









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	 <p>Plan 1: High Option - PPO 1-833-578-4443</p>	<ul style="list-style-type: none"> 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 \$300 Emergency Room copay + 20 % \$75 Urgent Care copay Prescription copays - \$15 \$30 \$50 35% up to a \$350 per prescription 	<p>Single: \$184.00</p> <p>EE + Spouse: \$466.00</p> <p>EE +Child(ren): \$424.00</p> <p>Family: \$690.00</p>
	 <p>Plan 2: HDHP / HSA 2 1-833-578-4443</p>	<ul style="list-style-type: none"> 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 - 100% after deductible Urgent Care - 100% after deductible Prescription copays - 100% after deductible 	<p>Single: \$82.00</p> <p>EE + Spouse: \$248.00</p> <p>EE +Child(ren): \$224.00</p> <p>Family: \$366.00</p>
Dental Insurance	 <p>PPO 1-800-955-2030</p>	<ul style="list-style-type: none"> \$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 	<p>Single: \$13.35</p> <p>EE + Spouse: \$29.58</p> <p>EE +Child(ren): \$30.36</p> <p>Family: \$44.48</p>
Vision Insurance	 <p>VSP 1-800-877-7195</p>	<ul style="list-style-type: none"> \$10 copay for routine vision exam Eyeglass lenses copay is included in prescription glasses copay Eyeglass frames - \$130 retail frame allowance + 20% discount \$70 Costco, Walmart/Sam's Club frame allowance \$130 contact lens allowance; copay does not apply Frequencies: Exam and Lenses - 12 months; Frames - 24 months 	<p>Single: \$3.15</p> <p>EE + Spouse: \$6.30</p> <p>EE +Child(ren): \$6.75</p> <p>Family: \$10.76</p>
Life and AD&D	 <p>1-800-553-5318</p>	<ul style="list-style-type: none"> Basic Life: One times annual basic earnings up to a maximum of \$50,000. AD&D: One times annual basic earnings up to a maximum of \$50,000. Waiver of Premium Benefit: Age 60 with 6 month waiting period, terminates at SSFRA (Social Security Full Retirement Age). 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. Reduction Schedule: 35% @ age 65 of the original amount; 60% @ age 70 of the original amount and 75% @ age 75 of the original amount. 	Christian Academy School System provides at no cost to you.
Voluntary Life and AD&D		<ul style="list-style-type: none"> Employees may elect \$10,000 - \$500,000 up to 5 times basic annual earnings rounded to the next higher \$1,000. The guaranteed issue for employees under age 65 is \$100,000. Employees may elect Spousal Life at \$5,000 - \$250,000 up to 50% of the employee amount. The guaranteed issue for spouses under age 70 is \$30,000. Spouses coverage will terminate at age 70+. 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. Waiver of Premium Benefit: Age 60 with 6 month waiting period, terminates at SSFRA (Social Security Full Retirement Age). 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. Spouse rates are based on the employee's age (these premiums will be reflected in your online Paycom enrollment system). 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. 	<p>Voluntary</p> <p>(Payroll deduction amounts can be found on Paycom enrollment system)</p>
Long Term Disability		<ul style="list-style-type: none"> Monthly Benefit: 60% of base monthly earnings up to \$6,000 Elimination period before benefits begin: 90 days injury / 90 days sickness Pre-existing Condition Period: 3/12 Maximum Benefit Duration: SSFRA (Social Security Full Retirement Age) 	Christian Academy School System provides at no cost to you.
Employee Assistance Program (EAP)	 <p>1-800-441-1327</p>	<ul style="list-style-type: none"> 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 & legal issues, as well as parent/child/family conflicts. 	Christian Academy School System provides at no cost to you.
Retirement Savings 403b		<ul style="list-style-type: none"> Information available upon request 	Voluntary + Employer Match
Health Savings Account (HSA)	 <p>1-866-233-4377</p>	<ul style="list-style-type: none"> You can set aside money-tax free for health care, dental and vision costs Single contract calendar year maximum - up to \$4,400 annual maximum Family contract calendar year maximum - up to \$8,750 annual maximum 	Voluntary
Flexible Spending Account (FSA)		<ul style="list-style-type: none"> You can set aside money-tax free for health care, dental and vision costs Health Care FSA - up to \$3,400 annual maximum Dependent Care FSA - up to 7,500 annual maximum 	Voluntary