

BENEFITS AT A GLANCE

CALENDAR/PLAN YEAR JANUARY 2024 THROUGH DECEMBER 2024

Benefits	Carrier	Benefit Details,	Employee
		Limits, Comments	Semi-Monthly Cost
Medical Insurance	Anthem. (2010) BlueCross BlueShield Plan 1- High Option - PPO 1-833-578-4443	 Preventive Services are covered in full \$2,000 Individual \$4,000 Family Deductible 80% Coinsurance paid by Insurance; 20% paid by member \$4,000 Individual \$8,000 Family Out 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% up to a \$350 per prescription 	Single: \$166.00 EE + Spouse: \$408.00 EE + Child(ren): \$372.00 Family: \$604.00
	Anthem. (1) BlueCross BlueShield Plan 2– Middle Option - HDHP 1 1-833-578-4443	 Preventive Services are covered in full \$4,000 Individual \$8,000 Family Deductible 100% Coinsurance paid by Insurance; 0% paid by member after deductible \$4,000 Individual \$8,000 Family Out of Pocket (Copays Included) PCP and Specialist for in-network office visit - 100% after deductible Emergency Room and Urgent Care - 100% after deductible Prescription Copays: 100% after deductible 	Single: \$ 88.00 EE + Spouse: \$254.00 EE +Child(ren): \$230.00 Family: \$372.00
	Anthem. (Construction) BlueCross BlueShield Plan 3– Low Option - HDHP 2 1-833-578-4443	 Preventive Services are covered in full \$5,000 Individual \$10,000 Family Deductible 100% Coinsurance paid by Insurance; 0% paid by member after deductible \$5,000 Individual \$10,000 Family Out of Pocket (Copays Included) PCP and Specialist office visit - 100% after deductible Emergency Room and Urgent Care - 100% after deductible Prescription Copays: 100% after deductible 	Single: \$ 72.00 EE + Spouse: \$218.00 EE + Child(ren): \$196.00 Family: \$322.00
Dental Insurance		 \$50 Individual \$150 Family deductible 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 	Single: \$ 12.65 EE + Spouse: \$ 28.04 EE + Child(ren): \$ 28.78 Family: \$ 42.16
Vision Insurance	DELTA DENTAL PPO 1-800-877-7195	 \$10 Copay for routine vision exam Eyeglass lenses copay is included in prescription glasses copay Eyeglass frames - \$130 retail fame allowance + 20% discount \$70 Costco, Walmart/Same's Club frame allowance \$130 contact lens allowance Frequencies: Exam and Lenses - 12 months; Frames - 24 months 	Single: \$ 3.15 EE + Spouse: \$ 6.30 EE + Child(ren): \$ 6.75 Family: \$ 10.76
Life and AD&D		Class 1—Directors and Executives—\$50,000 Class 2 - Full-time Faculty and Staff—\$50,000	Christian Academy School 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 approved employee amount. Child(ren) life benefit is \$10,000 Guaranteed issue amount is \$100,000 employee; \$30,000 spouse; \$10,000 Child (ren) 	Voluntary
Long Term Disability	1-000-003-0010	 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 continu- ously disabled) 	Christian Academy School System Provides
Employee Assistance Program (EAP)	1-800-441-1327	 The EAP provides professional help to employees and their household mem- bers who are struggling with issues such as: emotional difficulties, stress, relationship problems, marital distress, alcohol/drug problems, financial & legal issues, as well as parent/child/family conflicts. 	Christian Academy School System Provides
Retirement Savings 403b	TheStandard	Information available upon request	Voluntary + Employer Match
Health Savings Ac- count (HSA)	MCGREGOR	 You can set aside money-tax free for health care, dental and vision costs Single contract calendar year maximum - up to \$3,850 annual maximum Family contract calendar year maximum - up to \$7,750 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 \$3,050 annual maximum Dependent Care FSA - up to \$5,000 annual maximum 	Voluntary