2018 EBSCO BENEFITS GUIDE



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This document is a guide. It only briefly describes the employee benefits available to benefits eligible employees. The plans and benefits described herein are sponsored by EBSCO Industries for employees who are part of the EBSCO benefits system. If there are any differences between the information contained in this guide and the master plan documents, the plan documents, hospital policies and procedures, and any applicable federal and state laws will govern. The benefits described in this guide may be changed, modified, or eliminated at any time and without advanced notice.

New Employees:

You must complete your elections within 30 days of becoming eligible for coverage.

Current Employees:

- Open Enrollment is September 5 -October 16, 2017.
- You must enroll every year during Open Enrollment to participate in the Medical, Limited Purpose, or Dependent Care Flexible Spending Accounts.

BENEFITS ENROLLMENT

New Employees

If you are enrolling as a newly eligible employee, you must complete your elections within 30 days of you becoming eligible for coverage, and your coverage will begin on your date of eligibility.

Current Employees

Open Enrollment is September 5 – October 16, 2017. This is the time of year to review your benefit elections, make changes, and enroll in flexible spending accounts for the upcoming calendar year. If you are electing new benefits, or making changes to your current benefits, your new elections will become effective January 1, 2018.

If you are not making any changes to your 2017 benefits, you do not need to do anything; your current benefit elections will carry over to 2018. The only exception to this is your participation in flexible spending accounts. However, we encourage all employees to log into *my*EBSCO and verify their elections and dependent information.

You must enroll every year during Open Enrollment to participate in the Medical and Dependent Care Flexible Spending Accounts or the Limited Purpose Flexible Spending Account.

Change in Status Events

Benefit elections can only be changed during the annual Open Enrollment period or within 30 days of experiencing a qualified change in status event. If you elect coverage due to a qualified change in status event, your coverage will begin on your date of eligibility.

Qualifying change in status events include:

- 1. Marriage, divorce, or legal separation
- 2. Death of a dependent
- Birth, adoption, or placement of a child into your home for adoption, or you become responsible for a child's coverage through a Qualified Medical Support Order
- 4. A change in employment status for you or your spouse which results in a loss of coverage
- 5. Change in your worksite or residence that affects benefit eligibility
- Coverage of you, your spouse, or a dependent child by Medicare or Medicaid
- 7. Involuntary loss of medical coverage for you, your spouse, or your dependent child
- 8. Dependent satisfying or ceasing to satisfy the dependent requirements
- 9. Significant coverage curtailment as determined by the Plan Administrator
- 10. Loss of coverage under another group health plan
- 11. Change in coverage due to Open Enrollment of employer's plan

In addition to the ability to make changes because of a qualified change in status event, participants on approved Family Medical Leave Act (FMLA) leave may change their medical, dental, vision, and flexible spending account coverages. If coverage is cancelled, the participant, at his or her own option, may re-elect coverage upon return from FMLA leave.





- ► EBSCO's medical plans are administered by Blue Cross Blue Shield (BCBS) of Alabama
- ➤ To learn more about the plans we offer and watch our benefits video, visit www.EBSCOChoice.com.

Apps to Download:



Alabama Blue



Baby Yourself



Health Handbook



myRx Planner

MEDICAL PLANS OVERVIEW

At EBSCO, our commitment to continuous improvement extends beyond the products and services we offer our customers. We are equally committed to improving our employees' experience, and our benefits are at the heart of that experience.

That is why we now offer three health insurance plan options:

- Platinum
- Gold
- Silver

The Platinum Plan is the medical plan EBSCO has offered in previous years. We have added two additional options, because we want everyone on our diverse team to be able to choose medical insurance coverage that best fits their unique needs and the needs of their families.

In order to make the best decision possible, it is important that you begin by thinking critically about your existing medical conditions and the annual healthcare expenses you can anticipate. While the monthly premium is an important element that differs between the plans, it should not be the only factor you take into account when making your health insurance decision.

Consider the amount of coverage you and your family need to be medically and financially secure as you review plan elements, such as:

- Annual Deductible
- Coinsurance
- Copays
- Prescription Drug Expenses

All three of EBSCO's medical plans are administered by Blue Cross Blue Shield (BCBS) of Alabama, one of the largest physician and hospital networks in the country. Employees who are enrolled in our plans pay less for health care provided by professionals and hospitals in the BCBS of Alabama network.

COMPARE MEDICAL PLANS

	Platinum Plan	Gold Plan	Silver Plan
EBSCO's 2018 HSA Contribution	N/A	N/A	\$500
Annual Deductible (Single / Family)	\$200 / \$600	\$1,000 / \$3,000	\$2,000 / \$4,000
Out-of-Pocket Maximum Including Deductible (Single / Family)	\$1,200 / \$3,600	\$3,000 / \$9,000	\$4,500 / \$9,000
Coinsurance	30% after deductible	10% after deductible	20% after deductible
Office Visit Copay (Primary Care Provider / Specialist)	\$30 / \$30	\$30 / \$40	20% after deductible
Emergency Room Copay	\$150	10% after deductible	20% after deductible
Outpatient Surgery Copay	\$150	10% after deductible	20% after deductible
Inpatient Stay Copay	\$350 copay per admit, \$50 copay days 2-5	10% after deductible	20% after deductible
Prescription Drugs (Retail)	\$10 generic / \$25 preferred / \$55 non- preferred	\$10 generic / \$25 preferred / \$55 non- preferred	20% after deductible
Prescription Drugs (Mail Order)	\$25 generic / \$62.50 preferred / \$137.50 non- preferred	\$25 generic / \$62.50 preferred / \$137.50 non- preferred	20% after deductible

PLATINUM PLAN

The Platinum Plan is EBSCO's current medical plan. There will be no changes to this plan's coverage. It will remain a Preferred Provider Organization plan, and it will continue to be grandfathered under the Affordable Care Act.

Under the Platinum Plan, most eligible services are covered by a copay and are not applied toward the deductible or out-of-pocket maximum. Only out-of-network services and Other Covered Services have to meet the deductible before the plan will begin paying for eligible expenses. Other Covered Services include:

- Ambulance services
- Chiropractic care
- Physical therapy
- Durable medical equipment

Copays will not be applied toward the annual deductible or out-of-pocket maximum on the Platinum Plan. The only expenses that go toward the out-of-pocket maximum are the deductible and coinsurance.

Therefore, employees who participate in this plan will rarely reach their out-of-pocket maximum.

Platinum Plan Overview		
Monthly Premium	Based on years of coverage (See chart on page 7)	
Annual Deductible (Single / Family)	\$200 / \$600	
Out-of-Pocket Maximum Including Deductible (Single / Family)	\$1,200 / \$3,600	
Coinsurance	30% after deductible	
Office Visit Copay (Primary Care Provider / Specialist)	\$30	
Emergency Room Copay	\$150	
Outpatient Surgery Copay	\$150	
Inpatient Stay Copay	\$350 copay per admit, \$50 copay days 2-5	
Prescription Drugs (Retail)	\$10 generic / \$25 preferred / \$55 non-preferred	
Prescription Drugs (Mail Order)	\$25 generic / \$62.50 preferred / \$137.50 non-preferred	

GOLD PLAN

The Gold Plan is one of the two new choices being offered for 2018, and it is also a Preferred Provider Organization plan.

The monthly premiums on the Gold Plan are lower than the Platinum Plan, but the annual deductible and out-of-pocket maximum are higher. On this plan, copays, in addition to your deductible and coinsurance, are applied toward the out-of-pocket maximum. That means everything you pay out of pocket, except for your premium, will go toward the out-of-pocket maximum.

On the Gold Plan, office visits and prescriptions are covered by a copay. Other eligible services are subject to the deductible and copay.

For an individual on the Gold Plan, after the deductible (\$1,000) is met, the plan will pay for 90% of eligible services. Therefore, the individual will only be responsible for 10% of the expense for those services. Once the individual has met the out-of-pocket maximum (\$3,000) in a plan year, the plan will pay for 100% of eligible services for the remainder of the plan year.

For a family, once **three** individuals in the family meet the annual deductible (\$1,000 **each**), the deductible is satisfied for the **entire** family for the remainder of the plan year. At that point, the plan will pay for 90% of eligible services for the remainder of the plan year for all family members. Once **three** individuals in the family meet the out-of-pocket maximum (\$3,000 **each**), the plan will pay for 100% of eligible services for the **entire** family for the remainder of the plan year.

Gold Plan Overview		
Monthly Premium	See chart on page 7	
Annual Deductible (Single / Family)	\$1,000 / \$3,000	
Out-of-Pocket Maximum Including Deductible (Single / Family)	\$3,000 / \$9,000	
Coinsurance	10% after deductible	
Office Visit Copay (Primary Care Provider / Specialist)	\$30 / \$40	
Emergency Room Copay	10% after deductible	
Outpatient Surgery Copay	10% after deductible	
Inpatient Stay Copay	10% after deductible	
Prescription Drugs (Retail)	\$10 generic / \$25 preferred / \$55 non-preferred	
Prescription Drugs (Mail Order)	\$25 generic / \$62.50 preferred / \$137.50 non-preferred	

SILVER PLAN

The Silver Plan is the other new choice available for 2018. Also known as a High-Deductible Health Plan (HDHP), the monthly premium is the lowest on the Silver Plan, but the annual deductible and out-of-pocket maximum are significantly higher.

During the first year the Silver Plan is offered, EBSCO will be providing Critical Illness and Accident Insurance to help participants cover expenses in the case of an unexpected or catastrophic event. With the Silver Plan, participants will also be automatically enrolled in a Health Savings Account (HSA), which will allow them to set aside money to pay for qualified medical expenses on a pre-tax basis. In 2018, EBSCO will contribute \$500 to each Silver Plan participant's HSA. More information about the HSA can be found on page 11.

For an individual on the Silver Plan, after the annual deductible (\$2,000) is met, the plan will pay for 80% of eligible services. Therefore, the individual will only be responsible for 20% of the expense for those services. Once the individual has met the out-of-pocket maximum (\$4,500) in a plan year, the plan will pay for 100% of eligible services for the remainder of the plan year.

For a family, once **two** individuals in the family meet the annual deductible (\$2,000 **each**), the deductible is satisfied for the **entire** family for the remainder of the plan year. At that point, the plan will pay for 80% of eligible services for the remainder of the plan year. Once **two** individuals in the family meet the out-of-pocket maximum (\$4,500 **each**), the plan will pay for 100% of eligible services for the **entire** family for the remainder of the plan year.

Due to IRS requirements for High-Deductible Health Plans, Birmingham-based employees who choose to participate in the Silver Plan will pay a negotiated rate out of pocket for the services and/or medication provided by the onsite medical clinic at Headquarters.

Silver Plan Overview		
Monthly Premium	See chart on page 7	
EBSCO's 2018 HSA Contribution	\$500	
Annual Deductible (Single / Family)	\$2,000 / \$4,000	
Out-of-Pocket Maximum Including Deductible (Single / Family)	\$4,500 / \$9,000	
Coinsurance	20% after deductible	
Office Visit Copay (Primary Care Provider / Specialist)	20% after deductible	
Emergency Room Copay	20% after deductible	
Outpatient Surgery Copay	20% after deductible	
Inpatient Stay Copay	20% after deductible	
Prescription Drugs (Retail)	20% after deductible	
Prescription Drugs (Mail Order)	20% after deductible	

SILVER PLAN: HEALTH SAVINGS ACCOUNT

Because the IRS considers the Silver Plan a High-Deductible Health Plan (HDHP), EBSCO can offer a Health Savings Account (HSA) to employees who elect this plan.

A HSA allows employees to set aside money on a pre-tax basis to help pay for qualified medical, dental, and vision expenses. HSAs also allow employer contributions, unlike a traditional medical flexible spending account.

Employees who choose the Silver Plan can deposit pre-tax deductions from their regular paychecks into the HSA, which will automatically be set up for them by EBSCO. **By contributing pre-tax, the employee's taxable income is reduced.** Employees can also contribute to their HSA on a post-tax basis by mailing a payment directly to the third-party company that administers EBSCO's HSA, HealthEquity.

In 2018, EBSCO will also be contributing \$500 to every Silver Plan participant's HSA. Employees' HSAs will be funded on a quarterly basis (\$125 per quarter).

The IRS limits the amount that can be contributed to a HSA each year. The 2018 HSA contribution limit (employee + employer) is:

Individual: \$3,450Family: \$6,900

HSAs also allow catch-up contributions (similar to 401k plans) for participants age 55 or older. The 2018 HSA catch-up contribution limit is \$1,000. Please note that catch-up contributions can be made any time during the year in which the participant turns 55.

Even though the HSA is set up through EBSCO, it will always be in the employee's name. The money the employee and EBSCO contribute to the HSA will be deposited into a FDIC-insured, interest-bearing account. Employees will earn interest on the money they and the company contribute to the HSA, and the interest earned is tax free.

Once an employee's HSA has a \$1,000 balance, HealthEquity will open an investment portfolio on the employee's behalf, through which the employee can manage his/her HSA investment just as they would a 401(k).

It is the responsibility of the employee to manage his/her HSA. EBSCO cannot make changes to employee accounts. If an employee needs to alter their account in any way, he/she must do so directly through HealthEquity.

If your adult child (up to age 26) is covered under the Silver Plan, but does not qualify as your tax dependent, you cannot use HSA funds to pay for his/her qualified healthcare expenses.

ARE YOU ELIGIBLE?

To be eligible for a HSA, you must meet the following requirements:

- You are covered under a High-Deductible
 Health Plan (such as EBSCO's Silver Plan).
- You have no other health coverage.
- You are not enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return for the prior year

- For those employees who choose to participate in the Silver Plan, EBSCO is providing Critical Illness and Accident Coverage at no cost to the employee.
- ► Critical Illness &
 Accident Coverage
 provides up to \$5,000
 in coverage that Silver
 Plan participants can
 use for any purpose
 after a critical illness
 diagnosis or accident.

SILVER PLAN: CRITICAL ILLNESS & ACCIDENT COVERAGE

For those employees who choose to participate in the Silver Plan, EBSCO is providing Critical Illness and Accident Coverage. This coverage is provided at no cost to the employee and is meant to help cover expenses in the case of an unexpected and catastrophic event during the first year the Silver Plan is offered to employees.

This benefit provides up to \$5,000 in coverage that an employee can use for any purpose after a critical illness diagnosis, including out-of-pocket medical expenses, treatments, prescription medication, transportation, and everyday living costs, such as utilities and groceries.

In the event of a critical illness or covered accident, the employee must submit a claim through Voya/ReliaStar, the insurance company that is administering the Critical Illness & Accident Coverage. They will determine whether a claim qualifies for coverage. EBSCO has no control over whether a claim is approved or the benefits deemed payable.

Critical Illness Coverage

Critical Illness Coverage pays a lump sum benefit to employees who are diagnosed with a covered condition. The amount paid depends on the illness.

Accident Coverage

Accident Coverage can help relieve an employee of the financial stress associated with an accidental injury. The benefits amount paid depends on the specific type of covered injury incurred and the subsequent care received.

MENTAL HEALTH AND EMPLOYEE ASSISTANCE PROGRAM (EAP)

EBSCO's Mental Health and Employee Assistance Program (EAP) is administered by Blue Cross Blue Shield (BCBS) of Alabama.

Mental Health Benefits

EBSCO's mental health benefits are available to employees and qualifying dependents who participate in the EBSCO Medical Plan. The mental health benefits address clinical diagnoses such as depression, anxiety, abuse, childhood trauma, chemical dependency, and other serious disorders.

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is available to all employees and their dependents, regardless of whether or not they participate in EBSCO's Medical Plan. The EAP provides up to 6 free visits to talk confidentially with a counselor to help work through issues such as marital and family matters, stress, work problems, grief, financial and legal issues, and emotional problems.

To set up an EAP or Mental Health Appointment:

- Go to www.ndbh.com
- Click "Log In" in upper left hand corner of page
- On the Individuals & Families tab, choose "Managed Behavioral Health" or "Employee Assistance Program" from the dropdown menu
- If you choose "Employee Assistance Program," the company code is EBSCO

From there you can schedule appointments, find providers, and access other helpful resources.

- With the BCBS network, you have nationwide access to over 194,000 providers.
- EAP benefits are provided at no cost to EBSCO employees and their families, up to 6 free visits.

△ DELTA DENTAL°

INFO AT A GLANCE

Through Delta Dental, employees have access to providers in both the Delta Dental PPO and Delta Dental Premier Networks.

DENTAL PLAN

EBSCO's dental coverage is administered by Delta Dental.

Summary of In-Network Benefits		
Calendar Year Deductible	\$25 per individual / \$75 per family	
Calendar Year Benefit Maximum	\$2,000 per individual / \$6,000 per family	
Basic Diagnostic and Preventive Services	100% of usual and customary charges, no copay or deductible	
Basic Restorative Services (fillings, simple extractions, crowns)	80% of usual and customary charges, subject to the deductible	
Supplemental Basic (oral surgery to treat fractures, tooth extractions, impactions)	80% of usual and customary charges, subject to the deductible	
Prosthetic Benefits (full or partial dentures, bridges, inlays, onlays)	50% of usual and customary charges, subject to the deductible	
Periodontic Benefits	50% of usual and customary charges, subject to the deductible	
Orthodontic Benefits per member up to age 19	Covered at 50% of the allowance, up to a separate lifetime maximum of \$2,000 per member up to age 19	

VISION PLAN

Vision Service Plan (VSP) provides vision insurance to EBSCO employees.

VSP Benefits

Benefit	VSP Choice	VSP Choice Premier
Eye Exam	\$10 copay every 12 months	\$10 copay every 12 months
Prescription Glasses	\$15 copay	\$15 copay
Frames	Included in the \$15 copay every 24 months, up to \$150	Included in the \$15 copay every 12 months, up to \$200
Lenses (single vision, lined bifocal, lined trifocal, lenticular, and polycarbonate for children)	Included in the \$15 copay every 12 months	Included in the \$15 copay every 12 months
Lens Enhancements	Most popular lens options covered with a copay resulting in an average 20-25% savings	
Anti-reflective coating	\$41 copay	\$25 copay
Polycarbonate	\$35 copay	No copay
Progressives	\$55 copay	No copay
Scratch resistant coating	\$17 copay	No copay
Effective Contact Lenses		
Exam - fitting and evaluation	Copay not to exceed \$60	Copay not to exceed \$60
Elective lenses	Up to \$150	Up to \$200
Necessary lenses	Covered in full	Covered in full
Laser Vision Correction		



- The Choice Premier option allows for frames every 12 months and reduced copays for lens enhancements.
- No ID cards are required.



FLEXIBLE SPENDING ACCOUNTS

EBSCO offers Medical, Limited Purpose, and Dependent Care Spending Accounts administered by HealthEquity through BCBS of Alabama, to its employees. These Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck before it is taxed to pay for certain healthcare and dependent care expenses as defined by the IRS. You benefit from planning for upcoming expenses, and you also save on your taxes. **You MUST enroll each year during the annual Open Enrollment period to participate in a flexible spending account for the upcoming year.**

Medical Spending Account (Platinum and Gold Plans)

The Medical Spending Account can be used to get reimbursed for qualified medical, dental, and vision expenses. The maximum you can defer into the Medical Spending Account is \$2,600 per household per calendar year. Expenses must be incurred pre-tax between January 1 and December 31 each year, and you have until the following April 15 to submit requests for reimbursement.

There are two ways to file for reimbursement through your Medical Spending Account. Employees can use a flex debit card from HealthEquity to pay for copays, deductibles, and other qualified healthcare expenses. The alternative is to manually submit a request for reimbursement with the appropriate receipts to HealthEquity.

You should estimate your annual out-of-pocket expenses carefully. Any amount under \$500 will be rolled to the next plan year. Any amount over \$500 will be forfeited.

Limited Purpose Medical Spending Account (Silver Plan)

If an employee elects to participate in the Silver Plan with a HSA, he/she will not be able to participate in EBSCO's traditional Medical Flexible Spending Account or his/her spouse's Medical Flexible Spending Account through their employer.

However, employees who elect the Silver Plan with a HSA will have the opportunity to participate in the Limited Purpose Medical Flexible Spending Account, but reimbursements from this type of account will be limited to qualifying dental and vision expenses.

Dependent Care Spending Account

The Dependent Care Spending Account can be used to get reimbursed for expenses incurred for the care of a qualifying dependent so you can attend work, look for work, or attend school. You elect how much money you want to defer into the Dependent Care Spending Account. The maximum you can defer into the Dependent Care Spending Account is \$5,000 per household per calendar year. Qualifying dependents may include a disabled spouse or other dependent, a parent, or any child under the age of 13. Expenses must be incurred between January 1 and December 31 each year, and you have until the following March 31 to submit requests for reimbursement.

To file for reimbursement through the Dependent Care Spending Account, you must file a request for reimbursement with appropriate receipts to HealthEquity.

Health Equity®

- ► The IRS provides a full list of eligible healthcare expenses on their website at www.irs.gov/ publications/p502/ar02. html
- The maximum you car defer into the Medical Spending Account is \$2,600 per household per calendar year.
- The maximum you can defer into the Dependent Care
 Spending Account is \$5,000 per household per calendar year.



PAID MATERNITY LEAVE

EBSCO provides Maternity Leave benefits **at no cost** to eligible employees. This benefit will pay 100% of your basic earnings for up to 6 weeks for a normal delivery and up to 8 weeks for a cesarean delivery. The Paid Maternity Leave will run concurrent with the leave you are entitled to under the Family and Medical Leave Act (FMLA) and will not be a part of EBSCO's Paid Short Term Disability Plan.

Overview of EBSCO's Paid Maternity Leave:

• Eligibility: Birth mothers who are active EBSCO employees and have worked at least 12 months and 1,250 hours in the prior 12-month period are automatically eligible for Paid Maternity Leave benefits. You do not have to enroll in the plan to be eligible for benefits.

Employees must apply for maternity leave benefits by contacting their local Human Resources Coordinator. Employees will be required to submit certification from a physician and be approved by the EBSCO Benefits Office before benefits are paid.

- **Benefits Paid:** Birth mothers are eligible to receive a benefit equal to 100% of their basic earnings for up to 6 weeks for normal delivery and up to 8 weeks for cesarean delivery.
- Length of Benefits: Maternity Leave benefit payments begin the first day of your approved Maternity Leave. The paid benefit will end after 6 weeks for normal delivery and 8 weeks for cesarean delivery. The balance of your leave entitlement under FMLA will be unpaid, or you can use earned vacation or sick time.

- EBSCO pays 100% of basic earnings for up to 6 weeks for normal delivery and up to 8 weeks for cesarean delivery.
- Employees must apply
 for maternity leave
 benefits by contacting
 their local Human
 Resources Coordinator



PAID SHORT TERM DISABILITY

EBSCO provides Short Term Disability salary continuation benefits **at no cost** to eligible employees. This benefit will pay 60% of your basic earnings if you experience a short term, non-work related illness or injury that makes you unable to temporarily perform your job. The paid Short Term Disability will run concurrent with the medical leave you are entitled to under the Family and Medical Leave Act (FMLA).

Overview of EBSCO's Short Term Disability Plan:

• Eligibility: All active EBSCO employees who have worked at least 12 months and 1,250 hours in the prior 12-month period are automatically eligible for Short Term Disability benefits. You do not have to enroll in the plan to be eligible for benefits.

Employees who experience an illness or injury that will require them to be out of work more than one week (40 hours) must apply for Short Term Disability benefits by contacting their local Human Resources Coordinator. Employees will be required to have the condition certified by a physician and approved by the EBSCO Benefits Office before benefits are paid.

- Elimination Period: The elimination period is the length of time between when an illness or injury begins and the time you are eligible to receive Short Term Disability benefits. The first 40 hours of your illness or disability is the elimination period under EBSCO's plan. You may use sick time during the elimination period. If 40 hours of sick time is not available, you may use vacation or unpaid time.
- **Benefits Paid:** Once the elimination period is met, you are eligible to receive a benefit equal to 60% of your basic earnings, up to a maximum benefit of \$2,308 per week.
- Length of Benefits: Short Term Disability benefit payments begin after the 40-hour elimination period and continue for the duration of the disability to a maximum of 25 weeks (180 days of total leave).

- ► EBSCO will pay 60% of basic earnings to eligible employees who experience a short term, non-work related illness or injury.
- Employees must apply for Short Term Disability by contacting their local Human Resources Coordinator.



- EBSCO's Long Term Disability coverage replaces 60% of your monthly income, up to a maximum monthly benefit of \$10,000.
- ► To be eligible for Long Term Disability coverage, you must be an active employee working a minimum of 37.5 regularly scheduled hours per week.

LONG TERM DISABILITY

EBSCO's Long Term Disability coverage replaces 60% of your monthly income, up to a maximum monthly benefit of \$10,000. Benefits are payable once you have been unable to work for a period of 180 days. Your benefits will be reduced by other sources of income. Also note, benefits are not payable if you become disabled from a pre-existing condition within the first 12 months of being insured.

Long Term Disability Maximum Benefit Period

Age at Disability	Maximum Benefit Period
Under age 60	To age 65 (but not less than 5 years)
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

LIFE INSURANCE

Employee Basic Life and AD&D Coverage

EBSCO offers Employee Basic Life and Accidental Death & Dismemberment (AD&D) coverage, through Liberty Mutual, in the amount of 1 x your annual base salary up to \$100,000. All active employees working a minimum of 20 regularly scheduled hours per week are eligible after 90 days of continuous employment.

You will be responsible for 50% of the monthly premium until you have completed five (5) years of consecutive plan participation. After five (5) years of consecutive plan participation, EBSCO Industries will increase its contribution by 10% each year of enrollment until the benefit is 100% paid by the company.



- After five (5) years of consecutive plan participation, EBSCO Industries will increase its contribution by 10% each year of enrollment until the benefits is 100% paid by the company.
- ▶ If you elect Employee
 Basic Life and AD&D
 coverage at a time
 other than your initial
 eligibility, you must
 complete an Evidence
 of Insurability (EOI) with
 Liberty Mutual within 30
 days of your election.

Employee Optional Group Term Life Insurance

If you need more financial protection than EBSCO's Basic Life and AD&D Insurance coverage provides, you may be able to purchase Employee Optional Life Insurance. Employees must elect Basic Life and AD&D Insurance in order to elect Employee Optional Life Insurance.

The Employee Optional Life Insurance options are:

Class	Annual Salary	Optional Coverage
Class 1	less than \$40,000	Option 1: increments of \$20,000 up to \$100,000
Class 2	over \$40,000 and less than \$60,000	Option 1: increments of \$20,000 up to \$100,000 Option 2: \$200,000
Class 3	\$60,000 or more annually	Option 1: increments of \$20,000 up to \$100,000 Option 2: \$200,000 Option 3: \$300,000

Spouse Optional Life Insurance

EBSCO also offers Spouse Life Insurance coverage to protect you against the financial impact of your spouse's death. You may choose increments of \$10,000 up to a maximum of \$50,000. The amount of Spouse Life Insurance coverage you elect cannot exceed 50% of the amount of Employee Optional Life Insurance you have for yourself. As an employee, you are automatically the beneficiary of the Spouse Life Insurance benefits.

Child Life Insurance

If you elect Employee Optional Life Insurance for yourself, you may elect Child Life Insurance. The child life benefit is \$10,000 (\$500 if the child is at least 15 days old but under 6 months of age).

The amount of Child Life Insurance you elect cannot exceed 50% of the amount of Optional Life Insurance you have for yourself. As an employee, you are automatically the beneficiary of the Child Life Insurance benefits.



- ► Travel assistance provides 24/7/365 access to pretravel, personal, and emergency assistance for travelrelated problems and circumstances.
- Our Tuition
 Reimbursement
 Program allows full-time
 employees in good
 standing and with at
 least one year of
 continuous service the
 opportunity to take
 single courses or pursue
 degree programs while
 getting reimbursed for
 75% of the tuition costs

ADDITIONAL BENEFITS

Travel Assistance Services

Travel assistance provides 24/7/365 access to pre-travel, personal, and emergency assistance for travel-related problems and circumstances.

Travel assistance services include:

- Worldwide Destination Intelligence: Get weather, currency, culture, embassy, and immunization and vaccination information.
- **Travel:** Receive assistance with lost passports and credit cards, ticket replacement, emergency messages, emergency travel arrangements, translation, legal referral, and emergency cash advances.
- Medical Evacuation and Repatriation: Get assistance with emergency medical evacuation, transportation to join a patient, transportation home for unattended minor children, and repatriation of mortal remains.
- **Security and Political Evacuation:** Obtain assistance with security intelligence and evacuation arrangements in the event of a threatening political or security situation.

Employees who are covered under EBSCO's group life insurance policy issued by Liberty Mutual are eligible to use these services. Employees can access these services while traveling for business or personal reasons at least 100 miles from home and for fewer than 90 consecutive days. Dependents traveling with the employee are also eligible.

Tuition Reimbursement

Continuous improvement is one of EBSCO's core principles. We strive to offer customers the best solutions available, and we seek to empower our employees by fostering personal development. Our Tuition Reimbursement Program allows full-time employees in good standing and with at least one year of continuous service the opportunity to take single courses or pursue degree programs while getting reimbursed for 75% of the tuition costs and fees.

Adoption Assistance Benefits

EBSCO will provide assistance to all eligible employees who are building families through the adoption process. EBSCO recognizes the need to ease the financial and time-consuming aspects of child adoption for its employees and to provide reliable resource and referral services.

All full-time and part-time employees in good standing are eligible for adoption benefits after one full year of continuous service with EBSCO. If both spouses are employed by EBSCO, only one can utilize the benefit.

Eligible adoption related expenses will be reimbursed up to a maximum of \$3,000 for a child, and up to a maximum of \$5,000 for a special needs child. In addition, eligible employees who undergo the adoption process are eligible for paid leave.

INFO AT A GLANCE

► Eligible adoption related expenses will be reimbursed up to a maximum of \$3,000 for a child, and up to a maximum of \$5,000 for a special needs child.





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In addition to the many insurance coverages available to you, there are also many perks available to you as an EBSCO employee.

With the ever-increasing cost of higher education, we understand that many of our employees are burdened with large amounts of student debt. To help our employees tackle this issue, EBSCO proudly partners with SoFi, the market leader in student loan refinancing.

Through this partnership, EBSCO employees and their friends and families are eligible for a \$300 welcome bonus if they refinance their student loans through SoFi. Whether you are a parent who has taken out loans for a child or a graduate with student loans, SoFi refinances student loans at low rates, creating meaningful savings.

Benefits include:

- Bonus: \$300 welcome bonus for employees and their friends and families who refinance through SoFi.
- Savings: SoFi borrowers save \$19k on average over the life of their loans when they refinance.
- Rates: Variable rates as low as 2.15% APR and fixed rates as low as 3.50% APR (with Autopay).
- Flexibility: 5 year, 7 year, 10 year, 15 year, and 20 year term loans
- Simplicity: Consolidate all student loans into a single loan with one monthly payment.
- No Fees: No application fees, no origination fees and no prepayment penalties.

PerkSpot

EBSCO has partnered with PerkSpot, a one-stop-shop for exclusive discounts at many of your favorite national and local merchants. PerkSpot is completely free and is accessible from any device: desktops, tablets, and phones.

• Start Saving: Enjoy access to thousands of discounts in dozens of categories, updated daily. From discounts on pet insurance and Identity Theft protection to travel and recreation, PerkSpot puts all the discounts available to you as an EBSCO employee in one location. Take advantage of online offers from popular national retailers, and discover discounts in your neighborhood with PerkSpot's streamlined local map. Filter your map results by categories like restaurants, health and fitness, retail, and more!