

Christian Academy<sup>®</sup> SCHOOL SYSTEM

## BENEFITS AT A GLANCE PLAN YEAR JANUARY 2021 THROUGH DECEMBER 2021

| Benefits                           | Carrier                                                                                           | Benefit Details,<br>Limits, Comments                                                                                                                                                                                                                                                                                                                                                                 | Employee<br>Semi-Monthly Cost                                                                                |                                              |
|------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Medical<br>Insurance               | Plan 1 - Hig h Option<br>PPO<br>Anthem. ()<br>BlueCross BlueShield<br>1-833-578-4443              | <ul> <li>Preventive Services are covered in full</li> <li>\$1,500 Individual   \$3,000 Family Deductible</li> <li>\$4,000 Individual   \$8,000 Family O ut of Pocket (Copays Included)</li> <li>\$30 PCP and \$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> | EE + Spouse:                                                                                                 | \$150.00<br>\$372.00<br>\$338.00<br>\$548.00 |
|                                    | Plan 2 – Middle Option<br>HDHP / HSA 1<br>Anthem. Anthem<br>BlueCross BlueShied<br>1-833-578-4443 | <ul> <li>Preventive Services are covered in full</li> <li>\$3,000 Individual   \$6,000 Family Deductible</li> <li>PCP and Specialist for in-network office visit - 90% after deductible</li> <li>Emergency Room and Urgent Care - 90% after deductible</li> <li>Prescription Copays: 90% after deductible</li> </ul>                                                                                 | EE + Spouse:                                                                                                 | \$ 80.00<br>\$230.00<br>\$208.00<br>\$338.00 |
|                                    | Plan 3 – Low Option<br>HDHP / HSA 2<br>Anthem. (*)<br>BlueCross BlueShield<br>1-833-578-4443      | <ul> <li>Preventive Services are covered in full</li> <li>\$4,000 Individual   \$8,000 Family Deductible</li> <li>PCP and Specialist office visit - 90% after deductible</li> <li>Emergency Room and Urgent Care - 90% after de ductible</li> <li>Prescription Copays: 90% after de ductible</li> </ul>                                                                                              | EE + Spouse:                                                                                                 | \$ 66.00<br>\$196.00<br>\$178.00<br>\$290.00 |
| Denta l<br>Insurance               | Anthem. (5)<br>BlueCross BlueShield<br>1-866-589-0578                                             | <ul> <li>\$50 Individual   \$150 Family de ductible 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>                                                                                       | EE + Spouse:                                                                                                 | \$ 13.54<br>\$ 30.01<br>\$ 30.80<br>\$ 45.12 |
| Vision<br>Insurance                | Anthem.<br>BlueCross BlueShield<br>1-866-723-0515                                                 | <ul> <li>\$10 Copay for routine vision exam</li> <li>\$20 copay for lenses; \$130 retail fame allowance + 20% discount</li> <li>\$130 contact allowance + 15% discount</li> <li>Frequencies: Exam and Lenses - 12 months; Frames - 24 months</li> </ul>                                                                                                                                              | EE + Spouse:                                                                                                 | \$ 3.62<br>\$ 7.24<br>\$ 7.42<br>\$ 11.04    |
| Life and AD& D                     |                                                                                                   | <ul> <li>Class 1 — Directors and Executives — \$50,000</li> <li>Class 2 - Full-time Faculty and Staff — \$50,000</li> </ul>                                                                                                                                                                                                                                                                          | Christian Aca demy Scho ol<br>System Provides<br>Volun tary<br>Christian Aca demy Scho ol<br>System Provides |                                              |
| Voluntary Life<br>and AD& D        | ONEAMERICA®                                                                                       | <ul> <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 a pproved employee amount.</li> <li>Child(ren) life benefit is \$10,000</li> <li>Guaranteed issue amount is \$100,000 employee; \$30,000 s pouse; \$10,000 Child(ren)</li> </ul>              |                                                                                                              |                                              |
| Long Term<br>Disability            | 1-800-553-5318                                                                                    | <ul> <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 continuous ly disable d)</li> </ul>                            |                                                                                                              |                                              |
| Retirement<br>Savings 403b         | TheStandard                                                                                       | <ul> <li>Quarterly enrollment available</li> <li>Additional information available upon request</li> </ul>                                                                                                                                                                                                                                                                                            | Voluntary +<br>Employer Match                                                                                |                                              |
| Health Savings<br>Account (HSA)    | MCGREGOR                                                                                          | <ul> <li>You can set aside money-tax free for health care, dental and vision costs</li> <li>Single contract calendar year maximum - up to \$3,600 annual maximum</li> <li>Family contract calendar year maximum - up to \$7,200 annual maximum</li> </ul>                                                                                                                                            | Voluntary                                                                                                    |                                              |
| Flexible Spending<br>Account (FSA) | 1-866-233-4377                                                                                    | <ul> <li>You can set aside money-tax free for health care, dental and vision costs</li> <li>Health Care FSA - up to \$2,750 annual maximum</li> <li>Dependent Care FSA - up to \$5,000 annual maximum</li> </ul>                                                                                                                                                                                     | Voluntary                                                                                                    |                                              |