



GREATER ATLANTA CHRISTIAN SCHOOL



2022 - 2023 BENEFITS GUIDE

This brochure summarizes the benefit plans that are available to Greater Atlanta Christian Schools' eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Benefits Department. Information provided in this brochure is not a guarantee of benefits.

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A MESSAGE TO OUR EMPLOYEES

Welcome to Greater Atlanta Christian School (GAC)! GAC takes pride in offering a benefit program that provides flexibility for the diverse and changing needs of our employees. This booklet will answer some of the questions you may have about your benefits as an employee here. Please note this document is intended as a high-level summary of the major points of our benefit plans; it does not cover all provisions, limitations, and exclusions. The official plan documents, policies, and certificates of insurance govern in all cases and are available for your review at any time. Guidance and interpretations relating to healthcare matters are being released on a regular basis.

COMPANY PAID BENEFITS

GAC is pleased to provide all full-time eligible with a Basic Life and AD&D, Long Term Disability Coverage, Employee Assistance Program (EAP, and Will Services at no cost to you). Please make sure to review and update your beneficiary information even if you do not choose to enroll in the optional benefits.

OPTIONAL BENEFITS

In addition to employer paid benefits, eligible employees may choose to enroll in optional benefits, including Medical, Dental, Vision, Voluntary Life and AD&D, Short-Term Disability, Accident, Critical Illness, Hospital, Identity theft and Legal. You contribute toward the cost of the optional benefits you elect.

HELP IS HERE WHEN YOU NEED IT

USI's Benefit Resource Center is a team of dedicated professionals available to assist you with any benefit or claim questions you may have during the Open Enrollment Period. The team will provide you friendly, fast, and reliable service Monday through Friday from 8 a.m. to 8 p.m. ET.

To speak to a member of your Benefit Resource Center team:

CALL: 855-874-0835

EMAIL: BRCSouth@usi.com



WHO TO CONTACT

Benefit	Vendor/Contact	Phone Number
Claims Advocacy	USI Benefits Resource Center (BRC)	BRCSouth@usi.com (855) 874-0835
GAC Ask HR	GAC HR Team	AskHR@gac.org
Medical & Prescription Drug	Aetna	www.aetna.com (888) 266-5519
Dental Plan	Guardian	www.guardiananytime.com (800) 541-7846
Vision Plan	Aetna/EyeMed	www.aetnavision.com (877) 973-3238
Life & Disability	Lincoln Financial Group	www.lincoln4benefits.com (800) 423-2765 Reference ID: GTCS
Health Savings Account (HSA)	Payflex	www.payflex.com (888) 678-8242
Flexible Spending Account (FSA)	Payflex	www.payflex.com (888) 678-8242
Accident, Hospital, and Critical Illness	Unum	www.unum.com (800) 635-5597
Teledoc	Teladoc	www.Teladoc.com/aetna (855) 835-2362
Nurse Line	Aetna	(800) 556-1555
Employee Assistance Program (EAP)	Lincoln Financial Group	www.guidanceresources.com (855) 327-4463 Web ID: Lincoln
Retirement Plan	Principal Financial Group	www.principal.com (800) 547-7754



HOW TO ENROLL

The following steps will guide you through the Open Enrollment process:

1. Carefully review the plan information in the **2022-23 Open Enrollment Guide** and all other plan materials in your enrollment packet. The insurance carrier's websites also provide important information and tools that can help you make enrollment decisions.
2. Consider the needs of any dependents you may have. If you are married and your spouse is eligible for benefits through his/her employer, review the coverage currently offered through your spouse's employer to compare to GAC's coverage.
3. Enrollment is completed on the Paylocity website (<https://login.paylocity.com>). Selecting your benefits is fast, easy, and convenient with the online enrollment system. You will be able to make decisions and changes online and get immediate confirmation of your selections.
4. Be sure to use as your web browser either Chrome or Firefox. Do not use an iPad or mobile phone. Remember the company id is **N2090**.
5. Once you are logged in, you first need to verify your information. To do so:
 - Expand the area titled "Hi, Your Name" and then click on "More"
 - Click on "Demographics" and "Dependents" to verify and/or update both your demographic and dependents (spouse and children) information
 - Click on "HR & Payroll" on top left and then click on "Bswift Benefits"
 - Click on "Enroll Now" and follow the steps to elect or waive each benefit option
 - Once you finish making your elections, check "I agree, and I'm finished with my enrollment"
 - Click on "Save My Enrollment"
6. If needed, you may re-access the enrollment site and make changes to your elections as often as you wish during the Open Enrollment period.

"Ask Emma" is a decision-making benefit comparison tool within the enrollment site. It will provide a plan comparison of the medical and dental plan options based on your anticipated costs to help you select the plan that is best for you and your family.



BENEFIT ELIGIBILITY

WHO IS ELIGIBLE FOR BENEFITS?

If you are a Full-Time employee working a minimum of 1,000 hours annually and 30 Hours per Week, you are eligible to participate in the GACS' benefits.

You may also cover eligible dependents under many of GACS' benefit plans. Eligible dependents include:

1. legal spouse
2. children up to age 26 whether natural, adopted, stepchildren, or those for whom you have legal custody by court decree.
3. Mentally or physically disabled child over the age of 26, if they were defined as disabled before age 24, who is dependent on support from you and whose primary residence is with you.

**To add dependents up to age 26, a copy of a birth or adoption certificate is required. To add a spouse, a copy of your marriage certificate is required.*

WHEN IS OPEN ENROLLMENT?

The open enrollment period for Plan Year 2022-2023 will be from **August 8th, 2022 to August 19th, 2022**. Any changes made during open enrollment will be effective September 1st, 2022.

WHEN DOES COVERAGE BEGIN?

The effective date for GACS' benefits is September 1st, 2022. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a qualifying life event (QLE).

Newly hired employees and dependents will be effective on GACS' benefits programs on their Date of Hire.

Most benefit deductions are withheld from your paycheck on a pre-tax basis (Medical, Dental and Vision), and therefore your ability to make changes to these benefits is restricted by the IRS.

To be eligible to make benefit changes to your benefits, you must notify the Human Resources Department within 30 days of the date of the qualifying event. Proof of your life event may also be required. Changes outside of the 30-day period are not allowed until the next annual Open Enrollment period, unless you experience another qualified Life Status Change.

To make benefit changes as a result of a qualifying life event as allowed under Section 125 of the IRS Code, you must:

- **The Human Resources Department must be notified within 30 days of the date of the qualifying event**
- Provide proof of your life status event

THE MOST COMMON QUALIFYING LIFE EVENTS

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order or other court order



FREQUENTLY ASKED QUESTIONS

WHAT IS A DEDUCTIBLE?

A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays do not apply to the deductible. For example, if your plan's deductible is \$2,800, you'll pay 100 percent of eligible healthcare expenses until you have met the \$2,800 deductible. After that, you share the cost with your plan by paying coinsurance.

WHAT IS COINSURANCE?

Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount. You pay coinsurance after you have met your deductibles. For example, if the coinsurance percentage is 20% and the plan's allowed amount for an office visit is \$100. Once you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance plan pays the rest of the allowed amount.

WHAT IS A COPAY?

A copay is a fixed or flat dollar amount you must pay each time you visit the doctor or purchase medicine. This amount will vary depending on where you go for care, the type of doctor you see and the kind of medicine you need. Not all plans have copays.

WHAT IS AN OUT-OF-POCKET-MAXIMUM?

This is the most you could pay in deductible, copay and coinsurance in a plan year. Once the maximum-out-of-pocket limit is reached, the plan covers 100% of all eligible expenses.

WHAT IS AN EXPLANATION OF BENEFITS (EOB)?

An EOB is a statement that comes in the mail and explains details about a submitted insurance claim. The EOB shows the portion that was paid by the insurance carrier and what payment, if any, will be the patient's responsibility. Even though it resembles a bill, it is not. The bill for your portion will come from the health care provider and should be paid to the provider.

WHAT COUNTS AS A PREVENTIVE CARE VISIT?

In general, a preventive care visit is one where you are going for a general checkup and don't have a specific concern. If you have a specific ailment for the doctor to check on, this is typically considered a diagnostic visit. Be aware, however, if you go to the doctor for a yearly check-up and bring up ailments to the doctor, part of the visit might be billed as preventive and part as diagnostic.

IF I CHANGE PLANS, CAN I KEEP MY DOCTOR?

It depends. You should check with your doctor to confirm they work with the carrier and plan. This is an important consideration, because in-network providers are less costly than out-of-network providers. And some plans don't have any out-of-network coverage, which means you'd be responsible for 100% of the cost of services provided at a doctor that's out-of-network.

WHAT IS COBRA?

COBRA: The Consolidated Omnibus Budget Reconciliation - Act provides a temporary continuation of group health coverage that would otherwise be lost due to certain life events.

WHAT DOES IN-NETWORK MEAN?

A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

WHAT DOES OUT-OF-NETWORK MEAN?

Care received from a doctor, hospital, or other providers that are not part of the plan agreement. You will pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

WHAT IS THE PREMIUM?

A premium is an amount you and your employer pay each month in exchange for insurance coverage



MEDICAL & PRESCRIPTION DRUG BENEFITS

PROVIDED THROUGH AETNA

Greater Atlanta Christian School offers three health plan options, all administered by Aetna. The rising cost of health care is making it harder for some people to find affordable medical benefits. Our goal is to offer affordable benefit options that ensure you have access to high quality services.

You will notice some similarities between all our plans. Preventive care visits (including certain screenings and immunizations) are covered at 100%, so there is no charge to you when you visit an in-network provider.

Part of leading a healthy lifestyle means taking care of yourself, so be sure to follow the recommended guidelines on health screenings and have them done at appropriate intervals.

Some considerations for you and your family when selecting a medical plan:

HSA Saver Plan Highlights:

- ✓ This is a qualified high deductible health plan which means members are responsible for their deductible before Aetna will pay for any portion of the claim.
- ✓ This plan utilizes the Aetna Choice POS II Network
- ✓ This plan has the highest deductible
- ✓ This is the lowest cost plan

HSA Classic Plan Highlights:

- ✓ This is a qualified high deductible health plan which means members are responsible for their deductible before Aetna will pay for any portion of the claim.
- ✓ This plan utilizes the Aetna Choice POS II Network

Select Plan Highlights:

- ✓ You want copays for doctor office visits, emergency room, and urgent care visits.
- ✓ This plan has in-network coverage only
- ✓ This plan utilizes the Aetna Whole Health Open Access Select Network
- ✓ This is the highest cost plan

AETNA NETWORKS

- ✓ Choice POS II - This is Aetna's broadest and national network
- ✓ Whole Health Open Access Select - This network has primarily the same providers as the Choice POS II Network, BUT this network DOES NOT include the Piedmont or Wellstar Hospital Systems.

AETNA ONLINE REGISTRATION

Register today. It's this easy:

1. Go to www.aetna.com
2. Choose Register Use your member ID to register.
3. Create a user ID and password.

Now you're ready to log in to your personal, secure Aetna site. See how the site has been redesigned with you in mind, making it easy to navigate and find what you need:

- Access your plan and benefit information
- Check the status of a claim
- Find a doctor or hospital in your network
- See cost estimates for medical procedures
- Compare quality of care ratings for doctors and hospitals
- Access a variety of health and wellness tools and resources
- Print ID cards

MONTHLY MEDICAL PAYROLL DEDUCTIONS			
	HSA Saver Plan	HSA Classic Plan	Select Plan
Employee	\$35.00	\$100.00	\$150.00
Employee & Spouse	\$460.00	\$650.00	\$750.00
Employee & Child(ren)	\$350.00	\$600.00	\$600.00
Family	\$570.00	\$800.00	\$950.00

MEDICAL & PRESCRIPTION DRUG BENEFITS

The chart below is a brief outline of the medical plans administered by Aetna. Please refer to the summary plan description for complete plan details.

	HSA Saver Plan	HSA Classic	Select Plan
Annual Deductible			
Per Person	\$5,000	\$3,000	\$2,000
Maximum Per Family	\$10,000	\$6,000	\$4,000
Annual Out-of-Pocket Maximum (Includes Deductibles, Copay, and Coinsurance)			
Per Person	\$6,000	\$5,000	\$5,000
Maximum Per Family	\$12,000	\$10,000	\$10,000
Member Coinsurance	20%	20%	20%
Preventive Care/Visits			
Office Visit/Well-Child Care	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
Professional			
Office Visit	Deductible + 20%	Deductible + 20%	\$30 Copay
Outpatient Specialist Visit	Deductible + 20%	Deductible + 20%	\$60 Copay
Hospital/Facility			
Inpatient Care	Deductible + 20%	Deductible + 20%	Deductible + 20%
Outpatient Care	Deductible + 20%	Deductible + 20%	Deductible + 20%
Mental Health/Substance Abuse			
Outpatient	Deductible + 20%	Deductible + 20%	\$60 Copay
Inpatient	Deductible + 20%	Deductible + 20%	Deductible + 20%
Other Services			
Emergency Room (Copay waived if admitted)	Deductible + 20%	Deductible + 20%	Deductible + 20%
Urgent Care	Deductible + 20%	Deductible + 20%	Deductible + 20%
Out-of-Network Benefits			
Annual Deductible Per Person	\$6,000	\$5,000	N/A
Annual Deductible Family	\$12,000	\$10,000	N/A
Annual Out-of-Pocket Max Per Person	\$12,000	\$10,000	N/A
Annual Out-of-Pocket Max Family	\$24,000	\$20,000	N/A
Preventive Care Office Visit	Deductible + 40%	Deductible + 40%	N/A
Professional Care Office Visit	Deductible + 40%	Deductible + 40%	N/A
Emergency Room (Copay waived if admitted)	Deductible + 20%	Deductible + 20%	N/A

	Participating Retail	Mail Order	Participating Retail	Mail Order	Participating Retail	Mail Order
Pharmacy Deductible	Medical Deductible Applies		Medical Deductible Applies		N/A	
Prescription Categories						
Generic Drugs	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	\$20 Copay	\$50 Copay
Preferred Brand Drugs	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	\$45 Copay	\$112.50 Copay
Non-Preferred Brand Drugs	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	\$90 Copay	\$225 Copay
Preferred Specialty Drugs	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	\$250 Copay	\$250 Copay
Non-Preferred Specialty Drugs	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	\$500 Copay	\$500 Copay
Maximum Day Supply	30 days	90 days	30 days	90 days	30 days	90 days

Please note that your deductible and out-of-pocket maximum will start over (reset) on September 1st

GAC WELLNESS PROGRAM

The GAC Wellness Program is intended to help employees, and their spouse, improve their health and well-being through preventative care. Any employee (and their covered spouse) who elects to participate in one of the medical plan options is eligible to participate in the GAC Wellness Program. Participation is voluntary. However, any eligible employee (and covered spouse) who elects to not participate in the GAC Wellness Program will incur a \$50 non-participation fee from his/her monthly paycheck for the entire plan year. The GAC Wellness Program is comprised of two parts as follows:

1. **Annual Physical:** An annual physical must be completed within the 12-month period preceding June 1, 2023. An annual physical is paid 100% by the Aetna medical plan, provided there has only been one in the preceding twelve months and the physician's billing office has correctly coded the office visit. You must have your primary care physician with whom you had the annual physical complete an "Annual Physical Certification" form. This form must be faxed directly from the physician's office to AskHR@gac.org on or before June 1, 2023. Since it occasionally takes several weeks or even months to obtain an annual physical appointment, it is recommended you contact your physician as soon as possible to schedule your appointment.
2. **Health Risk Assessment (HRA):** An online Health Risk Assessment (HRA) must be completed through your member account within Aetna's website on or before June 1, 2023.

Failure to Complete Wellness Requirement

If either you or your participating spouse elect to participate in the GAC Wellness Program but fail to complete any of the above two steps by the noted deadlines above, it will result in \$600 (\$50 per month for the 12-month plan year) being deducted from your pay within the June through August 2023 pay periods.

Additional Employer HSA Contribution

In addition, for those employees who participate in either the HSA Classic or HSA Saver medical plans, if you (and your spouse, if covered in the medical plan) each voluntarily complete one online Aetna Journey Health program by June 1, 2023, then GAC will contribute \$300 (employee only coverage) or \$600 (employee + spouse, employee + children, or family coverage) to your HSA (Health Savings Account) fund upon completion.

Note that each health program takes an average of four to six weeks to complete. The reason is they are intended to improve a health behavior which research shows is ideally done over a period of time.

Steps to Access Aetna's Online HRA and Health Program (Journey)

1. Log in to Aetna at www.aetna.com
2. Click on "Health Records" at the top or click on "Health Assessment" on the left menu
3. Click on "Take a Health Assessment"
4. On this landing page, you will be able to complete both the Health Risk Assessment and the online Health Program by:
 - a. For the Health Risk Assessment, click on "Launch" in that section
 - b. For the online Health Program, click on "Launch My Program" in that section

Additional \$50.00 Monetary Reward for Completion of Aetna's HRA and Health Program

For completion of your Aetna HRA and Health Program, Aetna rewards you (the employee) with a \$50.00 gift card through their rewards website (notification via an email to you). You may check the status of your reward eligibility by:

- Logging on to Aetna at www.aetna.com
- Click on "Incentives" on left-side menu

You may redeem your \$50.00 incentive by logging in to www.aetnarewards.com.

GAC WELLNESS PROGRAM

The GAC Wellness Program also includes the **Well-Being Reimbursement Account (WRA)** as part of your benefit offerings. With this benefit plan, GAC will contribute a specific amount based off your medical plan coverage tier to a well-being account for you and your covered dependents to utilize for eligible well-being expenses.

EMPLOYER CONTRIBUTION AMOUNT:

Employee - \$300
Employee + Spouse - \$600
Employee + Child(ren) - \$600
Family - \$600

ELIGIBLE FOR REIMBURSEMENT EXPENSES

- Fitness center, health club, studio, and aquatic center membership fees
- Group exercise class fees
- Well-being related class fees
- Weight management program membership fees
- Nutrition counseling fees
- Exercise and sport equipment
- Multi-purpose tracking devices
- Financial Planning Services
- Organized sport and recreation activity and lesson fees
- Pet Adoption
- Athletics shoes
- Online Fitness class and membership fees
- Message therapy fees
- Childcare & Tutoring (virtual or in person)
- Elder Care (nursing home of onsite help)
- Body weight scale

For more information on what is covered under each above item, please reach out to you Human Resources Team.

USE IT OR LOSE IT

This is a use it or lose it reimbursement account. Any funds must be used on or before the end of the benefit plan year on August 31, 2023.

You must submit a claim along with your supporting documents. You can do this online, by fax or mail.

Your supporting documents must show:

- Date of purchase
- Your name
- Merchant name
- The amount you had to pay
- Description of the eligible well-being product or service

HOW WILL I GET REIMBURSED?

The WRA claims are reimbursed by PayFlex in two ways.

1. Check via U.S. Mail
2. Direct Deposit

Direct deposit will need to be set up directly in your PayFlex account.

ARE MY ELIGIBLE EXPENSES REPORTED AS TAXABLE INCOME?

YES. Per Internal Revenue Service (IRS) regulations, reimbursements from a well-being Reimbursement Account are considered a taxable benefit. The dollar amount of the item will be included as income on a future paycheck. Applicable Federal, State, and local income taxes will be withheld from that amount. Your net regular wages will also be reduced by the amount of the withholding.

WHAT IS THE LAST DAY I CAN FILE CLAIMS?

You can find this date on your account dashboard. Click on the PayFlex logo in the top left corner to get to your dashboard.



TELEHEALTH OPTIONS



Access to quality care at your fingertips

General Medical \$49 or less/visit

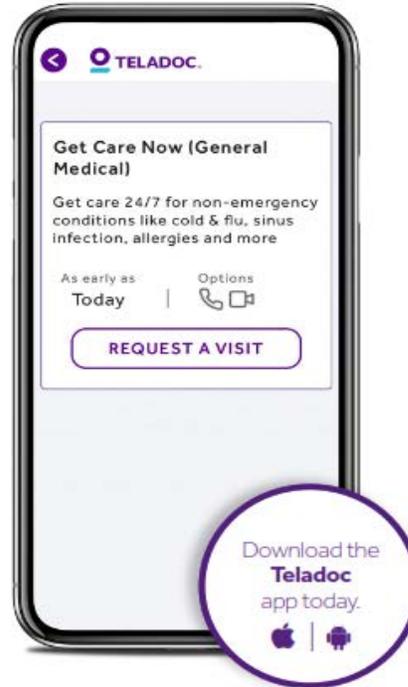
Talk to a licensed doctor for non-emergency conditions 24/7
Flu • Sinus infections • Sore throats • And more

Mental Health \$85 or less/therapist visit \$190 or less/psychiatrist first visit \$95/psychiatrist ongoing visit

Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

Dermatology \$75 or less/consult

Upload images of a skin issue online and get a custom treatment plan within 2 days
Eczema • Acne • Rashes • And more



Set up your account or log in today.

Teladoc.com/Aetna | 1-855-Teladoc (835-2362)

24-Hour Nurse Line*

Get the health information and care you need

Talk to a registered nurse anytime

With the 24-Hour Nurse Line, you can speak to a registered nurse about a variety of health issues — whenever you need to. Plus:

- It's toll-free
- You can call as many times as you need — at no extra cost
- Your covered family members can use it, too

Save time, money and a trip to the ER

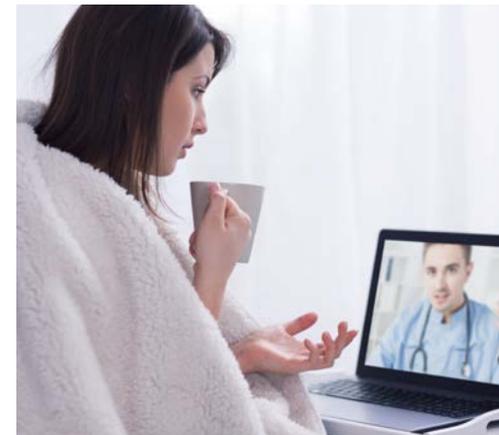
The 24-Hour Nurse Line can provide valuable information and help you avoid a trip to the emergency room (ER). And that can be a real time *and* money-saver.

Plus, you'll be able to make smarter health decisions because you'll have trusted information — right at your fingertips.



Connect with trusted health information right here.

*While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line nurses can provide information on a variety of health topics. Contact your doctor first with any questions or concerns regarding your health care needs.



HEALTH SAVINGS ACCOUNT (HSA)

With a health savings account (HSA) you can set aside money on a pre-tax basis from your paycheck to cover qualifying healthcare (medical, dental and vision). **You are only eligible to enroll in the HSA if you are enrolled in the HSA CLASSIC or HSA SAVER.**

IRS ANNUAL CONTRIBUTION LIMIT

The IRS sets a maximum limit for contributing to an HSA. The 2022 HSA Limits are:

Employee - \$3,650
Family - \$7,300

If you are 55 years or older, you can contribute an additional \$1,000 "catch-up" each year.

Note: the annual maximum includes employee plus employer contributions.

EMPLOYER CONTRIBUTION

Greater Atlanta Christian will provide a matching contribution of:

Individual - \$300
Family - \$600

ADVANTAGES OF AN HSA

- HSA funds used for eligible expenses are tax-free
- Contributions are tax-deductible and earnings grow tax-free
- **HSA funds roll over from year to year**
- You can update your HSA contribution at anytime throughout the year
- HSA accounts are portable and yours to keep, regardless of your employer or insurance carrier
- Deposits can be invested in mutual funds

THINGS TO CONSIDER

- Plans eligible for HSA come with a higher annual deductible
- High Deductible Plans work differently than traditional plans as the employee is responsible for all first dollar costs until the deductible is met
- You will need to save receipts for eligible expenses for tax filling purposes

HSA IMPORTANT CONSIDERATIONS

WHAT IF I ESTABLISH A HSA MID-YEAR?

Your HSA contributions are generally determined on a monthly basis. If you establish an HSA mid-year, you're allowed to make the full year's contribution, provided you are eligible on December 1 of that year and you remain eligible to make HSA contributions throughout the next calendar year.

HOW DO I MAKE CONTRIBUTIONS TO MY HSA?

You can contribute to your HSA through payroll deductions.

WHEN CAN I START USING THE FUNDS IN MY HSA?

You can use the funds in your HSA once they are available. If you incur expenses under the qualified HDHP prior to having enough funds in your HSA, you can reimburse yourself months or years later, once you do have the funds available - so long as you were enrolled in the qualified HDHP at the time of service and the HSA was established at the time of service.

CAN I USE MY HSA TO PAY FOR NON-QUALIFIED EXPENSES?

Money withdrawn from an HSA for non-qualified expenses is taxable and subject to a 20% penalty. Although the 20% penalty goes away at age 65, the non-qualified expenses are always subject to income tax.

WHAT HAPPENS TO MY HSA IF I LEAVE MY EMPLOYER?

The HSA is yours to keep. If you continue to meet the eligibility criteria for funding the account, you can continue making contributions to your HSA. If you are no longer eligible to fund the account, you're still eligible to spend the money (tax-free) on qualified expenses.

CAN I USE THE MONEY IN MY HSA TO PAY FOR MY DEPENDENTS' HEALTH CARE EXPENSES?

You can use the money in your HSA to pay for the health care expenses belonging to your eligible spouse and/or dependent children - even if they are not covered as your dependents. Refer to *Internal Revenue Code Section 152* to determine if your spouse and/or child is an eligible dependent.

FLEXIBLE SPENDING ACCOUNTS (FSA)

PROVIDED THROUGH PAYFLEX

With a flexible spending account (FSA), you can set aside money on a pre-tax basis from your paycheck to cover qualifying healthcare (medical, dental and vision) or dependent day care expenses.

BENEFITS OF AN FSA

- **PRE-TAX SAVINGS** - The dollars you contribute to an FSA are added pre-tax. For example, if you contribute \$2,500 to an FSA during a plan year and pay a tax rate of 30%, you'd save \$750.
- **FUNDS AVAILABLE RIGHT AWAY** - All your Medical FSA funds are available on the first day of the plan year. Dependent Care FSA funds are available for use as they accrue per pay period.

GENERAL PURPOSE FSA

If you enroll in the Select Plan or do not elect to participate in the medical option, you can set aside tax-free dollars into a General Purpose FSA to help pay for eligible medical, dental, or vision expenses for yourself or your eligible dependents.

- 2022-2023 Maximum Contribution: **\$2,850**
- You can **roll over up to \$570 into the next plan year**

Note: If you're enrolled in a Health Savings Account (HSA), you're not eligible for a Health Care FSA.

Examples of eligible expenses include doctor Visits, physical therapy, speech therapy, Surgeries, hearing aids, and ambulance costs

LIMITED PURPOSE FSA

If you elect to participate in one of the HSA medical plan options, you can set aside tax-free dollars in a Limited Purpose FSA to reimburse yourself for eligible dental and vision expenses for yourself or your eligible dependents.

- 2022-2023 Maximum Contribution: **\$2,850**
- You can **roll over up to \$570 into the next plan year**

DEPENDENT CARE FSA

You can contribute tax-free dollars to a Dependent Care FSA to reimburse yourself for eligible day care expenses for dependent children and adults.

- 2022-2023 Maximum Contribution: **\$5,000 or \$2,500 if married and filing separately**

NOTE: you may only access your contribution amount that has been payroll deducted

WAYS TO GET REIMBURSED

You can submit documentation within minutes using the Payflex App. This is the quickest and easiest method for filing claims and submitting documentation for your FSA purchases because it lets you use your phone's camera to take pictures of documentation and upload it on the spot.

You can also submit documentation through your online account or via fax or mail.



DENTAL BENEFITS

PROVIDED BY GUARDIAN

Through GAC, you have access to two dental plans. The Standard and Deluxe plans are both Passive PPO Plans. This means you have access to in and out of network benefits. **To receive the best level of benefits with the least amount of out-of-pocket expenses, please use an in-network provider. If you utilize an out-of-network provider, you could be liable for amounts above Guardian's Maximum Allowable Charge.**

To find an in-network dentist, go to www.guardianlife.com or call 1-800-627-4200. Please see the Certificates of Coverage(s) for details about any exclusions or limitations that may apply not shown below.

Plan Features	Standard		Deluxe	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (Individual / Family) per individual per calendar year	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Benefit Maximum per individual per calendar year	\$1,000	\$1,000	\$2,000	\$2,000
YOU PAY				
Preventive Services • Cleanings (2x per 12 months) • Oral Exams • X-rays	0%	0%	0%	0%
Basic Services • Fillings • Root Canals • Perio Maintenance • Simple or Complex Extractions	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Major Services • Bridges and dentures • Single crowns • Inlays, onlays, veneers	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Orthodontia Lifetime Maximum	Not Covered		\$2,000	
Orthodontia Services (Children up to 19)	Not Covered		50%	
MONTHLY EMPLOYEE CONTRIBUTIONS				
Employee Only	\$44.96		\$51.54	
Employee + Spouse	\$88.17		\$101.51	
Employee + Child(ren)	\$105.67		\$122.45	
Employee + Family	\$158.22		\$183.34	

NOTE: we strongly recommend you ask your dentist for a predetermination of services. A predetermination all you and your dentist to know in advance what the payment will be for any services that may be in question

VISION BENEFITS

PROVIDED BY AETNA/EYEMED

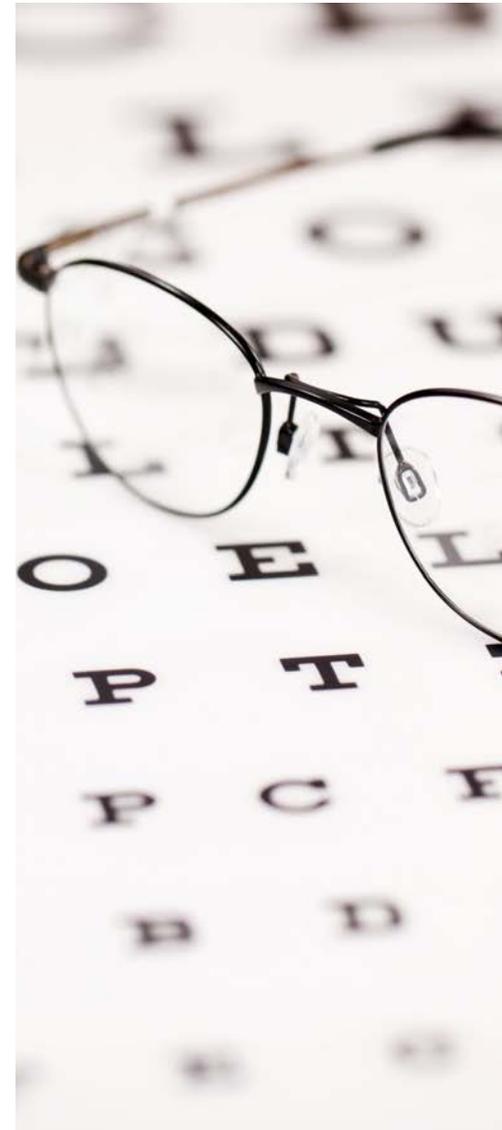
Taking care of your vision is important to your overall health. Many eye problems and diseases can be treated if caught early. Aetna/EyeMed members can take care of their vision and have routine eye exams, while saving money on all their eye care needs.

Taking care of your vision can also mean early detection for signs of:

- Diabetes
- Hypertension
- High cholesterol
- Tumors
- Thyroid disorders
- Neurological disorders

To find a provider go to: www.aetnavision.com or call 1-877-973-4200 to find a network vision provider near you. You may also call EyeMed at 1-800-793-8616.

VISION PLAN		
Plan Features	In-Network	Out-of-Network
	YOU PAY	
Exam	\$10 Copay	\$25 Allowance
Frames	\$130 Allowance + 20% off balance above \$130	\$65 Allowance
Lenses		
Single	\$10 Copay	\$20 Allowance
Bifocal	\$10 Copay	\$40 Allowance
Trifocal	\$10 Copay	\$65 Allowance
Contacts (in lieu of glasses)		
Elective	\$115 Allowance + 15% off balance over \$115	\$80 Allowance
Medically Necessary	Paid in Full	\$200 Allowance
MONTHLY EMPLOYEE CONTRIBUTIONS		
Employee Only		\$5.93
Employee + Spouse		\$12.54
Employee + Child(ren)		\$12.97
Family		\$21.10



LIFE AND AD&D BENEFITS

COMPANY PAID

GAC provides a Life and AD&D benefit administered by Lincoln, at **no cost to you**. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

The Benefit amount for the Basic Life policy is **\$50,000**

IMPORTANT REMINDER! BE SURE TO ASSIGN A BENEFICIARY OR LIVING TRUST TO ENSURE YOUR ASSETS ARE DISTRIBUTED ACCORDING TO YOUR WISHES.



VOLUNTARY

GAC offers voluntary life and AD&D through Lincoln for you, your spouse and your eligible children. Electing to purchase this additional coverage allows you to do more to protect your loved ones financially in the event of your death.

The rates for the voluntary life and AD&D are reflected as you complete the enrollment process.

Plan Features	
Employee	\$10,000 increments to a maximum of \$500,000 Guarantee Issue Amount: \$140,000
Spouse	\$5,000 increments to a maximum of 100,000 Guarantee Issue Amount: \$50,000
Child(ren)	\$2,500 increments to a maximum of \$10,000

IMPORTANT THINGS TO CONSIDER

- You must elect coverage for yourself in order to enroll your spouse and/or your eligible child(ren)
- You will be required to submit Evidence of Insurability, if:
 - Your election exceeds the Guarantee issue amount
 - You declined coverage during your initial eligibility period
 - You elect to increase your current election in excess of the Guarantee Issue amount
- Remember to update your beneficiary

DISABILITY BENEFITS

PROVIDED THROUGH LINCOLN FINANCIAL GROUP

Understanding the importance in protecting your income, GAC provides you with the opportunity to purchase short-term disability and company-paid long term disability benefits.

VOLUNTARY SHORT-TERM DISABILITY (STD)

GAC offers voluntary short term disability benefits administered by Lincoln Financial Group. This benefit provides financial protection for you by paying a portion of your income should you become disabled due to a non-work related illness or injury. You will be responsible for 100% of the premium for this benefit.

The amount you receive is based on your base earnings before your disability began. If you suffer from a qualified accident or illness, Lincoln will pay 60% of your weekly earnings, up to \$1,000 per week, for up to 26 weeks. Benefit payments will begin after the 15-day elimination period. Sick leave or unpaid time must be used during the 15-day elimination period. Coverage is available on the first day of the month following an employee's election. Coverage ceases when employment with GAC ends.

Note, if you decline the voluntary short term disability coverage when initially eligible then you will be required to complete an Evidence of Insurability application should you choose to enroll later. Enrollment for late entrants is subject to medical underwriting approval.

The rates for the STD Benefit are reflected as you complete the enrollment process.

COMPANY-PAID LONG-TERM DISABILITY (LTD)

GAC provides long-term disability benefits at no cost to you, administered by Lincoln. This long-term disability plan provides financial protection for you by paying a portion of your income while you are disabled.

LTD insurance provides a benefit after 180 days of a continuous disability. You are eligible to receive 60% of your pre-disability monthly earnings up to \$5,000. Benefits are payable for the duration of your disability up to age 65, or your Social Security normal retirement age.



VOLUNTARY BENEFITS

**Your participation in these plans is voluntary.
You will be responsible for 100% of premium.**

VOLUNTARY ACCIDENT INSURANCE

Accident Insurance pays a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events. It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles, plus . . .



- You're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you change jobs or retire. You'll be billed directly.
- There is **Wellness Benefit** whereby every year, each family member who has Accident coverage can also receive \$50 for getting a health screening test, such as:
 - ✓ Blood tests
 - ✓ Chest X-rays
 - ✓ Stress tests
 - ✓ Colonoscopies
 - ✓ Mammograms

PLAN PREMIUM COST	
Employee	\$12.23
Employee & Spouse	\$21.60
Employee & Child(ren)	\$27.85
Family	\$37.22

VOLUNTARY HOSPITAL INSURANCE

Hospital Confinement Insurance pays for benefits when you're admitted to the hospital for a covered accident or illness. The money is paid directly to you - not to a hospital or care provider. It can complement your health insurance to help you pay for the costs of a hospital stay. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles. You get affordable rates when you buy this coverage at work. The benefits in this plan are compatible with a Health Savings Account (HSA). This plan has a pre-existing condition limitation (For more information, refer to plan documents posted in the benefit election site or on your Paylocity self-service portal under the Benefits section). The plan includes:

- \$1,000 for each covered hospital admission - once per year
- \$100 for each day of your covered hospital stay, up to 15 days - once per year
- \$200 for each day you spend in intensive care, up to 15 days - once per year

PLAN PREMIUM RATES*	
Employee	\$20.98
Employee & Spouse	\$40.93
Employee & Child(ren)	\$29.45
Family	\$49.40

*For illustrative purposes only. Actual cost may vary. Family coverage options assume employee and spouse are in the same age band.

VOLUNTARY BENEFITS

VOLUNTARY CRITICAL ILLNESS

Critical Insurance, if you're diagnosed with an illness that is covered by this insurance, you'll receive a benefit payment in one lump sum. You can use the money however you want. The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles. You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions. If you have a different condition later, you can receive another benefit. This insurance pays you once for each eligible illness. However, the diagnoses must be at least 90 days apart, and the conditions can't be related to each other. Critical Illness rates are based on your age when you first enroll and will not change as you get older. Critical Illness premium rates will be available during the online enrollment process. This plan covers:

- Heart Attack
- Blindness
- Major organ failure
- End-stage kidney failure
- Benign brain tumor
- Coronary artery bypass surgery
- Coma that lasts at least 14 consecutive days
- Stroke whose effects are confirmed at least 30 days after the event
- Occupational HIV
- Permanent paralysis of at least two limbs due to a covered accident

Coverage is also included for:

- Cancer
- Carcinoma in situ – pays 25% of your coverage amount. (Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.)

The plan includes a Wellness Benefit. Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a health screening test, such as Blood tests, Chest X-rays, Stress tests, Colonoscopies, Mammograms, and other tests listed in your policy.



VOLUNTARY BENEFITS

IDENTIFY THEFT PROTECTION

Last year over 12.7 million Americans were victims of identity fraud and cleaning up the damage can be a nightmare. Do you know what you should do to protect yourself and your family? The Identity Theft Protection Plan, by InfoArmor, is a proactive and prevention plan, including a fully-managed identity restoration for state-of-the-art identity protection. InfoArmor detects fraud at the source (when thieves first use your information to apply for accounts) to catch misuse sooner and minimize damages to provide complete identity monitoring. It also includes tri-bureau credit monitoring at no additional charge, an annual credit report and monthly credit scores. You will also receive access to free online tools like WalletArmor, SocialArmor, PasswordArmor, Digital Identity report, and more. **The fee is \$9.95 per month for the employee or \$17.95 per family per month.** Contact InfoArmor at **1-800-789-2720** or **www.myprivacyarmor.com**.

LEGAL INSURANCE

Legal insurance from MetLife's Hyatt Legal Plan offers you affordable, reliable counsel when something in life turns into a legal issue, like a dispute with a contractor, a traffic ticket or the need for estate planning. The attorneys have an average of 25 years of experience. **For just \$24 per month**, you can enroll in the plan for coverage for you plus your eligible dependents and have a place to turn to for help with access to a nationwide network of attorneys for an unlimited number of legal issues who will:

- Consult with you on legal issues.
- Review or prepare documents.
- Make follow-up calls or write letters on your behalf.
- Represent you, if needed.

For more information, call MetLife at **1-800-821-6400** or **www.legalplans.com**.



GAC RETIREMENT PLAN

One of the best ways to save for your retirement is to participate in GAC's retirement plan, which is administered by Principal Financial Group. Both part-time and full-time employees who are age 21+ may participate in the retirement plan. New hires are auto enrolled at the 6% contribution level with the option to opt-out. GAC provides a matching contribution of 5%, with an additional 1% at the 5% level. **GAC's match is 67% on the first 9% of pay you contribute per pay period. The match formula provides a 6% matching contribution (if the employee is contributing at the 9% level) from GAC while helping you to be on track for a successful retirement.** To be eligible for the matching retirement contribution, an employee must have completed two years of full-time employment with GAC and be age 21 or over. Full-time employment for this purpose is defined as working a minimum of 1,000+ hours annually.

You may start or stop contributions to the retirement plan directly through Principal Financial Group's website (www.principal.com) at any point during the employment year. **You will not elect or waive participation through the Open Enrollment website, but rather directly through Principal's website.** Principal Financial Group provides comprehensive resources, tools and benefits for participants, including a mobile app, one-on-one consultation with a licensed, experienced financial counselor, and RetireView - a robust, user-friendly asset allocation service for selecting an investment portfolio to fit your risk preference and retirement time horizon. **When you enroll and set up your online account on Principal's website, be sure to designate your beneficiary.**

GAC Legacy Society

Members of the GAC Legacy Society have found GAC's work so important that they name GAC as one of their beneficiaries of their last will and testament, trust, life insurance, or retirement plans. For further information, contact the Advancement Office.



COLLEGE STUDENT LOAN OR SAVINGS MATCHING PLAN

Employee Choice, a benefit program administered by BenefitEd, will be available to Greater Atlanta Christian School employees with student loans or 529 College Savings Plans. This program allows employees to elect their match funds toward their retirement plan, student loan, 529 College Savings Plans or a combination, whichever option fits your needs. As to the 529 College Savings Plan, it can be set up for anyone - it does not have to be only for a dependent child.

After two years of full-time employment, employees are eligible for Employee Choice. Greater Atlanta Christian School currently matches retirement plan contributions .67% up to 9% through Principal Financial Group. This means that if you contribute 9% from your paycheck you will get the maximum match of 6% from Greater Atlanta Christian School.

Once you're eligible for Employee Choice, you'll receive an email from BenefitEd inviting you to enroll in the program. When participating in Employee Choice, here's a few things to keep in mind:

- Student loan or 529 College Savings Plan match contributions through Employee Choice are considered taxable income for the employee.
- The employee must be the borrower or account holder of any student loan or 529 College Savings Plan registered during enrollment. 529 College Savings Plans can have beneficiaries that are not employees of Greater Atlanta Christian School.
- 529 College Savings Plan accounts must be open and active before enrolling in Employee Choice.
- Greater Atlanta Christian School will match retirement plan contributions first, so you must be contributing less than 9% or not at all to the retirement plan to receive match funds toward your student loan or 529 College Savings Plan.
- BenefitEd is not Greater Atlanta Christian School's retirement plan record keeper so any change to your retirement plan election must be made directly with Principal Financial Group.
- Employee contributions toward student loan repayment or 529 College Savings Plan payment are through payroll deductions per month.

If you have questions regarding the Employee Choice program please contact BenefitEd's Customer Service team at support@youbenefited.com or 1-844-358-5707.



ADDITIONAL BENEFITS

CREDIT UNION

The Credit Union offers employees checking, loans, investments, and savings account services with competitive rates. Georgia United Credit Union provides the credit union services. They provide unparalleled member service experience and strive to meet each member's unique financial needs with the products and services most relevant to them. You may contact them at **(770) 476-6400** or <https://gucu.org>.

DINING PROGRAM

All employees have full access to the GAC Dining Program at no out-of-pocket cost. It is not a taxable benefit. Any employee, whether part-time or full-time, who is working at lunchtime on a school day may receive this benefit. The Dining Program benefit is a "dine in" benefit in one of GAC's dining halls. This is both to eliminate disposable containers and their associated costs (like styrofoam which is a sustainability no-no) as well as to build a stronger sense of the GAC community - staff, students, and teachers together.

EMPLOYEE ACTIVITY PASS

Issued at the beginning of each school year, the GAC Employee (Staff) Activity Pass provides employees and members of their immediate family free admission to all GAC regular season home athletic and fine arts events. This benefit extends to children of GAC employees until 22 years of age as long as they provide their ID card. Employees may pick up cards for their children not enrolled at GAC in the President's Office.

ENCORE KIDS PROGRAM

The Encore Kids Program provides onsite care for students during off school time periods, except for the months of June and July. Employees whose children are enrolled at GAC receive a 50% discount on the Encore Kids Program, except for Discovery activities.

MOBILE PHONE SERVICE DISCOUNT

On behalf of its employees, GAC negotiated a corporate partnership with Verizon. All employees are eligible for a 14% discount (17% if you go paperless) on any or all personal cellular plans with Verizon for the employee or their entire family.

RETIREE MEDICAL BENEFITS

GAC provides retiree medical benefits at the same employee premium rate up to age 65 for any employee age 60+ who retires with 10+ continuous years of service with GAC.

SPARTAN STORE DISCOUNT

The Spartan Store provides convenient access to products and services that benefit the GAC community. Employees receive a 20% discount on select items (excluding uniforms). Sales tax is not applied to Spartan Store purchases. Employees may pay for purchases through either cash, check, credit card, store account, or payroll deduction.

STUDENT TUITION DISCOUNT

Children of GAC employees who are enrolled at GAC are eligible for a tuition discount (remission) based on the position held and total hours worked annually. GAC tuition payments may be made through monthly payroll deduction or direct payment to Student Accounts on a monthly, quarterly or annual payment schedule.

SUMMER CAMP

Summer Camp is a program offered during June and July for the care of children which provides engaging, fun activities. Employees whose children are enrolled at GAC receive a 25% discount on the Summer Camp program, except for Specialties.



ADDITIONAL RESOURCES

BENEFITS RESOURCE CENTER

Oversight Systems is excited to offer access to the USI Benefit Resources Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time via phone 855-874-0835 or via e-mail BRCSouth@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Some of the services the Benefits Resource Center Provides are:

- Provide claim appeals information & explain the process
- Provide vendor plan contact information
- Research patient out of pocket expenses
- Assist with eligibility and claim problems with carriers
- Explain allowable family status election changes
- Guidance on disability claim filing
- And more!



MEDICARE ASSISTANCE

When you become eligible for Medicare, you can face a confusing array of choices. Greater Atlanta Christian School has teamed up with My Benefits Advisor (MBA) to help guide you through the Medicare maze and find the right coverage solutions for your needs.

Dedicated Benefits professionals will:

- Help Educate
- Review Plan Options
- Simplify Enrollment
- Complete an Annual Medicare Review

Your dedicated benefits professional is Karen Coia and her contact information is 856-334-4356.



2022 BENEFITS GUIDE

This brochure summarizes the benefit plans that are available to Greater Atlanta Christian Schools' eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Benefits Department. Information provided in this brochure is not a guarantee of benefits.