and dependents and changing health plans. However, Qualifying Events (Marriage, Divorce, Birth or Adoption, Death and Loss of Coverage), allow you to make changes outside of the Open Enrollment period. **If you experience a Qualifying Event after open enrollment, you must notify Business Office within 30 days,** otherwise you will be required to wait until the next Open Enrollment to make any changes to your benefit plan elections.

Online Enrollment

Echo Foundation, Inc. dba Echo Horizon School employees can enroll their benefit selections through Ease, a convenient online self-service portal. Ease is used to make benefit elections, when you are first hired, have a "qualifying event" (marriage, birth or a child, loss of coverage, divorce, etc.), and during each annual benefit open enrollment period. If you have questions or unresolved issues after contacting member services at one of our insurance providers, you are welcome to contact our Alera Group Broker Representative's. They will answer any questions you may have concerning your employee benefits, claim problems and administrative issues.

Visit your benefits website for further explanation

Employer Contribution – Echo Foundation, Inc. dba Echo Horizon School contributes:

Medical: 85% of the employee only cost for the base plan.

- Base Plan: Blue Shield Platinum Access + HMO 0/30 OffEx
- Blue Shield Silver Full PPO 1800/65 OffEx
- Kaiser Platinum 90 HMO 0/10 + Child Dental Alt

Dental, Vision and Basic Life and Accidental Death & Dismemberment:
100% of the employee only cost

Medical

Only In-Network benefits are shown as a summary of your medical plan benefits offered to you.

For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

	Blue Shield Platinum Access+HMO 0/30 OffEx (Base Plan)	Blue Shield Silver Full PPO 1800/65 OffEx
You Pay In-Network	In-Network (Individual / Family)	In-Network (Individual / Family)
Deductible	$0	$1,800 / $3,600
Coinsurance	0%	35%
Out-of-Pocket Maximums	$2,700 / $5,400	$9,500/ $19,000
Coinsurance/Copays		
Primary Care	$30/visit	$65/visit
Specialist Care	$55/visit	$85/visit
Urgent Care	$30/visit	$65/visit
Emergency Room Care	$250/visit	$300/visit plus 40%
Outpatient Surgery	$250/surgery	$250/surgery plus 40%
Inpatient Hospitalization	First 4 days $500 per day then $0 per day	35% after deductible
Pharmacy Retail RX (only 30-day supply shown)		
Generic (Tier 1)	$10	$30
Preferred Brand (Tier 2)	$25	$80
Non-Preferred Brand (Tier 3)	$30	$115
Specialty (Tier 4)	20% up to $250	30%, up to $250

Medical

Only In-Network benefits are shown as a summary of your medical plan benefits offered to you.

For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

	Kaiser Platinum 90 HMO 0/10 + Child Dental Alt
You Pay In-Network	In-Network (Individual / Family)
Deductible	$0
Coinsurance	20%
Out-of-Pocket Maximums	$3,000 / $6,000
Coinsurance/Copays	
Primary Care	$10/visit
Specialist Care	$20/visit
Urgent Care	$10/visit
Emergency Room Care	$200/visit
Outpatient Surgery	$300 per procedure
Inpatient Hospitalization	$500 per admission
Pharmacy Retail RX (only 30-day supply shown)	
Generic (Tier 1)	$5
Preferred Brand (Tier 2)	$15
Non-Preferred Brand (Tier 3)	$15
Specialty (Tier 4)	10% coinsurance up to $250

Dental (PPO)

Dental insurance is offered through Mutual of Omaha. Your choice of dentists can determine the cost savings you receive. You will pay less for in-network services. For out-of-network providers, Mutual of Omaha will pay claims based on reasonable and customary (R&C) charges. You are responsible for paying the balance of the bill. Please refer to plan summary for out-of-network benefits, subject to balance billing, and limitations.

	In-Network	Out-of-Network
Benefit Maximum Per Person		
Calendar Year Annual Max	$2,500	
Orthodontia Lifetime Max	$1,500	
Deductible (applies only to Basic & Major Services)		
Individual / Family	$50 / $150	$50 / $150
Benefit	You Pay	You Pay
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%

Vision

The Mutual of Omaha vision plan provides coverage for exams, glasses and contact lenses, as shown below. In-network coverage is provided when you use EyeMed Network providers. Refer to plan summary for out-of-network benefits and limitations.

EyeMed Network	
Based on Calendar Year	In-Network
Eye Exam *Once every 12 months*	$10 Copay
Lenses **Single, Lined Bifocal, Lined Trifocal, Lenticular** *Once every 12 months*	$10 Copay
Frame *Once every 24 months*	$0 copay, $150 allowance then 20% off balance
Contacts *Once every 12 months*	$0 copay, $150 allowance up then 15% off balance

Life and AD&D Insurance

Basic Life/AD&D

A Basic Life insurance policy is provided to you at no cost through Mutual of Omaha. You are automatically enrolled in this benefit. This coverage includes an Accidental Death and Dismemberment (AD&D) provision, at the same coverage amount, in the event of accidental death and other conditions. Please refer to the benefit summary for details.

Benefits	
Benefits Amount	1.5x Annual Salary
Maximum Benefit	$200,000
Waiver of Premium	Included
Accelerated Death Benefit	Yes 80% up to $160,000
Conversion & Portability	Included

Voluntary Life Insurance

Voluntary Life and AD&D

You can purchase Voluntary Life insurance through Mutual of Omaha for you, your legal spouse and dependent children. Please refer to the benefit summary for details.

Voluntary Life and AD&D	
Employee	$10,000 increments up to the lesser of 5 times your annual earnings or $150,000 Guaranteed issue†: $150,000
Spouse/Domestic Partner	$5,000 increments to a maximum of $25,000 Guaranteed issue†: $25,000
Child (up to age 26)	$2,000 increments to a maximum of $10,000 Guaranteed issue†: $10,000

Medical review (often referred to as evidence of insurability or EOI) is completed via the enrollment site.

† *Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions. Guaranteed issue is only available to newly benefit eligible employees.*

Disability

Mutual of Omaha administers our Disability insurance benefit plans for any full-time employee that chooses to enroll. You will pay the full cost of this benefit with post-tax payroll deductions, therefore your benefit while out on Disability will not be taxed.

Short-Term Disability

Short-Term Disability (STD) benefits are payable when you are unable to work due to an injury or illness unrelated to work.

When do the benefits start?
8th day of accident or illness

(Benefit duration is reduced by the initial disability waiting period (before benefits begin)

How much would the benefit pay?
20% of your weekly earnings up to $2,307 per week

Are there any pre-existing exclusions?
3 months prior / 6 exclusion

How long will the benefit pay?
Up to 25 weeks

Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required.

When do the benefits start?
After 180 days of qualified disability

(This plan will begin to pay after the Short-Term Disability benefits end, if elected.)

How much would the benefit pay?
60% of basic monthly earnings up to $10,000 per month

Are there any pre-existing exclusions?
3 months prior / 12 exclusion

How long will the benefit pay?
Social Security Normal Retirement Age (SSNRA)

A pre-existing condition is any accident or illness for which you have received advice or treatment in the months prior to your coverage effective date and will be excluded from this benefit for the month exclusion period listed.

STD benefits integrate with state mandated disability plans. Maternity claims fall under this policy.

Supplemental Health Benefits

Echo Foundation, Inc. dba Echo Horizon School offers additional voluntary benefit plans through Mutual of Omaha. These plans are not medical insurance and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan. To view costs, you must apply through Ease.

Accident Insurance

Pays a cash benefit when you or your covered family members suffer injuries sustained in an accident.

- Accidental Death Benefit
- Hospital Admission, Emergency Care and Ambulance
- Fractures, tears, concussion
- Burns

Cancer Insurance

Benefits can help you handle medical plan deductibles, copays, and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment or are hospitalized for surgery to treat cancer.

What can I do with the money I receive?

- Cover cost of copays, deductibles, and coinsurance
- Reimburse yourself for transportation and lodging costs
- Help with childcare and other domestic expenses
- Assist with home health care cost
- Make up for lost wages
- Pay everyday expenses, such as rent, utilities, and groceries

Hospital Indemnity

The Hospital Indemnity plan pays a cash benefit directly to you for any hospital stay including Hospital Intensive Care. There are no restrictions as to how the cash payout is spent– the choice is up to you.

All Mutual of Omaha benefit plans are portable, which means you can take these benefits with you if you leave the company.

Flexible Spending Account (plan year 07/01/2025-06/30/2026)

A flexible spending account is an account that allows you to set aside money, before taxes, to use on eligible health care and dependent care expenses. You elect how much you want to contribute, and the company deducts the amount from your paychecks for the plan year. Since you use pretax dollars you lower your taxable income, and you use tax-free money for expenses. Through The Advantage Group you are offered two kinds of FSAs: Healthcare and Dependent Care Accounts.