



**BENEFITS AT A GLANCE**  
**CALENDAR/PLAN YEAR: JANUARY 1, 2026 - DECEMBER 31, 2026**

Benefits	Carrier	Benefit Details, Limits, Comments	Employee Semi-Monthly Cost
Medical Insurance	 Plan 1: High Option - PPO 1-833-578-4443	<ul style="list-style-type: none"> <li>Preventive Services are covered in full</li> <li>\$2,000 Individual   \$4,000 Family Deductible</li> <li>80% coinsurance paid by Insurance; 20% paid by member</li> <li>\$4,000 Individual   \$8,000 Family Out of Pocket (copays Included)</li> <li>\$30 PCP and \$45 Specialist copay for in-network office visit</li> <li>\$300 Emergency Room copay + 20 %</li> <li>\$75 Urgent Care copay</li> <li>Prescription copays - \$15   \$30   \$50   35% up to a \$350 per prescription</li> </ul>	Single: \$184.00 EE + Spouse: \$466.00 EE + Child(ren): \$424.00 Family: \$690.00
	 Plan 2: HDHP / HSA 2 1-833-578-4443	<ul style="list-style-type: none"> <li>Preventive Services are covered in full</li> <li>\$5,000 Individual   \$10,000 Family Deductible</li> <li>100% coinsurance paid by Insurance; 0% paid by member after deductible</li> <li>\$5,000 Individual   \$10,000 Family Out of Pocket (copays Included)</li> <li>PCP and Specialist office visit - 100% after deductible</li> <li>Emergency Room - 100% after deductible</li> <li>Urgent Care - 100% after deductible</li> <li>Prescription copays - 100% after deductible</li> </ul>	Single: \$82.00 EE + Spouse: \$248.00 EE + Child(ren): \$224.00 Family: \$366.00
Dental Insurance	 PPO 1-800-955-2030	<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: \$13.35 EE + Spouse: \$29.58 EE + Child(ren): \$30.36 Family: \$44.48
Vision Insurance	 VSP 1-800-877-7195	<ul style="list-style-type: none"> <li>\$10 copay for routine vision exam</li> <li>Eyeglass lenses copay is included in prescription glasses copay</li> <li>Eyeglass frames - \$130 retail frame allowance + 20% discount</li> <li>\$70 Costco, Walmart/Sam's Club frame allowance</li> <li>\$130 contact lens allowance; copay does not apply</li> <li>Frequencies: Exam and Lenses - 12 months; Frames - 24 months</li> </ul>	Single: \$3.15 EE + Spouse: \$6.30 EE + Child(ren): \$6.75 Family: \$10.76
Life and AD&D	 1-800-553-5318	<ul style="list-style-type: none"> <li>Basic Life: One times annual basic earnings up to a maximum of \$50,000.</li> <li>AD&amp;D: One times annual basic earnings up to a maximum of \$50,000.</li> <li>Waiver of Premium Benefit: Age 60 with 6 month waiting period, terminates at SSFRA (Social Security Full Retirement Age).</li> <li>Accelerated Life Benefit: if diagnosed with a terminal illness and have less than 12 month to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.</li> <li>Reduction Schedule: 35% @ age 65 of the original amount; 60% @ age 70 of the original amount and 75% @ age of 75 of the original amount.</li> </ul>	Christian Academy School System provides at no cost to you.
Voluntary Life and AD&D		<ul style="list-style-type: none"> <li>Employees may elect \$10,000 - \$500,000 up to 5 times basic annual earnings rounded to the next higher \$1,000.</li> <li>The guaranteed issue for employees under age 65 is \$100,000.</li> <li>Employees may elect Spousal Life at \$5,000 - \$250,000 up to 50% of the employee amount.</li> <li>The guaranteed issue for spouses under age 70 is \$30,000.</li> <li>Spouses coverage will terminate at age 70+.</li> <li>Employees may elect up to \$10,000 for each dependent child: 6 months to age 19, or 25 if a full-time student. Dependent child: live birth to 6 months \$1,000.</li> <li>Waiver of Premium Benefit: Age 60 with 6 month waiting period, terminates at SSFRA (Social Security Full Retirement Age).</li> <li>Accelerated Life Benefit: If diagnosed with a terminal illness and have less than 12 month to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.</li> <li>Spouse rates are based on the employee's age (these premiums will be reflected in your online Paycom enrollment system).</li> <li>Reduction Schedule: 35% @ age 65 of the original amount; 60% @ age 70 of the original amount; 75% @ age 75 of the original amount and 90% @ age 80 of the original amount.</li> </ul>	Voluntary (Payroll deduction amounts can be found on Paycom enrollment system)
Long Term Disability		<ul style="list-style-type: none"> <li>Monthly Benefit: 60% of base monthly earnings up to \$6,000</li> <li>Elimination period before benefits begin: 90 days injury / 90 days sickness</li> <li>Pre-existing Condition Period: 3/12</li> <li>Maximum Benefit Duration: SSFRA (Social Security Full Retirement Age)</li> </ul>	Christian Academy School System provides at no cost to you.
Employee Assistance Program (EAP)	 1-800-441-1327	<ul style="list-style-type: none"> <li>The EAP provides professional help to employees and their household members who are struggling with issues such as: emotional difficulties, stress, relationship problems, marital distress, alcohol/drug problems, financial &amp; legal issues, as well as parent/child/family conflicts.</li> </ul>	Christian Academy School System provides at no cost to you.
Retirement Savings 403b		<ul style="list-style-type: none"> <li>Information available upon request</li> </ul>	Voluntary + Employer Match
Health Savings Account (HSA)	 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>Single contract calendar year maximum - up to \$4,400 annual maximum</li> <li>Family contract calendar year maximum - up to \$8,750 annual maximum</li> </ul>	Voluntary
Flexible Spending Account (FSA)		<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 \$3,400 annual maximum</li> <li>Dependent Care FSA - up to 7,500 annual maximum</li> </ul>	Voluntary