



# CHOOSE YOUR PATH

## 2023 Benefit Guide



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## Important Notice

Arlington Classics Academy has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. Arlington Classics Academy reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Arlington Classics Academy share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Arlington Classics Academy .

This enrollment guide updates the Arlington Classics Academy’s current summary plan description (SPD) for significant benefits information and changes. This guide constitutes a summary of material modifications (SMM) to the SPD, and the Company intends that this guide satisfies its disclosure obligations under 29 CFR § 2520.104b-3.

# **OPEN ENROLLMENT** is from August 1, 2023, to August 11, 2023

You play an important role in our success. That's why we strive to provide you with a benefits program that rewards you for the hard work and dedication you put forth every day.

Our comprehensive and competitive benefits program is an important component of your total compensation package. This guide provides valuable information to help you better manage your health and your financial security.

During open enrollment, you have the opportunity to review your coverage needs, consider the benefit plans available to you, and select benefits that will provide the most value to you.

Open Enrollment for 2023 coverage – **your one chance to make changes to your benefits<sup>1</sup> – begins August 1, 2023, and will remain open until August 11, 2023.** The benefits you choose will become effective on **September 1, 2023, through August 31, 2024.**

You must participate in Open Enrollment if you wish to do any or all of the following:

- Make changes to your medical, dental, or vision coverage for the upcoming plan year
- Contribute to a Health Savings Account (HSA).
- Make changes to your income protection benefits

If you don't enroll in benefits, you will have to wait until the following year to make elections unless you have a qualifying event occur. You will not be automatically enrolled in any FSAs – you need to make an election to participate each year. You won't be automatically enrolled in your HSA account. You will need to enroll during open enrollment.

Review this guide to choose which benefits are right for you. If after reading this guide you need more information, please contact Jennifer Pool at [jpool@acaedu.net](mailto:jpool@acaedu.net).



<sup>1</sup> You can change your coverage during the year if you experience a “Qualified Status Change,” including but not limited to marriage, domestic partnership, divorce, birth or adoption of a child or death of spouse or child.

# ELIGIBILITY

Full-time employees (working a minimum of 20 hours per week) and their eligible dependents can participate in Arlington Classics Academy benefits. Eligible dependents include:

- Your spouse
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

Review the Arlington Classics Academy materials, e.g., employer SPD for additional details regarding eligibility, including the company's definition of dependent.

## PROOF OF DEPENDENT ELIGIBILITY

You may be required to provide proof of eligibility for your dependents. Note that attempting to enroll an ineligible dependent could lead to discipline and possible termination of employment. If your dependent becomes ineligible for coverage during the year, you must contact Jennifer Pool at [jpool@acaedu.net](mailto:jpool@acaedu.net) within 31 days. Failure to provide notification may lead to discipline, retroactive termination of coverage and possible termination of employment.

## BENEFITS TERMS

Before reviewing your benefit choices for this year, here's a refresher on some key health insurance vocabulary that will help you better understand your options.

<b>Coinsurance</b>	The percentage you pay for the cost of covered health care services <b>after</b> you've met your deductible. For example, if the coinsurance under your plan is 40%, you would pay 40% of the cost of the service and your insurance would pay the remaining 60%.
<b>Copayment (Copay)</b>	A fixed amount (for example, \$30) you pay for a covered health care service, usually when you receive the service (as specified by your plan).
<b>Deductible</b>	The amount you pay in a plan year before your health plan begins to pay benefits.
<b>Health Savings Account (HSA)</b>	A bank account that lets you put money aside, tax-free, to save and pay for qualified health care expenses. The Internal Revenue Service (IRS) limits who can open and put money into an HSA.
<b>Network</b>	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
<b>Out-of-Pocket Maximum</b>	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.
<b>Premium</b>	The amount of money that's paid for your health insurance every month. This year Arlington Classics Academy will pay a portion of this amount for your medical plan, and you pay the rest.



## Enrolling in Benefits

If you're eligible for Arlington Classics Academy benefits, you can enroll by registering with Employee Navigator. A registration link was sent to your email. You will need to input the last four (4) of your SSN and use the assigned company identifier: "ArIClaAca" to register and access your benefits. If after reading this guide you have enrollment questions, please visit <https://BeneBlocEnrollment.as.me/ACA> to schedule a time for a benefit counselor to call you directly!

# EMPLOYEE PREMIUM SUMMARY PER PAYCHECK

The values below indicate how much you're responsible for contributing towards coverage. Amounts are taken directly from your semi-monthly paychecks.

## MEDICAL

Benefit	Semi-Monthly Rates	
	Total Cost	Employee Cost
<b>Gravie Comfort Plan 1</b>		
Employee Only	\$330.33	\$115.33
Employee + Spouse	\$591.29	\$376.29
Employee + Child(ren)	\$512.01	\$297.02
Employee + Family	\$772.97	\$557.97
<b>Gravie Comfort Plan 2</b>		
Employee Only	\$304.97	\$89.98
Employee + Spouse	\$545.90	\$330.90
Employee + Child(ren)	\$472.71	\$257.71
Employee + Family	\$713.63	\$498.64
<b>Gravie Comfort Plan 3</b>		
Employee Only	\$295.19	\$80.19
Employee + Spouse	\$528.38	\$313.38
Employee + Child(ren)	\$457.53	\$242.54
Employee + Family	\$690.73	\$475.74
<b>Gravie Traditional Plan 2 (HSA) \$3500 deductible</b>		
Employee Only	\$240.78	\$25.79
Employee + Spouse	\$431.00	\$216.00
Employee + Child(ren)	\$373.21	\$158.22
Employee + Family	\$563.43	\$348.43
<b>Gravie Traditional Plan 1 \$5000 deductible</b>		
Employee Only	\$215.00	\$0.00
Employee + Spouse	\$384.84	\$169.85
Employee + Child(ren)	\$333.25	\$118.25
Employee + Family	\$503.09	\$288.10

\* This plan year, Arlington Classics Academy will contribute \$429.99 monthly to your medical plan total cost. The values above indicate the total cost of the medical plan prior to the \$214.99 contribution (Total Cost) and how much you're responsible for contributing toward coverage (Employee Cost).

## VOLUNTARY HOSPITAL

Benefit	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Low Plan</b>	\$7.15	\$14.84	\$10.22	\$16.56
<b>High Plan</b>	\$12.07	\$24.31	\$17.15	\$27.51

## DENTAL

Benefit	Semi-Monthly Rates
	Employee Cost
<b>PPO High Plan</b>	
Employee Only	\$16.46
Employee + Spouse	\$34.29
Employee + Child(ren)	\$37.30
Employee + Family	\$55.54
<b>PPO LOW Plan</b>	
Employee Only	\$12.52
Employee + Spouse	\$25.06
Employee + Child(ren)	\$26.31
Employee + Family	\$40.26
<b>DHMO</b>	
Employee Only	\$6.98
Employee + Spouse	\$11.04
Employee + Child(ren)	\$15.13
Employee + Family	\$17.97

## VISION

Benefit	Semi-Monthly Rates
	Total Cost
<b>PPO High Plan</b>	
Employee Only	\$4.27
Employee + Spouse	\$7.27
Employee + Child(ren)	\$7.69
Employee + Family	\$11.54

## VOLUNTARY ACCIDENT

Benefit	Semi-Monthly Rates
	Total Cost
Employee Only	\$5.80
Employee + Spouse	\$9.03
Employee + Child(ren)	\$9.46
Employee + Family	\$12.69

# MEDICAL & PRESCRIPTION DRUG BENEFITS

You have the opportunity to enroll in one of 5 medical plans through **Gravie/Aetna**. Each plan offers in- and out-of-network coverage, but you will pay less for services when you see in-network providers. To find an in-network provider visit [member.gravie.com/contact](http://member.gravie.com/contact) or call **800.501.2920**

Plan Options	Gravie Comfort 1	Gravie Comfort 2	Gravie Comfort 3	Gravie Traditional Plan 1	Gravie Traditional Plan 2 (HSA)
<b>Preventive Care</b>	100%	100%	100%	100%	100%
<b>Deductible</b>					
Per Person	N/A	N/A	N/A	\$5,000	\$3,500
Per Family	N/A	N/A	N/A	\$10,000	\$7,000
<b>Out-of-Pocket Max/Year***</b>					
Per Person	\$3,500	\$6,000	\$7,900	\$7,900	\$6,900
Per Family	\$7,000	\$12,000	\$15,800	\$15,800	\$13,800
Primary Care Office	No Cost	No Cost	No Cost	\$30 Copay	20% after Ded.
Specialist Office Visit	No Cost	No Cost	No Cost	\$50 Copay	20% after Ded.
Urgent Care Visit	No Cost	No Cost	No Cost	\$75 Copay	20% after Ded.
Online Care**	No Cost	No Cost	No Cost	No Cost	20% after Ded.
Generic Rx*	No Cost	No Cost	No Cost	\$10 Copay	20% after Ded.
Preferred Brand Rx*	\$75	\$75	\$75	\$50 Copay	20% after Ded.
Non-Preferred Brand Rx	\$100	\$100	\$100	50% after Ded.	20% after Ded.
Specialty Rx	\$125	\$125	\$125	20% after Ded.	20% after Ded.
Emergency Room	\$250	\$250	\$250	\$500 Copay	20% after Ded.
Surgical Care	No Cost after OOPM	No Cost after OOPM	No Cost after OOPM	20% after Ded.	20% after Ded.
Inpatient Care	No Cost after OOPM	No Cost after OOPM	No Cost after OOPM	20% after Ded.	20% after Ded.
Out-of-Network	50% after Out-of-Network Ded. \$10,000/\$20,000 (Single/Family)				

\* Get 3 months for the price of 2 through mail-order

\*\*Also known as Teladoc

\*\*\* Includes deductible. All plans are embedded which means if you have family coverage, you will begin receiving benefits once you meet your individual deductible. No member on the plan can pay more than their individual deductible.

The information above is a summary of coverage only. For more information, visit [member.gravie.com/contact](http://member.gravie.com/contact) or contact Gravie at **800.501.2920**.

# Gravie Account

Your [Gravie account](#) has all the tools you need to get the most out of your health benefits.



## Easily find care

Our search tool makes it easy to find the in-network care you need — you can filter by location, specialty, and more. Need to check if a prescription is covered? You can search for that too!



## Access your digital ID card

Forgot your ID card? No problem. All you need to do is log in to your Gravie account to view your digital ID card. If you ever need a replacement, you can easily print out a new copy.



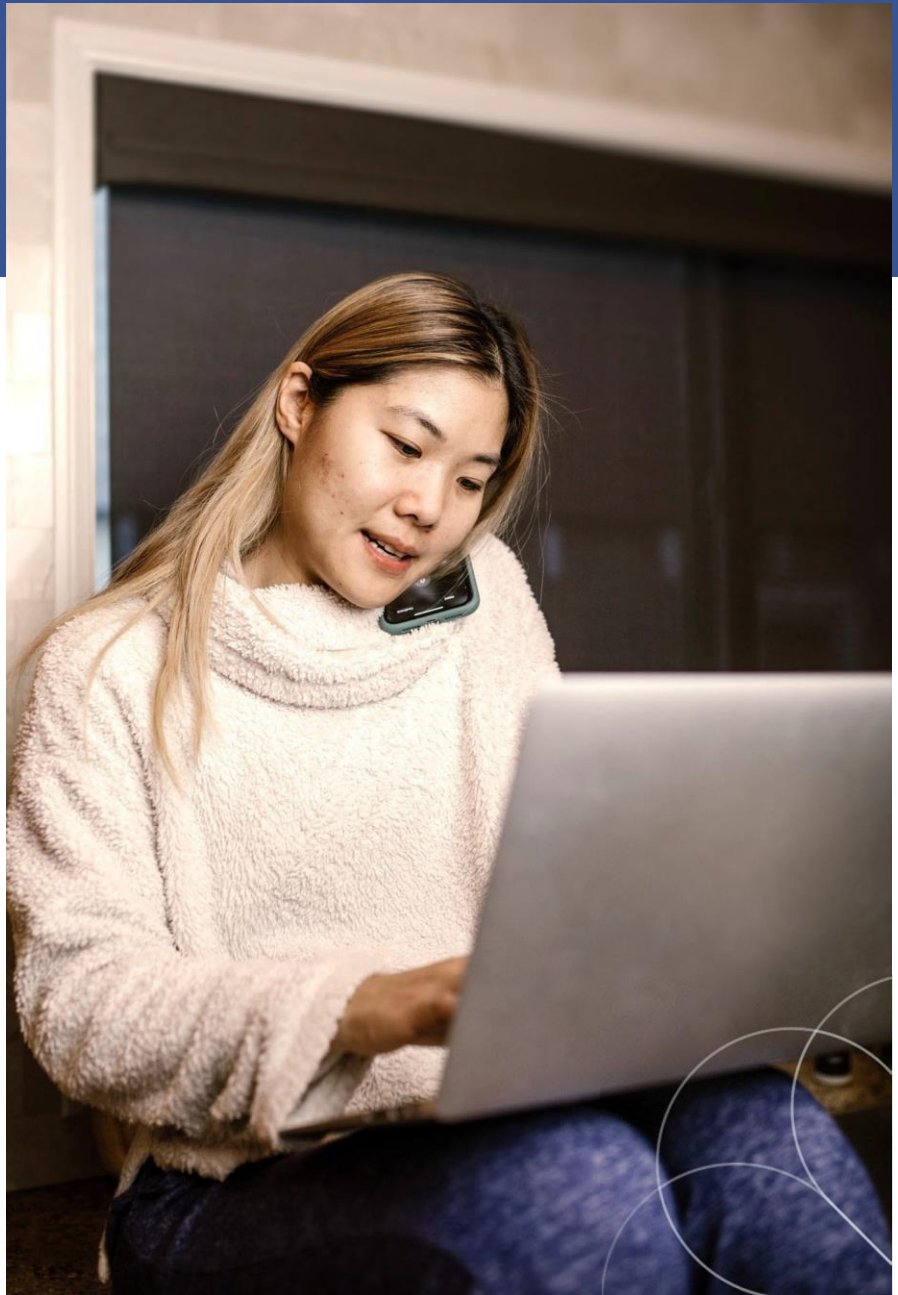
## Track your out of pocket max

It's important to know where you stand. Log in to your Gravie account to keep track of individual and family progress towards your out of pocket max.



## Review your claims

To see what costs are being counted towards your totals, view your medical and pharmacy claims and download EOBs all in one place.



Log in to your account to access these features:

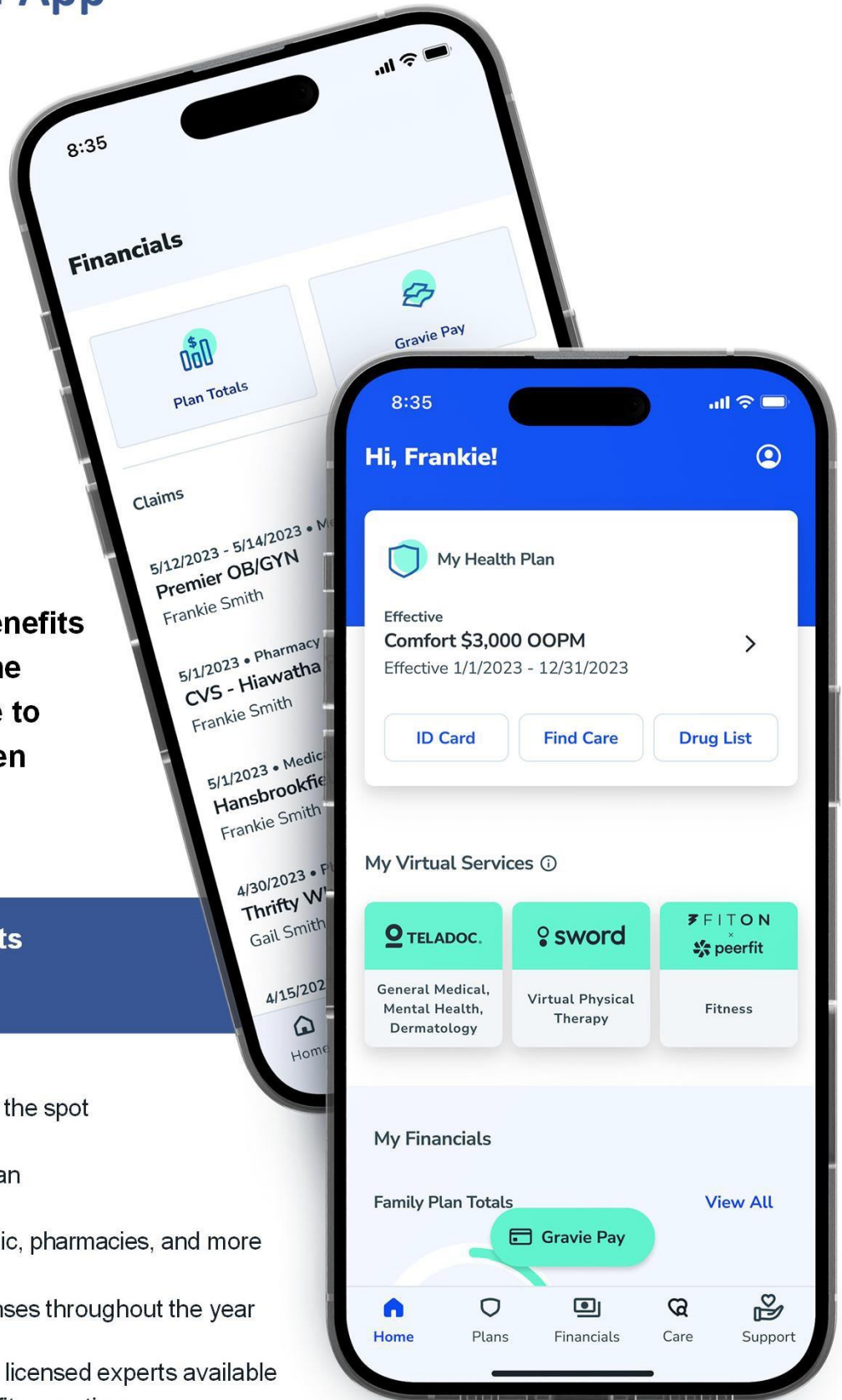
[member.gravie.com](https://member.gravie.com)

# The Gravie Mobile App

All your favorite Gravie benefits in one simple place. Use the Gravie app from anywhere to get the care you need, when you need it.

You and your dependents can:

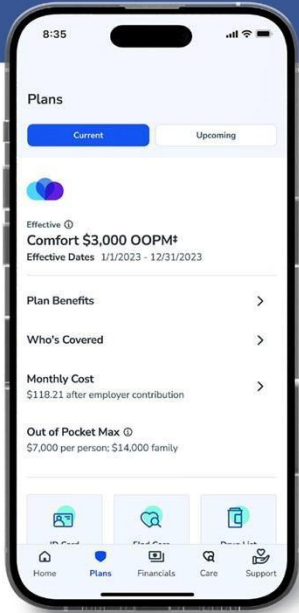
- 🌸 Access your digital ID card on the spot
- 🌸 See what's covered by your plan
- 🌸 Find in-network providers, clinic, pharmacies, and more
- 🌸 Review claims and track expenses throughout the year
- 🌸 Connect with Gravie Care™ — licensed experts available to answer all your health benefits questions



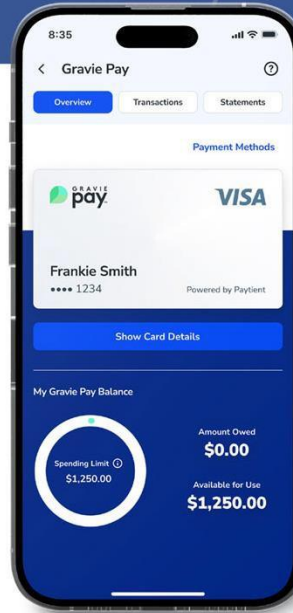


# What you'll find in the Gravi e app

App features may vary based on a variety of eligibility and enrollment factors.

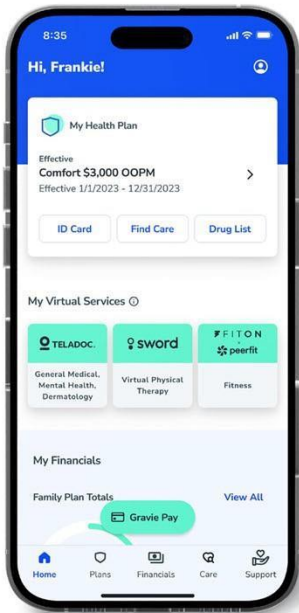


Members and their dependents enrolled in Comfort® can view the list of no-cost services — including primary care, mental health care, specialist visits, labs & imaging, generic drugs, and more.



Members and their dependents can:

- Access their Gravie Pay® card
- See their Gravie Pay account overview
- View their transactions and payment schedule
- Get answers to frequently asked questions



## Best-in-class virtual care and fitness perks

- General medical, dermatology and mental health care through Teladoc
- Clinical-grade digital physical therapy for treatment of back, joint, and muscle pain through Sword
- Fitness perks through FitOn, including virtual classes, nutrition guides, meal plans, fitness challenges, and more; in-person fitness experiences are available to qualifying members and their dependents through Peerfit.



Download the app by visiting the App Store or Google Play. You will be prompted to login using your [member.gravie.com](https://member.gravie.com) credentials, or create your account if you haven't logged into Gravi e before.



Use the QR codes to visit either the App Store or Google Play store.

If you need help:

Call: 855.451.8365



MORE BENEFITS. FEWER ASTERISKS.

## Get to know your health benefits card.



### Network logo(s)

The logo of your network(s) appears here. Gravie leases networks to bring you broad access to quality care. **If your provider is in-network with a logo on your card, they are in-network with your Gravie health plan.**

### Provider message

This message is for your providers who haven't worked with Gravie yet. It helps them to understand your networks and where to send claims. **If your provider has questions, have them contact Gravie by calling the provider number on the back of your card.**

**Always give new ID cards to your provider. If you ever see a bill from your provider that seems incorrect, let Gravie know and we can double check it for you.**

Scan the unique QR code on the back of the card with your camera app to see plan details and a breakdown of your network logos.

Your ID cards are here! Carefully peel off cards from this side.



**Group Name:** ArlingtonClassicsAcademy  
**Group #:** FVXVN  
**Care Type:** HSA \$3,500/\$6,900  
**Eff. Date:** 09/01/2023  
**Deductible:** \$3,500 per person, In Network  
**OOPM:** \$6,900 per person, In Network

**NAME:** John Doe  
**ID:** xxxxxxxxxxxx



Aetna Signature Administrators® PPO



**Providers:** If you accept the network(s) on this card, then you accept Gravie. *Submit claims to Gravie.*



**RxBIN:**  
**RxPCN:**  
**RxGRP:**



**Group Name:** ArlingtonClassicsAcademy  
**Group #:** FVXVN  
**Care Type:** HSA \$3,500/\$6,900  
**Eff. Date:** 09/01/2023  
**Deductible:** \$3,500 per person, In Network  
**OOPM:** \$6,900 per person, In Network

**NAME:** John Doe  
**ID:** xxxxxxxxxxxx



Aetna Signature Administrators® PPO



**Providers:** If you accept the network(s) on this card, then you accept Gravie. *Submit claims to Gravie.*



**RxBIN:**  
**RxPCN:**  
**RxGRP:**

## Virtual Services

Gravie partners with health and wellness industry leaders to give members access to a suite of digital services that aim to enhance their health and wellness journey.



Gravie health plan members (18+) get unlimited access to FitOn's library of 30K+ virtual classes, including cardio, HIIT, yoga, pilates, meditation, dance, and barre, as well as nutrition guides, meal plans, fitness courses and challenges, and more. In-person fitness perks are available to qualifying members through Peerfit. Gravie's fitness partner removes barriers that often prevent members from achieving a healthier lifestyle through diet and exercise.



Gravie health plan members (13+) have access to Sword. Sword's clinical-grade digital physical therapy program helps members overcome musculoskeletal (MSK) pain through personalized care from licensed physical therapists and innovative sensor-based technology. Unlike traditional physical therapy, members can access treatment wherever and whenever it's convenient.

For many Gravie health plan members, these services are included **at no additional cost**. Value-added services are the cherry on top.



Gravie health plan members have access to virtual care including general medicine, dermatology, and mental health (18+) through Teladoc Health, the world leader in whole-person virtual care. Mental health care includes clinical services such as psychiatry and therapy visits, as well as non-clinical services such as mental health coaching and digital programs.

*Cost sharing may apply depending on plan type. Check your benefits summary for "Online Care" for more information.*

# HEALTH SAVINGS ACCOUNT (HSA) – GRAVIE TRADITIONAL Plan 2 (only)

If you're enrolling in a High Deductible Health Plan (HDHP) such as Arlington Classics Academy you are eligible to open a Health Savings Account (HSA) to pay for expenses on a pre-tax basis, such as eligible medical, dental and/or vision expenses.

## ELIGIBILITY REQUIREMENTS

- Must be enrolled in the Arlington Classics Academy.
- Must not be enrolled in Medicare or Tricare.
- Must not be enrolled in Indian Health Services (IHS) or VA Benefits without a disability rating (in the past 3 months).
- Must not be enrolled in other non-qualified medical coverage through another carrier or another family member.
- You and your Spouse cannot be contributing to or participating in a general-purpose FSA through an employer.

## ADVANTAGES OF AN HSA

- **It's flexible:** Use your HSA now, or save it for later. You decide when to save and when to spend. You can even save for health care expenses after you retire.
- **No use it or lose it rule:** The money in your HSA belongs to you. It rolls over each year and you can take it with you if you ever leave the company.
- **Triple tax-advantaged:** (Applies to federal and most state taxes.)<sup>1</sup>
  - Pay no taxes on money you contribute.
  - Pay no taxes on interest you earn.
  - Pay no taxes when you withdraw money.
- **Invest your account:** Once your account balance reaches a certain amount, you can choose to invest it in a variety of investments.

**Important:** HSAs involve very complex rules, including limitations on eligibility, contributions and expense reimbursement. Federal and state tax penalties may be assessed upon you if these requirements are not met. You should talk to a tax advisor about your personal circumstances with respect to the HSA rules. Another helpful resource is IRS Publication 969

(<https://www.irs.gov/publications/p969/ar02.html>).



Each year, the IRS sets limits on how much you can contribute to an HSA. Maximum employee contributions for the 2023 calendar year are as follows:

- \$3,850 for an individual
- \$7,750 for an employee and dependents
- \$1,000 catch up contribution for anyone over the age of 55

<sup>1</sup> Certain states do not treat HSA contributions or distribution as tax-free (e.g., California and New Jersey). Consult your tax advisor to understand how HSA participation may impact you and your family members from a tax perspective.

# DENTAL BENEFITS

Arlington Classics Academy offers dental coverage through MetLife. You have the opportunity to choose from the DHMO or PPO dental plan options. Each type of plan has unique advantages. Understanding the differences between them have the opportunity to help you choose the coverage that best meets the needs of you and your family.

Plan	Plan Features
DHMO	<ul style="list-style-type: none"> <li>Provides benefits only if you see an in-network dentist</li> <li>Requires you to choose a primary care dentist to coordinate all your care</li> <li>Provides benefits based on a copay schedule</li> </ul>
PPO	<ul style="list-style-type: none"> <li>Allows you to receive care from a dentist in the network or outside the network</li> <li>Pays a portion of your expenses after you meet your annual deductible, except for preventive care which is covered at 100%</li> </ul>

## DENTAL PLAN SUMMARY

Key Features	PPO High Plan	PPO Low Plan	DHMO
	In-Network Only	In-Network Only	In-Network Only
Calendar Year Deductible (Individual / Family)	\$50/\$150	\$50/ No Limit	N/A
Preventive Services (no deductible)	100%	100%	See Schedule of Benefits
Basic Services	80%	70%	
Major Services	50%	50%	
Orthodontics (children up to age 19)	50%	No Covered	
Orthodontics Lifetime Maximum	50%	Not Covered	N/A
Annual Calendar Year Maximum	\$1,000	\$1,200	N/A

The information above is a summary of coverage only. For more information, visit <https://www.metlife.com/>.



# VISION BENEFITS

You and your dependents have access to vision coverage through MetLife. The plan pays benefits for both in-network and out-of-network services. However, you will receive maximum value from your vision benefits when you choose in-network providers. If you see a network provider, you will pay copays for most services. If you receive care outside the network, you will need to pay the full cost and file a claim to be reimbursed for a portion of the costs.

## VISION PLAN SUMMARY

Key Features	In-Network	Out-of-Network	Frequency
Exam	\$10 copay	\$45 allowance after \$0 copay	1 per 12 months
<b>Lenses</b>			
• Single vision	\$10 copay	\$30 allowance	1 per 12 months
• Lined bifocal		\$50 allowance	1 per 12 months
• Lined trifocal		\$65 allowance	1 per 12 months
• Lenticular		\$100 allowance	1 per 12 months
<b>Frames</b>	\$125 allowance	\$105 allowance	1 per 12 months
<b>Contact Lenses (instead of glasses)</b>	Elective: Up to \$125 allowance Medically Necessary: Covered 100%	\$210 allowance	1 per 12 months

For more information, visit <https://www.metlife.com/>.





**You cannot contribute to a general-purpose healthcare HSA and have a spouse that contributes to an FSA. Just the fact that you are eligible to have your medical expenses reimbursed from your spouse's FSA disqualifies you from enrolling in the general-purpose healthcare HSA.**

# FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck to pay Health Care and Dependent Care expenses with tax-free dollars. When you contribute to FSAs, your pre-tax contributions reduce your taxable income.

You are eligible to enroll in the FSA IF you WAIVE medical coverage or enroll in the following medical plans:

- Gravie Comfort 1
- Gravie Comfort 2
- Gravie Comfort 3
- Gravie Traditional Plan 1

Account	What it can be used for:	Most you can contribute in 2023
Health Care FSA	To pay medical, dental, vision, and hearing expenses not covered by your health care plans, such as deductibles, coinsurance and copayments. <b>NOTE:</b> If you contribute to an HSA, you cannot participate in the Health Care FSA.	\$3,050
Dependent Care FSA	Dependent care expenses such as day care and after school programs for children under age 13, or elder care expenses, so you and your spouse can work or attend school full time	\$5,000, or \$2,500 if married and filing separate tax returns

## HOW THE FSAs WORK:

- The total amount you choose to contribute to your Health Care FSA is available immediately. You can spend the dollars in your Dependent Care FSA as they are deposited each pay period.
- Health Care and Dependent Care Accounts are separate. The money in one account cannot be used to pay for expenses from the other account.
- If you enroll in the Health Care FSA, you will receive a debit card that you can use to pay for eligible health care expenses at the point of service. Otherwise, you can pay for services and submit a claim for reimbursement or request reimbursement online.
- If you enroll in the Dependent Care FSA, you will pay for services and submit a claim for reimbursement or request reimbursement online.
- FSA elections do not automatically roll over from one year to the next. You must re-enroll each year to participate.
- For a complete list of eligible Health Care and Dependent Care FSA expenses, visit the [IRS 502 Publication](#) or the [IRS 503 Publication](#).



## Use-It or Lose-It

- With the Health Care FSA or Limited Purpose Health Care FSA, you can roll over up to \$610 in unused funds at the end of the year OR you have an additional 2 1/2-month grace period next year to spend this year's funds.
- The Dependent Care FSA is a use-it-or-lose-it account. Any unused funds left in your account at the end of the year will be forfeited. You have an additional 2 1/2-month grace period next year to spend this year's funds



# INCOME PROTECTION BENEFITS

In addition to health benefits, Arlington Classics Academy also offers eligible employees income protection benefits. These benefits are intended to provide financial assistance for you and your beneficiaries in the event of disability, accident, or death. For more information, visit [www.reliancestandard.com](http://www.reliancestandard.com) or call 800.351.7500.



Arlington Classics Academy offers the following benefits:

- Basic Life and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Short-Term Disability (STD)
- Voluntary Long-Term Disability (LTD)

## BASIC LIFE AND AD&D

Arlington Classics Academy provides you with Basic Life and AD&D insurance in the amount of \$30,000, at no cost to you. If your death is the result of an accident, you will receive an additional Accidental Death & Dismemberment (AD&D) benefit. If you lose a limb or your eyesight as the result of an accident, the AD&D plan will pay a percentage of your AD&D benefit amount. This benefit does include an age reduction. 35% of the pre-age 65 amount at age 65; and an additional 20% at age 70.

Basic Life/ AD&D Insurance	
Basic Life and AD&D Insurance Benefit	\$30,000
Contribution	100% employer paid
Age Reduction	Benefits reduce by 65% at age 65, and an additional 20% at 70

## VOLUNTARY LIFE

You have the option to supplement your company-paid coverage by purchasing additional Life insurance for yourself, your spouse and your children. You are required to purchase coverage for yourself in order to enroll your family members. This benefit does include an age reduction. 35% of the pre-age 65 amount at age 65; and an additional 45% of the pre-age 65 amount at age 70.

Employee can elect from \$5,000 to \$500,000 in increments of \$10,000. The guaranteed issue is \$250,000. An evidence of insurability is required if the employee does not elect the guaranteed issue as a new hire.

Voluntary Life/AD&D Insurance	
<b>Maximum Voluntary Life/AD&amp;D Insurance Benefit</b> (Benefits reduced by 35% at age 65; and an additional 45% at 70.)	<b>Employees:</b> \$500,000 <b>Spouse:</b> \$500,000 in increments of \$10,000
<b>Guarantee Issue amount</b>	<b>Employee:</b> \$250,000 <b>Spouse:</b> \$30,000 <b>Child(ren):</b> \$5,000 or \$10,000

\*Spouse amount may be limited to 50% of the employee amount dependent on the state regulations and will reduce in the same manner as the employee amount, upon the spouse's attainment of the reducing ages.

**Please note:** Evidence of insurability may be required if you enroll after your initial eligibility period or if you elect amounts over the policy's Guarantee Issue amount. Any basic life or supplemental life insurance premiums beyond \$50,000 must be taxable. If your contributions are taken out after-tax, any benefits received may be taxable.

# INCOME PROTECTION BENEFITS



## VOLUNTARY LIFE- CONTINUED

For employees age 65 and older: Benefit amounts are reduced according to the age-based reduction chart shown in the Supplemental Life brochure.

**Employee/Spouse Premiums:** To find you and your spouse's premium:

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (employees age 65 and older: see above comment).
- Spouse premium: Repeat the steps above for your spouse at your age at your last birthday.
- Employee and spouse rates change as insured moves from one age bracket to the next.

### Employee Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$5,000	\$0.23	\$0.23	\$0.30	\$0.35	\$0.40	\$0.60	\$1.00	\$1.65	\$2.55	\$4.75	\$7.75	\$10.30
\$15,000	\$0.68	\$0.68	\$0.90	\$1.05	\$1.20	\$1.80	\$3.00	\$4.95	\$7.65	\$14.25	\$23.25	\$30.90
\$25,000	\$1.13	\$1.13	\$1.50	\$1.75	\$2.00	\$3.00	\$5.00	\$8.25	\$12.75	\$23.75	\$38.75	\$51.50
\$35,000	\$1.58	\$1.58	\$2.10	\$2.45	\$2.80	\$4.20	\$7.00	\$11.55	\$17.85	\$33.25	\$54.25	\$72.10
\$45,000	\$2.03	\$2.03	\$2.70	\$3.15	\$3.60	\$5.40	\$9.00	\$14.85	\$22.95	\$42.75	\$69.75	\$92.70
\$55,000	\$2.48	\$2.48	\$3.30	\$3.85	\$4.40	\$6.60	\$11.00	\$18.15	\$28.05	\$52.25	\$85.25	\$113.30
\$65,000	\$2.93	\$2.93	\$3.90	\$4.55	\$5.20	\$7.80	\$13.00	\$21.45	\$33.15	\$61.75	\$100.75	\$133.90
\$75,000	\$3.38	\$3.38	\$4.50	\$5.25	\$6.00	\$9.00	\$15.00	\$24.75	\$38.25	\$71.25	\$116.25	\$154.50
\$85,000	\$3.83	\$3.83	\$5.10	\$5.95	\$6.80	\$10.20	\$17.00	\$28.05	\$43.35	\$80.75	\$131.75	\$175.10
\$95,000	\$4.28	\$4.28	\$5.70	\$6.65	\$7.60	\$11.40	\$19.00	\$31.35	\$48.45	\$90.25	\$147.25	\$195.70
\$105,000	\$4.73	\$4.73	\$6.30	\$7.35	\$8.40	\$12.60	\$21.00	\$34.65	\$53.55	\$99.75	\$162.75	\$216.30
\$115,000	\$5.18	\$5.18	\$6.90	\$8.05	\$9.20	\$13.80	\$23.00	\$37.95	\$58.65	\$109.25	\$178.25	\$236.90
\$125,000	\$5.63	\$5.63	\$7.50	\$8.75	\$10.00	\$15.00	\$25.00	\$41.25	\$63.75	\$118.75	\$193.75	\$257.50
\$135,000	\$6.08	\$6.08	\$8.10	\$9.45	\$10.80	\$16.20	\$27.00	\$44.55	\$68.85	\$128.25	\$209.25	\$278.10
\$145,000	\$6.53	\$6.53	\$8.70	\$10.15	\$11.60	\$17.40	\$29.00	\$47.85	\$73.95	\$137.75	\$224.75	\$298.70
\$155,000	\$6.98	\$6.98	\$9.30	\$10.85	\$12.40	\$18.60	\$31.00	\$51.15	\$79.05	\$147.25	\$240.25	\$319.30
\$165,000	\$7.43	\$7.43	\$9.90	\$11.55	\$13.20	\$19.80	\$33.00	\$54.45	\$84.15	\$156.75	\$255.75	\$339.90
\$175,000	\$7.88	\$7.88	\$10.50	\$12.25	\$14.00	\$21.00	\$35.00	\$57.75	\$89.25	\$166.25	\$271.25	\$360.50
\$185,000	\$8.33	\$8.33	\$11.10	\$12.95	\$14.80	\$22.20	\$37.00	\$61.05	\$94.35	\$175.75	\$286.75	\$381.10
\$195,000	\$8.78	\$8.78	\$11.70	\$13.65	\$15.60	\$23.40	\$39.00	\$64.35	\$99.45	\$185.25	\$302.25	\$401.70
\$205,000	\$9.23	\$9.23	\$12.30	\$14.35	\$16.40	\$24.60	\$41.00	\$67.65	\$104.55	\$194.75	\$317.75	\$422.30
\$215,000	\$9.68	\$9.68	\$12.90	\$15.05	\$17.20	\$25.80	\$43.00	\$70.95	\$109.65	\$204.25	\$333.25	\$442.90
\$225,000	\$10.13	\$10.13	\$13.50	\$15.75	\$18.00	\$27.00	\$45.00	\$74.25	\$114.75	\$213.75	\$348.75	\$463.50
\$235,000	\$10.58	\$10.58	\$14.10	\$16.45	\$18.80	\$28.20	\$47.00	\$77.55	\$119.85	\$223.25	\$364.25	\$484.10
\$245,000	\$11.03	\$11.03	\$14.70	\$17.15	\$19.60	\$29.40	\$49.00	\$80.85	\$124.95	\$232.75	\$379.75	\$504.70
\$255,000	\$11.48	\$11.48	\$15.30	\$17.85	\$20.40	\$30.60	\$51.00	\$84.15	\$130.05	\$242.25	\$395.25	\$525.30
\$265,000	\$11.93	\$11.93	\$15.90	\$18.55	\$21.20	\$31.80	\$53.00	\$87.45	\$135.15	\$251.75	\$410.75	\$545.90
\$275,000	\$12.38	\$12.38	\$16.50	\$19.25	\$22.00	\$33.00	\$55.00	\$90.75	\$140.25	\$261.25	\$426.25	\$566.50
\$285,000	\$12.83	\$12.83	\$17.10	\$19.95	\$22.80	\$34.20	\$57.00	\$94.05	\$145.35	\$270.75	\$441.75	\$587.10
\$295,000	\$13.28	\$13.28	\$17.70	\$20.65	\$23.60	\$35.40	\$59.00	\$97.35	\$150.45	\$280.25	\$457.25	\$607.70
\$305,000	\$13.73	\$13.73	\$18.30	\$21.35	\$24.40	\$36.60	\$61.00	\$100.65	\$155.55	\$289.75	\$472.75	\$628.30
\$315,000	\$14.18	\$14.18	\$18.90	\$22.05	\$25.20	\$37.80	\$63.00	\$103.95	\$160.65	\$299.25	\$488.25	\$648.90
\$325,000	\$14.63	\$14.63	\$19.50	\$22.75	\$26.00	\$39.00	\$65.00	\$107.25	\$165.75	\$308.75	\$503.75	\$669.50
\$335,000	\$15.08	\$15.08	\$20.10	\$23.45	\$26.80	\$40.20	\$67.00	\$110.55	\$170.85	\$318.25	\$519.25	\$690.10
\$345,000	\$15.53	\$15.53	\$20.70	\$24.15	\$27.60	\$41.40	\$69.00	\$113.85	\$175.95	\$327.75	\$534.75	\$710.70
\$355,000	\$15.98	\$15.98	\$21.30	\$24.85	\$28.40	\$42.60	\$71.00	\$117.15	\$181.05	\$337.25	\$550.25	\$731.30
\$365,000	\$16.43	\$16.43	\$21.90	\$25.55	\$29.20	\$43.80	\$73.00	\$120.45	\$186.15	\$346.75	\$565.75	\$751.90
\$375,000	\$16.88	\$16.88	\$22.50	\$26.25	\$30.00	\$45.00	\$75.00	\$123.75	\$191.25	\$356.25	\$581.25	\$772.50
\$385,000	\$17.33	\$17.33	\$23.10	\$26.95	\$30.80	\$46.20	\$77.00	\$127.05	\$196.35	\$365.75	\$596.75	\$793.10
\$395,000	\$17.78	\$17.78	\$23.70	\$27.65	\$31.60	\$47.40	\$79.00	\$130.35	\$201.45	\$375.25	\$612.25	\$813.70
\$405,000	\$18.23	\$18.23	\$24.30	\$28.35	\$32.40	\$48.60	\$81.00	\$133.65	\$206.55	\$384.75	\$627.75	\$834.30
\$415,000	\$18.68	\$18.68	\$24.90	\$29.05	\$33.20	\$49.80	\$83.00	\$136.95	\$211.65	\$394.25	\$643.25	\$854.90
\$425,000	\$19.13	\$19.13	\$25.50	\$29.75	\$34.00	\$51.00	\$85.00	\$140.25	\$216.75	\$403.75	\$658.75	\$875.50
\$435,000	\$19.58	\$19.58	\$26.10	\$30.45	\$34.80	\$52.20	\$87.00	\$143.55	\$221.85	\$413.25	\$674.25	\$896.10
\$445,000	\$20.03	\$20.03	\$26.70	\$31.15	\$35.60	\$53.40	\$89.00	\$146.85	\$226.95	\$422.75	\$689.75	\$916.70
\$455,000	\$20.48	\$20.48	\$27.30	\$31.85	\$36.40	\$54.60	\$91.00	\$150.15	\$232.05	\$432.25	\$705.25	\$937.30
\$465,000	\$20.93	\$20.93	\$27.90	\$32.55	\$37.20	\$55.80	\$93.00	\$153.45	\$237.15	\$441.75	\$720.75	\$957.90
\$475,000	\$21.38	\$21.38	\$28.50	\$33.25	\$38.00	\$57.00	\$95.00	\$156.75	\$242.25	\$451.25	\$736.25	\$978.50
\$485,000	\$21.83	\$21.83	\$29.10	\$33.95	\$38.80	\$58.20	\$97.00	\$160.05	\$247.35	\$460.75	\$751.75	\$999.10
\$495,000	\$22.28	\$22.28	\$29.70	\$34.65	\$39.60	\$59.40	\$99.00	\$163.35	\$252.45	\$470.25	\$767.25	\$1,019.70

# INCOME PROTECTION BENEFITS

## Voluntary Group Accidental Death & Dismemberment Insurance



### BENEFIT AMOUNT

- **Employee:** From \$10,000 to a maximum of \$500,000 in \$10,000 Increments
- **Family: Spouse with no child(ren):** 50% of the employee amount  
**Spouse with child(ren):** 50% of the employee amount
- **Child(ren) with spouse:** 10% of the employee amount
- **Child(ren) with no spouse:** 10% of the employee amount

### BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse coverage)

Age	Original Benefit Reduced
65	to 65%
70	20%

### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

AD&D SCHEDULE	
For Accidental Loss of	Amount Payable
Life	100%
Two or More Members*	100%
Speech and Hearing	100%
One Member*	50%
Speech or Hearing	50%
Thumb and Index Finger of Same Hand	25%

\* "Member" refers to a hand, foot or eye

### FEATURES

- COMA Benefit
- Conversion Privilege
- Day Care Benefit
- Education Benefit
- Exposure and Disappearance
- Seat Belt and Air Bag Benefit
- Total Loss of Use Benefit

### VALUE-ADDED SERVICES

- Travel Assistance Services

### Employee Monthly Premiums

Benefit Amount	Employee	Benefit Amount	Employee	Benefit Amount	Employee	Benefit Amount	Employee	Benefit Amount	Employee
\$10,000	\$0.25	\$110,000	\$2.75	\$210,000	\$5.25	\$310,000	\$7.75	\$410,000	\$10.25
\$20,000	\$0.50	\$120,000	\$3.00	\$220,000	\$5.50	\$320,000	\$8.00	\$420,000	\$10.50
\$30,000	\$0.75	\$130,000	\$3.25	\$230,000	\$5.75	\$330,000	\$8.25	\$430,000	\$10.75
\$40,000	\$1.00	\$140,000	\$3.50	\$240,000	\$6.00	\$340,000	\$8.50	\$440,000	\$11.00
\$50,000	\$1.25	\$150,000	\$3.75	\$250,000	\$6.25	\$350,000	\$8.75	\$450,000	\$11.25
\$60,000	\$1.50	\$160,000	\$4.00	\$260,000	\$6.50	\$360,000	\$9.00	\$460,000	\$11.50
\$70,000	\$1.75	\$170,000	\$4.25	\$270,000	\$6.75	\$370,000	\$9.25	\$470,000	\$11.75
\$80,000	\$2.00	\$180,000	\$4.50	\$280,000	\$7.00	\$380,000	\$9.50	\$480,000	\$12.00
\$90,000	\$2.25	\$190,000	\$4.75	\$290,000	\$7.25	\$390,000	\$9.75	\$490,000	\$12.25
\$100,000	\$2.50	\$200,000	\$5.00	\$300,000	\$7.50	\$400,000	\$10.00	\$500,000	\$12.50

### Family Monthly Premiums

Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse	Benefit Amount	Spouse
\$10,000	\$0.40	\$110,000	\$4.40	\$210,000	\$8.40	\$310,000	\$12.40	\$410,000	\$16.40
\$20,000	\$0.80	\$120,000	\$4.80	\$220,000	\$8.80	\$320,000	\$12.80	\$420,000	\$16.80
\$30,000	\$1.20	\$130,000	\$5.20	\$230,000	\$9.20	\$330,000	\$13.20	\$430,000	\$17.20
\$40,000	\$1.60	\$140,000	\$5.60	\$240,000	\$9.60	\$340,000	\$13.60	\$440,000	\$17.60
\$50,000	\$2.00	\$150,000	\$6.00	\$250,000	\$10.00	\$350,000	\$14.00	\$450,000	\$18.00
\$60,000	\$2.40	\$160,000	\$6.40	\$260,000	\$10.40	\$360,000	\$14.40	\$460,000	\$18.40
\$70,000	\$2.80	\$170,000	\$6.80	\$270,000	\$10.80	\$370,000	\$14.80	\$470,000	\$18.80
\$80,000	\$3.20	\$180,000	\$7.20	\$280,000	\$11.20	\$380,000	\$15.20	\$480,000	\$19.20
\$90,000	\$3.60	\$190,000	\$7.60	\$290,000	\$11.60	\$390,000	\$15.60	\$490,000	\$19.60
\$100,000	\$4.00	\$200,000	\$8.00	\$300,000	\$12.00	\$400,000	\$16.00	\$500,000	\$20.00

(One rate and benefit amount for all eligible children in family, regardless of number)

Rates are subject to change.

# INCOME PROTECTION BENEFITS

## DISABILITY

Arlington Classics Academy offers Short-Term Disability (STD) and Long-Term Disability (LTD) insurance through Reliance Standard. You also have the option to purchase higher amounts of STD and LTD coverage above what Arlington Classics Academy provides. For more information, visit [www.reliancestandard.com](http://www.reliancestandard.com) visit or contact Reliance Standard at 800.351.7500.

- **Voluntary Short-Term Disability (STD)**

**Arlington Classic Academy offers three employee paid Short-Term Disability Plans.**

STD coverage replaces a portion of your income if you are unable to work due to an illness, pregnancy, or non-work-related injury. Benefits begin after 1<sup>st</sup> day for injury and 8<sup>th</sup> day for sickness. Short term disability will continue for 13 weeks if it is medically approved. You receive 60% of your weekly base pay (overtime is NOT included), up to a maximum benefit of \$1,000 per week. The plan does include a pre-existing limitation of 3/12. Evidence of Insurability is required if you are not a new hire.

Plan 1 Features	
Employee Benefit	Increments of \$25 from \$100 up to the weekly maximum, not to exceed 60% of covered earnings.
Min/Max Weekly Benefit	\$25/ \$1,500
Elimination Period (Accident/Illness)	1st day /8th day
Benefit Duration	13 weeks
Pre-existing Limitations	3/12
Maternity Coverage	Full

Rates Per \$10 of Weekly Benefit	
Age 18-70+	\$0.60

Plan 2 Features	
Employee Benefit	Increments of \$25 from \$100 up to the weekly maximum, not to exceed 60% of covered earnings.
Min/Max Weekly Benefit	\$25/ \$1,500
Elimination Period (Accident/Illness)	15th day /15th day
Benefit Duration	11 weeks
Pre-existing Limitations	3/12
Maternity Coverage	Full

Rates Per \$10 of Weekly Benefit	
Age 18-70+	\$0.420

Plan 3 Features	
Employee Benefit	Increments of \$25 from \$100 up to the weekly maximum, not to exceed 60% of covered earnings.
Min/ Max Weekly Benefit	\$25/ \$1,500
Elimination Period (Accident/Illness)	31st day/ 31st day
Benefit Duration	13 weeks
Pre-existing Limitations	3/12
Maternity Coverage	Full

Rates Per \$10 of Weekly Benefit	
Age 18-70+	\$0.250

*If your STD and LTD premiums are not taxable to you, any disability benefits received will be taxable.*

### Voluntary Long-Term Disability (LTD)

After you have been disabled for 90 days, LTD benefits begin and you receive up to 60% of your income, up to a maximum of \$10,000 per month. Benefits continue until you are no longer disabled or until you reach Social Security Normal Retirement Age, whichever comes first. Your LTD benefits will be offset by any other disability payments you may receive, such as Social Security or Workers' Compensation. You pay for the cost of this coverage.

Plan Features	
<b>Employee Benefit Amount</b>	Increments of \$100 from \$500 up to the Monthly Max, not to exceed 60% of covered monthly earnings
<b>Maximum Monthly Benefit Amount</b>	\$10,000
<b>Elimination Period</b>	90 days
<b>Benefit Duration</b>	Extended- ADEA-B
<b>Pre-Existing Limitation</b>	3/12
<b>Mental &amp; Nervous Limitation</b>	24 months
<b>Drug &amp; Alcohol Limitation</b>	24 months

Rates Per \$100 of Weekly Benefit	
<b>Age 18-70+</b>	\$1.05



# ACA Employee Support Benefits



For less than a gourmet-blend coffee a week, you could have access to the following money-saving, time-saving, convenient benefits and services. Includes experts to help you with healthcare or insurance-related questions, legal services, as well as discounts on prescriptions, eyeglasses, contact lenses and more!

With the addition of identity theft monitoring and restoration, emergency travel assistance, and roadside towing, you will have peace of mind knowing help is one phone call away.

Packages:

Health Consumer Package	Culture Boost Package	Personal Protection Package	Pet Protection Package
<ul style="list-style-type: none"> <li>- Teladoc (\$0 visit fee)</li> <li>- Telephonic EAP</li> <li>- Alternative Medicine</li> </ul>	<ul style="list-style-type: none"> <li>- Health advocate</li> <li>- Caregiver Concierge</li> <li>- Fertility Advocacy, Surrogacy, Adoption</li> <li>- NBFitness</li> <li>- Diabetic Supplies</li> <li>- Durable Medical Equipment</li> </ul>	<ul style="list-style-type: none"> <li>- Aura Digitalguard Complete Individual or Family Legal Services</li> </ul>	<ul style="list-style-type: none"> <li>- Pet Care</li> <li>- NB Pet Telehealth</li> <li>- Financial Wellness</li> </ul>
\$8.00 per month (\$4 semi-monthly)	Paid for by ACA	<b>Individual:</b> \$10 per month (\$5.00 semi-monthly) <b>Family:</b> \$17 per month (\$8.50 semi-monthly)	\$7 per month (\$3.50 semi-monthly)

Membership includes employee, spouse, and legal dependents under the age of 26.



These Advantage Plans are provided through New Benefits ([www.newbenefits.com](http://www.newbenefits.com)).



# ADVANTAGE PLANS BENEFITS

## Teladoc (\$0 Visit Fee)

Feel better now! 24/7 access to a doctor is only a call or click away - anytime, anywhere with no per visit fee. With Teladoc, you can talk to a doctor by phone or online video to get a diagnosis, treatment options and prescription, if medically necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER. Just use your phone, computer, smartphone or tablet to get a quick diagnosis by a U.S. licensed physician.

## Telephonic EAP

Telephonic EAP provides effective professional counseling and work/life support. A simple phone call helps when dealing with depression, family conflicts, substance abuse, debt, or worry over finding services for elderly parents. Speak with a professional counselor at any time or log in through the web portal or mobile app, click on Telephonic EAP, and follow instructions to access referral information.

## Alternate Medicine

Over 37% of adults have used some form of alternative medicine. Members save 10% to 30% on health and wellness needs with over 35 specialties and 35,000 practitioners nationwide. Whether you need to reduce stress, relieve migraines or quit smoking, alternative medicine can help. Call the number listed on the back of the membership card or visit our website to find participating providers in their area. There are no limits on the number of times members may use this benefit throughout the membership year.

## Health Advocacy

Healthcare is becoming harder to understand. Personal Health Advocates help you navigate through insurance and healthcare systems. Advocates research treatments, resolve claims and locate doctors, specialists, hospitals, dentists and pharmacies. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Registered nurses are on-call 24/7 to answer questions and provide medical explanations.

## Caregiver Concierge

Taking care of a parent, grandparent, sibling, new baby, or child with disabilities can be incredibly rewarding, but also incredibly stressful and overwhelming—especially if you're working a full-time job on top of coordinating doctor's visits, calling family members, and sifting through piles of paperwork. Caregiver Concierge empowers you to efficiently manage caregiving responsibilities through three services: a full-service caregiving solution; a companionship and task assistance service; and a legal document creation service.

## Legal Services

Have legal questions? Get legal answers from experienced lawyers at discounted rates. Attorneys help with traffic tickets, bankruptcy, divorce, and spousal and child support.

## NBFitness

Stay active for just \$28 per month! NBFitness provides members extreme flexibility in membership choices, direct access to a national network of 17,500+ participating gym partners, and 9,000+ workout videos. Members can switch gyms anytime and will pay the monthly charges directly on the Active&Fit Direct website.

## Fertility, Surrogacy, and Adoption

Fertility, Surrogacy, and Adoption by WINFertility provide education, resources, discounts on medical services, and emotional support for non-traditional family-building options such as infertility, adoption, surrogacy, and egg donation.

## Durable Medical Equipment

Easily order medical equipment online or by phone. Supplies are shipped directly to your home, and you will save 20% to 50% and an additional \$5 on orders over \$100. Save on walking aids, wheelchairs, scooters, hospital beds, bathroom safety, orthopedic products and more.

## Diabetic Supplies

Save 10% to 50% on diabetic testing supplies, and get a free fully-audible blood glucose meter with your first order. With the convenient online, pre-paid program, you can receive discounted diabetic testing supplies shipped directly to your home.

## Aura DigitalGuard Complete- Individual & Family

The internet is a great source of information and convenience, but increased digital activity puts our identities, money, and privacy at risk. Make the internet a safer place for you with protection from Aura. Aura DigitalGuard Complete protects you from identity theft, financial fraud, and other types of online crime, with a dedicated Case Manager available to resolve any issues if they arise.

## PetCare

Caring for pets can be rrrrruff! Keep your pets happy and healthy with discounts on everything from toys and treats to boarding and eats! You can save on doggy day care, house sitting, veterinary services, a GPS-enabled lost pet notification system, and more.

## NB Pet Telehealth

NB Pet Telehealth by GoLexi helps make caring for eligible pets affordable and convenient with 24/7 access to a trusted network of veterinarians. Pet parents can ask questions, discuss behavioral issues, training, and even get help determining if a trip to the ER or primary veterinarian is necessary. Real-time, no-fee consultations take place by phone or video and give pet parents the advice they need. NB Pet Telehealth is for non-emergency, non-urgent treatment, and acts as a supplement for visits with a primary veterinarian. NB Pet Telehealth veterinarians cannot diagnose pets or prescribe medications.

## Financial Wellness

Financial Wellness guides you through the major financial changes you'll face throughout life, from paying for college to buying a home to navigating the loss of a spouse. You can achieve financial wellness with live one-on-one coaching from accredited financial counselors and independent learning through online resources.

## How to Access your Benefits

Download the **New Benefits** mobile app or visit **memberportal.newbenefits.com** to access and use your benefits anytime, anywhere. Follow these simple steps to register your account.

### 1. Download

Download the New Benefits mobile app from the App Store or Google™ play.



### 2. Register

Register your account on the app or the web portal – you only need to register once and your login will work for both.

### 3. Enter ID

Use your Group ID **EPIC018** and Member ID from the front of your membership card.

### 4. Enter Email

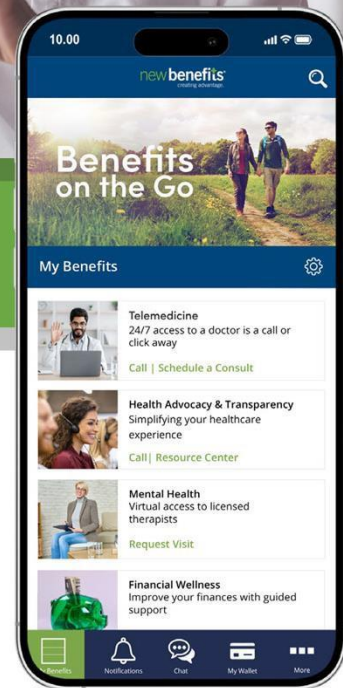
Enter your email address – this will be your username for the app and portal.

### 5. Enter Phone Number

Enter your mobile phone number and a password, then proceed.

### 6. Confirm

You will be prompted to confirm your account through text message or email. Enter the code and continue.



## After You've Registered, Start Exploring!

- ▶ Easily access your benefits, all in one place
- ▶ Keep your benefit and insurance cards organized in My Wallet
- ▶ Add your spouse and dependents to your benefit program
- ▶ Get live support by chat or phone call



# Life comes with challenges. Your Assistance Program is here to help.

Reach out to your Assistance Program for short-term counseling, financial coaching, caregiving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier.

The following services are free to use, confidential, and available to you and your family members:

## **Mental Health Sessions**

Up to 3 sessions\* to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues, with options for in-person, telephonic, or video counseling sessions.

## **Life Coaching**

To help reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

## **Financial Consultation**

To help build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identify theft, and saving for retirement or tuition.

## **Legal Consultation**

To help with a variety of personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

## **Life Management**

To provide information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

## **Personal Assistant**

To help manage everyday tasks and give back time by providing information and referrals for home services, repairs, travel, entertainment, dining and personal services.

## **Medical Advocacy**

To help navigate insurance, obtain doctor referrals, secure medical equipment or transportation, and plan for transitional care and discharge.

## **Member Portal and App**

Access your benefits 24/7/365 with online requests and chat options, and explore thousands of articles, webinars, podcasts and tools covering total well-being.

E AP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible through ACI's 24/7, live-answer, toll-free number.

EAP services are provided by ACI Specialty Benefits, under agreement with Reliance Matrix.

Reliance Matrix is a branding name. Reliance Standard Life Insurance Company (Home Office Schaumburg, IL) is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. First Reliance Standard Life Insurance Company (Home Office New York, NY) is licensed in New York and Delaware. Standard Security Life Insurance Company of New York (Home Office New York, NY) is licensed in all states. Absence services are provided by Matrix Absence Management, Inc. Product features and availability may vary by state.

\*3 Sessions per Six Months for California Employees

## **Contact ACI Specialty Benefits**

**855-RSL-HELP** (855-775-4357)

[rsli@acieap.com](mailto:rsli@acieap.com)

<http://rsli.acieap.com>

Company Code: RSLI859



Powered by



RS-2506 (06/2023)

# VOLUNTARY BENEFITS

As a supplement to the benefits the company provides, we also offer voluntary benefits. These benefits can help pay for out-of-pocket expenses not covered by your medical plan. You can enroll yourself and your eligible family members. **You pay the full cost of these benefits.**

## ACCIDENT INSURANCE

Accident Insurance helps cover the cost of emergency medical care, physical therapy and other unexpected expenses that result from an accidental injury. Covered injuries and expenses may include:

Plan Features	
Emergency Treatment	Physician - \$90, X-Ray - \$45, Emergency Rom - \$75
Follow Up Treatments	\$90
Physical Therapy	\$45 per session
Appliances	\$120
Fractures / Dislocations	\$6,700-\$134 /\$241-\$2,892
Initial Hospitalization	\$1,250
Hospital Confinement	\$376 per day, 365 days max
Ambulance Transportation	\$300 ground/ \$1500 Air

## CRITICAL ILLNESS

Critical Illness Insurance pays a benefit if you are diagnosed with a serious illness covered by the plan. The benefit is paid to you and can be used to pay medical costs or living expenses such as childcare or mortgage payments.

Plan Features	
<b>Maximum Voluntary Life/AD&amp;D Insurance Benefit</b> (Benefits reduced by 35% at age 65; and an additional 45% at 70.)	<b>Employees:</b> \$20,000 in increments of \$5,000 <b>Spouse:</b> \$20,000 in increments of \$5,000 <b>Child(ren):</b> 50% of employee coverage
<b>Guarantee Issue amount</b>	<b>Employee:</b> \$20,000 <b>Spouse:</b> \$20,000 <b>Child(ren):</b> \$10,000

DIAGNOSIS ADULT	BENEFIT
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Disease	50%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS)	100%
Multiple Sclerosis	100%
Acute Respiratory Distress Syndrome	25%
Paralysis	100%
Parkinson's Disease	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Severe Brain Damage	100%
Skin Cancer	5%
Stroke	100%

DIAGNOSIS CHILD	BENEFIT
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Downs' Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%

### Employee and Spouse Monthly Premiums

Benefit Amount	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70+
\$5,000	\$1.80	\$3.35	\$6.80	\$13.45	\$26.95	\$71.55
\$10,000	\$3.60	\$6.70	\$13.60	\$26.90	\$53.90	\$143.10
\$15,000	\$5.40	\$10.05	\$20.40	\$40.35	\$80.85	\$214.65
\$20,000	\$7.20	\$13.40	\$27.20	\$53.80	\$107.80	\$286.20

# VOLUNTARY BENEFITS

## HOSPITALIZATION

Hospital Indemnity Insurance provides a cash payment if you or a covered family member are admitted to the hospital. You receive \$2,000 for the day you are admitted and \$100 per day for each additional day, up to 30 days. The benefit is paid to you and you can use it to pay medical costs or to cover your living expenses.

### Features

- Guaranteed issue; no medical questions
- No pre-existing conditions exclusions
- Mental & Nervous and Substance Abuse treated same as any other hospital admission
- No deductibles
- Eligible for continuation of coverage
- HIPAA privacy compliant
- Overlying Major Medical Plan NOT Required\*
- Coverage Offered on a Voluntary Basis

\*Overlying major medical plan is required for all California residents.

### BENEFITS

<b>Hospital Room &amp; Board Benefits</b>	
Room & Board Benefit per Day (30 Daily Benefits per Coverage Year)*	\$100
<b>Hospital Critical Care Unit Benefits</b>	
Critical Care Unit Benefits per Day (30 Daily Benefits per Coverage Year)	\$200
<b>Hospital Admission Benefit</b>	
One Daily Benefit per Coverage Year	\$2,000
<b>Hospital Critical Care Admission Benefit</b>	
One Daily Benefit per Coverage Year	\$2,000
<b>Non-Insurance Services</b>	
On-Call Travel Assistance	Included

\*In no event will the Daily Benefits exceed 30 daily benefits per Coverage Year.



## How to use your benefits

MASA provides emergency transport claim coverage or transport coordination services, depending on your plan.

### After-emergency claims include:

- ✓ Emergency Ground Ambulance Coverage
- ✓ Hospital to Hospital Ground Ambulance Coverage
- ✓ Emergency Air Ambulance Coverage
- ✓ Hospital to Rehab, Skilled Nursing, Long Term Care, or Home Coverage

### How to file a claim with MASA

Filing a claim is easy! Simply submit your claim via the MASA member portal, email, fax, or regular mail.

Online: <https://masamts.com/member>  
Email: [ambulanceclaims@masaglobal.com](mailto:ambulanceclaims@masaglobal.com)  
Fax: 877-681-2399

Mail: MASA Global / ATTN: Claims  
1250 S. Pine Island Road, Suite 500  
Plantation, FL 33324

Include: Writing your MASA membership number on the bill or in the email if not using the portal.

A full claim will need the following, which a MASA claims specialist will help acquire:

- Invoice/Health Insurance Claim Form (HICFA)
- Run/trip notes
- Explanation of Benefits (EOB)
- W-9

Note: you must file a claim within 180 days of transport.

You can check the status of your claim online at <https://masamts.com/member>, on the MASA app, or by phone at 954-334-1901.

### Transport coordination services include:

- ✓ Repatriation Near Home Coverage
- ✓ Pandemic Quarantine Expense Protection
- ✓ Minor Return Transportation Coverage
- ✓ Pet Return Transportation Coverage
- ✓ Companion Transportation Coverage
- ✓ Patient Return Transportation Coverage
- ✓ Hospital Visitor Transportation Coverage
- ✓ Vehicle & RV Return Coverage
- ✓ Organ Retrieval & Organ Recipient Transportation Coverage
- ✓ Mortal Remains Transportation Coverage

### How to use MASA transport coordination services

The Transport Team is available 24/7/365 to coordinate the necessary services. If your plan includes transport coordination services, call the MASA Transport Team at 800-643-9023 for assistance.

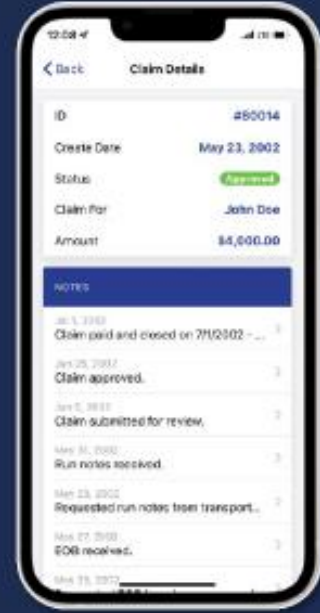
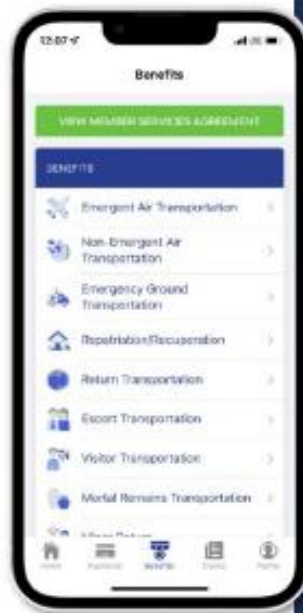
#### Still have questions about MASA claims or services?

Reach out to the Claims Team at 954-334-1901 or Member Services at 877-503-0585.

# Download the MASA Global app today!

Registration is easy with your Member ID

- ✓ Access your digital ID cards.
- ✓ View plan documents and benefits.
- ✓ View your claims history.



# KEY CONTACTS

For Questions About	Carrier	Phone Number	Website/Email	Plan/Group ID
Medical	Gravie – Network: Aetna	(855) 451-8365	<a href="http://member.gravie.com/contact">member.gravie.com/contact</a>	TBD
Prescription Drug	Magellan	(800) 424-8274	<a href="http://www.magellanrx.com/member/forms">www.magellanrx.com/member/forms</a>	TBD
Health Savings Account (HSA)	National Benefit Services	(800) 274-0503	<a href="mailto:service@nbsbenefits.com">service@nbsbenefits.com</a>	TBD
Dental	MetLife	(800) 942-0854	<a href="https://www.metlife.com/">https://www.metlife.com/</a>	TBD
Vision	MetLife	(855) 638-3931	<a href="https://www.metlife.com/">https://www.metlife.com/</a>	TBD
Flexible Spending Accounts (FSAs)	National Benefit Services	(800) 274-0503	<a href="http://www.nbsbenefits.com">www.nbsbenefits.com</a>	TBD
Life and AD&D Insurance	Reliance Standard	(800) 351-7500	<a href="https://www.reliancestandard.com/voluntarydisability/">https://www.reliancestandard.com/voluntarydisability/</a>	TBD
Short-Term Disability (STD)	Reliance Standard	(800) 351-7500	<a href="https://www.reliancestandard.com/voluntarydisability/">https://www.reliancestandard.com/voluntarydisability/</a>	TBD
Long-Term Disability (LTD)	Reliance Standard	(800) 351-7500	<a href="https://www.reliancestandard.com/voluntarydisability/">https://www.reliancestandard.com/voluntarydisability/</a>	TBD
Employee Assistance Program (EAP)	ACI Specialty Benefits	(855) 775-4357	<a href="http://rsli.acieap.com">http://rsli.acieap.com</a> Company Code: RSLI859	TBD
HR Department	Jennifer Pool	Ext 3013	<a href="mailto:jpool@acaedu.net">jpool@acaedu.net</a>	TBD
Benefits Portal	BeneBloc		<a href="https://BeneBlocEnrollment.as.me/ACA">https://BeneBlocEnrollment.as.me/ACA</a>	TBD
Accidental Death and Dismemberment	Reliance Standard	(800) 351-7500	<a href="https://www.reliancestandard.com/home/products/voluntary-benefits/group-accident/">https://www.reliancestandard.com/home/products/voluntary-benefits/group-accident/</a>	TBD
Critical Illness	Reliance Standard	(800) 351-7500	<a href="https://www.reliancestandard.com/home/products/voluntary-benefits/critical-illness/">https://www.reliancestandard.com/home/products/voluntary-benefits/critical-illness/</a>	TBD
Advantage Plans Benefits	New Benefits	(888) 672-5198	<a href="https://www.newbenefits.com/">https://www.newbenefits.com/</a>	TBD
Emergency Ambulance Coverage	MASA	(800) 643-9023	<a href="http://www.getmasa.com">www.getmasa.com</a>	TBD

# Health Plan Notices

## MEDICARE NOTICE OF CREDITABLE COVERAGE

### Important Notice About Your Prescription Drug Coverage and Medicare

#### Notice of Creditable Coverage

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**This Notice applies only if you and/or your dependent(s) are enrolled in a Arlington Classics Academy medical plan and you are eligible for Medicare. If this does not apply to you, you may ignore this notice.**

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**Please read this notice carefully and keep it where you can find it. This notice has information about your prescription drug coverage with Arlington Classics Academy and your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your employer coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your employer coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Arlington Classics Academy has determined that the prescription drug coverage offered under the Arlington Classics Academy plan(s) on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your coverage is Creditable Coverage, you can**

# Health Plan Notices

**keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

## **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **What Happens To Your Employer Coverage If You Decide to Join A Medicare Drug Plan?**

Your health plan coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will **not** be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your employer coverage, be aware that you and your dependents will **not** be eligible to receive health and prescription drug benefits in the future.

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your employer coverage and don't join a Medicare drug plan within 63 continuous days after the coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Employer Prescription Drug Coverage...**

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**



# Health Plan Notices

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

August 1, 2023  
Arlington Classics Academy  
Jennifer Pool  
5206 S. Bowen Road  
Arlington, TX 76017  
817-987-1819

## Notice of Special Enrollment Rights

1. If an eligible employee declines enrollment in a group health plan for the employee or the employee’s spouse or dependents because of other health insurance or group health plan coverage, the eligible employee may be able to enroll him/herself and eligible dependents in this plan if eligibility is lost for the other coverage (or because the employer stops contributing toward this other coverage). However, the eligible employee must request enrollment within 31 days after the other coverage ends (or after the employer ceases contributions for the coverage).

In addition, if an eligible employee acquires a new dependent as a result of marriage, birth, adoption or placement for adoption, the eligible employee may be able to enroll

# Health Plan Notices

him/herself and any eligible dependents, provided that the eligible employee requests enrollment within **30** days after the marriage, birth, adoption, or placement for adoption.

Furthermore, eligible employees and their eligible dependents who are eligible for coverage but not enrolled, shall be eligible to enroll for coverage within 60 days after becoming ineligible for coverage under a Medicaid or Children's Health Insurance Plan (CHIP) plan or being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan.

To request special enrollment or obtain more information, contact your health plan.

## **Newborns' and Mothers' Health Protection Act Notice**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your health plan.

## **Women's Health and Cancer Rights Act Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan.

# Health Plan Notices

## Notice of HIPAA Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Arlington Classics Academy Health Plan (the "Plan") sponsored by Arlington Classics Academy ("Plan Sponsor") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and subsequent amending regulations ("HIPAA Privacy Rule"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this HIPAA Privacy Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- Your past, present, or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the individual listed at the end of this notice.

## Our Responsibilities

Arlington Classics Academy is required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your Protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised HIPAA Privacy Notice electronically or by first class mail to the last known

# Health Plan Notices

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Arlington Classics Academy may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) **a registered nurse, a doctor, or a health coach** in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact

Arlington Classics Academy  
Jennifer Pool  
5206 S. Bowen Road  
Arlington, TX 76017  
817-987-1819

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## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –**

<b>ALABAMA Medicaid</b>	<b>ALASKA Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS Medicaid</b>	<b>CALIFORNIA Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA Medicaid	INDIANA Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>            Phone: 678-564-1162, Press 1            GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64            Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>            Phone: 1-877-438-4479            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>            Phone 1-800-457-4584</p>
IOWA Medicaid and CHIP (Hawki)	KANSAS Medicaid
<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>            Medicaid Phone: 1-800-338-8366            Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>            Hawki Phone: 1-800-257-8563            HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-766-9012</p>
KENTUCKY Medicaid	LOUISIANA Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or            1-855-618-5488 (LaHIPP)</p>
MAINE Medicaid	MASSACHUSETTS Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>            Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: (617) 886-8102</p>
MINNESOTA Medicaid	MISSOURI Medicaid
<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>            Phone: 1-800-657-3739</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>
MONTANA Medicaid	NEBRASKA Medicaid
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>

NEVADA Medicaid	NEW HAMPSHIRE Medicaid
Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY Medicaid and CHIP	NEW YORK Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA Medicaid	NORTH DAKOTA Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	OREGON Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
PENNSYLVANIA Medicaid and CHIP	RHODE ISLAND Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA Medicaid	SOUTH DAKOTA Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS Medicaid	UTAH Medicaid and CHIP
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
VERMONT Medicaid	VIRGINIA Medicaid and CHIP
Website: <a href="http://www.vermont.gov/health/insurance/hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON Medicaid	WEST VIRGINIA Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN Medicaid and CHIP	WYOMING Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)





