

Magoosh Benefits for Full Time, Hourly, Non-exempt Employees:

The below benefits apply for full-time (40 hours/week), hourly employees who are working in a permanent capacity.

- Paid Time Off and VTO
 - Full-time, hourly, non-exempt employees are eligible for 15 days (3 weeks) of paid time off per year. This will be granted on an annual basis and is eligible to be used with approval from your manager.
 - VTO stands for volunteer time off. Magooshers have 24 hours of time per year to dedicate to volunteering.
- Sick Time
 - 9 days (72 hours) of sick time per year.
- Insurance
 - Health Insurance (Aetna or Kaiser) covered at 100% for employee and 70-100% for dependents (see details on next page. Aetna plans are offered nationally, Kaiser plans are only available in certain regions).
 - If insurance is waived, employees receive a \$250/month stipend (subject to taxes)
 - Dental Insurance (Aetna) covered at 100% for employee and dependents (see details on next page.)
 - Vision Insurance (Metlife or Aetna) covered at 100% for employee and covered at 70%, or greater, for dependents. (see details on next page)
- Parental leave for the birth / adoption of a child
 - If working in California:
 - 12 weeks of paid leave at 100% of full-time pay for caregivers eligible for California Pregnancy Disability Leave
 - 8 weeks of paid leave at 100% of full-time pay for caregivers who are not giving birth
 - Magoosh supplements California Pregnancy Disability Leave and Paid Family Leave benefits to make employees' salaries whole during the time of leave
 - If working in a different state than California:
 - 12 weeks of paid leave at 100% of full-time pay for caregivers who are giving birth
 - 8 weeks of paid leave at 100% of full-time pay for caregivers who are not giving birth
 - (If applicable): Magoosh will coordinate with any state disability or family leave programs in the state to supplement employees' salaries during the time of leave.
 - Specific eligibility requirements apply. Please don't hesitate to reach out for more information.
- Sabbatical

- We have newly introduced sabbatical that enables Magooshers to take 6 additional weeks of paid time off after 5 years of employment
- Flexible Spending Accounts
 - Pre-tax funds can be set aside for health or dependent care costs in an FSA
 - Pre-tax funds can be set aside for work-related transportation and parking in a commuter plan
- Miscellaneous
 - 401(k) (100% matching up to 4% of salary, no vesting period)
 - \$1500 home office, coworking, and/or wifi budget
 - Free access to [One Medical](#) for you and dependents
 - Free access to [Health Advocate](#) for you and dependents

Magoosh Perks:

- Quarterly virtual events to encourage employee engagement and connect with coworkers
- Wellness Stipend: \$1600 per year for anything that supports your wellness journey
- Lunch Stipend: \$300 per year for you to treat yourself to your favorite snacks or meals!
- Birthday: A special gift on your special day!
- Magooshiversary: A special gift to celebrate your time with us!
- Professional development (work-related books/classes/conferences)
- Free equipment (by request: laptop; other items by request and must be able to be shipped back to Magoosh HQ if/when no longer employed by Magoosh)

Health, Dental and Vision Plan Premium Costs on Next Page! :)

Health, Dental, and Vision Insurance Plan Costs (11/1/22-10/31/23)

Medical Plans			0 DAYS WAITING PERIOD		
PLAN NETWORK AND DEDUCTIBLE	REGION	TIER	COMPANY PAYS PER MONTH	EMPLOYEE PAYS PER MONTH	PLAN TOTAL PER MONTH
AETNA A2 POS \$0	National	Employee	\$854.14	\$159.43	\$1,013.57
		Employee + Spouse	\$1,525.28	\$630.09	\$2,155.37
		Employee + Kids	\$1,408.69	\$548.36	\$1,957.05
		Family	\$2,079.84	\$1,019.00	\$3,098.84
AETNA A3 EPO \$0	National	Employee	\$854.14	\$0.00	\$854.14
		Employee + Spouse	\$1,525.28	\$287.63	\$1,812.91
		Employee + Kids	\$1,408.69	\$237.67	\$1,646.36
		Family	\$2,079.84	\$525.30	\$2,605.14
AETNA C3 POS \$3,000	National	Employee	\$683.47	\$0.00	\$683.47
		Employee + Spouse	\$1,446.29	\$0.00	\$1,446.29
		Employee + Kids	\$1,313.79	\$0.00	\$1,313.79
		Family	\$2,076.60	\$0.00	\$2,076.60
KAISER PERMANENTE KP1 HMO \$500	Northern CA SITUS	Employee	\$629.57	\$0.00	\$629.57
		Employee + Spouse	\$1,364.79	\$0.00	\$1,364.79
		Employee + Kids	\$1,242.25	\$0.00	\$1,242.25
		Family	\$1,916.21	\$0.00	\$1,916.21
KAISER PERMANENTE KP1 HMO \$500	Georgia	Employee	\$551.29	\$0.00	\$551.29
		Employee + Spouse	\$1,192.57	\$0.00	\$1,192.57
		Employee + Kids	\$1,085.69	\$0.00	\$1,085.69
		Family	\$1,673.54	\$0.00	\$1,673.54
KAISER PERMANENTE KP1 HMO \$500	MAS	Employee	\$510.51	\$0.00	\$510.51
		Employee + Spouse	\$1,102.88	\$0.00	\$1,102.88
		Employee + Kids	\$1,004.14	\$0.00	\$1,004.14
		Family	\$1,547.14	\$0.00	\$1,547.14
KAISER PERMANENTE KP1 HMO \$500	NW	Employee	\$554.97	\$0.00	\$554.97
		Employee + Spouse	\$1,200.67	\$0.00	\$1,200.67
		Employee + Kids	\$1,093.06	\$0.00	\$1,093.06
		Family	\$1,684.96	\$0.00	\$1,684.96
KAISER PERMANENTE KP1 HMO \$500	Southern California	Employee	\$482.18	\$0.00	\$482.18
		Employee + Spouse	\$1,040.53	\$0.00	\$1,040.53
		Employee + Kids	\$947.47	\$0.00	\$947.47
		Family	\$1,459.30	\$0.00	\$1,459.30

[Hide regions](#)

(continued on next page)

KAISER PERMANENTE KP5		Northern CA	Employee	\$688.20	\$0.00	\$688.20
HMO \$0	SITUS		Employee + Spouse	\$1,493.77	\$0.00	\$1,493.77
			Employee + Kids	\$1,359.51	\$0.00	\$1,359.51
			Family	\$2,079.84	\$18.12	\$2,097.96
KAISER PERMANENTE KP5		Southern California	Employee	\$538.01	\$0.00	\$538.01
HMO \$0			Employee + Spouse	\$1,163.38	\$0.00	\$1,163.38
			Employee + Kids	\$1,059.15	\$0.00	\$1,059.15
			Family	\$1,632.39	\$0.00	\$1,632.39

Hide regions

[Hide regions](#)

Dental Plans		0 DAYS WAITING PERIOD			
PLAN NETWORK AND DEDUCTIBLE		TIER	COMPANY PAYS PER MONTH	EMPLOYEE PAYS PER MONTH	PLAN TOTAL PER MONTH
AETNA 1 PPO \$50.00		Employee	\$38.24	\$14.96	\$53.20
		Employee + Spouse	\$65.68	\$46.06	\$111.74
		Employee + Kids	\$70.10	\$54.99	\$125.09
		Family	\$99.81	\$87.05	\$186.86
AETNA 3 PPO \$50.00		Employee	\$38.24	\$0.00	\$38.24
		Employee + Spouse	\$65.68	\$11.76	\$77.44
		Employee + Kids	\$70.10	\$13.65	\$83.75
		Family	\$99.81	\$26.38	\$126.19

Vision Plans		0 DAYS WAITING PERIOD			
PLAN NETWORK AND DEDUCTIBLE		TIER	COMPANY PAYS PER MONTH	EMPLOYEE PAYS PER MONTH	PLAN TOTAL PER MONTH
METLIFE VISION Vision PPO \$0.00		Employee	\$7.19	\$0.00	\$7.19
		Employee + Spouse	\$12.25	\$2.17	\$14.42
		Employee + Kids	\$10.70	\$1.50	\$12.20
		Family	\$16.25	\$3.88	\$20.13
AETNA VISION+ Aetna Vision Preferred \$0.00		Employee	\$7.19	\$0.24	\$7.43
		Employee + Spouse	\$12.25	\$1.83	\$14.08
		Employee + Kids	\$10.70	\$4.18	\$14.88
		Family	\$16.25	\$5.62	\$21.87