

Christian Academy[®] SCHOOL SYSTEM

BENEFITS AT A GLANCE PLAN YEAR JANUARY 2021 THROUGH DECEMBER 2021

Benefits	Carrier	Benefit Details, Limits, Comments	Employee Semi-Monthly Cost	
Medical Insurance	Plan 1 - Hig h Option PPO Anthem. () BlueCross BlueShield 1-833-578-4443	 Preventive Services are covered in full \$1,500 Individual \$3,000 Family Deductible \$4,000 Individual \$8,000 Family O ut of Pocket (Copays Included) \$30 PCP and \$45 Specialist Copay for in-network office visit \$150 Emergency Room Copay \$75 Urgent Care Copay Prescription Copays: \$15 \$30 \$50 35% 	EE + Spouse:	\$150.00 \$372.00 \$338.00 \$548.00
	Plan 2 – Middle Option HDHP / HSA 1 Anthem. Anthem BlueCross BlueShied 1-833-578-4443	 Preventive Services are covered in full \$3,000 Individual \$6,000 Family Deductible PCP and Specialist for in-network office visit - 90% after deductible Emergency Room and Urgent Care - 90% after deductible Prescription Copays: 90% after deductible 	EE + Spouse:	\$ 80.00 \$230.00 \$208.00 \$338.00
	Plan 3 – Low Option HDHP / HSA 2 Anthem. (*) BlueCross BlueShield 1-833-578-4443	 Preventive Services are covered in full \$4,000 Individual \$8,000 Family Deductible PCP and Specialist office visit - 90% after deductible Emergency Room and Urgent Care - 90% after de ductible Prescription Copays: 90% after de ductible 	EE + Spouse:	\$ 66.00 \$196.00 \$178.00 \$290.00
Denta l Insurance	Anthem. (5) BlueCross BlueShield 1-866-589-0578	 \$50 Individual \$150 Family de ductible per calendar year \$1,000 calendar year maximum The plan pays 100% for preventive services (deductible waived) The plan pays 80% for basic services and 50% for major services. Orthodontics is not covered 	EE + Spouse:	\$ 13.54 \$ 30.01 \$ 30.80 \$ 45.12
Vision Insurance	Anthem. BlueCross BlueShield 1-866-723-0515	 \$10 Copay for routine vision exam \$20 copay for lenses; \$130 retail fame allowance + 20% discount \$130 contact allowance + 15% discount Frequencies: Exam and Lenses - 12 months; Frames - 24 months 	EE + Spouse:	\$ 3.62 \$ 7.24 \$ 7.42 \$ 11.04
Life and AD& D		 Class 1 — Directors and Executives — \$50,000 Class 2 - Full-time Faculty and Staff — \$50,000 	Christian Aca demy Scho ol System Provides Volun tary Christian Aca demy Scho ol System Provides	
Voluntary Life and AD& D	ONEAMERICA®	 Employee - available in increments of \$10,000 up to a maximum of \$500,000 or 5x annual salary. Spouse - available in increments of \$5,000 up to a maximum of \$250,000 and 50% of a pproved employee amount. Child(ren) life benefit is \$10,000 Guaranteed issue amount is \$100,000 employee; \$30,000 s pouse; \$10,000 Child(ren) 		
Long Term Disability	1-800-553-5318	 Class 1 – Directors and Executives - 60% of covered monthly earnings up to \$7,000 Class 2 - Full-time Faculty and Staff - 60% of covered monthly earnings up to \$6,000 90 day elimination period before benefits begin Payable to Social Security Normal Retirement age for full-time staff (if continuous ly disable d) 		
Retirement Savings 403b	TheStandard	 Quarterly enrollment available Additional information available upon request 	Voluntary + Employer Match	
Health Savings Account (HSA)	MCGREGOR	 You can set aside money-tax free for health care, dental and vision costs Single contract calendar year maximum - up to \$3,600 annual maximum Family contract calendar year maximum - up to \$7,200 annual maximum 	Voluntary	
Flexible Spending Account (FSA)	1-866-233-4377	 You can set aside money-tax free for health care, dental and vision costs Health Care FSA - up to \$2,750 annual maximum Dependent Care FSA - up to \$5,000 annual maximum 	Voluntary	