Yellow Brick Road
Early Childhood Development Center

2025 Benefits Guide

MEC ADMV **Guide**

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This guide highlights the main features of many of the benefit plans sponsored by Yellow Brick Road. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. Yellow Brick Road reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility:

Hours Required: *30 Hours*
Waiting Period: *1st of the month following 60 days*
Employees Excluded from Coverage: *Part-time*

Definitions: *Life events include marriage, divorce, birth, adoption, death, termination of employment, new employment, or if the employer ceases contributions. Note this does not include situations where there is a change in benefits, or when the employer decreases their contributions.*

Procedure: *All requests to add/cancel due to a life event must be made through the employer within 31 days of the event. This 31-day rule is federally mandated. The 31-day rule is not in effect for adding newborns or adoptive children, as state mandates require us to make the effective date their date of birth (or date of adoption) as long as they're coming on to an already-existing policy. (State mandates override federal mandates for fully insured groups.)*

Types of Enrollments:

Open Enrollment	The yearly period when an employee (including his/her dependents can enroll in an insurance plan. Open enrollment occurs 30 days prior to the insurance coverage
Special Enrollment	A time outside of the open enrollment period during which and employee or his/her family have the right to enroll for insurance coverage.
Medicaid or Children's Health Ins. Program (CHIP)	You may qualify for free or low-cost care through Medicaid or CHIP based on income or family size. You can apply for Medicaid or CHIP at any time of the year. Go to www.HealthCare.gov for more details.

YOUR COVERAGE CHOICES:

Medical Coverage

Yellow Brick Road offers a medical plan through **SBMA**. Please see page 5 for more information.

Insured	EliteCare	Advantage MV
Employee Only	$40.50	$65.00
Employee + Spouse	$81.00	$258.00
Employee + Child(ren)	$81.00	$235.00
Family	$121.50	$363.00

***Rates are per-pay-period**

Dental Coverage

Yellow Brick Road offers you the opportunity to enroll in a Dental Plan is through **Principal** to help cover the cost of Dental services. See below for plan highlights and rates.

Plan Highlights	In-Network	Out-Of-Network
Annual Maximum	$1,000	$1,000
Deductible	$50/$150	$50/$150
Preventive Care	100%	100%
Basic Care	80%	80%
Special Care	50%	50%
Orthodontics	50% to $1,000	50% to $1,000

Insured	Employee Rates*
Employee Only	$18.32
Employee Plus One	$38.73
Family	$61.08

***Rates are per-pay-period**

Voluntary Vision Coverage

Yellow Brick Road offers a voluntary vision plan option to help you cover the cost of routine vision services and supplies, like eye exams, eyeglasses, and contact lenses. The plan is offered through **Principal**. See below for plan highlights and rates.

	In-Network	Frequency
Exam	$10 Copay	1 per 12 months
Glasses	$25 Copay	1 pair per 12 months
Lenses	0%	1 pair per 12 months
Frames	$130 Allowance	1 set per 24 months
Elective Contacts	$60 Copay	1 pair per 12 months
Necessary Contacts	$25 Copay	1 per 12 months

Insured	Employee Rates*
Employee Only	$3.82
Employee Plus One	$7.63
Employee Plus Children	8.39
Family	$12.20

***Rates are per-pay-period**

Coverage Provided by Yellow Brick Road at NO cost to you:

Short Term Disability Coverage

One in three adults will experience a disability that lasts up to 90 days. Short-term disability coverage helps you pay the bills during your recovery.

Waiting Period: 8 Days for Illness and 8 Days for Accident

Benefit: 60% of your salary up to $1,000 per week

Benefit Period: 12 Weeks

Life Insurance

Basic Employee Life Insurance

Yellow Brick Road provides you with basic life insurance at a benefit amount of $50,000. You automatically receive this coverage at no cost to you.

Benefit Amount: $50,000

Employee Assistance Program (EAP)

You and your covered dependents have free access to Yellow Brick Road's EAP through Principal. This confidential service offers free to help you with a variety of personal issues, below are a few examples!

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

Legal, financial, and identity theft services

Employees and their families have access to legal services to help deal with issues such as car accidents or family law. The financial wellness resources provide help with issues such as budget planning or debt consolidation. And identity theft resources can help restore their identity if stolen. For legal assistance and identity theft resources, members receive one free 60-minute consultation. For financial coaching, members receive three free 30-minute consultations. Additional consultations are available at discounted rates.

Work-life web services

Through the EAP, you can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more!

Help is just a click or call away—24/7

ONLINE: Member.MagellanHealthcare.com
Enter *Principal Core* as the program name

CALL: 800-450-1327

INTERNATIONAL: 800-662-4504 | **TTY**: 711

Medical Benefits	EliteCare
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	$15 Copay
Urgent Care	$50 Copay
Laboratory Services / X-Rays	$50 Copay
Prescription Drugs	Tier 1: $15 Copay, Tier 2: $30 Copay Tier 3: $50 Copay, Tier 4: $75 Copay
Virtual Health Benefits	**Recuro Health**
24/7 Virtual Urgent Care	$0 Copay
Virtual Behavioral Health	$50 fee (first 3 visits then $85 fee after)

[1]The EliteCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.
[2]Prescription drug benefits are subject to the formulary drug list. To review the formulary please visit www.sbmabenefits.com/purerx-standard. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
[3]Recuro Health's Virtual Care program includes unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video or messaging and connects members with a Psychiatrist or Licensed Counselor through secure and private online video or phone sessions at $50 each (first 3 visits - $85 after).

HealthWallet

The HealthWallet mobile app puts your coverage in the palm of your hands

- Scan the QR code to the right, or search "The HealthWallet" in your app store
- Download the HealthWallet mobile app
- Login in with your social security number and date of birth
- Access your ID card(s), benefit information, and ancillary vender services

SCAN HERE

Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate the PHCS logo on your card and follow the instructions below.

PHCS Specific Services

By phone: call **1.800.457.1309**
Online: visit **www.multiplan.com/sbmaspecificservices**
and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results

RECURO HEALTH

Recuro Health's Virtual Urgent Care and Virtual Behavioral Health provide members with:

- 24/7 access to board-certified doctors for treatment of urgent medical concerns
- Virtual access to a Psychiatrist or Licensed Counselor whenever and wherever they need it

Access care via the HealthWallet mobile app (scan the QR code above) or call 1-855-6RECURO

PureRx

Present your medical card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be provided on your medical ID card.

ADVANTAGE MV PLAN

General Information	Coverage Information	
Annual Deductible	$1,500 Individual / $3,000 Family	
Out-of-Pocket Maximum[1]	$9,100 Individual / $18,200 Family	
Unlimited Telehealth through Recuro Health	$0 Copay	
Physician & Diagnostic Benefits (Non-Hospital Based)	**In-Network**	**Out-of-Network**
Preventive / Wellness	Covered at 100%	40% Coinsurance (after the Ded.)
Primary Care / Specialist Visits	$15 Copay	40% Coinsurance (after the Ded.)
Urgent Care	$50 Copay	40% Coinsurance (after the Ded.)
Laboratory Services / Radiology (X-ray, Ultrasound)	$50 Copay	40% Coinsurance (after the Ded.)
Advanced Imaging[RBP] (MRI, CT/PET scan)[2] (limit 1 per year)	$350 Copay	
Radiology / Advanced Imaging[2] (Medmo)[3] (subject to above limits)	Covered at 100%	
Hospital Benefits (All Subject to Reference-Based Pricing)[4]	**Coverage Information**	
Outpatient Surgery[2] (limit 1 per year)	$250 Copay (after the Ded)	
Inpatient Hospitalization & Surgery[2] (limit 5 days & 2 surgeries per year)	$500 Copay per admission (after the Ded.)	
Emergency Services (limit 1 per year)	$500 Copay	
Additional Benefits	**In-Network**	**Out-of-Network**
Ambulance[RBP] (Ground Only) (limit 1 per year)	$500 Copay	
Physical / Speech / Occupational Therapy (limit 8 combined per year)	$50 Copay	40% Coinsurance (after the Ded.)
Chiropractic Services (limit 10 per year)	$50 Copay	40% Coinsurance (after the Ded.)
Home Health Care (limit 10 per year)	$50 Copay	40% Coinsurance (after the Ded.)
Outpatient Substance Abuse Treatment[2] (limit 8 days per year)	$75 Copay	40% Coinsurance (after the Ded.)
Inpatient Substance Abuse Treatment[RBP 2] (limit 5 days per year)	$500 Copay per admission (after the Ded.)	
Chemotherapy / Radiation Therapy / Dialysis	Not Covered	
Maternity Benefits	**Coverage Information**	
Professional Services[2]	$350 Copay	40% Coinsurance (after the Ded.)
Inpatient Facility[RBP 2]	$1,500 Copay per admission (after the Ded.)	
Prescription Drug Benefits[5]	**Coverage Information**	
Generic (Tier 1)	$10 Copay	
Higher Tier Generics / Preferred / Non-Preferred Brand & Specialty	Discount Only	

[1]The out-of-pocket maximum refers to covered services only. Specific services are subject to Reference-Based Pricing (RBP) and patients may be billed beyond the out-of-pocket maximum for these services.
[2]Specific services, including advanced imaging, surgical procedures and maternity require precertification. Failure to obtain precertification will result in a denial of benefits.
[3]Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.
[4]RBP reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.
[5]Prescription drug benefits are subject to the formulary drug list. To review the formulary please visit www.sbmabenefits.com/purerx-base. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

Notable Plan Exclusions
Abortion
Care related to or for the purpose of travel outside of the United States
Chemotherapy / Radiation Therapy
Cosmetic Surgery including cosmetic components of gender transition
Dialysis
Durable Medical Equipment / Prosthetics / Orthotics
Experimental / Investigational Treatments
Hospice Care
Infertility Services / Family Planning
Mouth, Jaws, and Teeth (Oral Surgery procedures, medical in nature)
Nutritional Supplements / Vitamins (except as specified under preventive care)
Non-Tier 1 Generic / Preferred Brand / Non-Preferred Brand / Specialty / Self-Injectable / GLP-1 Prescription Drugs
Skilled / Private Duty Nursing Care
Transplant Services

This form is a benefit highlight representing a brief description of the coverage available. Additional covered services, exclusions and limitations exist. Please refer to the plan administrator for additional plan information.

HealthWallet

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PHCS Practitioner & Ancillary Only

By phone: call **1.800.454.5231**
Online: visit **www.multiplan.com/sbmapa**
and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results

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PREVENTIVE CARE BENEFITS

Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal, Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits

Policyholder: Yellow Brick Road Early Childhood Development Center

Group voluntary dental insurance
Benefit summary for
active members

Your coverage renews every September 1
This summary was created on 07/25/2024 and shows benefits available at that time.

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility				
Eligible employees	All active, full-time employees			
	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	$0	$0	100%	100%
Basic	$50	$50	80%	80%
Major	$50	$50	50%	50%
Orthodontia	$0	$0	50%	50%

Additional provisions	
Family deductible	3 times the per person deductible amount
Combined deductible	Your in-network deductiblesfor basic and major services are combined. Your out-of-network deductibles for basic and major are combined. Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa.
Combined maximum	Your calendar year maximum for preventive, basic, and major in-network services are combined. Your calendar year maximum for preventive, basic, and major out-of-network services are combined. In-network calendar year maximums are $1,000 per person or out-of-network calendar year maximums are $1,000 per person. Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa.
Orthodontia lifetime maximum	$1,000 PPO in-network maximum / $1,000 PPO out-of-network maximum
Maximum accumulation	Included
Plan type	Unscheduled

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - o You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply.

Which procedures are covered, and how often?

Preventive	
Routine exams	Twice per calendar year
Routine cleanings	Twice per calendar year
Bitewing X-rays	Once per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Once per calendar year (covered only for dependent children under age 14)
Sealants	Covered only for dependent children under age 14; once per tooth each 36 months

Basic	
Emergency exams	Subject to routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to routine cleaning frequency limit
Fillings	Replacement fillings every 24 months
Composite (tooth colored)	Covered on posterior teeth
Oral surgery	Simple
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planing	Once per quadrant per 24 months
Harmful habit appliance	Covered only for dependent children under age 14

Major	
Oral surgery	Complex

General anesthesia / IV sedation (covered only for specific procedures)	Covered only for specific procedures
Periodontal surgical procedures	Once per quadrant per 36 months
Crowns	Each 120 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 120 months per tooth
Implants	Each 120 months per tooth
Bridges	120 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

Orthodontia	
Coverage	For your dependent children. Bands that are placed on a dependent child's teeth before age 19 may be covered.

Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 90th percentile of the usual and customary charges.
Maximum accumulation	Some of your unused annual benefit maximum can be carried over to the next year. To qualify, you must have had a dental service performed within the calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the out-of-network maximum benefit or $1,000. If the qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effective dates will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year
Participating provider services	If you require treatment and you can't see an in-network provider in a reasonable amount of time, your claim may be paid if you see an out-of-network provider.
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.

Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth provision –This means the initial placement of bridges, partials, dentures, and implant services to replace teeth missing before this coverage starts may not be covered. If the policy your employer purchased replaces coverage with another carrier, continuous coverage under the prior plan may be applied and you may be eligible for coverage to replace teeth missing before this coverage started. Your effective date with your current employer, along with the employer's effective date with Principal are used to determine coverage. MIssing tooth provision doesn't apply to pediatric essential benefits.
- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information. We strongly recommend submitting a predetermination to determine benefits.

What are the restrictions of my coverage?

Orthodontia	If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows: 1) The lifetime maximum under any prior group coverage has not been exceeded, 2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and 3) Ortho treatment has been continued while insured under this policy. Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit. You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.

There are additional limitations to your coverage. A complete list is included in your booklet.

principal.com

This is a summary of dental coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Policyholder: Yellow Brick Road Early Childhood Development Center

Group voluntary vision
Benefit summary for active members

Your coverage renews every September 1
This summary was created on 07/25/2024 and shows benefits available at that time.

What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

VSP choice network	
Exams	Every 12 months, one exam is covered in full after $10 copay
Prescription glasses Lenses - 1 pair covered every 12 months Frames - covered up to $130 every 24 months; 20% off amount over allowance[1]	$25 copay • Single lenses • Lined bifocal lenses • Lined trifocal lenses • Lenticular lenses • Polycarbonate lenses for dependent children under age 18
Lens enhancements	Standard progressive lenses covered once every 12 months with a $0 copay[1] Most other popular lens enhancements are covered after a copay, saving our members an average of 30%[1]
Elective contacts	Covered up to $130 every 12 months. Contact lenses can be chosen instead of glasses.
Contact fitting and evaluation	Up to $60 copay
Necessary contacts	Covered in full after $25 copay every 12 months Contact lenses can be chosen instead of glasses.

[1]This can vary based on state laws and provider location Savings may not apply at participating retail chains.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - o You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than $60 at in-network providers.

Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is $70 which is equivalent to a $130 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
  - o You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from vsp.com after logging in as a member using your member ID. Or call 800-877-7195.

Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics. Go to VSP.com and register using your member ID to see the laser vision promotions and find a contracted clinic.

These savings can vary based on state laws and provider location.

What benefits do I receive if my doctor is outside VSP's network?

Covered charges	Benefit	Frequency
Exams	Up to $45	Once every 12 months
Single lenses	Up to $30	One pair every 12 months
Lined bifocal lenses	Up to $50	One pair every 12 months
Lined trifocal lenses	Up to $65	One pair every 12 months
Lenticular lenses	Up to $100	One pair every 12 months
Frames	Up to $70	One set every 24 months
Elective contacts	Up to $105	Contacts are instead of frames and lenses
Necessary contacts	Up to $210	Contacts are instead of frames and lenses

What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
  - Non-prescription glasses
  - Medical or surgical treatment of the eyes
  - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.

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This is a summary of vision coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

Policyholder: Yellow Brick Road Early Childhood Development Center

Group term life insurance
Benefit summary for active members

Your coverage renews every September 1.
This summary was created on 07/25/2024 and shows benefits available at that time.

What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Guaranteed issue[1]	Benefit reduction[2]
You	$50,000	If you're under 70: $50,000 If you're 70 or older: The lesser of $50,000 or the amount with the prior carrier	35% reduction at age 65, with an additional 15% reduction at age 70

[1]Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.
[2]As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.

Additional eligibility requirements may apply.

Do I need to provide health information?

Benefit amounts up to the guaranteed issue shown in the table above won't require health information.

What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%

Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	$10,000
Repatriation - If you die at least 100 miles from your home	Up to $2,000
Education - If your children are enrolled in an accredited post-secondary school at the time of your death	$3,000/year for up to 4 years
Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%
Loss of use of one arm, one leg, one hand or one foot	25%
Loss of speech and/or hearing - total loss for 12 consecutive months	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

Additional benefits:

Accelerated death benefit	If you're terminally ill, you may be able to receive a portion of your life benefit.
Coverage during disability	If you're disabled, you may be able to continue your coverage and not pay premium.
Conversion of terminated coverage	If coverage terminates, you may be able to convert coverage to an individual policy.

The benefit summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

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This is a summary of group term life coverage insured by or with administrative services provided by Principal Life Insurance Company®. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

Policyholder: Yellow Brick Road Early Childhood Development Center

Group short-term disability insurance
Benefit summary for active members

Your coverage renews every September 1.
This summary was created on 07/25/2024 and shows benefits available at that time.

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary weekly benefit	60% of your earnings up to $1,000
Benefit amount	Your primary weekly benefit minus other income sources
Elimination period	Benefits begin on the 8th day for accidents and 8th day for sickness
Benefit payment period	Up to 12 weeks
Maternity	Pregnancy and childbirth are treated the same as any other disability

What's available to me?

Help protect one of your most valuable assets - the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

Your primary weekly benefit is 60% of your earnings prior to your disability up to $1,000 minus other income sources. Other income sources could include but aren't limited to Social Security, other earnings, worker's compensation and state disability (if applicable), and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

Who receives coverage?

- You'll receive coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.

Additional eligibility requirements may apply.

When do I begin receiving disability benefits?

Your elimination period is completed and benefits begin on the 8th day for accidents and the 8th day for sickness. The elimination period is the amount of time before you start receiving benefits.

Once I start receiving benefits, how long will they continue?

Short-term disability benefits can continue up to 12 weeks.

What types of conditions may qualify as a disability?

You'll be considered disabled due to sickness or injury, or pregnancy.

During your elimination period and your benefit payment period (how long benefit is paid), one of the following must apply:

- You're unable to perform the majority of substantial duties of your own job; or
- You're unable to earn 80% of your income prior to your disability while working in a modified capacity.

Additional benefits:

Rehabilitation plan	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
Rehabilitation incentive benefit	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
Mandatory rehabilitation	You may be paid for any expenses associated with an approved rehabilitation plan.

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This is a summary of short-term disability coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

Principal®

Group benefits

Help employees handle life's ups and downs

Offer them resources through your employee assistance program (EAP)

Resources for life's challenges

Life's unpredictable. You never know what your employees may be experiencing. But you do know every business runs on the same fuel—the energy of its people. When your employees are able to manage their personal ups and downs, they'll be more productive on the job.

That's what the employee assistance program (EAP) from Principal® is all about. With an EAP, your employees have access to resources to help them handle life's everyday—and not so everyday—challenges. Relationship issues, anxiety, addiction, aging parents to care for—all can make balancing work and life stressful.

Provided by Magellan Healthcare, Core EAP services are automatically available to your employees and their families when you offer Principal short- or long-term disability insurance.[1]

Services for your employees and their families

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. Employees and their families can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

Legal, financial, and identity theft services[2]

Employees and their families have access to legal services to help deal with issues such as car accidents or family law. The financial wellness resources provide help with issues such as budget planning or debt consolidation. And identity theft resources can help restore their identity if stolen.

For legal assistance and identity theft resources, members receive one free 60-minute consultation. For financial coaching, members receive three free 30-minute consultations. Additional consultations are available at discounted rates.

Work-life web services

Employees can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

Best of all, EAP services are available at no cost to employees and their families. And if they need assistance beyond the scope of the EAP, a counselor will help find a resource. (Employees are responsible for any fees resulting from referrals outside the EAP, including those associated with medical benefits.)

Help is just a click or call away—24/7

ONLINE: Member.MagellanHealthcare.com
Enter *Principal Core* as the program name

CALL: 800-450-1327

INTERNATIONAL: 800-662-4504 | **TTY**: 711

And there's organizational support, too

Workplace support services. Managers have access to specialized workplace support consultants to help assess challenging situations. One resource available is a mandatory referral for employees who are having performance issues, providing an opportunity to resolve the problem.

Critical incident response services. After a traumatic event, confidential sessions are offered to help minimize the long-term effects on staff and the organization and accelerate recovery.

Professional guidance. Managers receive guidance when an employee returns to work.

Trainings. Manager trainings are available on topics such as drug-free workplace, resolving conflict, and team building strategies.

Make the most of your EAP

Making the most of your EAP means letting your employees know they have access to confidential help when they need it. Here are some no-cost ways to promote your EAP:

- Sign-up to receive the Momentum campaign. Just send your e-mail address to EAPNews1327@magellanhealth.com. Each month, you'll receive a newsletter featuring timely and relevant articles and insights about how you, your managers, and employees can get the most out of daily life. The newsletter also includes a link to register for the monthly webinar.
- Reference the EAP as a resource in company policies and procedures, e.g., safety, work-life, and substance free workplace, or implement an EAP policy and procedure at your company.
- Use the EAP yourself so you have first-hand experience with the services available.

More about your EAP provider

Magellan Healthcare's employer solutions are built upon 50 years of behavioral health expertise, with services designed to improve organizational effectiveness and employee well-being at every stage of life. Magellan's employee assistance program (EAP) enhances emotional wellness, reduces stress, and increases productivity. Magellan offers easily accessible emotional, physical and life enrichment services to support employees and their household members with life's ups and downs.

[1] Not available with self-funded coverage.

[2] Not available to group policies issued in New York.

Principal®

Magellan HEALTHCARE℠

Insurance products issued by Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392.

Principal® has arranged with Magellan Healthcare to make its employee assistance program (EAP) available to employees with select group coverage insured by Principal Life Insurance Company. EAP isn't part of the insurance contract or policy and may be changed or canceled at any time. Magellan is responsible for all EAP services provided through this program. EAP services in California are provided through Magellan Health Services of California, Inc.— Employer Services. Magellan isn't a member of the Principal Financial Group®.

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Save money. Improve your life.

Use discounts and services available through your group benefits. **These discounts are not insurance**.

Laser vision correction	**Imagine your life free from glasses and contacts.** You, your spouse, and dependent children save $800 with featured providers LasikPlus, TLC Laser Eye Centers, or The LASIK Vision Institute. Or receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network's 600 locations. Administered by LCA Vision. principallasik.com | 888-647-3937
Hearing aid program	**Protect your hearing health to improve your quality of life.** You, your spouse, children, parents, and grandparents can get discounts up to 48% off hearing aids, including rechargeable and Bluetooth options, with a 60-day trial to ensure full satisfaction. You can also receive a free hearing consultation at any of the 3,000+ locations nationwide. Administered by Start Hearing. www.starthearing.com/partners/principallife | 877-890-4694
Emotional health support line	**Get help when you're feeling overwhelmed or need support.** You, your spouse, and dependent children can call this free, confidential support line 24/7 to reach licensed behavioral health clinicians who can provide emotional support, tips for coping, and referrals to local resources. If your employer offers an employee assistance program (EAP), use it instead. 800-424-4612

Available with your dental insurance

Principal oral health center	**Get information to make better oral health care decisions.** Submit a dental care question and get a response from a dentist in 48 hours. Use the cost estimator to find approximate dental care costs, and access articles about dental health topics. http://c3.go2dental.com/scontent/
Teeth whitening	**Share a smile you can be proud of.** You, your spouse, and dependents can save 20% on a dentist-invented teeth whitening technology from GLO Science. Available for home use, it's fast and sensitivity-free so you can smile with confidence. gloscience.com/principal and use discount code PRINCIPAL
Oral care products	**Help your smile be as healthy as possible.** Buy one and get one free--choose from the Z Dental sonic pulse toothbrush or the Z Dental water flosser. myzsonic.com/principal and use coupon code PRINCIPAL

Available with your disability insurance

Employee assistance program (EAP)	**Count on help to be there when you need it.** You and your family have access to free, confidential resources to help handle life's challenges. Talk with a licensed, EAP professional by using in-person or virtual counseling. Use the legal, financial, and identify theft services[1] to work through issues. And access webinars, live talks, and articles on a variety of topics. Member.MagellanHealthcare.com then enter "Principal Core" as the program name 800-450-1327

Available with your life insurance

Travel assistance	**Ease some of the worries of traveling—whether in the U.S. or internationally.** You, your spouse, and dependent children have access to a variety of benefits provided through AXA Assistance[2]. These services include travel and medical assistance plus emergency medical evacuation benefits. Assistance is available for travel 100+ miles away from home for up to 120 consecutive days. Available with group term life insurance only. principal.com/travelassistance
Will & Legal Document Center	**Consider preparing your simple legal documents online.** These online resources and tools, provided by ARAG®[3], are easy-to-use. You and your spouse can prepare, print, and store essential legal documents — such as a will, living will, healthcare power of attorney, durable power of attorney, and medical treatment authorization for minors. Plus, you can access estate planning tools and resources, and a personal information organizer. principal.araggroup.com Enter your group policy number: 1161892
Identity theft kit	**Be proactive in protecting one of your most important assets—your identity.** If your identity is stolen, despite your best efforts, you'll get valuable tips on how to restore it. principalaraggroup.com Enter your group policy number: 1161892
Beneficiary support	**Get help coping with the death of a loved one.** Beneficiaries receive help coping with the emotions and financial decisions that surface when a loved one dies. Services include grief support from Magellan Healthcare and financial review from Principal®. Spouses and dependents receive three months of free online will preparation services provided by ARAG®[3] Information is provided after the loss of a loved one.

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The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time.
For group life and dental policies issued in New York: travel assistance, Will & Legal Document Center, identity theft kit, emotional health support line, beneficiary support, teeth whitening , and oral care products are not available; laser vision correction and hearing aid program are only available with dental or vision insurance. ARAG Services, LLC, AXA Assistance USA, Inc., LCA Vision, Magellan Healthcare, Magellan Health Services of California, Inc.— Employer Services, Start Hearing, and VSP are not affiliated with any company of the Principal Financial Group®. Third party providers are solely responsible for their products and services.

1 Not all services available to group policies issued in New York.

2 Participants are responsible for any incurred fees or expenses. Indemnified transportation services are administered by AXA Assistance USA, Inc. and underwritten by a third party licensed insurance company.

3 The use of the services provided by ARAG Services, LLC should not be considered as a substitute for consultation with an attorney. Neither your employer nor Principal® is responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG legal document service.

Important Contacts

Resource	Carrier	Website/Contact
Medical and Prescription	SMBA	www.sbmabenefits.com 888-505-7724
Dental	Principal	Principal.com 800-222-2685
Vision	Principal	Principal.com 800-222-2685
Life Insurance	Principal	Principal.com 800-986-3343
Short-Term Disability Coverage	Principal	Principal.com 800-986-3343
Employee Assistance Program	Magellan through Principal	Member.MagellanHealthcare.com “Principal Core” as program name OR Call: 800-450-1327
Yellow Brick Road Plan Admin	Alaina Eckwright	Alaina.Eckwright@ybrecdc.org