



CHOOSE YOUR PATH

2024 Benefit Guide



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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 38 for more details.

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 July 31, 2024, to August 9, 2024

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 active 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 2024 coverage – **your one chance to make changes to your benefits¹ – begins July 31, 2024, and will remain open until August 9, 2024.** The benefits you choose will become effective on **September 1, 2024, through August 31, 2025.**

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

- Enroll in your medical, dental, or vision coverage for the upcoming plan year
- Contribute to a Health Savings Account (HSA).
- Enroll in 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.



¹ 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 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.

Coinsurance	The percentage you pay for the cost of covered health care services after 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%.
Copayment (Copay)	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).
Deductible	The amount you pay in a plan year before your health plan begins to pay benefits.
Health Savings Account (HSA)	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.
Network	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.
Out-of-Pocket Maximum	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.
Premium	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. Please visit <https://benebloccenrollment.as.me/ACA> or scan the QR code below 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
Comfort PPO		
Employee Only	\$506.50	\$291.50
Employee + Spouse	\$1,201.00	\$986.00
Employee + Child(ren)	\$753.50	\$538.50
Employee + Family	\$1,420.50	\$1,205.50
Traditional PPO		
Employee Only	\$281.50	\$66.50
Employee + Spouse	\$809.00	\$594.00
Employee + Child(ren)	\$496.50	\$281.50
Employee + Family	\$900.00	\$685.00
HSA PPO		
Employee Only	\$287.00	\$72.00
Employee + Spouse	\$746.50	\$531.50
Employee + Child(ren)	\$488.00	\$273.00
Employee + Family	\$947.50	\$732.50
Comfort EHN		
Employee Only	\$450.00	\$235.00
Employee + Spouse	\$900.00	\$685.00
Employee + Child(ren)	\$640.00	\$425.00
Employee + Family	\$1,050.00	\$835.00
Traditional EHN		
Employee Only	\$230.00	\$15.00
Employee + Spouse	\$652.50	\$437.50
Employee + Child(ren)	\$397.50	\$182.50
Employee + Family	\$710.00	\$495.00

* This plan year, Arlington Classics Academy will contribute \$430 monthly to your medical plan total cost. The values above indicate the total cost of the medical plan prior to the \$430 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
Low Plan	\$7.15	\$14.84	\$10.22	\$16.56
High Plan	\$12.07	\$24.31	\$17.15	\$27.51

DENTAL

Benefit	Semi-Monthly Rates
	Employee Cost
PPO High Plan	
Employee Only	\$17.44
Employee + Spouse	\$36.34
Employee + Child(ren)	\$39.54
Employee + Family	\$58.87
PPO LOW Plan	
Employee Only	\$13.27
Employee + Spouse	\$26.57
Employee + Child(ren)	\$27.89
Employee + Family	\$42.67
DHMO	
Employee Only	\$6.98
Employee + Spouse	\$11.04
Employee + Child(ren)	\$15.13
Employee + Family	\$17.97

VISION

Benefit	Semi-Monthly Rates
	Total Cost
PPO High Plan	
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 **Cigna or Employers Health Network(EHN)**. Each plan offers in- and out-of-network coverage, but you will pay less for services when you see in-network providers. For any questions on benefits contact your HealthCare Concierge Pathways see Key Contacts page for more information. To find an in-network provider visit <https://hpitpa.com/> – your resources – for members: find a provider – Cigna PPO or <https://members.ehnconnects.com/> for EHN plans.

Plan Options	Comfort PPO	Traditional PPO	HSA PPO	Comfort EHN	Traditional EHN
Preventive Care	100%	100%	100%	100%	100%
Deductible					
Per Person	N/A	\$5,000	\$3,500	N/A	\$5,000
Per Family	N/A	\$10,000	\$7,000	N/A	\$10,000
Out-of-Pocket Max/Year***					
Per Person	\$7,900	\$7,900	\$6,900	\$7,900	\$7,900
Per Family	\$15,800	\$15,800	\$13,800	\$15,800	\$15,800
Primary Care Office	No Cost	\$30 Copay	20% After Ded.	No Cost	\$30 Copay
Specialist Office Visit	No Cost	\$50 Copay	20% After Ded.	No Cost	\$50 Copay
Urgent Care Visit	No Cost	\$75 Copay	20% After Ded.	No Cost	\$75 Copay
Preventative Drugs	\$0	\$0	\$0	\$0	\$0
Generic Rx*	No Cost	\$10 Copay	20% After Ded.	No Cost	\$10 Copay
Preferred Brand Rx*	\$75	\$50 Copay	20% After Ded.	\$75	\$50 Copay
Non-Preferred Brand Rx	\$100	50% after Ded.	20% After Ded.	\$100	50% after Ded.
Specialty Rx	\$125	20% after Ded. (Max up to \$500)	20% After Ded. (Max up to \$500)	\$125	20% after Ded. (Max up to \$500)
Emergency Room	\$250	\$500 Copay	20% After Ded.	\$250	\$500 Copay
Surgical Care	No Cost after OOPM	20% after Ded.	20% After Ded.	No Cost after OOPM	20% after Ded.
Inpatient Care	No Cost after OOPM	20% after Ded.	20% After Ded.	No Cost after OOPM	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

*** 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.

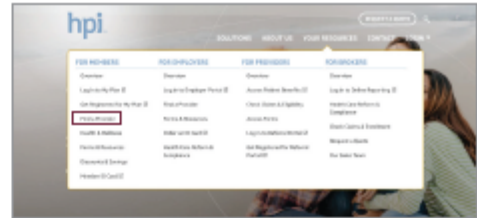
The information above is a summary of coverage only. Please check Employee Navigator for your plan SBC for more in depth explanation of benefits.

Find a Provider

Employers Health Network (EHN)

Already an HPI member? For quick access to your provider network search tool, use your member ID number to register for *My Plan*.

1. Go to **hpiTPA.com** and visit the **Your Resources** menu. Then, under Member, click **Find a Provider**.



2. Choose Employers Health Network (EHN) from the network list and click **EHN**.



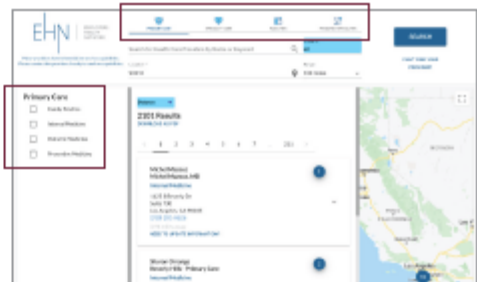
3. Select the type of care you need from the options at the bottom of the screen.



4. Enter your location and Group ID number. *If you don't have a Group ID number yet, enter "all" in this field.*



5. View your results. You can refine your results by selecting any of the options in the left panel.
6. You can toggle between different care types at the top of your screen at any time without reentering your information.



Find a Provider Online Cigna PPO

Already an HPI member? For quick access to your provider network search tool, use your member ID number to register for *My Plan*.

1. Go to **hpiTPA.com** and visit the **Your Resources** menu. Then, under For Members, click **Find a Provider**.



2. Choose **Cigna PPO** from the network list.



3. To find a provider near you, enter an address, city or ZIP Code, and then choose from the search options:

- Doctor by Type
- Doctor by Name
- Locations



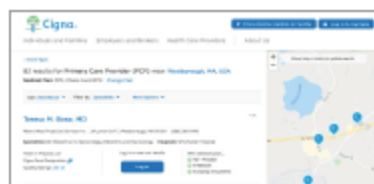
4. Click **Continue as guest**.



5. Enter the city, state or ZIP Code you live in and click **Continue**. Then, click the **PPO, Choice Fund PPO** option.



6. View your results. You can refine your results by clicking **Sort**, **Filter by** or **More Options**.





Your prescription benefits are administered by SmithRx, a pharmacy benefits manager (PBM). PBMs coordinate the interaction between your employer, physician, health plan, and pharmacy. Your PBM powers your pharmacy experience by:

- Making sure you're charged the correct copay at the pharmacy
- Setting up your medications to be covered according to your plan design
- Managing clinical requirements related to your prescriptions

Since your PBM benefits are closely related to your health coverage, you're automatically covered when you enroll in your health plan.

Welcome to pharmacy benefits with SmithRx. Our mission is to reduce the complexity and cost of your pharmacy benefits.

What is a Pharmacy Benefits Manager?

Pharmacy benefits managers (or PBMs) coordinate the interaction between your employer, physician, health plan, and pharmacy. Your PBM powers your pharmacy experience by:

- Making sure you're charged the correct copay at the pharmacy
- Setting up your medications to be covered according to your plan design
- Managing clinical requirements related to your prescriptions

Since your PBM benefits are closely related to your health coverage, you're automatically covered when you enroll in your health plan.

Will my pharmacy experience change?

You will receive a new Member ID card in the mail. Present this new card at the pharmacy to ensure you're using your current plan and not overpaying for your prescriptions.

PBMs like SmithRx cover medications based on lists of preferred drugs called formularies. The formulary with SmithRx may differ from your prior PBM. We'll notify you if a change is required for your medication(s).

Can I go to my usual pharmacy?

We have over 83,000 pharmacies in our network including retail pharmacies like CVS, Walgreens, RiteAid, Walmart, Costco and more. Mail order pharmacies like Amazon Pharmacy and Walmart Mail Order, and specialty pharmacies like Senderra and Kroger.

What if I need assistance?

The SmithRx Member Services team is available from 8am to 8pm Mountain Time, Monday through Friday by:

- Phone: 844.454.5201
- Email: help@smithrx.com
- Chat: On our website www.smithrx.com

In addition, we have onsite clinical staff and after hours answering to ensure you can always get the assistance you need.

You can also create an account on our

Member Portal

Go to member.mysmithrx.com to view important pharmacy benefits information like your prescription claims, plan details, formulary, and helpful resources. Use the Find My Meds tool to search for the lowest-cost prescription drugs at nearby pharmacies.



The SmithRx Connect 360 programs can help patients obtain medications for little or no co-payment. Our team will proactively reach out to you and help you navigate the process if any of these programs apply to your medications.

Please ensure your contact information is updated with your human resources team and answer or return calls or emails from SmithRx to ensure you make the most of your benefits.

Access Plus

Navigating access to high-cost specialty medications through advocacy programs; assistance with applications is provided when these drugs are not covered under the pharmacy benefit.

Medical Pharmacy Management

Savings on high-cost infused specialty medications; assistance with qualification through advocacy programs and the facilitation of administration at home, local infusion centers, or doctors' offices for administration.

Access

Capturing manufacturer coupon savings on traditional and specialty medications. Members have a low or \$0 copay on prescriptions while also helping groups save on pharmacy benefit costs.

Autoimmune

Yusimry, a biosimilar for Humira, is now available to SmithRx members at Mark Cuban Cost Plus Drugs. Yusimry offers a more affordable option for members with autoimmune diseases.

Diabetes Non-Insulin (DNI)

As diabetes spend increases, we transition members to the most affordable diabetes non-insulin medications. Our first low cost solution is Brenzavvy, a SGLT2 inhibitor, at Cost Plus Drugs.

Low Cost Insulin The lowest cost insulin products on the market; typically a generic or biosimilar insulin, offering upfront savings to the health plan instead of having to wait for rebates.

Assist

Assist works in the background and automatically finds the lowest price discount card at the pharmacy for members, eliminating the need for members to pre-shop and print coupons.

Mark Cuban Cost Plus Drugs

This partnership expands access to more affordable prescription drugs. Like SmithRx, Cost Plus Drugs is transparent and offers cost plus a straightforward 15% markup and flat fee.

International Sourcing

In the event that international sourcing is the lowest cost option, if requested by groups, SmithRx can connect members with an independent sourcing company for access to low cost medications.

Multiple Sclerosis (MS)

The lowest cost multiple sclerosis products on the market through Cost Plus Drugs; generic medications offer upfront savings to the health plan instead of having to wait for rebates.




340B Referral Program

In select geographic areas, SmithRx members can obtain expensive medications at a lower cost through the 340B Referral Program.



SmithRx partners with over 83,000 retail pharmacies across the nation including the major national chains, regional chains, grocers and independent pharmacies. In addition, we have three preferred mail order pharmacies and two specialty pharmacies. You can always find the pharmacy with the best price by using the Find My Meds search tool in the Member Portal at mysmithrx.com.

Mail order pharmacies:

	<p>Register at www.amazon.com/smithrx. Doctors can send prescriptions via electronic prescribing, fax or phone:</p> <ul style="list-style-type: none"> • Name/E-scribe: Amazon Pharmacy Home Delivery • Amazon Pharmacy fax: 512-884-5981 • Amazon prescriber and pharmacy line: 855-206-3605
	<p>Doctors can send prescriptions via electronic prescribing, fax or phone:</p> <ul style="list-style-type: none"> • Walmart Pharmacy fax: 1 (800) 406-8976 • Walmart prescriber and pharmacy line: 1 (800) 273-3455 • Website: https://www.walmart.com/cp/1042239
	<p>See whether your medications are available: https://costplusdrugs.com/medications. Doctors can send prescriptions via electronic prescribing to:</p> <ul style="list-style-type: none"> • Name/E-scribe: Mark Cuban Cost Plus Drug Company (MCCPD)

Specialty pharmacies:

	<p>For enrollment assistance patients can call: 888-355-4191. Prescribers can visit www.krogerspecialtypharmacy.com and fill out the appropriate forms for the appropriate department. Faxed prescriptions will ONLY be accepted from the prescriber.</p>
	<p>For enrollment assistance patients can call: 888-777-5547. Prescribers can visit https://senderrarx.com/prescribers/forms and fill out the appropriate forms for the appropriate department. Faxed prescriptions will ONLY be accepted from the prescriber.</p>

Retail pharmacies: Here are just a few of the retail pharmacies in our network.





Patient (Member) Support

Toll-free Phone Number
(844) 454 - 5201
Email
help@smithrx.com

Connect Patient Support

Toll-free Phone Number
(844) 385 - 7612
Toll-free Fax Number
(866) 642 - 5620

Connect Access Plus
(844) 385 - 4565
Connect Access Specialty
& Traditional
(844) 385 - 7612
Email
connect@smithrx.com

Pharmacy/ Provider Line

Toll-free Phone Number
(844) 512 - 3030
Toll-free Fax Number
(866) 642 - 5620
Email
provider@smithrx.com

Corporate

Toll-free Phone Number
(844) 454 - 0123
Toll-free Fax Number
(866) 642 - 5620

Email
info@smithrx.com
Address
Patient Support
P.O. Box 77864
San Francisco, CA 94107

Find self-serve tools
and resources in the
SmithRx Member Portal



*SMS text and emails apply if SmithRx has the updated member contact information. You can update your contact information in the member portal - simply click your profile to add your email and phone number.

HEALTH SAVINGS ACCOUNT (HSA) – CIGNA PPO HSA 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.)¹
 - 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 2024 calendar year are as follows:

- \$4,150 for an individual
- \$8,300 for an employee and dependents
- \$1,000 catch up contribution for anyone over the age of 55

¹ 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"> Provides benefits only if you see an in-network dentist Requires you to choose a primary care dentist to coordinate all your care Provides benefits based on a copay schedule
PPO	<ul style="list-style-type: none"> Allows you to receive care from a dentist in the network or outside the network Pays a portion of your expenses after you meet your annual deductible, except for preventive care which is covered at 100%

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/>.



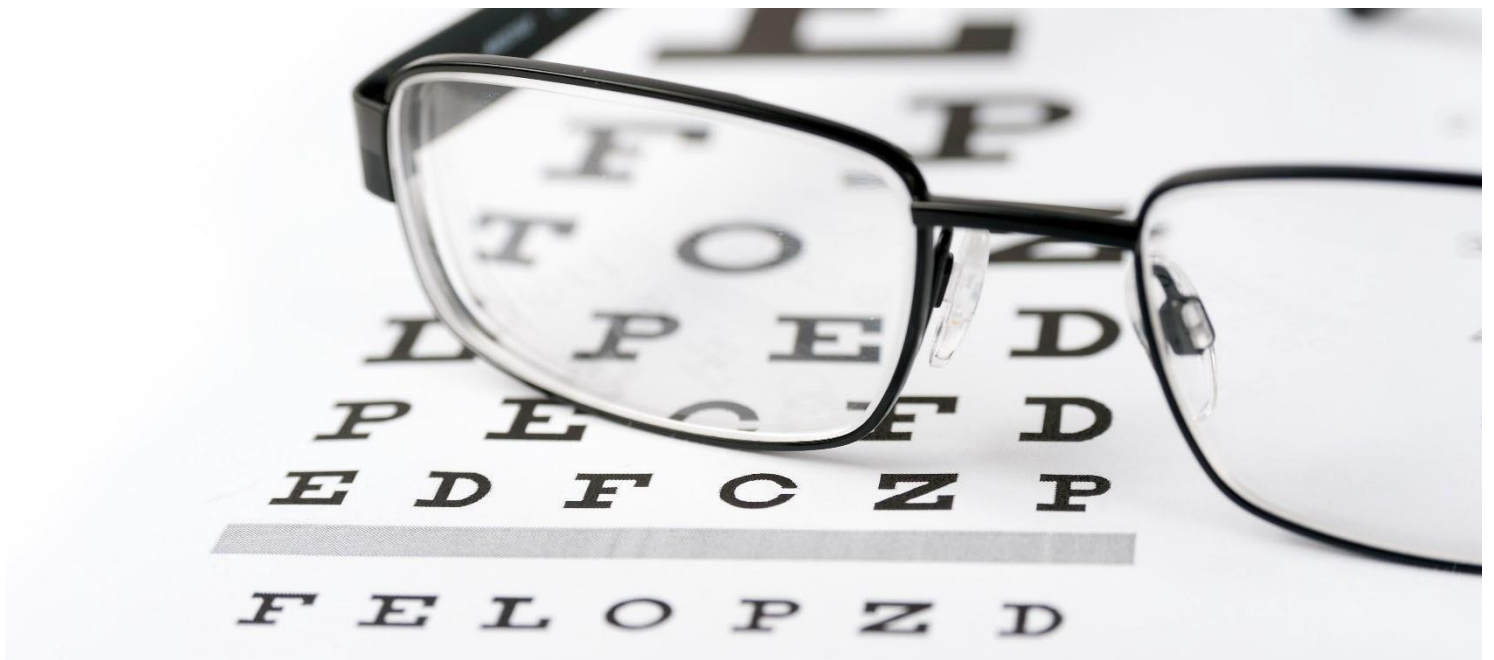
VISION BENEFITS

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
Lenses			
• 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
Frames	\$125 allowance	\$105 allowance	1 per 12 months
Contact Lenses (instead of glasses)	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:

- Cigna Comfort PPO
- Cigna PPO
- EHN Comfort PPO
- EHN PPO

Account	What it can be used for:	Most you can contribute in 2024
Health Care FSA	To pay medical, dental, vision, and hearing expenses not covered by your health care plans, such as deductibles, coinsurance and copayments. NOTE: If you contribute to an HSA, you cannot participate in the Health Care FSA.	\$3,200
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 \$640 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 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	
Maximum Voluntary Life/AD&D Insurance Benefit (Benefits reduced by 35% at age 65; and an additional 45% at 70.)	Employees: \$500,000 Spouse: \$500,000 in increments of \$10,000
Guarantee Issue amount	Employee: \$250,000 Spouse: \$30,000 Child(ren): \$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 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 1st day for injury and 8th 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

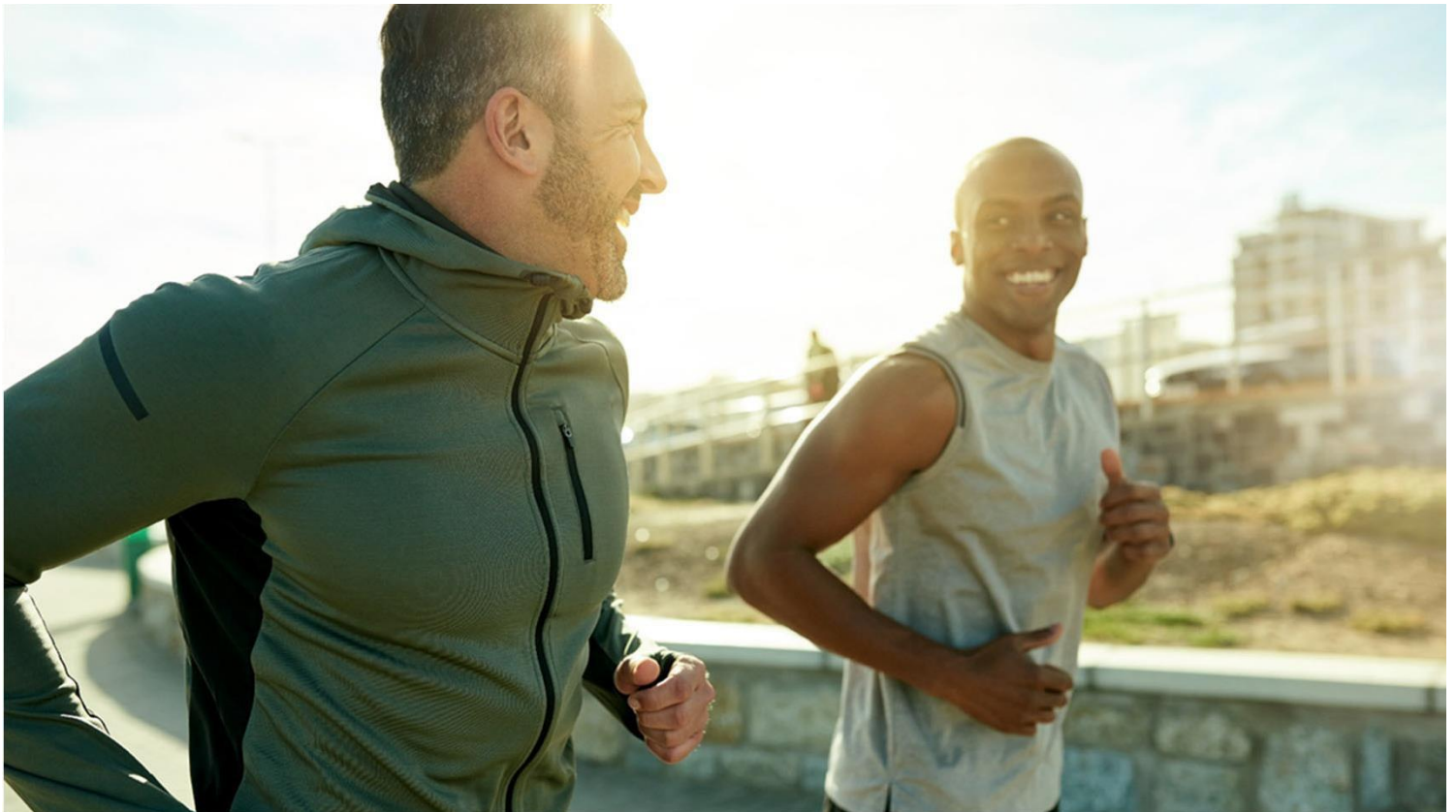
If your STD and LTD premiums are not taxable to you, any disability benefits received will be taxable.

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

Rates Per \$100 of Weekly Benefit	
Age 18-70+	\$1.05



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

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

Hospital Room & Board Benefits	
Room & Board Benefit per Day (30 Daily Benefits per Coverage Year)*	\$100
Hospital Critical Care Unit Benefits	
Critical Care Unit Benefits per Day (30 Daily Benefits per Coverage Year)	\$200
Hospital Admission Benefit	
One Daily Benefit per Coverage Year	\$2,000
Hospital Critical Care Admission Benefit	
One Daily Benefit per Coverage Year	\$2,000
Non-Insurance Services	
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
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.

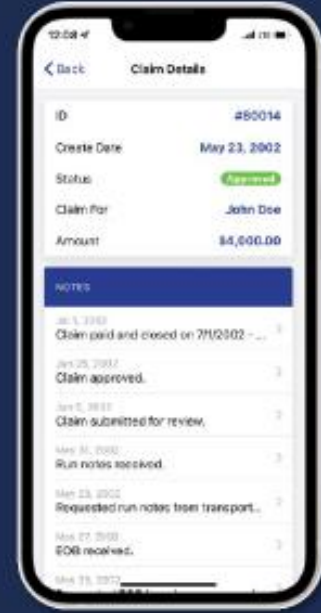
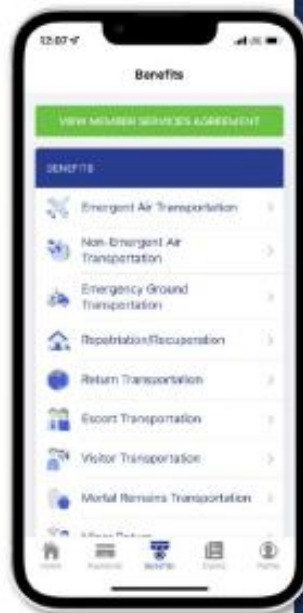
Still have questions about MASA claims or services?

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.





KIS Card is Vālenz[®] Health

Imaging & Surgery Simplified.

When you take advantage of our surgery and imaging benefits, you will receive the most common surgical and imaging procedures at **NO COST*** to you. Typical procedures include: Orthopedic, General Surgery, Colonoscopies, MRI, CT and PET Scans.

How it works?

Before seeking in-network providers through your health plan, just call us before your elective procedure. By choosing one of our providers, you will always pay **\$0***.



Call

Call our navigator at (877) 438-5479 to find out more about your procedure and how the program works. We will assist you in finding the right facility nearby.



Schedule

Our navigator will help schedule your procedure. Upon scheduling, they will then provide you with a voucher to take to your initial consultation.



Save

You will pay \$0* out of pocket for choosing one of our providers. Every aspect of your procedure is covered by Valenz Health.

*\$0 Out-of-Pocket is subject to plan coverage requirements



Be healthy

After you have had your procedure through one of our providers, our navigator will follow up to make sure you are making a full recovery. We want to make sure you are getting better so you can live a healthy life!

Call, schedule, save – for smarter, better, faster healthcare.

(877) 438-5479



032224-P

KIS Card is Valenz[®] Health **FAQs**

What Do Your Imaging and Surgery Benefits Offer?

Valenz[®] Health offers affordable imaging and surgery benefits. Our cost containment solution saves **30-80% under average insurance pricing**. We handle more than **430 elective surgeries, colonoscopies and all major imaging**. As an added advantage, our care options are within **60 miles** of your home.

How Does It Work?

Our imaging and surgery benefits are implemented alongside your current self-funded health plan and employees call our navigators for any elective procedure prior to scheduling. This benefit is classified as an Out-of-Network benefit that has no cost to you.

How Much Does It Cost?

It is **NO COST to you** as your employer provides your imaging and surgical benefits as part of your medical plan.

How Far Will Employees Travel to a Provider?

We believe in a near care model that is designed to give you care options within 60 miles of your home. You have access to more than **1,600 surgical centers and 2,600 imaging centers nationally across 46 states**.

How Does This Work Alongside My Health Plan?

Our program is set-up as a **stand beside solution to your current health plan**. We add a plan amendment to your current SPD that classifies our benefits as **Out-of-Network benefits that have no cost to you**.

How Does This Work With an HSA or HDHP?

There is a special work around that occurs with an Health Savings Account or High Deductible Health Plan that allows your employer to extend imaging and surgical costs at no cost to employees.

- You may be asked to pay a portion of the procedure cost.
- Your employer would then reimburse you for that amount.

How Do Employees Utilize the Program?

Simply call our navigator at **(877) 438-5479** to find out more about your procedure and how the program works. We will assist you in finding the right facility nearby.

To qualify for these imaging and surgical benefits, you must schedule through our care navigator.

Call, schedule, save – for smarter, better, faster healthcare!

(877) 438-5479

032924-P



valenzhealth.com

Exhibit B



Arthroscopy - General

Knee (Arthroscopy) - Diagnostic with or without synovial biopsy
Knee (Arthroscopy) - with lateral release or Microfracture
Shoulder (Arthroscopy) - Surgical, Capsulorrhaphy
Elbow (Arthroscopy) - Diagnostic with or without synovial biopsy
Wrist (Arthroscopy) - Diagnostic with or without synovial biopsy
Hip (Arthroscopy) - Simple
Ankle (Arthroscopy)
Bilateral Knee Arthroscopy

Ear, Nose & Throat

Bilateral Myringotomy with Tubes
Bone Anchored Hearing Aid Device (BAHA: Includes Device)
Foreign Body Removal
Inner Ear - Stapedectomy
Mastoidectomy (Simple)
Miringoplasty
Ossiculoplasty
Tymp-Mastoid
Tympanoplasty
Bilateral Submucosal Resection of Turbinates
Septoplasty
Sinus/Turbinates Bilateral (Simple)
Nasal Fracture Complex Open
Nasal Fracture Simple Closed
Biopsy or Excision of Lymph Nodes(s); Open, Deep Cervical Nodes(s)
Parotidectomy
Thyroglossal Duct Cyst Excision
Thyroidectomy Total Thyroid Lobectomy, Unilateral; with Contralateral Subtotal Lobectomy, including Isthmusectomy
Thyroidectomy Total Thyroid Lobectomy, Unilateral; with or without Isthmusectomy
Thyroidectomy Partial Thyroid Lobectomy, Unilateral; with or without Isthmusectomy
Thyroidectomy, Complex
Adenoidectomy
Adenoidectomy and BMT
Tonsillectomy
Tonsillectomy / BMT
Tonsillectomy and Adenoidectomy and BMT
UPP

Ear, Nose & Throat (Cont.)

Frenulectomy
Esophagoscopy With or Without Dilatation/Biopsy
Diagnostic Laryngoscopy with Biopsy
Tonsillectomy and Adenoidectomy

Elbow

Bursectomy (Elbow)
Distal Biceps Re-attachment (Includes Hardware)
Ulnar Nerve Transposition / Epicondylectomy

Foot & Ankle

Achilles Repair
Tarsal Tunnel Release
Brostrom Repair, secondary, disrupted ligament, ankle, collateral
Bilateral Bunionectomy
Bunionectomy
Hammertoe (1)
Hammertoe (2)
Hammertoe (3)
Arthrodesis, Great Toe; Metatarsophalangeal Joint
Plantar Fasciotomy / Tarsal Tunnel
Osteotomy Partial Excision
Gastrocnemius Recession
Plantar Fasciotomy
Neuroma Excision

Fractures

Closed Reduction and Casting
Percutaneous Pinning - Finger 1-2 Pins
Simple Fracture Requiring Open Reduction
Complex (includes rodding Humerus/Tibia/Femur)

General Surgery

Axillary Node Dissection
Hemorrhoidectomy
Biopsy or Excision Open Deep Axillary Nodes
Laparoscopic Cholecystectomy (Gall Bladder Removal)
Incisional Hernia Repair
Epigastric Hernia Repair
Inguinal Hernia Repair
Umbilical Hernia Repair
Ventral Hernia Repair
Pilonidal Cyst Removal
Laparoscopic Appendectomy

GI

Colonoscopy and EGD
EGD
Colonoscopy

GU

Anterior Repair
Cystoscopy for Stone / Stent Placement
Cystoscopy with Pyelography
Epididymectomy – Partial
Epididymectomy – Total
Hydrocelectomy
Laser Transurethral Resection of Prostate
Mini-Arc Urethral Suspension
Posterior Repair
Transurethral Resection, Bladder Tumor
Transurethral Resection, Prostate

Hardware Removal

Complex
Simple

Hip

Hip Arthroscopy (Simple)
Hip Arthroscopy (Complex)
Total Hip Arthroplasty (Hip Replacement, includes implants)

Imaging

MRI
CT Scans
PET Scans
Arthrograms
X-ray in conjunction with MRI/CT

Knee

Anterior Cruciate Ligament Repair (Arthroscopic)
Anterior Cruciate Ligament Repair with Allograft (Arthroscopic)
Posterior Cruciate Ligament Repair (Arthroscopic)
Medial Collateral Ligament (Arthroscopic)
Tibial Tubercle Osteotomy (Arthroscopic)
Complete Synovectomy (Arthroscopic)
Chondroplasty
Medial & Lateral Meniscectomy (Arthroscopic)
Total Knee Arthroplasty (Knee Replacement)

Exhibit B

Shoulder

Open Rotator Cuff Repair
(Shoulder)
Shoulder Manipulation (with
anesthesia)
Repair Pectoralis Muscle Rupture
Bankart Stabilization (Shoulder)
Distal Clavicle Excision (Shoulder)
Rotator Cuff Repair (Arthroscopic)
Extensive debridement (Shoulder)
Subacromial Decompression
(Arthroscopic)
Total Shoulder Arthroplasty /
Replacement

Spine

Microdiscectomy
Lumbar Laminectomy
Anterior Cervical Discectomy with
Fusion, 1 level (includes
hardware)
Anterior Cervical Discectomy with
Fusion, 2 level (includes
hardware)

Wrist & Hand

Carpal Tunnel Release (Open)
Dupuytren's Contracture
Trigger Finger
Excision of lesion of tendon sheath
or joint capsule (eg, cyst,
mucous cyst, or ganglion), hand
or finger
Fasciectomy, partial palmar with
release of single digit including
proximal interphalangeal joint,
with or without Z-plasty, other
local tissue rearrangement, or
skin grafting
Ganglion Excision
Synovectomy, tendon sheath,
radical (tenosynovectomy),
flexor tendon, palm and/or
finger, each tendon
Suspensionplasty, Arthroplasty,
interposition, intercarpal or
carpometacarpal joints

This list is meant as a summary of elective procedures available through the KISx program at the current time. Procedure availability can vary throughout the country, if we do not have a facility that is within a reasonable distance. Certain procedures may not be available until we are able to get facilities on board. New procedures may be added at any time without notice. Pediatric Surgeries are generally not covered through this program.

Pathways Concierge

Healthcare can be confusing—we're here to help

The Concierge team knows all about your benefits and can help you with anything healthcare related. Our services are part of your benefit plan—so we'll never charge you for our help.

Give us a call with any questions you have about:

- Finding a doctor or hospital
- Your benefit plan
- A bill or a claim
- Your co-pay amounts and when you'll pay them
- The costs you'll pay for a procedure
- Assistance with ancillary benefits
- Your medical condition, prescriptions or care plans—you can speak directly to a nurse



We can also help you with things like:

- Scheduling appointments and transportation
- Teaching you about your health condition
- Preparing for your upcoming surgery
- Finding other care options that will cost you less
- Matching you to a provider based on distance from you, cost, and quality

Don't worry, your information is completely confidential and secure, which means we'll never share it with anyone without your permission first.

Just one more thing to know:

MedWatch is the name of the company that provides these services. They're part of the Health Plans, Inc. (HPI) family of companies, and they may reach out to you to help you with your healthcare needs.



082922_Z

How do I contact my concierge?

Call Monday-Friday 8am-8pm ET at the phone number listed on the back of your member ID card



ALLYHEALTH AVAILABLE TO ALL EMPLOYEES AND ANYONE IN YOUR HOUSEHOLD



Telemedicine Module (24/7/365 Access to Doctors)

AllyHealth is different from other telemedicine services because we provide proactive support to our clients every step of the way. Our proprietary, technology-enabled, high-tech and high-touch engagement system allows us to guarantee utilization levels that you won't find anywhere else.

How It Works

Talk directly with a doctor or pediatrician within minutes by phone, video, or mobile app - 24/7/365. From home, the office, or on the go. On your schedule. Anytime. Anywhere.

Features And Benefits

- ✓ 24/7/365 access to our experienced, board certified doctors
- ✓ Unlimited use, with no per-call fees or co-pays
- ✓ Prescriptions called in to your local pharmacy
- ✓ AllyHealth's proprietary, comprehensive, technology-driven, multi-channel engagement system
- ✓ Transparent reporting, and Guaranteed Results!
- ✓ Reduce costs, redirect claims, and increase productivity
- ✓ Improve employee recruitment and retention

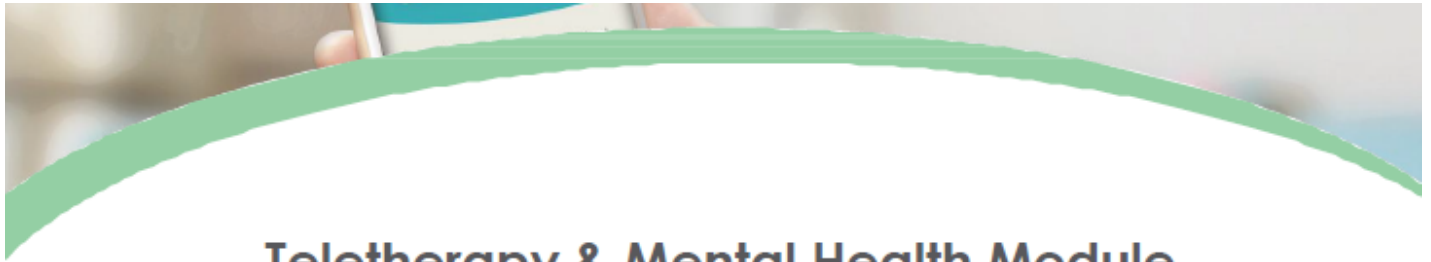
When To Use

- ✓ Instead of going to the ER or urgent care center for a non-emergency medical issue
- ✓ During or after normal business hours, nights, weekends, and even holidays
- ✓ If your primary care doctor or pediatrician is not available
- ✓ To request prescriptions or refills (when appropriate)
- ✓ If traveling and in need of medical care

Common Conditions We Treat

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Constipation
- Diarrhea
- Ear Infection
- Fever
- Gout
- Headache
- Infections
- Insect Bites
- Joint Aches & Pains
- Rashes
- Sinus Infection
- Skin Inflammations
- Sore Throat
- Sports Injuries
- Sunburn
- Urinary Tract Infection
- And more...

ALLYHEALTH AVAILABLE TO ALL EMPLOYEES AND ANYONE IN YOUR HOUSEHOLD



Teletherapy & Mental Health Module

Empower employees and their families to be proactive with their mental health and wellbeing, nurture work-life balance, and live happier and healthier lives.

How It Works

Connect with a licensed therapist, counselor, psychiatrist, or behavioral health specialist from home, the office, or on the go - on your schedule - via phone or mobile app.

Features Include

- ✓ 24/7 access to our network of experienced behavioral health practitioners
- ✓ Up to 10 Free talk therapy counseling sessions per year*
- ✓ Continued, long-term counseling sessions available at reasonable rates
- ✓ Psychiatrists and other behavioral health specialists available 24/7 on a fee for service basis
- ✓ Services are completely confidential
- ✓ Access from the privacy of your home or office - when and where you need it
- ✓ Available to you and your family members

*\$0 copay counseling sessions limited to ten sessions per family per year.

Common Issues We Support

24/7 access to experienced therapists, counselors, psychiatrists and behavioral health specialists to support many common issues, including:

- Addictions
- Bipolar Disorders
- Child and Adolescent Issues
- Depression
- Eating Disorders
- Grief and Loss
- Life Changes
- Men's Issues
- Panic Disorders
- Parenting Issues
- Postpartum Depression
- Relationship and Marriage Issues
- Stress
- Trauma and PTSD
- Women's Issues
- And more

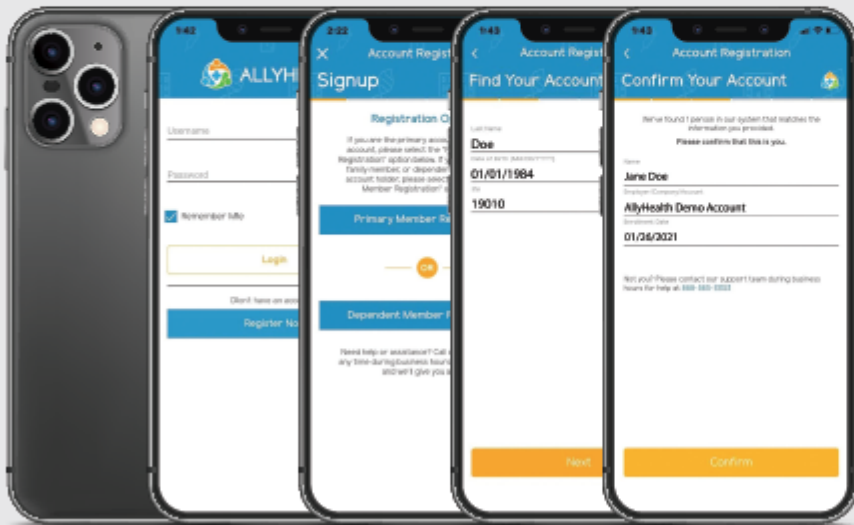


Congratulations!

You now have access to your new telemedicine benefit which includes FREE consultations with US Board Certified Physicians 24/7/365!

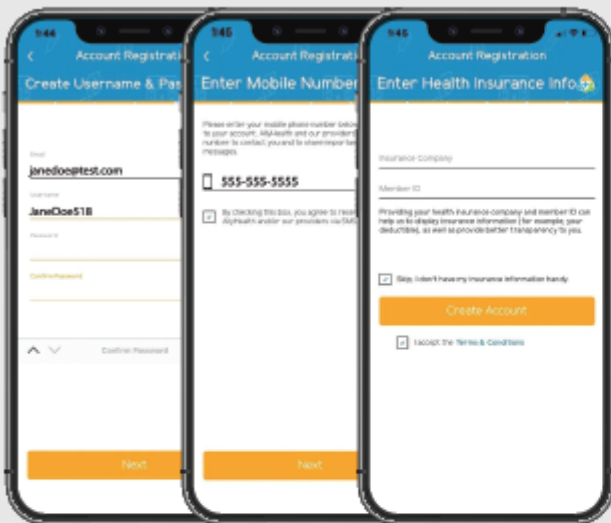
Registering your account is easy!

STEP 1: Verify Your Eligibility



1. Go to **allyhealth.app** (or download the AllyHealth app).
2. Click on the "Register Now" button
3. Select either "Primary Member Registration" or "Dependent Member Registration"
4. Enter your Last Name, Date of Birth, and Zip Code
5. Click "Next" to find your record in our system and confirm your eligibility

STEP 2: Create Your Account



1. Enter Your Email, and create a Username and Password
2. Verify Your Mobile Number
3. Enter Your Health Insurance (optional)
4. Click "Create Account"

Your Account Is Now Activated!

Now you can view your membership, add dependents, explore your new benefit and request a FREE consultation!



AllyHealth is better on the app!

More features, faster access, and better notifications. Download the AllyHealth app in the Apple or Google Play app store today to access all of your account features.

If you have questions or need assistance with your account, you may also call 888-565-3303 M - F, 9am - 5pm ET.

A New Benefit
provided by:

Arlington Classics Academy

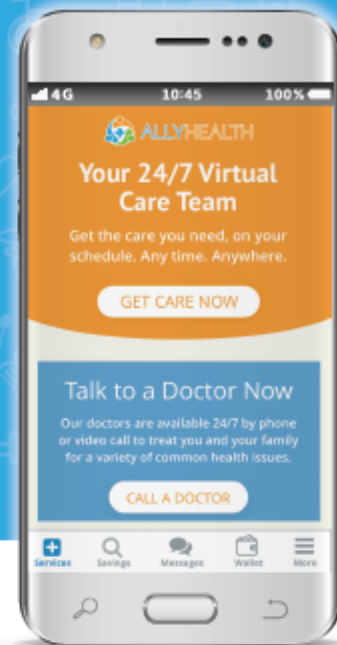


COMING SOON

Telemedicine & Teletherapy Plan

With AllyHealth you can visit with a doctor 24/7 from your home, office, or on the go, with no co-pays or consultation fees to you and your family! And now with our Essentials Plan, you can connect with Mental Health providers too! Plus, all of our plans include access to our industry-leading Rx and Medical Bill savings programs — helping you save time, money, and frustration.

Starting: September 1st, 2024



FAST AND CONVENIENT ACCESS TO QUALITY CARE
24 hours a day 7 days a week 365 days a year

FEATURES AND BENEFITS OF ALLYHEALTH

- No co-pays, deductibles, or per-call charges*
- Prescriptions called in to your local pharmacy
- Avoid germ-filled waiting rooms
- Fast and easy access, 24/7/365
- Plan covers the entire family
- Flexible and easy to use (available via web, mobile app, or simply by phone)
- Rx savings program offers up to 85% discounts at retail pharmacies
- Medical bill negotiation service can help you save on all your medical bills
- And more

ALLYHEALTH ONLINE MEDICAL SERVICES INCLUDE



Telemedicine

Our network of doctors and pediatricians can diagnose, treat and prescribe for you and your family, 24/7 on your schedule. Anytime. Anywhere. With no consult fees!



Mental Health

Connect with a licensed therapist, psychologist, or other behavioral health specialist from home, the office, or on the go via secure video. 100% private and confidential, with free visits included in your plan*!

COMMON CONDITIONS WE TREAT

Telemedicine

- Acne
- Allergies
- Asthma
- Bronchitis
- Cellulitis
- Cold & Flu
- Sunburn
- Sore Throat
- Fever
- Gout
- Headache
- Infections
- Insect Bites
- Rashes
- Diarrhea
- Ear Infection
- Sinus Infection
- Constipation
- Skin Inflammations
- Urinary Tract Infection
- Joint Aches & Pains
- And more...

Mental Health

- Addictions
- Bipolar Disorders
- Child and Adolescent Issues
- Depression
- Eating Disorders
- Grief and Loss
- Life Changes
- Men's Issues
- Panic Disorders
- Parenting Issues
- Postpartum Depression
- Relationship and Marriage Issues
- Stress
- Trauma and PTSD
- Women's Issues
- And more

24/7/365 On-Demand Care. Anytime. Anywhere

www.AllyHealth.net

THIS PLAN IS NOT INSURANCE and is not intended to replace insurance or a primary care physician relationship. Consultations with our doctors are \$0 (subject to usage limitations). Mental health visits include 10 clinical hours of talk therapy per family per year at no charge. Additional visits may be available on a fee for service basis.

2021 09 30/30

KEY CONTACTS

For Questions About	Carrier	Phone Number	Website/Email
Pathways Concierge – Call for help on all medical inquires!	N/A	Please find on the back of your Medical ID Card	Please find on the back of your Medical ID Card
Medical	Cigna	TBD	https://hpitpa.com/
Medical	Employers Health Network	Please find on the back of your Medical ID Card	https://members.ehnconnects.com/
Prescription Drug	SmithRx	(844) 454-5201	help@smithrx.com
Health Savings Account (HSA)	National Benefit Services	(800) 274-0503	service@nbsbenefits.com
Dental	MetLife	(800) 942-0854	https://www.metlife.com/
Vision	MetLife	(855) 638-3931	https://www.metlife.com/
Flexible Spending Accounts (FSAs)	National Benefit Services	(800) 274-0503	www.nbsbenefits.com
Life and AD&D Insurance	Reliance Standard	(800) 351-7500	https://www.reliancestandard.com/voluntarydisability/
Short-Term Disability (STD)	Reliance Standard	(800) 351-7500	https://www.reliancestandard.com/voluntarydisability/
Long-Term Disability (LTD)	Reliance Standard	(800) 351-7500	https://www.reliancestandard.com/voluntarydisability/
Employee Assistance Program (EAP)	ACI Specialty Benefits	(855) 775-4357	http://rqli.acieap.com Company Code: RSLI859
HR Department	Jennifer Pool	Ext 3013	jpool@acaedu.net
Benefits Portal	BeneBloc	Please schedule an appoint through link provided	https://benebloccenrollment.as.me/CA
Accidental Death and Dismemberment	Reliance Standard	(800) 351-7500	https://www.reliancestandard.com/home/products/voluntary-benefits/group-accident/
Critical Illness	Reliance Standard	(800) 351-7500	https://www.reliancestandard.com/home/products/voluntary-benefits/critical-illness/
Emergency Ambulance Coverage	MASA	(800) 643-9023	www.getmasa.com

Health Plan Notices

MEDICARE NOTICE OF CREDITABLE COVERAGE

Important Notice About Your Prescription Drug Coverage and Medicare

Notice of Creditable Coverage

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.

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
- 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, 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, 2024
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;
- Prostheses; 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

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.

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 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 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, 2024. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

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

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
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
 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 and reference the OMB Control Number 1210-0137.

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

