



Employee Benefits: January 1, 2026 to December 31, 2026

The following information is offered as a summary only. If there is a discrepancy between this information and the plan document, the plan document will govern. All benefits outlined are based on a full time 30 hours per week status. Employees will be eligible for benefits 1st of the month following 60 days of hire. All deductions are calculated on a bi-weekly basis. For more information, please contact our benefits adviser, The CIP Group at (617) 354-0866, Option 2.



Health Insurance

In-Network Benefits

Inspire Early Education offers three medical plan options through United Health Care. Employees can choose either Choice Plus 3000, Choice Plus 1500, or Choice Plus H.S.A. 4200 medical plans. Please review the SBC (Summary of Benefit & Coverage) for further plan details.

*If you enroll in the Choice Plus HSA 4200 plan, you may contribute to a Health Savings Account (HSA). The payroll deductions listed below are for the plan premiums only and are not HSA contributions. For more information on how to contribute to an HSA, please contact Bobby McSweeney at CIP at 617-354-0866, extension 520.

Type of Service	Choice Plus 3000	Choice Plus 1500	Choice Plus H.S.A. 4200
Individual Deductible	\$3,000	\$1,500	\$4,200
Family Deductible	\$6,000	\$3,000	\$8,400
Preventive Office Visits	\$0	\$0	\$0
Non-Preventive Physician Visits	PCP: \$30 Specialist: Tier 1: \$30, Tier 2: \$60	PCP: \$20 Specialist: Tier 1: \$20, Tier 2: \$40	PCP & Specialist: 30% after deductible
X-rays, Lab tests	X-Ray: \$35 Labs: \$35	X-Ray: \$35 Labs: \$35	30% after deductible
MRI's, CT scans, PET scans	20% after deductible	10% after deductible	30% after deductible
Emergency	\$250 + 20% coinsurance	\$250 + 10% coinsurance	30% after deductible
Day Surgery	20% after deductible	10% after deductible	30% after deductible
Hospitalization	20% after deductible	10% after deductible	30% after deductible
Mental Health	\$30	\$20	30% after deductible
Prescription	\$10/\$40/\$75/\$125	\$10/\$40/\$75/\$125	Deductible applies first, then: \$10/\$35/\$60
Out of Pocket Maximum	Ind: \$6,000/Fam: \$12,000	Ind: \$3,000/Fam: \$6,000	Ind: \$8,000/Fam: \$16,000
Plan Tier	Bi-Weekly Payroll Deductions		
Individual (Employee Only)	\$168.74	\$205.30	\$82.08
Individual + Spouse	\$302.05	\$361.31	\$146.93
Individual + Child(ren)	\$314.71	\$376.45	\$153.08
Family Rates	\$448.02	\$535.92	\$217.94

Ind = Employee Only
Fam = Family, Employee + Spouse, Employee + Child(ren)

Out-of-Network Benefits

Benefits are available outside of the United Health Care Network. Additional coinsurance and deductibles apply. Please see Summary of Benefits for further information.

Type of Service	Choice Plus 3000	Choice Plus 1500	Choice Plus H.S.A. 4200
Individual Deductible	\$5,000	\$5,000	\$8,000
Family Deductible	\$10,000	\$10,000	\$16,000
Preventive Office Visits	40% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Non-Preventive Physician Visits	40% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
X-rays, Lab tests	40% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
MRI's, CT scans, PET scans	40% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Routine Eye Exam	40% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Emergency	\$250 than 20% coinsurance	\$250 than 10% coinsurance	30% after deductible
Day Surgery	40% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Hospitalization	40% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Mental Health	40% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Prescription	\$10/\$40/\$75/\$125	\$10/\$40/\$75/\$125	Deductible applies first, then: \$10/\$35/\$60
Out of Pocket Maximum	Ind: \$10,000/Fam: \$20,000	Ind: \$10,000/Fam: \$20,000	Ind: \$16,000/Fam: \$32,000

Ind = Employee Only
Fam = Family, Employee + Spouse, Employee + Child(ren)

Type of Service	Plan Covers	
	In-Network	Out-of-Network
Type I: Preventative	100%	100%
<ul style="list-style-type: none"> Cleanings, Oral Exams X-Rays, Films, Sealants Space Maintainers 		
Type II: Basic	80% after deductible*	80% after deductible*
<ul style="list-style-type: none"> Basic Restorative Resin-based composite restorations Non-Surgical Extractions Removal of erupted tooth or exposed root Root Canal Endodontics & Periodontics 		
Type III: Major	50% after deductible*	50% after deductible*
<ul style="list-style-type: none"> Crowns, Bridges, Dentures 		
ORTHODONTIC SERVICES – Available to children up to the age of 19	50% Up to a lifetime benefit of \$1,500	50% Up to a lifetime benefit of \$1,500
Plan Maximum Benefit	\$1,500 per person per calendar year	
*Deductible Applies	Individual: \$50 Family: \$150	
Plan Tier	Bi-Weekly Payroll Deductions	
Individual	\$17.76	
Individual + Spouse	\$35.92	
Individual + Child(ren)	\$43.16	
Family	\$66.03	

Type of Service	In-Network
Vision Care Services	
<ul style="list-style-type: none"> Exam with dilation as necessary Contact lens fit and follow-up 	<p>\$10</p> <p>\$40</p>
Frames:	
Any available frame at provider location	\$100 allowance
Standard Lenses	
<ul style="list-style-type: none"> Single Lined Bifocal Lined Trifocal Lenticular Progressive Tier I Progressive Tier II Progressive Tier III Progressive Tier IV Progressive Tier V 	<p>\$25 copay</p> <p>\$25 copay</p> <p>\$25 copay</p> <p>\$25 copay</p> <p>\$55 copay</p> <p>\$100 Copay</p> <p>\$150 Copay</p> <p>\$200 Copay</p> <p>\$250 Copay</p>
Contact Lenses	
<ul style="list-style-type: none"> Elective 	\$100 allowance
Frequency	
<ul style="list-style-type: none"> Exam Lenses or contact lenses Frame 	<p>Once every 12 months</p> <p>Once every 12 months</p> <p>Once every 24 months</p>
Plan Tier	Bi-Weekly Payroll Deductions
Individual	\$2.58
Individual + Spouse	\$4.90
Individual + Child(ren)	\$5.16
Family	\$7.58

Inspire Early Education offers Group Life & AD&D insurance through United Health Care. Benefit is 100% Employer paid and there is no cost to the employees. Employees are able to purchase additional Life Insurance, Short-Term Disability and Long-Term Disability benefits that are 100% employee paid. Please review the benefit summary for plan details.

Employer Paid Life & AD&D Insurance	
Benefit	\$50,000
Age Reduction	Benefits reduce by 65% of the original amount at age 65; and further reduce by 50% of the original amount at age 70
Bi-Weekly Payroll Deductions	
N/A – No Cost to Employees (100% paid by Inspire Early Education)	

Voluntary Life & AD&D Insurance	
Employee Life Benefit	Increments of \$10,000 up to \$500,000 Evidence of Insurability required over \$50,000
Spouse Life Benefit	Increments of \$5,000 up to \$100,000 Not to exceed 50% of Employee Voluntary Life Amount Evidence of Insurability required over \$25,000
Child Life Benefit	Age 15 days – 6 months: \$100 Age 6 months – 26 years: Increments of \$1,000 up to \$10,000
Life Benefit Age Reduction	65% at age 70, 45% at age 75
Voluntary Short-Term Disability	
Benefit	\$100-\$1,000 in increments of \$50 not to exceed 60% of basic weekly earnings
Duration	13 Weeks or until LTD begins, whichever is earlier
Benefit Waiting Period <i>When benefits start</i>	1 st day for accident and 8 th day for sickness
Voluntary Long-Term Disability	
Benefit	60% salary up to \$6,000 per month
Benefit Waiting Period <i>When benefits start</i>	90 Days
Maximum Period Payable	5 year reducing benefit duration
Bi-Weekly Payroll Deductions – Rates in ADP	
Voluntary Life	100% Employee Paid
Voluntary STD	100% Employee Paid
Voluntary LTD	100% Employee Paid

Critical Illness	
Benefit Amount (See Plan Documents for Details)	Employee: \$20,000 Spouse: \$20,000 Child(ren): \$10,000
Accident	
Benefit Amount (See Plan Documents for Details)	\$20-\$15,000
Hospital Indemnity	
Benefit Amount (See Plan Documents for Details)	\$50-\$1,000
Bi-Weekly Payroll Deductions – Rates in ADP	
Voluntary Critical Illness	100% Employee Paid
Voluntary Accident	100% Employee Paid
Voluntary Hospital Indemnity	100% Employee Paid

IMPORTANT INSURANCE PREMIUM NOTICE:

By electing to enroll in benefits, you understand that your contributions to the group medical, dental, and vision coverage will be taken on a pre-tax basis. You also understand that you are making a binding election concerning your benefits and authorizing payroll deductions. In the event that Inspire Early Education is unable to deduct these amounts, it is your obligation to pay these amounts to Inspire Early Education in the form of a check by the first of the month following missed deductions. You understand that an outstanding balance may lead to termination of insurance back to the last payment date.