



2026

## EMPLOYEE BENEFITS

[Click Here to Begin](#)



## Medical

Blue Shield of California  
855.599.2650  
blueshieldca.com  
Policy #: 26398

Kaiser Permanente  
800.464.4000  
kp.org  
Policy #: 606505

## Pharmacy

Blue Shield of California  
OptumRx  
optumrx.com

## Health Savings Account

WEX  
866.451.3399  
wexinc.com  
Policy #: 35800

## Dental

Cigna  
800.564.7642  
cigna.com

## Vision

VSP  
800.877.7195  
vsp.com  
Policy #: 30094118

## Lifestyle Program

Wellvolution  
For Blue Shield of California members  
866.671.9644  
wellvolution.com

## Flexible and Lifestyle Spending Accounts

WEX  
866.451.3399  
wexinc.com  
Policy #: 35800

## Disability

Reliance Matrix (RSLI)  
877.202.0055  
matrixabsence.com  
STD Policy #: ASW1120000050  
LTD Policy #: LTD430658  
NY DBL Policy #: STD253107  
NY PFL Policy #: STD253107  
NJ TBD Policy #: STD151548  
HI TDI Policy #: STD610790

## Retirement

Fidelity Investments  
800.835.5095  
401k.com or  
netbenefits.com  
Policy #: 49642

## Employee Assistance Program

ACI via Reliance Matrix  
855.775.4357  
rsli.acieap.com  
Policy #: N/A – Provide PowerSchool Name only

## Commuter Benefits

WEX  
866.451.3399  
wexinc.com  
Policy #: 35800

## Supplemental Health Benefits

Reliance Matrix (RSLI)  
877.202.0055  
mybenefits.relianceatrix.com/powerschool  
matrixabsence.com  
Critical Illness  
Policy #: VCI1455178  
Accident  
Policy #: VAI1455177  
Hospital Indemnity  
Policy #: VHI1455179

## Life and AD&D

Reliance Matrix (RSLI)  
877.202.0055  
matrixabsence.com  
Policy #: GL167688  
Policy #: VAR211212

## Prepaid Legal Coverage

LegalShield  
888.807.0407  
benefits.legalshield.com/powerschool  
Policy #: 302365

## Pet Insurance

Nationwide Pet Insurance  
877.738.7874  
benefits.petinsurance.com/powerschool  
Policy #: N/A – Provide PowerSchool Name only

## Identity Theft

Allstate Identity Protection  
800.789.2720  
myaip.com  
Policy #: N/A – Provide PowerSchool Name only

## PowerSchool Leave of Absence, ADA, and Ergonomics

loa@powerschool.com  
Submit a Leave of Absence Ticket

## PowerSchool PX Benefits Team

150 Parkshore Dr.  
Folsom, CA 95630

## Questions?

Submit a Benefits Ticket



PowerSchool is proud to support our employees' overall well-being with a variety of benefit options. This guide offers details on our 2026 offerings for you and your family. Contact the People Experience (PX) Total Rewards Team via a [Benefits Fresh Service Ticket](#) with questions or check out our [Solution Articles](#).

## Guide Key

Make the most of this guide. The key below will help you navigate this guide and point you to spots with extra information.

### Navigation



Your home button. Click this button on any page and you'll be taken back to the Table of Contents for further navigation.



Click these arrows to advance forward or go back.

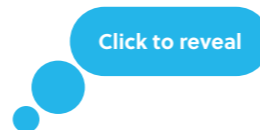
### Deep Dives



Deep Dive articles provide more information on topics so you can be better informed about your benefits options.



Deep Dive videos are a bite-sized way to digest complex topics.



This icon alerts you to an interactive graphic. Click within the image to learn more.

2	Important Contacts
5	Eligibility and Enrollment
8	Medical Benefits
11	Pharmacy Benefits
17	Mental Health
18	Virtual Medicine
19	Dental Benefits
20	Vision Benefits
21	Lifestyle Spending Accounts
22	Health Savings Account
24	Flexible Spending Accounts
26	FSA vs HSA
27	Supplemental Health Benefits
31	Survivor Benefits

33	Income Protection
34	Retirement Planning
36	Additional Benefits
38	Required Notices

See [page 38](#) for important information concerning Medicare Part D coverage.



In this Guide, we use the term Company to refer to PowerSchool. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the Company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.



PowerSchool's benefits are designed to support your unique needs.

## Eligibility

Full-time employees regularly scheduled for 30 or more hours per week are eligible for medical, dental, vision, life and disability plans, and additional benefits. Part-time employees are eligible for the pet insurance benefit only.

## Coverage Dates

You are eligible for benefits on your hire date. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

## Dependents

Dependents eligible for coverage include:

- ▶ Your legal spouse (or common-law spouse where recognized) or Domestic Partner.
- ▶ Children under the age of 26 (includes birth children, stepchildren, children of a domestic partner, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- ▶ Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility may be required upon enrollment.

You must file a Domestic Partner Affidavit if you want benefits coverage for a domestic partner. The form is available on the Power Perks Huddle page or contact the Benefits team for a copy of the affidavit.

Certain tax implications apply when adding domestic partners (DP) and DP children to medical, dental, and vision coverage as they are not recognized by the IRS for pre-tax benefits. Speak with your tax representative for more information about how this may impact you.



## What are Qualifying Life Events?

The annual Open Enrollment is the only time you can change your benefits, unless you experience a Qualifying Life Event (QLE). These significant life changes qualify you to change your benefits, add or delete dependents, or even drop your benefits coverage.

This chart shows you the most common QLEs, as determined by the IRS. You have 31 days from the date of your QLE to submit the change request and upload supporting documents.

Contact PowerSchool's PX Benefits Team for more information.





### Practice mindfulness.

Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.



### Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a call or text.



### Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.



### Improve your outlook.

Treat people with kindness, including yourself.



### Deal with your stress in healthy ways.

Think positively, exercise regularly, and set priorities.



### 988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



### Crisis Text Line

Text "HOME" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



### War Vet Call Center

Veterans and their families call 877.WAR.VETS (877.927.8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

## Note

According to the Centers for Disease Control, nearly 22% of adults received help for mental health in 2021.



Pocket Mental Health



Medical benefits are provided through Blue Shield of California (BSC) and Kaiser Permanente (KP). Consider the physician networks, premiums, and out-of-pocket costs for each plan when making a selection. Keep in mind your choice is effective for the entire 2026 plan year unless you have a Qualifying Life Event (QLE).

### Medical Premiums

Premium contributions for medical benefits are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your monthly contributions.

### How to Find a Provider

Visit [blueshieldca.com](https://blueshieldca.com) or call Customer Care at **855.599.2650** for a list of Blue Shield of California network providers. Visit [kp.org](https://kp.org) or call **800.464.4000** for a list of Kaiser Permanente network providers.

	BLUE SHIELD OF CALIFORNIA CDHP PLAN	BLUE SHIELD OF CALIFORNIA PPO PLAN	KAISER PERMANENTE HMO (CA ONLY)
<b>MONTHLY CONTRIBUTIONS</b>			
EMPLOYEE ONLY	\$141.12	\$223.01	\$222.60
EMPLOYEE + SPOUSE	\$313.99	\$506.93	\$506.00
EMPLOYEE + CHILD(REN)	\$257.77	\$436.87	\$436.07
EMPLOYEE + FAMILY	\$451.71	\$861.02	\$859.44

### Note

To get the most value out of your Medical Plan, be sure to visit in-network providers whenever possible.



Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

### How does a PPO (Preferred Provider Organization) work?

- ▶ You'll pay more in premiums, but perhaps less at the time of service
- ▶ You can choose from a network of providers who offer a fixed **copay** for services
- ▶ If you or your dependent(s) expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered

### How does a CDHP (Consumer Driven Health Plan) work?

- ▶ You'll pay less in premiums. (Think less money from your paycheck)
- ▶ You'll pay for the full cost of non-preventive medical services until you reach your deductible
- ▶ You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages
- ▶ If you expect to mostly use preventive care (which is covered), this plan could be for you

### How does an HMO (Health Maintenance Organization) work?

- ▶ In-network services are paid with copays or **coinsurance**
- ▶ You may seek care from in-network providers only
- ▶ In-network providers are contracted with the insurance company to provide services at a discounted fee
- ▶ Out-of-network services are not covered
- ▶ You need a referral to see a specialist unless it is a medical emergency



## Medical Plan Summary

PowerSchool offers two Medical Plans through Blue Cross of California (BSC) and one plan through Kaiser Permanente (KP). The plans are designed to offer a variety of options to fit your budget and healthcare needs. The BSC Consumer-Driven Healthcare Plan (CDHP) and Preferred Provider Organization Plan (PPO), as well as the KP HMO (only available in California) include calendar year **deductibles**, **out-of-pocket maximums** and **copays/coinsurance**.

## Our Plans are Self-Funded

Our CDHP and PPO plans, including their pharmacy benefits, are self-funded. PowerSchool pays fixed administrative fees to use an insurance carrier’s network and pays members’ claims from its general assets. This gives PowerSchool more control over the plan we select for our employees. Together, the Company and Employees share the cost of healthcare.

## Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called **healthcare cost transparency** tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit [blueshieldca.com](https://blueshieldca.com) or [kp.org](https://kp.org) to learn more.

	BLUE SHIELD OF CALIFORNIA CDHP PLAN		BLUE SHIELD OF CALIFORNIA PPO PLAN		KAISER PERMANENTE HMO (CA ONLY)
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
<b>CALENDAR YEAR DEDUCTIBLE</b>					
INDIVIDUAL	\$2,500	\$5,000	\$750	\$1,500	\$750
INDIVIDUAL IN A FAMILY	\$5,000	\$10,000	\$750	\$1,500	\$750
FAMILY	\$5,000	\$10,000	\$1,500	\$3,000	\$1,500
COINSURANCE (YOU PAY)	20%*	40%*	15%*	35%*	20%*
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)</b>					
INDIVIDUAL	\$4,500	\$10,000	\$3,250	\$6,500	\$3,000
INDIVIDUAL IN A FAMILY	\$6,850	\$13,700	\$3,250	\$6,500	\$3,000
FAMILY	\$9,000	\$20,000	\$6,500	\$13,000	\$6,000
<b>COPAYS/COINSURANCE</b>					
PREVENTIVE CARE	\$0	40%*	\$0	35%*	\$0
PRIMARY CARE	20%*	40%*	\$30	35%*	\$30 copay
SPECIALIST SERVICES	20%*	40%*	\$40	35%*	\$40 copay
URGENT CARE	20%*	40%*	\$30	35%*	\$30 copay
DIAGNOSTIC CARE	20%*	40%*	15%*	35%*	20%* coinsurance up to \$150/procedure
EMERGENCY ROOM	20%*	20%*	\$150 copay	\$150 copay	20%*

\*After deductible

## Note

Keep healthcare costs down by seeing the right provider for your situation. See pages 15-16 for more information.



## Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Blue Shield of California and Kaiser Permanente, so your prescription information is included on your medical ID card. Information on your benefits coverage and a list of network pharmacies is available online at [optumrx.com](http://optumrx.com) and [kp.org](http://kp.org) or by calling the Customer Care number on your ID Card.

## Generic Drugs

**Generic drugs** are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit [fda.gov](http://fda.gov).

	OPTUMRX WITH BLUE SHIELD OF CALIFORNIA CDHP PLAN	OPTUMRX WITH BLUE SHIELD OF CALIFORNIA PPO PLAN	KAISER PERMANENTE HMO
	IN-NETWORK	IN-NETWORK	IN-NETWORK
<b>RETAIL RX (30-DAY SUPPLY)</b>			
APPROVED GENERIC/BRAND PREVENTIVE	0%	\$0	\$0
GENERIC	20%*	\$10	\$15
PREFERRED	20%*	\$25	\$35
NON-PREFERRED	20%*	\$50	\$35
SPECIALITY	20%*	15%, up to \$200	20% up to \$250
	<b>MAIL ORDER RX (90-DAY SUPPLY)</b>	<b>MAIL ORDER RX (90-DAY SUPPLY)</b>	<b>MAIL ORDER RX (100-DAY SUPPLY)</b>
APPROVED GENERIC/BRAND PREVENTIVE	0%	\$0	\$0
GENERIC	20%*	\$20	\$30
PREFERRED	20%*	\$50	\$70
NON-PREFERRED	20%*	\$100	\$70
SPECIALITY	20%*	15%, up to \$200	Not Covered

\*After deductible

## Note

Apps and prescription discount programs such as GoodRx, Amazon Prime RX Savings, Optum Perks, and Cost Plus Drug Company let you compare prices of prescription drugs and find possible discounts.



## Wellvolution

Explore all the health and wellness programs offered by Blue Shield of California (BSC) in one convenient place. With Wellvolution, the tools and support you need to design your healthy lifestyle are at your fingertips.

Through Wellvolution, you have access to lifestyle-based tools and support designed to help you lose weight, treat diabetes, nurture mental health, and more. You'll get personalized plans, on-demand tools, and health coaches to assist you in reaching your goals. All at no extra cost to eligible Blue Shield members.

Wellvolution customizes your path to better health, matching you with clinically proven programs and apps that are right for you both in mind and body.

Start making changes at no extra cost by following these three easy steps:



### Create a Wellvolution account

Visit [wellvolution.com](https://wellvolution.com) to get started. They will confirm you're qualified to receive the program at no extra cost.



### Explore the programs

Pick one or more health goals you'd like to work on. Wellvolution will recommend the best program(s) for your needs. You can make your choice and get started.



### Become a healthier you

With the assistance of your personalized program, you can begin making healthier choices about diet, exercise, sleep, stress, and your overall health.

Visit [wellvolution.com](https://wellvolution.com) or call 866.671.9644.



These are the payments you're responsible for:

## Copay

The fixed amount you pay for healthcare services at the time you receive them.

## Coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.

## Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

## Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



Preventive care, like routine checkups and screenings, are often covered by your medical benefits and fully paid for.



Wellness visits, physicals, and standard immunizations

Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes



Pediatric screenings for hearing, vision, obesity, and developmental disorders

Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women



Iron supplements (for infants at risk for anemia)



Knowing where to go to get the best care for your needs can save you time and money. From getting care on the go to seeing a doctor from the comfort of your couch, the right provider is now at your fingertips.



## Nurse Line

### When to Use

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

### Types of Care\*

Answers to questions regarding:

- Symptoms
- Self-care/home treatments
- Medications and side effects
- When to seek care

### Costs and Time Considerations\*\*

- Usually available 24 hours a day, 7 days a week
- Typically free as part of your medical insurance



## Telemedicine (\$)

### When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

### Types of Care\*

- Cold & flu symptoms
- Bronchitis
- Urinary tract infection
- Sinus problems

### Costs and Time Considerations\*\*

- Usually a first-time consultation fee and a flat fee or copay for any visit thereafter
- Typically immediate access to care
- Prescriptions through telemedicine or virtual visits not allowed in all states



## Primary Care Center (\$)

### When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

### Types of Care\*

- Routine checkups
- Immunizations
- Preventive services
- Managing your general health

### Costs and Time Considerations\*\*

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Short wait time with scheduled appointment

\*This is a sample list of services and may not be all inclusive. \*\*Costs and time information represent averages only and are not tied to a specific condition or treatment.





## Urgent Care Center (\$\$)

### When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

### Types of Care\*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns

### Costs and Time Considerations\*\*

- Copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but urgency determines order seen and wait time



## Emergency Room (\$\$\$)

### When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

### Types of Care\*

- Heavy bleeding
- Chest pain
- Major burns
- Severe head injury

### Costs and Time Considerations\*\*

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network



## Freestanding Emergency Room or Urgent Care?

Freestanding Emergency Rooms (FSER) are not the same as urgent care facilities. FSER provide services similar to hospital-based emergency rooms and can have significant wait times and higher costs.

Look for Emergency Room or ER in the name to help determine whether a location is the right medical option for your needs.

\*This is a sample list of services and may not be all inclusive.

\*\*Costs and time information represent averages only and are not tied to a specific condition or treatment.

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work/life balance or anxiety, there are resources available to help you out.

## Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a Company-sponsored Medical Plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and up to 5 sessions of face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with PowerSchool. You may access information, benefits, educational materials, and more by phone at **855.755.4357** or online at [rsli.acieap.com](https://rsli.acieap.com).

The Program provides referrals to help with:

- ▶ Emotional health and wellbeing
- ▶ Alcohol or drug dependency
- ▶ Marriage or family problems
- ▶ Job pressures
- ▶ Stress, anxiety, depression
- ▶ Grief and loss
- ▶ Financial or legal advice

## Mental Health and Your Medical Plan

When your covered EAP services run out, the Medical Plan covers behavioral and mental health services at a copay or coinsurance, per visit, after any deductible. An important aspect of your overall well-being is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.



Virtual medicine is a convenient and easy way to connect with a doctor on your time, from your home, office, or on-the-go.

PowerSchool provides a virtual medicine benefit through our Medical Plans for you and your enrolled dependents. You have access to board-certified doctors through online video, telephone, or email. General health issues can be addressed at home or when you are traveling, and you may be required to pay a copay or coinsurance for your visit. Please note that some states do not allow physicians to prescribe medications via telemedicine.

Virtual medicine doctors can treat many medical conditions, including:

- ▶ Cold & flu
- ▶ Bronchitis
- ▶ Urinary tract infection
- ▶ Respiratory infection
- ▶ Sinus problems
- ▶ Stomachache

## Access Virtual Visits

Visit [teladoc.com/bsc](https://teladoc.com/bsc) for BSCA members or [kp.org/registernow](https://kp.org/registernow) for Kaiser members. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.



## Note

A virtual visit directly with your primary care physician might also be an option — and typically costs the same as an office visit.



Like brushing and flossing, visiting your dentist is an essential part of your oral health. PowerSchool offers affordable plan options from Cigna for routine care and beyond.

### Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). Visit Cigna at [hcpdirectory.cigna.com/](https://hcpdirectory.cigna.com/) to find a provider in the "Total" DPPO/EPO network.

### Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your monthly premium.

### Dental Plan Summary

This chart summarizes the dental coverage provided by Cigna for 2026.

	CIGNA BASE PLAN	CIGNA BUY-UP PLAN
<b>MONTHLY CONTRIBUTIONS</b>		
EMPLOYEE ONLY	\$13.45	\$16.88
EMPLOYEE + SPOUSE	\$26.98	\$33.87
EMPLOYEE + CHILD(REN)	\$23.77	\$29.84
EMPLOYEE + FAMILY	\$40.58	\$50.94
	<b>IN-NETWORK &amp; OUT-OF-NETWORK</b>	<b>IN-NETWORK &amp; OUT-OF-NETWORK</b>
<b>CALENDAR YEAR DEDUCTIBLE</b>		
INDIVIDUAL	\$75	\$50
FAMILY	\$225	\$150
<b>CALENDAR YEAR MAXIMUM</b>		
PER PERSON	\$1,000	\$2,000
<b>COVERED SERVICES</b>		
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	\$0	\$0
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	50%*	20%*
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	50%*	50%*
ORTHODONTICS Adults and Dependent Child(ren)	Not Covered	Plan pays 50%*
ORTHODONTIC LIFETIME MAXIMUM	N/A	\$2,000

\*After deductible

### Note

In addition to keeping your teeth healthy, regular dental checkups can help dentists spot symptoms of other serious conditions such as osteoporosis, cancer, and diabetes.



Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through VSP.

### Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your monthly premium.

### Vision Plan Summary

This chart summarizes the vision coverage provided by VSP for 2026.

		VSP BASE PLAN		VSP BUY-UP PLAN	
<b>MONTHLY CONTRIBUTIONS</b>					
EMPLOYEE ONLY		\$8.28		\$12.36	
EMPLOYEE + SPOUSE		\$13.89		\$23.16	
EMPLOYEE + CHILD(REN)		\$14.87		\$24.77	
EMPLOYEE + FAMILY		\$23.76		\$39.41	
		<b>IN-NETWORK</b>	<b>FREQUENCY</b>	<b>IN-NETWORK</b>	<b>FREQUENCY</b>
<b>EXAMS</b>					
COPAY		\$10	Every Calendar Year	\$10	Every Calendar Year
<b>LENSES</b>					
SINGLE VISION		100% after copay	Every Calendar Year	100% after copay	Every Calendar Year
BIFOCAL					
TRIFOCAL					
LENTICULAR					
<b>CONTACTS (IN LIEU OF LENSES AND FRAMES)</b>					
FITTING AND EVALUATION*		Up to \$60 copay	Every Calendar Year	Up to \$60 copay	Every Calendar Year
ELECTIVE		\$150 allowance		\$150 allowance	
MEDICALLY NECESSARY		Contact VSP Member Services		Contact VSP Member Services	
<b>FRAMES</b>					
COPAY		\$20	Every Calendar Year	\$20	Every Calendar Year
ALLOWANCE		\$150 allowance (retail frame); \$170 allowance (enhanced featured frame); 20% savings over allowance		\$150 allowance (retail frame); \$200 allowance (enhanced featured frame); 20% savings over allowance	
<b>OTHER SERVICES - ADDITIONAL PAIRS OF EYEWEAR</b>					
FRAME		Discounts may be available. Contact VSP Member Services	Every Calendar Year	\$20 copay; \$150 allowance (retail frame); \$200 allowance (enhanced featured frame); 20% savings over allowance	Every Calendar Year
LENSES					
CONTACTS (INSTEAD OF GLASSES)				Up to \$60 copay; \$150 allowance	

\*Fitting and Evaluation fee applied to contact lens allowance.



Full-time U.S. employees have access to a Lifestyle Spending Account, a PowerSchool-funded reimbursement account that can be used to pay for a host of health and wellness service and products.

## How does it work?

Benefits-eligible employees have access to \$150 annually in a Lifestyle Spending Account. Submit receipts for eligible expenses to WEX for reimbursement. You must have sufficient funds in order to be reimbursed. Any funds not used by December 31 (or in the event you cease employment with PowerSchool) will be forfeited; funds do not carry over year to year.

## How is this different from a HSA or FSA?

**Health Savings Accounts** and **Flexible Spending Accounts** can only be used for IRS-approved expenses such as medical copays, eyeglasses, or dental care, whereas Lifestyle Spending Accounts have fewer restrictions. The main difference, however, is expenses submitted for reimbursement through a Lifestyle Spending Account are taxable to you. The reimbursed amount is considered income and subject to the same taxes as your normal wages. All reimbursements will have taxes deducted from the final reimbursement amount.

## What can I use this account for?

Eligible expenses are largely goods and services that promote your own physical, mental, or financial well-being.

The following wellness-related items are not eligible to be expensed.

- ▶ Items that could be covered by medical, dental, or vision insurance, such as nutritional counseling, general counseling, and weight loss management programs
- ▶ Items that could be considered medical care, such as medical assistive equipment, massages, stretching, cupping therapy, vitamins/supplements, specialty pillows, and massage guns such as the Theragun
- ▶ All 213(d) items /expense
- ▶ Items that could be considered violent, such as guns and ammo
- ▶ Tobacco/cigarettes and alcohol

To find out if an expense is eligible, search the item on the WEX portal at [wexinc.com/resources/benefits-toolkit/eligible-expenses/](https://wexinc.com/resources/benefits-toolkit/eligible-expenses/).

If the item shows up as eligible, it would not be reimbursable under the LSA.



A health savings account (HSA) is a tax-advantaged way to save for qualified medical expenses. Paired with an HSA-eligible health plan, it also offers potential tax advantages. Money in the account can be invested, so an HSA can be used to pay for both near-term medical expenses and expenses in retirement.

## Eligibility

You are eligible to contribute to an HSA if:

- ▶ You are enrolled in an HSA-eligible **Consumer-Driven Health Plan**
- ▶ You are not covered by your spouse's or parent's non-CDHP
- ▶ You or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account
- ▶ You are not eligible to be claimed as a dependent on someone else's tax return
- ▶ You are not enrolled in Medicare or TRICARE
- ▶ You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, **over-the-counter medications**, and more. Visit IRS Publication 502 on [irs.gov](https://www.irs.gov) for a complete list.

WEX will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.



## You Own Your HSA

Your HSA is a personal bank account you own and manage. You decide how much you contribute up to the limit, and, when to use the money for medical services. HSA funds carry forward to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the Company or retire).

## How to Enroll

You must elect the CDHP with PowerSchool. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. PowerSchool will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

## HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with WEX. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.\*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.



## HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2026, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$4,400
FAMILY	\$8,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

If you enroll in CDHP, PowerSchool will match every dollar you contribute to your HSA up to the following:

EMPLOYER HSA CONTRIBUTION		
COVERAGE TIER	YOUR ANNUAL HSA CONTRIBUTIONS (MAX)	POWERSCHOOL ANNUAL HSA MATCH (MAX)
SALARY LESS THAN \$74,999		
EMPLOYEE ONLY	\$3,400	\$1,000
FAMILY	\$6,750	\$2,000
SALARY \$75,000 AND ABOVE		
EMPLOYEE ONLY	\$3,900	\$500
FAMILY	\$7,750	\$1,000

HSA contributions over the IRS annual contribution limits (\$4,400 for individual coverage and \$8,750 for family coverage for 2026) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- ▶ Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- ▶ Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year, consider contributing less than the annual limit to your HSA.

The PowerSchool HSA is established with WEX. You may be able to roll over funds from another HSA. For more enrollment information, contact the PX Benefits Team or visit [wexinc.com](http://wexinc.com).

\*State income taxes are also waived on HSA contributions in almost all states.

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

### Healthcare Flexible Spending Account

You can contribute up to \$3,300 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

### Limited Purpose Flexible Spending Account

A **Limited Purpose Flexible Spending Account** (LPFSA) works with a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. The contribution limit is \$3,300.

### Dependent Care Flexible Spending Account

In addition to the **Healthcare FSA**, you may opt to participate in the **Dependent Care FSA** — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- ▶ With the Dependent Care FSA, you can set aside up to \$7,500\* to pay for child or elder care expenses on a pre-tax basis.
- ▶ Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- ▶ You must provide the Tax Identification Number or Social Security Number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- ▶ In-home babysitting services (not provided by a dependent)
- ▶ Care of a preschool child by a licensed nursery or day care provider
- ▶ Before- and after-school care
- ▶ Day camp
- ▶ In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.



\*Maximum contribution limit may change once the IRS releases 2026 limits.



## Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the Plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact [WEX](#) with reimbursement questions. If you need to submit a receipt, WEX will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and [Explanation of Benefits](#) (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.



## General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- ▶ Expenses must occur during the 2026 plan year
- ▶ Funds cannot be transferred between FSAs
- ▶ You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA
- ▶ You must “use it or lose it” — any unused funds will be forfeited
- ▶ You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event
- ▶ Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement
- ▶ Those considered highly compensated employees (family gross earnings were \$155,000 or more last year) may have different FSA contribution limits. Visit [irs.gov](https://www.irs.gov) for more info

## Note

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.



FSA Q&A



## Flexible Spending Accounts

## Health Savings Accounts

<p>Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.</p>	<p>OWNERSHIP</p>	<p>You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.</p>
<p>You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.</p>	<p>ELIGIBILITY &amp; ENROLLMENT</p>	<p>You must be enrolled in a Qualified CDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.</p>
<p>FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.</p>	<p>TAXATION</p>	<p>HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.</p>
<p>You can contribute up to \$3,300 in 2026 to an FSA. This amount may be increased annually.</p>	<p>CONTRIBUTIONS</p>	<p>Both you and your employer can contribute up to \$4,400 combined in 2026 (up to \$8,750 for families). Ages 55+ can make an annual \$1,000 "catch-up" HSA contribution.</p>
<p>Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.</p>	<p>PAYMENT</p>	<p>Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.</p>
<p>FSA funds do not roll over from year to year. Participants have until December 31 to incur expenses.</p>	<p>ROLLOVER OR GRACE PERIOD</p>	<p>HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.</p>
<p>Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at <a href="https://www.irs.gov">irs.gov</a>.</p>	<p>QUALIFIED EXPENSES</p>	<p>Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at <a href="https://www.irs.gov">irs.gov</a>.</p>
<p>Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care) and Limited Purpose FSA (used to pay for eligible dental and vision expenses).</p>	<p>OTHER TYPES</p>	<p>N/A</p>

Please refer to your [summary plan description](#) or plan certificate for your plan's specific FSA or HSA benefits.



PowerSchool offers several ways to supplement your Medical Plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your Medical Plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through Reliance Matrix (RSLI), provides benefits for you and your covered family members if you have expenses related to an accident that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you to use as you wish.



ACCIDENT COVERAGE

BRIEF SUMMARY OF BENEFITS*	
HOSPITAL CONFINEMENT	\$1,750
DISLOCATIONS	Up to \$10,000
FRACTURES	Up to \$25,000
AMBULANCE TRANSPORTATION (AIR/GROUND)	\$2,000/\$400
EMERGENCY TREATMENT	\$250
X-RAY	\$90
PHYSICIAN OFFICE VISIT	\$250
BURNS	Up to \$20,800
CONCUSSION	\$275
DIAGNOSTIC EXAMINATION	\$300
COMA	\$18,500
OPEN ABDOMINAL OR THORACIC SURGERY	\$2,350
BLOOD/PLASMA/PLATELETS	\$626
PHYSICAL THERAPY	\$60
MEDICAL APPLIANCES	\$275

\*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

MONTHLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$7.66
EMPLOYEE + SPOUSE	\$16.18
EMPLOYEE + CHILD(REN)	\$16.85
EMPLOYEE + FAMILY	\$25.37

Critical Illness coverage through RSLI pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your Medical Plan, lost wages, child care, travel, home health care costs, or any of your regular household expenses.

**Plan Highlights**

- ▶ Guaranteed Issue Coverage (no medical questions)
- ▶ Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable events
- ▶ Wellness Benefit: The \$50 wellness benefit is payable once per person, per calendar year. Wellness services include Bone Marrow Testing, Colonoscopy, Mammography, etc.
- ▶ Coverage Amounts:
  - Employee: \$15,000 or \$30,000
  - Spouse: 100% of employee benefit
  - Children: 50% of employee benefit (for free)

DIAGNOSIS	
ALZHEIMER'S	50%
BENIGN BRAIN TUMOR	100%
CARCINOMA IN SITU	25%
COMA	100%
CORONARY DISEASE	25%
HEART ATTACK	100%
LIFE THREATENING CANCER	100%
LOSS OF HEARING	100%
LOSS OF SIGHT	100%
LOSS OF SPEECH	100%
MAJOR ORGAN FAILURE	100%
MOTOR NEURON DISEASE (ALS, LOU GEHRIG'S)	100%
MULTIPLE SCLEROSIS	100%
OCCUPATIONAL HEPATITIS	25%
OCCUPATIONAL HIV	25%
PARALYSIS	100%
PARKINSON'S	50%
SKIN CANCER	10%
STROKE	100%
CHILD DIAGNOSIS	
CEREBRAL PALSY	100%
CYSTIC FIBROSIS	100%
DOWN SYNDROME	100%
SPINA BIFIDA	100%
TYPE 1 DIABETES	100%



BASE PLAN \$15,000 COVERAGE (MONTHLY CONTRIBUTION)		
EMPLOYEE'S AGE	EMPLOYEE ONLY OR EMPLOYEE+ CHILD(REN)	EMPLOYEE + SPOUSE OR EMPLOYEE + FAMILY
UNDER 29	\$4.20	\$8.40
30-34	\$7.65	\$15.30
35-39	\$10.35	\$20.70
40-44	\$14.85	\$29.70
45-49	\$24.60	\$49.20
50-54	\$29.85	\$59.70
55-59	\$41.55	\$83.10
60-64	\$47.70	\$95.40
65-69	\$50.70	\$101.40
70+	\$67.95	\$135.90

PLUS PLAN \$30,000 COVERAGE (MONTHLY CONTRIBUTION)		
EMPLOYEE'S AGE	EMPLOYEE ONLY OR EMPLOYEE+ CHILD(REN)	EMPLOYEE + SPOUSE OR EMPLOYEE + FAMILY
UNDER 29	\$8.40	\$16.80
30-34	\$15.30	\$30.60
35-39	\$20.70	\$41.40
40-44	\$29.70	\$59.40
45-49	\$49.20	\$98.40
50-54	\$59.70	\$119.40
55-59	\$83.10	\$166.20
60-64	\$95.40	\$190.80
65-69	\$101.40	\$202.80
70+	\$135.90	\$271.80



Hospital Indemnity Coverage through RSLI pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU). You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

- ▶ Benefits are payable for pregnancy on the first day of coverage
- ▶ Coverage is Guaranteed Issue; no medical questions

SUMMARY OF BENEFITS*	
HOSPITAL ADMISSION AMOUNT	\$1,500
HOSPITAL ADMISSION ICU AMOUNT	\$2,500
HOSPITAL CONFINEMENT AMOUNT	\$200
HOSPITAL CONFINEMENT ICU AMOUNT	\$400

\*This is a summary. Please refer to plan documents for details.

MONTHLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$19.49
EMPLOYEE + SPOUSE	\$45.24
EMPLOYEE + CHILD(REN)	\$36.51
EMPLOYEE + FAMILY	\$62.26



It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

### **Basic Life and Accidental Death & Dismemberment Insurance**

PowerSchool provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Reliance Matrix (RSLI), which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1x your annual base salary, up to \$200,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

### **Naming a Beneficiary**

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Reliance Matrix (RSLI) insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security Number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact PX Benefits Team or your own legal counsel with any questions.



## Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

### BASIC EMPLOYEE LIFE/AD&D

COVERAGE AMOUNT	1x your annual base salary
WHO PAYS	PowerSchool
BENEFITS PAYABLE	To the beneficiary(ies) you designate
MAXIMUM BENEFIT	\$200,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

### VOLUNTARY EMPLOYEE LIFE

COVERAGE AMOUNT	Increments of \$10,000 up to the lesser of 5x your Base Salary or \$1,000,000
WHO PAYS	Employee
BENEFITS PAYABLE	To the beneficiary(ies) you designate
MAXIMUM BENEFIT	The lesser of \$1,000,000 or 5x Base Salary

EVIDENCE OF INSURABILITY (EOI) REQUIRED*	Newly Eligible: If you are enrolling in the plan for the first time, you will be able to elect up to \$200,000 without going through Evidence of Insurability. After your initial eligibility period, any requested increase in coverage will require evidence of insurability. Qualifying Life Event: Employees will have 31 days after a Qualifying Life Event to add or increase coverage up to the guaranteed issue amount without the requirement of EOI. Any amount above the guaranteed issue amount would require the completion of EOI.
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### VOLUNTARY SPOUSE LIFE

COVERAGE AMOUNT	Increments of \$5,000 only if you purchase additional coverage for yourself
WHO PAYS	Employee
BENEFITS PAYABLE	To you
MAXIMUM BENEFIT	The lesser of \$500,000 or 50% of Employee's Coverage Amount

EVIDENCE OF INSURABILITY (EOI) REQUIRED*	\$25,000 without going through Evidence of Insurability. After your initial eligibility period, any requested increase in coverage will require evidence of insurability. Qualifying Life Event: Employees will have 31 days after a Qualifying Life Event to add or increase spouse coverage up to the guaranteed issue amount without the requirement of EOI. Any amount above the guaranteed issue amount would require the completion of EOI.
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### VOLUNTARY CHILD LIFE

COVERAGE AMOUNT	Flat \$10,000, only if you purchase additional coverage for yourself
WHO PAYS	Employee
BENEFITS PAYABLE	To you
MAXIMUM BENEFIT	\$10,000 (to age 26)
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

### VOLUNTARY EMPLOYEE AD&D

COVERAGE AMOUNT	Increments of \$10,000 up to \$1,000,000
WHO PAYS	Employee
BENEFITS PAYABLE	To the beneficiary(ies) you designate
MAXIMUM BENEFIT	The lesser of \$1,000,000 or 5x Base Salary

EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
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EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
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\*To be approved for the voluntary life insurance coverage over the guaranteed issue amount, you must complete an **EVIDENCE OF INSURABILITY FORM** for Reliance Standard. After submitting your elections, please use the link to complete the DocuSign and submit your request to Reliance Standard.

## VOLUNTARY LIFE INSURANCE

RATES/\$1,000 (MONTHLY)			
AGE (AS OF JANUARY 1, 2026)	EMPLOYEE	AGE (AS OF JANUARY 1, 2026)	SPOUSE
Under 25	\$0.05	Under 25	\$0.05
25-29	\$0.06	25-29	\$0.06
30-34	\$0.08	30-34	\$0.08
35-39	\$0.09	35-39	\$0.09
40-44	\$0.10	40-44	\$0.10
45-49	\$0.15	45-49	\$0.15
50-54	\$0.23	50-54	\$0.23
55-59	\$0.43	55-59	\$0.43
60-64	\$0.66	60-64	\$0.66
65-69	\$1.27	65-69	\$1.27
70+	\$2.06	70+	\$2.06

## VOLUNTARY AD&D INSURANCE

PREMIUM RATES - \$1,000 MONTHLY
\$0.025

## VOLUNTARY CHILD LIFE INSURANCE

PREMIUM RATES - \$1,000 MONTHLY
\$0.200

## TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

\$	÷ 1,000 =	\$	x Age Based Rate =	\$
Benefit Elected				Monthly Premium



You and your loved ones depend on your regular income. That’s why PowerSchool offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

### Basic Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or PX Benefits Team for details.

WEEKLY MAXIMUM BENEFIT	\$2,309
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	175 days

### Basic Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or PX Benefits Team for details.

MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.



No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The PowerSchool 401(k) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE	
PLAN NAME	PowerSchool 401(k) Plan
RECORDKEEPER	Fidelity Investments
WEBSITE	<a href="http://401k.com">401k.com</a> or <a href="http://netbenefits.com">netbenefits.com</a>
ELIGIBILITY	All eligible new employees are automatically enrolled in the plan at a 3% contribution rate after 30 days of employment unless they have already elected to contribute to the plan at another rate or opt out of the plan.
COMPANY MATCH	PowerSchool matches your pre-tax and Roth 401(k) up to 4.5% of the employee's contributions (100% of employee's first 3% contribution, and then 50% of the employee's next 3% contribution).

### Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions.

The annual IRS limit for 2025 is \$23,500, and the standard catch up contribution limit for individuals ages 50 and older is \$7,500.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the Company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in and you won't be subject to penalties for overcontributing.

### All About 401(k)

This employer-sponsored retirement account can help your future self by saving money — tax-free — from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Eligible employees can invest for retirement while receiving tax advantages. PowerSchool matches your pre-tax and Roth 401(k) up to 4.5% of the employee's contributions (100% of employee's first 3% contribution, and then 50% of the employee's next 3% contribution). Administrative services are provided by Fidelity Investments. All eligible new employees are automatically enrolled in the plan at a 3% contribution rate after 30 days of employment unless they have already elected to contribute to the plan at another rate or opt out of the plan. You must be at least 21 years of age to be eligible.

**Pre-tax vs. Roth 401(k):** What's the difference? If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw them during retirement.



### How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income, including PowerSchool’s generous matching contribution of up to 4.5% of the Employee’s contributions (100% of the Employee’s first 3% contribution, and then 50% of the Employee’s next 3% contribution). If you can’t afford to save that much, make sure to save up to the matching amount so you don’t leave free money behind.

### Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Fidelity Investments at 800.835.5095 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

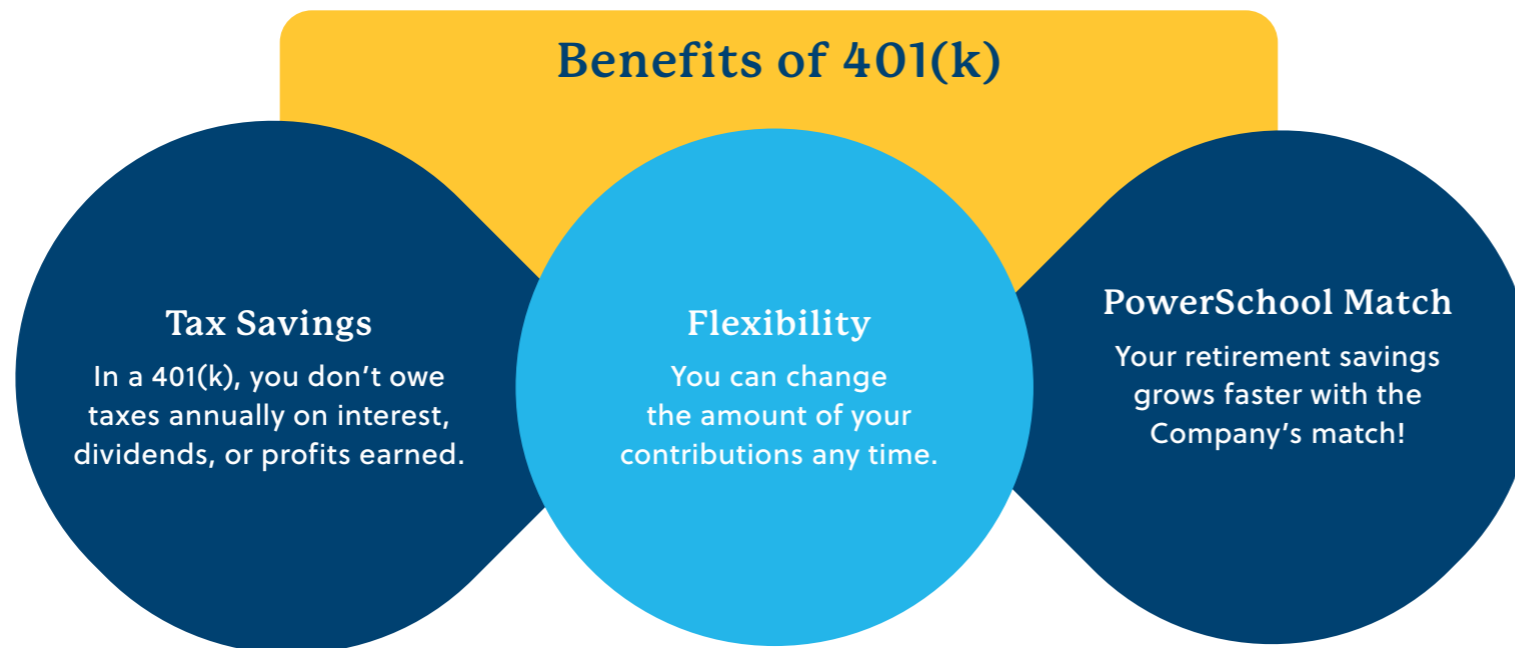
### Investing in the Plan

It’s up to you how to invest the assets. The PowerSchool 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit [401k.com](http://401k.com) or [netbenefits.com](http://netbenefits.com).

### Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave PowerSchool. With our vesting schedule, each year you’ll own a greater percentage of the Company’s matching contributions. When you’re fully vested, you’ll own 100% of the contributions. You always own and are fully vested in the contributions you personally make to your 401(k).

VESTING SCHEDULE	
YEARS OF SERVICE	PERCENTAGE VESTED
Less than 1 year	0%
1 year	33%
2 years	66%
3 years	100%



How Much Do I Need to Retire?



PowerSchool wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

## Commuter Benefits

Take public transit or pay for parking? Through PowerSchool's Commuter program, you can set aside tax-free money for eligible parking expenses or mass-transit fees.

### Parking Reimbursement Account

You may set aside up to \$325 a month tax-free in a Parking Reimbursement Account (PRA) for work parking expenses. The funds are deducted from your paycheck.

When you have a parking expense, submit a claim form to WEX, the PRA claim administrator. Any unused funds in your PRA roll over each month. You may start or stop your account at any time.

### Mass Transit Reimbursement

You may set aside up to \$325 a month tax-free if you commute with mass transit. The funds are automatically deducted from your paycheck. You can order a voucher or fare card online at [wexinc.com](http://wexinc.com). You may start or stop contributing to the account at any time. To learn more, visit [wexinc.com](http://wexinc.com) or call 866.451.3399.

## Pet Insurance

We know your pets are part of the family, and just like any other family member, our furry friends are bound to have some medical expenses from time to time. For the most part, these expenses come from standard checkups and immunizations, but the occasional unexpected illness or injury can rack up some significant bills when you least expect it. Pet insurance through Nationwide Pet Insurance provides coverage for veterinary expenses related to accidents and illnesses, including X-rays, medications, vet visits, surgeries, and hospital stays. Policies are available for dogs, cats, birds, reptiles, and exotic pets. Optional wellness coverage is also available for dogs and cats, providing reimbursement for preventive care. To enroll or for additional information, please contact Nationwide Pet Insurance.

## Prepaid Legal Coverage

LegalShield offers low-cost access to attorneys for personal legal services. Payments are made conveniently through payroll deductions. It's like having your own attorney on retainer for a lot less. There are attorneys standing by to assist you with:

- ▶ Estate planning, wills, and trusts
- ▶ Real-estate matters
- ▶ Identity-theft defense
- ▶ Financial matters, such as debt-collection defense
- ▶ Traffic offenses
- ▶ Document review
- ▶ Family law, including adoption and name change
- ▶ Advice and consultation on personal legal matters
- ▶ Divorce

Coverage is available for \$17.75 per month and covers you and your dependents.



## Identity Theft Protection

Identity theft protection is available on a voluntary basis. There is a new identity fraud victim every two seconds. Protect yourself with Allstate Identity Protection. Allstate Identity Protection monitors millions of transactions every second, alerting you to suspicious activity by text, phone, or email. This plan offers a full set of features to help protect you and your covered family members against identity theft.

Allstate Identity Protection membership features:

- ▶ Allstate Identity Protection Identity Alert System
- ▶ Lost-wallet protection
- ▶ Address change verification
- ▶ Allstate Identity Protection Privacy Monitor
- ▶ Live member service support
- ▶ Identity-restoration support
- ▶ Data-breach notifications

This plan is available via payroll deduction and is yours to keep if you retire or leave PowerSchool.

Employee Only: \$9.95 monthly

Employee & Family: \$17.95 monthly

Contact Allstate Identity Protection at **800.789.2720** or [myaip.com](https://myaip.com) for more information.

## Student Debt Repayment Program

Through a partnership with Fidelity, PowerSchool can help you start moving toward your goals of saving money to buy a home, a car, or other family needs.

You'll receive up to \$100 per month in direct payments toward the principal balance of your student loans. All you need to do is continue to make your minimum monthly payments. With our contribution to your student debt, you'll pay off your debt faster and save significantly on interest payments. To enroll, you need to have your student loan statement(s) available.



# Required Notices

## Important Notice From PowerSchool Group, LLC About Your Prescription Drug Coverage and Medicare Under the BLUE SHIELD OF CALIFORNIA CDHP, BLUE SHIELD OF CALIFORNIA PPO and KAISER PERMANENT HMO (CA ONLY) Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with PowerSchool Group, LLC and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PowerSchool Group, LLC has determined that the prescription drug coverage offered by the BLUE SHIELD OF CALIFORNIA CDHP, BLUE SHIELD OF CALIFORNIA PPO and KAISER PERMANENTE HMO (CA ONLY) plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current PowerSchool Group, LLC coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with PowerSchool Group, LLC and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PowerSchool Group, LLC changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- » Visit [www.medicare.gov](http://www.medicare.gov)
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

*Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

Date:	January 1, 2026
Name of Entity/Sender:	PowerSchool Group, LLC
Contact—Position/Office:	People Experience (PX) Benefits Team
Address:	150 Parkshore Dr. Folsom, CA 95630
Phone Number:	916-288-1600



## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact People Experience (PX) Benefits Team at 916-288-1600.

## HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact People Experience (PX) Benefits Team at 916-288-1600.

## HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact People Experience (PX) Benefits Team at 916-288-1600.



# Illinois Essential Health Benefit (EHB) Listing

**Employer Name:** PowerSchool  
**Employer State of Situs:** California  
**Name of Issuer:** BlueShield of California  
**Plan Marketing Name:** BCSA CDHP Plan and BCSA PPO Plan  
**Plan Year:** 2025

**Ten (10) Essential Health Benefit (EHB) Categories:**

- » Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- » Emergency services
- » Hospitalization (like surgery and overnight stays)
- » Laboratory services
- » Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- » Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- » Pregnancy, maternity, and newborn care (both before and after birth)
- » Prescription drugs
- » Preventive and wellness services and chronic disease management
- » Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing		Pg. 11	Yes
3	Bone Anchored Hearing Aids		Pgs. 17 & 35	No
4	Durable Medical Equipment		Pg. 13	Yes
5	Hospice		Pg. 28	Yes
6	Infertility (Fertility) Treatment		Pgs. 23 – 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)		Pgs. 15 – 16	Yes
9	Private-Duty Nursing		Pgs. 17 & 34	No
10	Prosthetics/Orthotics		Pg. 13	Yes
11	Sterilization (Vasectomy Men)		Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)		Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency Services	Pg. 7	Yes
14	Emergency Transportation/Ambulance		Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy		Pgs. 24 – 25	Yes
17	Reconstructive Surgery		Pgs. 25 – 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)		Pg. 15	Yes
19	Skilled Nursing Facility		Pg. 21	Yes
20	Transplants – Human Organ Transplants (Including Transportation & Lodging)		Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory Services	Pgs. 6 & 12	Yes



2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
22	Intranasal Opioid Reversal Agent Associated with Opioid Prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)		Pgs. 8 – 9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)		Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)		Pgs. 9 & 21	Yes
26	Tele-Psychiatry		Pg. 11	Yes
27	Topical Anti-Inflammatory Acute and Chronic Pain Medication		Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See All Kids Pediatric Dental Document	Yes
29	Pediatric Vision Coverage		Pgs. 26 – 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription Drugs	Pgs. 29 – 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services		Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education		Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes		Pgs. 31– 32	Yes
36	Mammography – Screening		Pgs. 12, 15, & 24	Yes
37	Osteoporosis – Bone Mass Measurement		Pgs. 12 & 16	Yes
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test		Pg. 16	Yes
39	Preventive Care Services		Pg. 18	Yes
40	Sterilization (Women)	Pgs. 10 & 19	Yes	
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 – 13	Yes
42	Habilitative and Rehabilitative Services		Pgs. 8, 9, 11, 12, 22, & 35	Yes

*Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.*



