



# Christian Academy® SCHOOL SYSTEM

## BENEFITS AT A GLANCE

### PLAN YEAR JANUARY 2019 THROUGH DECEMBER 2019

Benefits	Carrier	Benefit Details, Limits, Comments	Employee Semi-Monthly Cost
Medical Insurance	<b>Plan 1 - High Option</b> <b>PPO</b> 1-833-578-4443 	<ul style="list-style-type: none"> <li>Preventive Services are covered in full</li> <li>\$1,500 Individual   \$3,000 Family Deductible</li> <li>\$4,000 Individual   \$8,000 Family Out of Pocket (Copays Included)</li> <li>\$30 PCP; \$45 Specialist Copay for in-network office visit</li> <li>\$150 Emergency Room Copay</li> <li>\$75 Urgent Care Copay</li> <li>Prescription Copays: \$15   \$30   \$50   35%</li> </ul>	Single: \$120.00 EE + Spouse: \$297.00 EE +Child(ren): \$270.00 Family: \$439.00
	<b>Plan 2- Middle Option</b> <b>HDHP / HSA</b> 1-833-578-4443 	<ul style="list-style-type: none"> <li>Preventive Services are covered in full</li> <li>\$3,000 Individual   \$6,000 Family Deductible</li> <li>\$3,000 Individual   \$6,000 Family Out of Pocket PCP and Specialist office visit - 100% after deductible</li> <li>Emergency Room and Urgent Care - 100% after deductible</li> <li>Prescription Copays: 100% after deductible</li> </ul>	Single: \$ 68.00 EE + Spouse: \$193.00 EE +Child(ren): \$176.00 Family: \$286.00
	<b>Plan 3- Low Option</b> <b>HDHP / HSA</b> 1-833-578-4443 	<ul style="list-style-type: none"> <li>Preventive Services are covered in full</li> <li>\$4,000 Individual   \$8,000 Family Deductible</li> <li>\$4,000 Individual   \$8,000 Family Out of Pocket PCP and Specialist office visit - 100% after deductible</li> <li>Emergency Room and Urgent Care - 100% after deductible</li> <li>Prescription Copays: 100% after deductible</li> </ul>	Single: \$ 53.00 EE + Spouse: \$164.00 EE +Child(ren): \$149.00 Family: \$243.00
Dental Insurance	1-866-589-0578 	<ul style="list-style-type: none"> <li>\$50 Individual   \$150 Family deductible per calendar year</li> <li>\$1,000 calendar year maximum</li> <li>The plan pays 100% for preventive services (deductible waived)</li> <li>The plan pays 80% for basic services and 50% for major services.</li> <li>Orthodontics is not covered.</li> </ul>	Single: \$11.28 EE + Spouse: \$25.01 EE +Child(ren): \$25.66 Family: \$37.60
Vision Insurance	1-866-723-0515 	<ul style="list-style-type: none"> <li>\$10 Copay for routine vision exam</li> <li>\$20 copay for lenses; \$130 retail frame allowance + 20% discount</li> <li>\$130 contact allowance + 15% discount</li> <li>Frequencies: Exam and Lenses - Once every calendar year Frames - Once every 2 calendar years</li> </ul>	Single: \$3.62 EE + Spouse: \$7.24 EE +Child(ren): \$7.42 Family: \$11.04
Life and AD&D		<ul style="list-style-type: none"> <li>Class 1 - Directors and Executives - \$50,000</li> <li>Class 2 - Full-time Faculty and Staff - \$50,000</li> </ul>	Christian Academy School System Provides
Voluntary Life and AD&D	1-800-423-2765	<ul style="list-style-type: none"> <li>Employee - available in increments of \$10,000 up to a maximum of \$500,000 or 5x annual salary.</li> <li>Spouse - available in increments of \$5,000 up to a maximum of \$250,000 and 50% of approved employee amount.</li> <li>Child(ren) life benefit is \$10,000</li> <li>Guaranteed issue amount is \$100,000 employee; \$30,000 spouse; \$10,000 Child(ren)</li> </ul>	Voluntary
Long Term Disability		<ul style="list-style-type: none"> <li>Class 1- Directors and Executives - 60% of covered monthly earnings up to \$7,000</li> <li>Class 2 - Full-time Faculty and Staff - 60% of covered monthly earnings up to \$6,000</li> <li>90 day elimination period before benefits begin</li> <li>Payable to Social Security Normal Retirement age for full-time staff (if continuously disabled)</li> </ul>	Christian Academy School System Provides
Retirement Savings 403b		<ul style="list-style-type: none"> <li>Quarterly enrollment available</li> <li>Additional information available upon request</li> </ul>	Voluntary + Employer Match
Health Savings Account (HSA)		<ul style="list-style-type: none"> <li>Compatible with Medical Plans 2 (Mid) and 3 (Low)</li> <li>2019 Contributions - Single \$3,500 and Family \$7,000</li> <li>You elect the financial institution you would like to administer your HSA. You would then supply HR with your HSA information for your contributions.</li> </ul>	Voluntary
Flexible Spending Account (FSA)	1-866-233-4377 	<ul style="list-style-type: none"> <li>You can set aside money-tax free for health care, dental and vision costs</li> <li>Health Care FSA - up to \$2,650 annual maximum</li> <li>Dependent Care FSA - up to \$5,000 annual maximum if you are a single employee or married filing jointly, or \$2,550 if you are married filing separately.</li> </ul>	Voluntary