



2022

# Employee Benefits Guide



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# AIMS Benefit Trust Health Plan

## Medical, Dental and Vision Benefit Options

Our School is pleased to offer a comprehensive benefit program through AIMS Benefit Trust Health Plan. The plan offers flexibility and choice to meet your needs.

Benefits constitute a substantial and ever-increasing part of employee compensation and our school is committed to offering programs which maximize value and provide security for employees and their families.

We are pleased to offer benefits through a large group health plan consortium sponsored by the Association of Independent Maryland and DC Schools (AIMS). The plan is administered by Educators Benefit Services (EBS), a wholly owned subsidiary of AIMS.

Benefit Options Effective: January 1, 2022

### **UnitedHealthcare Medical**

UHC Choice Plus 80% HSA Plan

UHC Choice Plus 90% HSA Plan

UHC Choice Plus 80/60 PPO Plan

Kaiser Signature HMO

### **Dental**

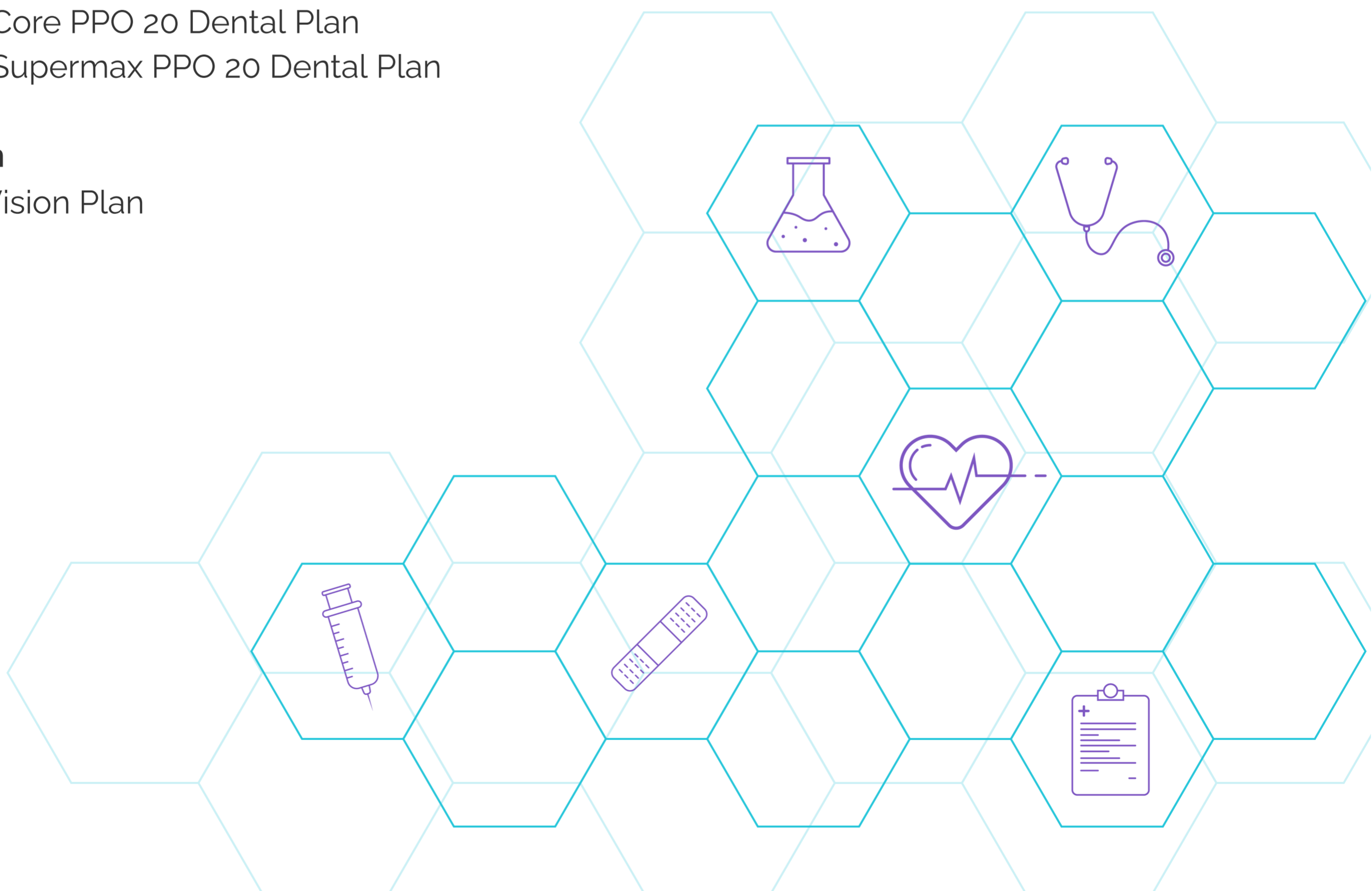
Dominion Access ePPO Plan

UHC Core PPO 20 Dental Plan

UHC Supermax PPO 20 Dental Plan

### **Vision**

VSP Vision Plan



# BENEFIT INFORMATION

## YOUR BENEFITS PLAN

The School offers a variety of benefits allowing you the opportunity to customize a benefits package that meets your personal needs.

In the following pages, you'll learn more about the benefits offered. You'll also see how choosing the right combination of benefits can help protect you and your family's health and finances – and your family's future.

Please note: Benefit summaries and plan information for all plans offered by EBS will be included in links throughout this guide. Refer only to the options offered by the school. If there is a discrepancy between this guide and the plan document, the plan document will always govern.

Benefit	Who pays the cost?
<b>Medical</b>	The School pays a portion of your cost towards the medical coverage.
<b>Dental</b>	The School offers dental coverage on a voluntary basis.
<b>Vision</b>	The School offers vision coverage on a voluntary basis.
<b>EAP</b>	The School offers an employee assistance program.
<b>Worksite</b>	The School offers a wide range of additional ancillary benefits to employees.

# PRE-TAX BENEFITS

## CHOOSING YOUR BENEFITS

The premiums for elected coverages are taken from your paycheck automatically. There are two ways that the money can be taken out, pre-tax or post –tax.

## WHY DO I PAY FOR BENEFITS WITH PRE-TAX MONEY?

There is a definite advantage to paying for some benefits with pre-tax money. Taking the money out before your taxes are calculated lowers the amount of your pay that is taxable. Therefore, you pay less in taxes.

## WHICH BENEFIT PREMIUMS ARE TAKEN BEFORE TAX?

### PRE tax

Medical, Dental, and Vision

### POST tax

Voluntary Life and Worksite



## ELIGIBILITY

- Regular Full-time employees working 30 hours or more per week are eligible to participate in medical, dental, and vision benefits offered by the school
- Regular Part-time employees working 20 hours or more per week are eligible to participate in medical, dental, and vision benefits offered by the school.
- Benefits are effective the 1st of the month coincident with or following date of hire.

Note: Variable hour, part-time and seasonal employees hours will be measured in accordance with the guidelines established by the Affordable Care Act (ACA). Eligibility and effective dates will be established based on hours worked during the applicable measurement period. Please contact HR with any questions you might have.

## WHEN CAN YOU ENROLL?

You can sign up for Benefits at any of the following times:

- As a new hire, at your initial eligibility date.
- Within 30 days of a qualified family-status change.
- During the annual open enrollment period,

**If you do not enroll at one of the above times, you may enroll during the next annual open enrollment period.**

## MAKING CHANGES

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change your benefit elections during the plan year if you have a change in status including:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects your benefits
- Change in your work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for benefits.
- Receiving a Qualified Medical Child Support Order (QMCSO)
- Becoming ineligible for Medicaid or the Children's Health Insurance Program (CHIP).
- Becoming eligible for Premium Assistance through CHIP.
- If you or your dependents become eligible for CHIP, you will not be able to drop coverage for those dependents until Open Enrollment, unless due to another special enrollment event.

You must notify and provide the School with the necessary documentation within 30 days from the life event by providing it to the Benefits Administrator. **If you fail to do so, you will be required to wait until the next annual enrollment period to make benefit changes unless you have another family status change.**

## WHEN DOES COVERAGE END?

Coverage will end the last day of the month in which the date of termination / resignation was given.

# CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources or the Business office.

## UnitedHealthcare

### Medical Plans

**T:** 1-844-333-2619

**W:** [www.myuhc.com](http://www.myuhc.com)

## Optum Bank

### UHC Health Savings Account

**T:** 1-800-791-9361

**W:** [www.optumbank.com](http://www.optumbank.com)

## Kaiser Permanente

### Medical Plans

**T:** 1-800-777-7902

**W:** <http://my.kp.org/EBS/>

## BHS

### Employee Assistance Program

**T:** 1-800-327-2251

**W:** <https://portal.bhsonline.com>

## UnitedHealthcare

### Dental Plans

**T:** 1-877-816-3596

**W:** [www.myuhc.com](http://www.myuhc.com)

## Reliance Standard

### Ancillary Insurance

**T:** 1-800-351-7500

**W:** Reliance Microsite

## Dominion Dental

### Dental Plan

**T:** 1-888-518-5338

**W:** [www.dominionnational.com](http://www.dominionnational.com)

## Healthcare Advocates

Educators Benefit Services  
Client Services Team

**T:** 410-590-6590

**E:** [clientservices@ebsonline.net](mailto:clientservices@ebsonline.net)

## VSP Vision

### Vision Plan

**T:** 1-800-877-7195

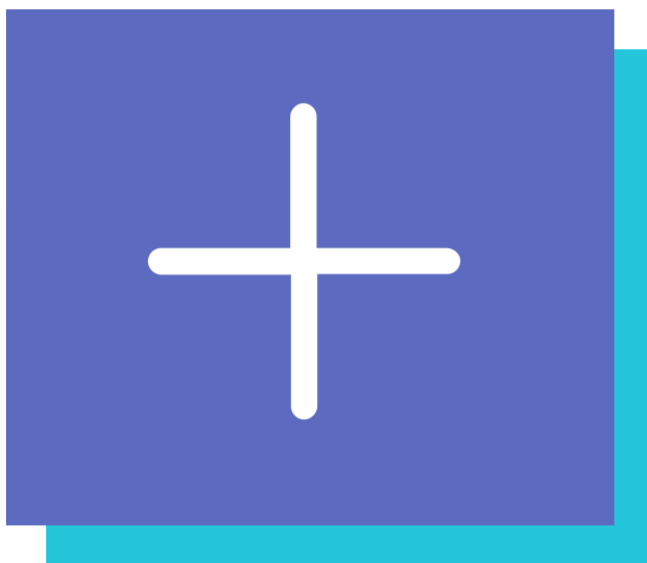
**W:** VSP Microsite

## MEDICAL INSURANCE

The School offers four medical plans through UnitedHealthcare and Kaiser Permanente. The charts on the next few pages provide an overview and comparison of the plans, please refer to your [benefit summary](#) for further details.

To find a UHC provider visit [www.myuhc.com](http://www.myuhc.com) and click on "Find a Provider". Select the provider you are looking for. Select all UnitedHealthcare plans. From the menu select the **Choice Plus** plan.

To find a Kaiser provider visit [www.kp.org](http://www.kp.org) and click on Doctors and Locations. Select your region and then select your search criteria.



IN-NETWORK			
DEDUCTIBLE			
Individual / Family	\$1,500 / \$3,000	\$2,800 / \$5,600	\$350/ \$700
COINSURANCE			
Participant Pays	Deductible, then 10%	Deductible, then 20%	Deductible, then 20%
MAXIMUM OUT-OF-POCKET			
Individual / Family	\$3,000 / \$6,000	\$5,200/ \$10,400	\$3,000/ \$6,000
Maximum Out-of-Pocket Includes: Deductible, Coinsurance & Copayments (including prescription copays)			
DEDUCTIBLE			
Wellness, Immunizations, & Mammography/Colonoscopy	Covered 100%		
FACILITY VISITS			
Virtual Visits	10% after Deductible	20% after Deductible	\$10 Copay
Primary Care	10% after Deductible	20% after Deductible	\$20 Copay
Specialist Visits	10% after Deductible	20% after Deductible	\$20 Copay
Inpatient Hospital	10% after Deductible	20% after Deductible	20% after Deductible
Outpatient Surgery	10% after Deductible	20% after Deductible	20% after Deductible
Emergency Room	10% after Deductible	20% after Deductible	20% - no Deductible
Urgent Care	10% after Deductible	20% after Deductible	20% - no Deductible
OUTPATIENT DIAGNOSTIC SERVICES (Freestanding)			
Lab Services	10% after Deductible	20% after Deductible	20%, after Deductible
X-Ray Services	10% after Deductible	20% after Deductible	20% after Deductible
Complex Diagnostic	10% after Deductible	20% after Deductible	20% after Deductible
PRESCRIPTIONS			
Retail (30 day supply)	\$10 / \$30 / \$50	\$10 / \$30 / \$50	\$10 / \$30 / \$50
Mail Order (90 day supply)	\$20 / \$60 /\$100	\$20 / \$60 / \$100	\$20 / \$60 / \$100
OUT-OF-NETWORK		Refer to Summary of Benefits and Coverage	
Per Pay Cost for Coverage			
Employee Only	\$29.15	\$24.59	\$37.97
Employee + Spouse	\$335.20	\$282.78	\$436.65
Employee + Child(ren)	\$276.91	\$233.60	\$360.71
Employee + Family	\$437.23	\$368.84	\$569.54

\*In-Network and Out-of-Network Deductibles and Out-of-Pocket Maximums do not integrate.

\*\* Embedded deductible means that a single member of a family doesn't have to meet the full family deductible for after-deductible benefits to kick in. Instead, the person's after-deductible benefits will kick in as soon as he or she has met the individual deductible, even if the coverage is through a family plan.

Kaiser Signature  
HMO

IN-NETWORK	
DEDUCTIBLE	
Individual / Family	\$0/\$0
COINSURANCE	
	N/A
MAXIMUM OUT-OF-POCKET	
Individual / Family	\$3,500/ \$9,400

Maximum Out-of-Pocket Includes: Deductible, Coinsurance & Copayments (including prescription copays)

DEDUCTIBLE	
Wellness, Immunizations, & Mammography/Colonoscopy	Covered 100%
FACILITY VISITS	
Virtual Visits	\$20 Copay
Primary Care	\$20 Copay
Specialist Visits	\$30 Copay
Inpatient Hospital	\$300 Copay per admit
Outpatient Surgery	\$30 Copay per procedure
Emergency Room	\$100 Copay
Urgent Care	\$30 Copay

DIAGNOSTIC SERVICES	
Lab Services	\$0 Copay
X-Ray Services	\$0 Copay
Complex Diagnostic	\$0 Copay

PRESCRIPTIONS	
Kaiser Facility	\$15 / \$25 / \$40
Participating Pharmacy	\$20 / \$45 / \$60

OUT-OF-NETWORK	
No Out-of-Network Services	
Per Pay Cost for Coverage	
Employee Only	\$29.45
Employee + Spouse	\$338.59
Employee + Child(ren)	\$279.71.
Employee + Family	\$441.64

\*Deductible based on level of coverage.

\*In-Network and Out-of-Network Deductibles and Out-of-Pocket Maximums do not integrate.

## VIRTUAL VISITS

Virtual Visits allow you to see and talk to a doctor from a mobile device or computer without an appointment, 24/7. A majority of visits take between 10-15 minutes, and virtual visits are a part of your health benefits.



Through a virtual visit, doctors can diagnose and treat a vast range of non-emergency medical conditions and provide services such as writing a prescription, if needed.

**This includes:**

- Allergies
- Bladder infection
- Bronchitis / Sore throat
- Cold/cough
- Fever
- Migraine/headaches
- Pink eye
- Seasonal flu
- Sinus problems
- Stomachache

### ACCESS VIRTUAL VISITS

To get started,

Log in to [www.myuhc.com](http://www.myuhc.com) and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit, you will pay your portion of the service costs according to your plan and then you will enter a virtual waiting room. During your visit, you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

Log in to your [www.kp.org](http://www.kp.org) account and select "e-visit". Get treatment within 4 hours from 8 am to midnight every day.

# Simply Engaged

Simply Engaged is a personal health and wellness program which allows you to earn rewards when you complete these health and wellness actions.



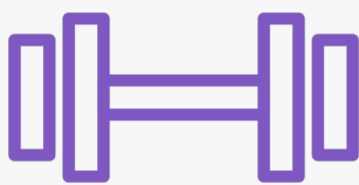
## Biometric Screening

Participate in a biometric health screening and get a \$75 reward.



## Health Coaching

Complete a health coaching program and get a \$100 reward.



## Gym memberships

Get a \$20 reward each month that you visit a participating fitness center at least 12 times per month.



## Virtual Visit

Complete a virtual visit on [myuhc.com](https://myuhc.com) and get a \$25 reward.



## It's easy to start earning rewards

Access the reward program overview through Rally when you login to [myuhc.com](https://myuhc.com) for specific details regarding your wellness incentive program.

# Healthy Extras

Healthy Extras is a personal health and wellness initiative from Kaiser which allows you to earn a \$100 wellness incentive when you complete an online health assessment in addition to being current with your biometric screening.



## Biometric Screening

Participate in a biometric screening.



## Online Health Survey

Complete an online health survey when you log into Kaiser's Healthy Extras program.



## Earn Money

Get a \$100 reward after completing both the biometric screening and online health survey.



## Monthly Webinars

We encourage you to view Kaiser's monthly health topics, programs and class information at [www.kp.org](http://www.kp.org).



## It's easy to start earning rewards

Access the reward program overview when you login to the [healthy extras](http://healthyextras.kp.org) site for specific details regarding your wellness incentive program.

# KNOW WHERE TO GO

VIRTUAL VISITS	CONVENIENCE CARE	DOCTOR'S OFFICE	URGENT CARE	ER
Access telehealth services to treat minor medical conditions. Connect with a board-certified doctor via video or phone when where and how it works best for you.	Treats minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.	The best place to go for routine or preventive care, to keep track of medications, or for a referral to see a specialist.	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to the nearest emergency room.
<ul style="list-style-type: none"> <li>Colds and flu</li> <li>Rashes</li> <li>Sore throats</li> <li>Headaches</li> <li>Stomachaches</li> <li>Fever</li> <li>Allergies</li> <li>UTIs and more</li> </ul>	<ul style="list-style-type: none"> <li>Colds and flu</li> <li>Rashes or skin conditions</li> <li>Sore throats, earaches, sinus pain</li> <li>Minor cuts or burns</li> <li>Pregnancy testing</li> <li>Vaccines</li> </ul>	<ul style="list-style-type: none"> <li>General health issues</li> <li>Preventive care</li> <li>Routine checkups</li> <li>Immunizations and screenings</li> </ul>	<ul style="list-style-type: none"> <li>General health issues</li> <li>Preventive care</li> <li>Routine checkups</li> <li>Immunizations and screenings</li> </ul>	<ul style="list-style-type: none"> <li>General health issues</li> <li>Immunizations and screenings</li> </ul>

# PRESCRIPTIONS & WAYS TO SAVE

Ask your doctor or pharmacist if your brand medication has a generic or lower cost alternative.

## SAVING ON PRESCRIPTIONS

A wide range of generic medications are offered at low cost at your local pharmacy.

Certain antibiotics may be available at local pharmacies or grocery stores for **FREE!**

Mail order prescriptions help you save time and money. Get a 90 day supply of medicine for only a 60 day co-pay.



# TERMS TO KNOW

## **Discounted Rate**

When you enroll in coverage you become a member. A member gets access to a network of providers (doctors and facilities) – these are in-network providers. Members receive Discounted Rates with these in-network providers.

## **Copays**

Copays are set dollar amounts you pay for specific services. These cost are typically collected at the time of service. EX: you have a \$20 copay for a visit to your primary care physician.

## **Deductible**

Services not subject to a copay are subject to your deductible. You pay first dollar costs for claims subject to your deductible and you receive the Discounted Rate for all covered claims with an in-network provider.

## **Coinsurance**

Coinsurance is a cost share. Once you meet the deductible the insurance company will share in the cost of your claims. The percent of the cost for the claim you are responsible for. The amounts you pay in coinsurance apply to your out-of-pocket maximum.

## **Out-of-Pocket**

This amount is the maximum amount you will pay towards covered services on the plan for the calendar year. This amount includes the amounts you pay in deductible, coinsurance, copays, and prescription copays.

## DENTAL INSURANCE

The School offers dental plans through UnitedHealthcare (UHC) and Dominion. The UHC plans allow you to use in-network or out-of-network benefits. If out-of-network dentists are used, you will be responsible to pay the difference between UHC's allowed amount and what the dentist may charge, also known as "balance billing". The Dominion plan allows for in-network benefit only. If out-of-network dentists are used you are responsible for all dental expenses. The chart below provides a brief overview of the plans. Please refer to the benefit summaries and fee schedule for additional information.

To find a UHC provider go to [www.myuhc.com](http://www.myuhc.com) and click on "Find a Dentist" at the middle of the page. Select a location, then indicate **"National Options PPO 20"**. And enter the preferred search location, provider or office. To find a Dominion Provider go to [www.dominionnational.com](http://www.dominionnational.com) and click on "Find a Provider" and select Dental. Indicate **Elite Plus ePPO** and enter the additional search criteria.



	Core Dental PPO 20 Plan	Supermax Dental PPo 20 Plan	Dominion Access ePPO Plan
<b>IN-NETWORK</b>			
<b>DEDUCTIBLE</b>			
Individual / Family	\$50/ \$150	\$50/ \$150	\$25/ \$75
<b>Annual Maximum</b>			
Per Covered Person	\$2,000	\$5,000	\$2,000
<b>Preventative Care</b>			
Oral Exams, Cleanings, X-Rays, Topical Fluoride Treatment	Covered at 100%	Covered at 100%	Covered at 100%
<b>Basic Procedures</b>			
Fillings, Simple Extractions, Endodontics, Periodontal Scaling & Root Planing, Oral Surgery	Covered at 80% after deductible	Covered at 90% after deductible	<b>See Fee Schedule</b> Fillings, Simple Extractions, Denture Repair, Bridge Repair
<b>Major Procedures</b>			
Bridges, Crowns, Dentures, Inlays, Onlays, Implants	Covered at 50% after deductible	Covered at 60% after deductible	<b>See Fee Schedule</b> Endodontics, Periodontics, Crowns, Oral Surgery, Dentures
<b>Orthodontia (Child Only)</b>			
	50% with Lifetime Max \$1,500	50% with Lifetime Max \$1,500	Individual Ortho Plan Available. Patient pays discounted fee
<b>Out-of-Network</b>			
Deductible	\$50/\$150	\$50/\$150	
Annual Maximum	\$2,000	\$5,000	
Preventive Care	100% of allowed benefit	100% of allowed benefit	
Basic Services	80% of allowed benefit	90% of allowed benefit	
Major Services	50% of allowed benefit	60% of allowed benefit	
Ortho	50% of allowed benefit	50% of allowed benefit	
<b>Per Pay Cost for Coverage</b>			
Employee Only	\$22.28	\$32.07	\$8.65
Employee + Spouse	\$44.57	\$64.15	\$16.45
Employee + Child(ren)	\$33.44	\$48.12	\$16.45 (one child)
Employee + Family	\$57.94	\$83.38	\$21.16

# VISION INSURANCE

The School offers vision coverage through VSP Vision. The Vision PPO Plan allows you to use in-network or out-of-network benefits. If out-of-network vision providers are used, you will be responsible for paying the difference between VSP's allowed amount and what the provider may charge, also known as "balance billing". Please refer to the [benefit summary](#) for additional information.

To find a provider go to [www.VSP.com](http://www.VSP.com) and click on "Find A Doctor" at the top of the page. Choose to search by Location, Office, or individual doctors.



## Vision - VSP Vision Network

	In-Network	Out-of-Network
<b>Eye Exam</b>		
	\$0 Copay	Cover Up to \$45
<b>Lenses**</b>		
Single Vision	Included in Prescription	Up to \$30, \$50, or \$65
Standard Progressive	Covered	Up to \$50
Premium Progressive	\$95-\$105 allowance	Up to \$50
Custom Progressive	\$150-\$175 allowance	Up to \$50
<b>Frames</b>		
Standard Frames	\$150 allowance	Cover Up to \$70
Featured Frames	\$200 allowance	
<b>Contact Lenses (instead of glasses)</b>		
Contact Lenses	\$130 allowance	Up to \$105
Contact lens exam (fitting)	Up to \$60 allowance	
<b>Diabetic Eyecare Plus Program</b>		
Services related to diabetic eye disease, glaucoma, and age related macular degeneration	\$20 Copay	
<b>Per Pay Cost for Coverage</b>		
Employee Only	\$3.28	
Employee + Spouse	\$6.56	
Employee + Child(ren)	\$7.01	
Family	\$11.21	

# Understanding Health Savings Accounts (HSA)

## A HSA plan has two components:

- A qualified high deductible health insurance plan (HDHP)
- An Individual Tax- Exempt Trust (savings/investments)
- The trust account is designed to pay for routine medical expenses/and or provide savings for the future. Money put into the account can be used either during the year or accumulated in the account.
- Allowable medical expenses are defined by the IRS, and are much broader than most insurance carriers. Individuals can deduct dollars contributed to the HSA account from their gross income, resulting in tax-free medical dollars. The account is similar to an IRA account, however it is for qualified medical expenses. For a list of covered expenses please see IRS publication.

## HSA Eligibility

An individual needs to be covered by a Qualified high deductible plan to set up a HSA. In addition individuals cannot be:

- Covered by a health plan that is not a qualified high-deductible plan (including a general purpose FSA set up by the individual or their spouse)
- Claimed as a dependent on someone else's tax return.
- Entitled to Medicare benefits (age 65 or older)



## Benefits of a HSA

- Control - You can use the HSA to pay for any qualified medical expense, as defined by the IRS. There is no need for preauthorization of services, unless stated by the plan.
- Savings and Investment- Unlike premiums, unused HSA dollars remain in the HSA until you use them later.
- Flexibility - "Health Care" dollars can pay for items defined by the health insurance plan, but also much broader definition as defined by the IRS which includes dental, vision, orthodontia, and over the counter medicine. Individuals are currently routinely paying for these expenses using post-tax dollars.
- Portability - If you leave your current employer, you can take your HSA with you.
- Tax Savings- Your contributions to the HSA are made with pre-tax dollars,
- No-Use-it-or-lose-it Requirement - balances roll from year to year, so you don't need a crystal ball to forecast medical expenses in the next year.

## 2022 Health Savings Account Contribution Limits

Individual Coverage	\$3,650
Family Coverage	\$7,300
Catch-up contribution Age 55+	\$1,000

# Understanding Flexible Spending Accounts (FSA)

## Health FSAs:

Health FSAs can be used for reimbursement of qualified medical expenses that are not covered by another health plan. See [IRS publication](#) for a list of covered expenses.

## Dependent Care FSAs:

FSAs can also be set up to pay for qualifying expenses for taking care of a dependent. These expenses typically cover children, but can also apply to elderly care. See [IRS publication](#) for a list of covered expenses.

## Non-Covered Expenses

An FSA cannot make distributions for the following expenses:

- Amounts paid for health insurance premiums
- Amounts paid for long-term care coverage or expenses
- Amounts that are covered under another health plan

## Limited Purpose FSAs

- These accounts are available to those individuals who are also contributing to a HSA account.
- Eligible expenses are limited to Dental and Vision care.

### Use It or Lose It

**Contributed amounts that are not spent by the end of the plan year are generally forfeited. Annual contributions should be based on an estimate of the qualifying expenses employees will have during the year.**

## Covered Expenses

- Qualified medical expenses are those specified in the plan that would generally qualify for the medical and dental expense deductions.
- Dependent care expenses for daycare and other services while you are working.

## Benefits of an FSA

- Contributions made by the employer can be excluded from the employee's gross income.
- No employment or federal income taxes are deducted from the contributions.
- Withdrawals may be tax free if the employee pays for qualified medical expenses.

### 2022 Annual FSA Contribution Limits

Health FSA	\$2,750
Dependent Care	\$5,000

## WORKSITE

The below list of ancillary benefits are offered to you through the School. Please contact human resources for additional information.



### Group Life

Life insurance benefits can help replace your income should anything happen to you. The income protection can help family cover essential expenses.



### Long-Term Disability

Long-term disability insurance protects employees against the loss of income from non-work related illness or injury. The school provides this coverage at no cost to the employee.



## LONG TERM CARE INSURANCE

Long-term care insurance helps cover the costs of services that aren't covered by regular health insurance such as assistance with daily activities. It also helps to cover the cost of assisted living, adult daycare, respite care, and Alzheimer's facilities. For more information [click here](#) or contact Melissa Barnckel..

## Plan Highlights

### Group Basic Life and AD&D Insurance



## Garrison Forest School, Inc.

### ELIGIBILITY

**Employees:** Each Active, Full-time employee working 40 or more hours per week, and Part-time employee working 30 or more hours per week except any person working on a temporary or seasonal basis.

### BENEFIT AMOUNT

#### Basic Life and AD&D:

2 times Earnings, rounded to the next higher \$1,000, subject to a maximum of \$175,000

### GUARANTEED ISSUE

Employee: \$175,000

### CONTRIBUTION REQUIREMENTS

Coverage is employer paid

### AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing	50%

### BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit
	Reduced To
65	65%
70	40%
75	20%

### FEATURES

- ▶ Living Benefit Rider(expressed as Accelerated Death Benefit in some states and Imminent Death Benefit in PA)
- ▶ Air Bag Benefit
- ▶ Conversion Privilege
- ▶ Education Benefit
- ▶ FMLA/MSLA Continuation
- ▶ Seat Belt Benefit
- ▶ Survivor Benefit
- ▶ Waiver of Premium

### VALUE ADDED SERVICES

- ▶ Bereavement Counseling Service

### EXCLUSIONS

#### AD&D EXCLUSIONS:

AD&D benefits will not be payable for a loss: caused by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic intoxication is a contributing factor; or to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

## Plan Highlights

### Group Long Term Disability Insurance



## Garrison Forest School, Inc.

### COVERAGE

Disability income protection insurance provides a benefit for "long term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

### ELIGIBILITY

Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

### BENEFIT AMOUNT

The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$5,000 per month.

### ELIMINATION PERIOD

90 consecutive days of total disability

### MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
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61 or less	to age 65
62	3 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69 or more	1 year

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### FEATURES

- ▶ Activities of Daily Living Benefit
- ▶ FMLA Continuation
- ▶ Own Occupation Coverage - 24 months
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit - 3 months
- ▶ Supplemental Pension Benefit
- ▶ Transfer of Coverage provision
- ▶ Work Incentive & Child Care provisions

### VALUE ADDED SERVICES

- ▶ Travel Assistance Service
- ▶ Employee Assistance Program
- ▶ Identity Theft Recovery Services

### LIMITATIONS

- ▶ Limited Benefit Period for Other Specific Conditions - 24 months
- ▶ Mental/Nervous Illness Limitation - 24 Months out-patient
- ▶ Offsets (such as, but not limited to, Social Security, Workers Compensation, State Disability Plans)
- ▶ Pre-Existing Condition Limitation - 3/12
- ▶ Substance Abuse Limitation - 24 Months

Please note- pre-ex limitations also apply to benefit increases

### EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.



800-327-2251

[portal.bhsonline.com](https://portal.bhsonline.com)

Username: EDUCATORS

# Employee Assistance Program

Ensuring that you have access to timely and high-quality resources that help you be at your best is a top priority for the School. This program is free, highly confidential and is available 24/7 to all employees, faculty and staff, and household members.

To connect with a Care Coordinator, call 800-327-2251. You can also:

Visit the MyBHS portal at [portal.bhsonline.com](https://portal.bhsonline.com) and enter username: EDUCATORS to connect via Live Chat or request services through an online form.

Download the BHS App on your phone for quick one-touch dialing and access to the MyBHS portal (search "BHS App")

For additional information [click here](#).



## Our services



### **Behavioral Health Resources**

Master's level clinician for in-the-moment support and guidance. Short term counseling support



### **Financial and Legal Assistance**

Consult with a legal or financial expert.



### **Childcare and Eldercare Support**

Request childcare or eldercare referrals

# Required Notices

The following notices are provided in compliance with State and Federal regulations related to Employee Benefit Plans. They contain important information about the benefits provided by your plan.

Click on the links below to access each notice or document:

## For All Employees Eligible for the Health Plan

- ✓ [Coverage Options Notice](#)
- ✓ [Employer Chip Notice](#)
- ✓ [Medicare Part D Creditable Coverage Notice - will be provided under separate cover to Medicare eligible employees](#)
- ✓ [Notice of Special Enrollment Rights](#)
- ✓ [Summary of Benefits and Coverage \(SBC\)](#)

## For All Employees Enrolled in the Health Plan

- ✓ [Summary of Benefits and Coverage \(SBC\)](#)
- ✓ [Employer Chip Notice](#)
- ✓ [Medicare Part D Creditable Coverage Notice - will be provided under separate cover to Medicare eligible employees](#)
- ✓ [Summary Plan Description \(SPD\), and Summaries of Material Modification \(SMMs\)](#)
- ✓ [Newborns and Mothers Health Protection Act\\*](#)
- ✓ [Patient Protections Notice\\*](#)
- ✓ [Women's Health and Cancer Rights Act\\*](#)
- ✓ [Maryland Physician Compensation Disclosure](#)

\*Copies of these notices can also be found in your plan SPD.

You have the right to request and obtain a paper version of these documents. Please contact your HR Department to make your request.

# next steps - prepare. decide. act.

1

Prepare: Review all plan information, benefit summaries and plan documents.

2

Decide: Complete the online enrollment. Please review the [online enrollment instructions](#).

3

Act: Open enrollment is November 1st- 15th and most benefit plans have a 30-day enrollment period from your benefit eligibility date.

# Important Information

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## Medical ID Cards

Medical ID cards will be mailed to your home address within 10 business days after your enrollment is processed. You may obtain a temporary ID card online before your card arrives in the mail. Please allow 48 hours after enrollment for your benefit information to be updated with UnitedHealthcare or Kaiser Permanente.



## Dental ID Cards

**UnitedHealthcare** (UHC) dental ID cards will be mailed to your home address within 10 business days after your enrollment is processed. You may obtain a temporary UHC ID card online before your card arrives in the mail. Please allow 48 hours after enrollment for your benefit information to be updated with UHC.

**Dominion** dental will mail 2 ID cards in the subscriber's name to the address on file. The cards may be used by anyone covered under your plan.



## HSA Debit Cards

HSA debit cards will be delivered to your home address in a nondescript envelope within 10 days after you open your HSA account at Optum Bank.



## Vision Cards

VSP vision does not provide vision ID cards. You can access your plan information, in-network doctors, and view savings by creating an account online at [www.vsp.com](http://www.vsp.com).

## CONTACT

For general information contact Human Resources or reach out to an EBS benefit support specialist at 410-590-6590 or [clientservices@ebsonline.net](mailto:clientservices@ebsonline.net).