



Mastery Schools

2023-24 EMPLOYEE BENEFITS GUIDE

NEW JERSEY FULL-TIME

CLICK HERE TO GET STARTED ►

OPEN ENROLLMENT

BENEFITS AT A GLANCE

BENEFITS ENROLLMENT

NAVIGATION ICONS

Looking for something specific?
Navigate to each section by
clicking on the top navigation
bar, topic headings listed in the
sidebar and interactive icons
found in the lower right hand
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MORE INFORMATION

Mastery Schools of Camden is pleased to announce our employee benefit offerings effective **July 1, 2023 through June 30, 2024**. This guide provides an overview of the benefits available to you, as well as instructions on how to make your choices for the 2023-24 plan year.

We recognize the essential role that employee benefits play as a component of overall compensation, and we continue to make every effort to ensure our staff and their families have the highest quality plans available. For 2023-2024, we've prioritized enhancing benefits that will help maintain and improve your health and your financial security for the long term.

OPEN ENROLLMENT 2023-2024

Even if you do not plan on making any changes to your benefits, it is highly recommended to login to SmartBen™ to review your demographic data, benefits, rates and beneficiary information.

You must login to SmartBen if you are planning to add benefits, make a change to your current elections, or waive benefits. You must also login if you would like to participate in the Flexible Spending Accounts (FSA) including the Healthcare, Dependent Care, Transit or Parking Accounts.

If you do not login, all of your elections will remain the same as the prior plan year, with the exception of the FSA. You are required to login if you want to make FSA elections for the new plan year.

You should also login if you want to make any changes to dependent information and/or update your beneficiaries.

WHAT'S DIFFERENT FOR THE
2023-2024 PLAN YEAR?

- To enhance coverage on the voluntary accident, hospital, and critical illness plans, we have moved these benefits to Reliance Matrix.
- Mortgage Partnership through CrossCountry Mortgage
- We will continue to offer
 - PeopleJoy
 - Talkspace Messaging Therapy Benefit
 - Widener Partnership Program
 - Drexel Partnership Program



OPEN ENROLLMENT

BENEFITS AT A GLANCE

BENEFITS ENROLLMENT

OPEN ENROLLMENT

Open Enrollment is your opportunity to make changes to your plans without a Qualifying Event. During Open Enrollment, you can elect, add or drop coverage for yourself and/or your eligible dependents. You can also change elections or newly enroll in the Flexible Spending Account (FSA). This is the only time you can make changes for the 2023-2024 plan year unless you have a Qualifying Event.



QUALIFIED LIFE
EVENTS **CLICK HERE**

BENEFITS AT A GLANCE

Mastery Schools of Camden is committed to providing a well rounded and competitive benefits package to employees.

Medical & Prescription: Aetna

Three plan options with no referrals required!

- Aetna Select HMO
- Aetna Choice POS II
- Aetna NJEHP

Dental: Guardian

Guardian dental plan is 100% paid by Mastery Schools of Camden.

Vision: Vision Service Plan (VSP)

Vision benefits will continue to be offered through VSP.

Flexible Spending: Benefit Resource Inc. (BRI)

Four account options that provide tax savings:

- Healthcare
- Dependent Care
- Commuter (Transit and Parking)
- uberPOOL

Life Insurance and Disability: Reliance Matrix

- Employer paid Life and AD&D
- Employer paid Short Term and Long Term Disability
- Voluntary Short Term Disability Buy-Up
- Voluntary Life and AD&D for employees and their dependents
- Employee Assistance Program

Voluntary Benefits: Reliance Matrix

- Hospital Care
- Accident Injury
- Critical Illness

Telephonic Medicine: Teladoc

- 24/7 access to physicians via phone or internet provided to you at no cost!
- You may add a parent, spouse, or loved one to your Teladoc account
- Dermatology services are available through Teladoc

Mental Health & Wellness

- Employee Assistance Programs through Guardian and Reliance Matrix
- Talkspace mental health support/therapy
- Fitness and weight management discounts



OPEN ENROLLMENT
BENEFITS AT A GLANCE
BENEFITS ENROLLMENT

SmartBen™



SMARTBEN ONLINE
ENROLLMENT SYSTEM
CLICK HERE

ONLINE BENEFIT ENROLLMENT

STEP 1

Login to our online enrollment system

CLICK HERE to login. Enter your Username:

First initial of your first name + your birth date (MMDDYY) + last 4 digits of SSN.

Enter Your Password: Date of Birth (MMDDYYYY)

For example: If your name is Jane Smith and your birthdate is 09/07/1981, your social security number is 012-34-5678; your user name is J0907815678 and your password is 09071981.

STEP 2

Check out Mastery's Homepage

- **Click around on the Home Page** to learn more about Mastery's benefits offered in 2023-2024.
- **Click on the Plans Tab** to visit your bookshelf which includes overview information and Summary Plan Descriptions.

STEP 3

Select Your 2023-2024 Benefits

- **Click on the Enrollment Box**, on the Home Page.
- Red lights will show you which items need your attention.
- Everyone's needs are different. Please take time to explore each benefit option to decide what's right for you or your dependents.

- Your enrollment is not complete until you have reached the confirmation page which summarizes your final elections.
- Be sure to download and print your confirmation statement once you have completed your enrollment.

STEP 4

Provide Substantiating Documentation for Dependent(s), if applicable

If adding a new dependent to any of your plans, you will need to provide substantiating documentation to complete the enrollment. Examples of acceptable documentation include a birth certificate or crib sheet with the parent's name listed for a new baby, or marriage certificate for a spouse. Domestic partners require a notarized domestic partner affidavit, available in SmartBen under My Resources, then Forms. You can email this documentation to employeesolutions@corpsyn.com.

**CONGRATULATIONS! YOU HAVE
JUST ENROLLED IN YOUR
2023-2024 EMPLOYEE BENEFITS.**



AETNA SELECT HMO

AETNA CHOICE POS II

AETNA NJEHP

AETNA VALUE ADDED TOOLS

FINDING THE RIGHT
PROVIDER

TELADOC

DENTAL

VISION

BENEFITSVIP

FLEXIBLE SPENDING ACCOUNT
(FSAs)FLEXIBLE SPENDING ACCOUNT
(FSAs) – PLAN DETAILS**aetna**FOR TERM
DEFINITIONS
CLICK HEREAETNA PRESCRIPTION
DRUG COVERAGE
CLICK HEREDOC FIND
CLICK HERE

Mastery Schools of Camden will continue to offer the choice of three medical and prescription plans through Aetna for the 2023-2024 plan year.

When you login to SmartBen, you will see your new contributions for the 2023-2024 plan year. Aetna Select HMO gives you access to one of the largest networks and you do not need a referral.

FOR EMPLOYEE
CONTRIBUTION
RATES - MEDICAL
CLICK HERE**AETNA SELECT HMO**

Coverage will continue to be provided for Advance Reproductive Technology (ART) 2 cycles with a \$10,000 Lifetime Maximum.

BENEFIT	IN-NETWORK
ANNUAL DEDUCTIBLE	Single: \$200 Family: \$400*
OUT-OF-POCKET MAXIMUM	Single: \$6,600 Family: \$13,200
LIFETIME MAXIMUM	Unlimited
PREVENTIVE CARE	100%
OFFICE VISITS PCP copay office visits Specialist copay office visits	\$30 copay \$55 copay
OUTPATIENT LAB, X-RAY	\$30 copay
ADVANCED RADIOLOGY (MRI, MRA, CAT & Pet Scan)	\$55 copay
HOSPITAL CARE Inpatient Hospital Care Outpatient Surgery	Deductible then copay \$500 Single / \$1,000 Family; then 100%
EMERGENCY CARE Hospital Emergency Room (waive if admitted) Urgent Care Walk in Clinic	\$200 copay \$55 copay \$30 copay
MATERNITY CARE Prenatal and Post-natal care - Outpatient Hospital services for mother and child - Inpatient	No charge for routine care/procedures as defined by the ACA Deductible then copay \$500 Single / \$1,000 Family; then 100%
MENTAL HEALTH Inpatient Outpatient	Deductible then copay \$500 Single / \$1,000 Family; then 100% \$55 copay
RETAIL DRUG PROGRAM (30 day supply) Generic / Brand / Non-Preferred	\$25 / \$45 / \$65
MAIL ORDER (90 day supply) Generic / Brand / Non-Preferred	\$50 / \$90 / \$130

* Deductible applies to InPatient hospitalization and outpatient surgery only.

Important Note: Please be sure to review the benefit plan documents for a full description of your benefits. This is a general overview and the Summary Plan Description (SPD) will prevail. Summary Plan Descriptions can be found on the SmartBen portal under 'Plans'.



AETNA SELECT HMO

AETNA CHOICE POS II

AETNA NJEHP

AETNA VALUE ADDED TOOLS

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CLICK HERE

The Aetna Choice POS II network gives you the freedom to choose any doctor, specialist or hospital. The choice of providers are yours, however there are dollar saving advantages to choosing in-network providers.

To locate a participating provider, visit aetna.com/docfind. Next select the Aetna Open Access Plans and Aetna Choice POS II Open Access network.

FOR EMPLOYEE
CONTRIBUTION
RATES - MEDICAL
CLICK HERE**AETNA CHOICE POS II**

Coverage will continue to be provided for Advance Reproductive Technology (ART) 2 cycles with a \$10,000 Lifetime Maximum.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	Single: None Family: None	Single: \$300 Family: \$600
OUT-OF-POCKET MAXIMUM	Single: \$6,600 Family: \$13,200	Single: \$6,600 Family: \$13,200
LIFETIME MAXIMUM	Unlimited	Unlimited
PREVENTIVE CARE	100%	Deductible then 30%
OFFICE VISITS PCP copay office visits Specialist copay office visits	\$15 copay \$30 copay	Deductible then 30%
OUTPATIENT LAB, X-RAY	\$30 copay	Deductible then 30%
ADVANCED RADIOLOGY (MRI, MRA, CAT & Pet Scan)	\$40 copay	Deductible then 30%
HOSPITAL CARE Inpatient Hospital Care Outpatient Surgery	Deductible: \$100 Single / \$200 Family \$75 copay	Deductible then 30%
EMERGENCY CARE Hospital Emergency Room* Urgent Care Walk in Clinic	\$150 copay \$40 copay \$15 copay	\$150 copay Deductible then 30% Deductible then 30%
MATERNITY CARE Prenatal and Post-natal care Hospital services for mother & child	No charge for routine care/procedures as defined by the ACA Deductible: \$100 Single / \$200 Family	Deductible then 30%
MENTAL HEALTH Inpatient Outpatient	Deductible: \$100 Single / \$200 Family \$30 copay	Deductible then 30%
RETAIL DRUG PROGRAM (30 day supply) Generic Brand Non-Preferred	\$15 \$35 \$50	N/A N/A N/A
MAIL ORDER (90 day supply) Generic Brand Non-Preferred	\$30 \$70 \$100	N/A N/A N/A

Important Note: Please be sure to review the benefit plan documents for a full description of your benefits. This is a general overview and the Summary Plan Description (SPD) will prevail. Summary Plan Descriptions can be found on the SmartBen portal under 'Plans'.



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DEFINITIONS
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[CLICK HERE](#)DOC FIND
[CLICK HERE](#)

The Aetna NJEHP network gives you the freedom to choose any doctor, specialist, or hospital. The choice of providers is yours, however there are dollar saving advantages to choosing in-network providers.

To locate a participating provider, visit aetna.com/docfind. Next select the Aetna Open Access Plans and Aetna Choice POS II Open Access network.

FOR EMPLOYEE
CONTRIBUTION
RATES - MEDICAL
[CLICK HERE](#)

AETNA NJ EDUCATORS HEALTH PLAN

Please [CLICK HERE](#) for information about the NJEHP's fertility coverage

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	Single: None Family: None	Single: \$350 Family: \$700
OUT-OF-POCKET MAXIMUM	Single: \$500 Family: \$1,000	Single: \$2,000 Family: \$5,000
LIFETIME MAXIMUM	Unlimited	Unlimited
PREVENTIVE CARE	100%	Not Covered
OFFICE VISITS PCP copay office visits Specialist copay office visits	\$10 copay \$15 copay	Deductible then 30%
OUTPATIENT LAB, X-RAY	Covered at 100%	Deductible then 30%
ADVANCED RADIOLOGY (MRI, MRA, CAT & Pet Scan)	Covered at 100%	Deductible then 30%
HOSPITAL CARE Inpatient Hospital Care Outpatient Surgery	Covered at 100% Covered at 100%	Deductible then 30%
EMERGENCY CARE Hospital Emergency Room* Urgent Care Walk in Clinic	\$125 copay \$15 copay \$15 copay	\$125 copay Deductible then 30% Deductible then 30%
MATERNITY CARE Prenatal and Post-natal care Hospital services for mother & child	No charge for routine care/procedures as defined by the ACA Covered at 100%	Deductible then 30%
MENTAL HEALTH Inpatient Outpatient	Covered at 100% \$15 copay	Deductible then 30%
RETAIL DRUG PROGRAM (30 day supply) Generic Brand Non-Preferred	\$5 \$10 \$10	N/A N/A N/A
MAIL ORDER (90 day supply) Generic Brand Non-Preferred	\$10 \$20 \$20	N/A N/A N/A

Important Note: Please be sure to review the benefit plan documents for a full description of your benefits. This is a general overview and the Summary Plan Description (SPD) will prevail. Summary Plan Descriptions can be found on the SmartBen portal under 'Plans'.



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CLICK HEREWEIGHT
MANAGEMENT
DISCOUNTS
CLICK HERE**AETNA VALUE ADDED TOOLS****Online Access**

Your Aetna Navigator® secure member website is at your service. Just register at aetna.com.

Once you register you can:

- View or print out your member ID card
- View your Aetna claims online
- DocFind® online provider directory: Look for a doctor or specialist in your area along with phone numbers, directions, and network information
- Member Payment Estimator cost of care tool: Find out what it costs BEFORE you go to the doctor's office. This tool uses your health plan to figure an estimate
- Look up what a certain drug costs
- Aetna mobile app is available at aetna.com/mobile

Beginning Right Maternity Program

A program to give your baby a healthy start. You can:

- Lower your risk for early labor
- Stop smoking for good
- Get special attention for pregnancy risks
- Cope with postpartum depression & more

Learn more about pregnancy, baby's health and many more health topics at aetna.com. Sign up for Beginning Right today. You have two options:

Choice #1: Call us at **1.800.CRADLE** (**1.800.272.3531**), weekdays from 8 a.m. to 7 p.m. ET.

Choice #2: Login to your secure member website at aetna.com. Look under "Health Programs," and choose "Maternity program."

Vision Discounts

Pay less for eye exams, contact lenses, and prescription and non-prescription eyeglasses, including most designer frames.

Where You Can Save

You can visit many doctors, plus national chains like JC Penney Optical, LensCrafters®, Target Optical®, Sears Optical® and Pearle Vision®.

Find out more about additional Aetna discounts at aetna.com.



BI-WEEKLY AETNA CONTRIBUTIONS

The bi-weekly contributions for the HMO plan will be determined by employee salary and a set of predefined salary bands. Each employee's bi-weekly contribution amount for this plan is based on 1.50% of the highest salary within the predefined salary band in which their individual salary falls. The salary bands are as follows:

\$25,000-\$50,000	\$50,000.01-\$75,000	\$75,000.01-\$100,000	\$100,000.01-\$125,000	\$125,000.01-\$150,000	\$150,000.01-\$200,000	\$200,000.01-\$250,000
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All employees are able to view their own salary banded bi-weekly contribution amount for enrollment in either plan in the SmartBen system. **New Jersey 12 month full-time employees will have deductions taken over 26 pay periods between July 1-June 30. New Jersey 10.5 month full-time employees will have deductions taken over 23 pay periods between mid-August and June.**

Aetna Select HMO – 12 Month Employees (26 pays)

	\$25,000– \$50,000	\$50,000.01– \$75,000	\$75,000.01– \$100,000	\$100,000.01– \$125,000	\$125,000.01– \$150,000	\$150,000.01– \$200,000	\$200,000.01– \$250,000
SINGLE	\$28.85	\$43.27	\$57.69	\$72.12	\$86.54	\$115.38	\$144.23
EMPLOYEE & SPOUSE	\$28.85	\$43.27	\$57.69	\$72.12	\$86.54	\$115.38	\$144.23
PARENT & CHILD(REN)	\$28.85	\$43.27	\$57.69	\$72.12	\$86.54	\$115.38	\$144.23
FAMILY	\$28.85	\$43.27	\$57.69	\$72.12	\$86.54	\$115.38	\$144.23

Aetna Select HMO – 10.5 Month Employees (23 pays)

	\$25,000– \$50,000	\$50,000.01– \$75,000	\$75,000.01– \$100,000	\$100,000.01– \$125,000	\$125,000.01– \$150,000	\$150,000.01– \$200,000	\$200,000.01– \$250,000
SINGLE	\$32.61	\$48.91	\$65.22	\$81.52	\$97.83	\$130.43	\$163.04
EMPLOYEE & SPOUSE	\$32.61	\$48.91	\$65.22	\$81.52	\$97.83	\$130.43	\$163.04
PARENT & CHILD(REN)	\$32.61	\$48.91	\$65.22	\$81.52	\$97.83	\$130.43	\$163.04
FAMILY	\$32.61	\$48.91	\$65.22	\$81.52	\$97.83	\$130.43	\$163.04



BI-WEEKLY AETNA CONTRIBUTIONS

The POS contribution rates are based on predetermined salary bands, just as the HMO contribution rates, however, the POS plan is a premium buy-up plan which requires higher bi-weekly contributions than the HMO plan. The salary bands are as follows:

\$25,000-\$50,000	\$50,000.01-\$75,000	\$75,000.01-\$100,000	\$100,000.01-\$125,000	\$125,000.01-\$150,000	\$150,000.01-\$200,000	\$200,000.01-\$250,000
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All employees are able to view their own salary banded bi-weekly contribution amount for enrollment in either plan in the SmartBen system. **New Jersey 12 month full-time employees will have deductions taken over 26 pay periods between July 1-June 30. New Jersey 10.5 month full-time employees will have deductions taken over 23 pay periods between mid-August and June.**

Choice POS II – 12 Month Employees (26 pays)

	\$25,000– \$50,000	\$50,000.01– \$75,000	\$75,000.01– \$100,000	\$100,000.01– \$125,000	\$125,000.01– \$150,000	\$150,000.01– \$200,000	\$200,000.01– \$250,000
SINGLE	\$120.14	\$134.56	\$148.98	\$163.41	\$177.83	\$206.68	\$235.52
EMPLOYEE & SPOUSE	\$253.53	\$267.95	\$282.37	\$296.80	\$311.22	\$340.07	\$368.91
PARENT & CHILD(REN)	\$201.78	\$216.20	\$230.63	\$245.05	\$259.47	\$288.32	\$317.16
FAMILY	\$312.82	\$327.24	\$341.66	\$356.09	\$370.51	\$399.36	\$428.20

Choice POS II – 10.5 Month Employees (23 pays)

	\$25,000– \$50,000	\$50,000.01– \$75,000	\$75,000.01–\$ 100,000	\$100,000.01– \$125,000	\$125,000.01– \$150,000	\$150,000.01– \$200,000	\$200,000.01– \$250,000
SINGLE	\$135.81	\$152.11	\$168.42	\$184.72	\$201.03	\$233.63	\$266.24
EMPLOYEE & SPOUSE	\$286.60	\$302.90	\$319.21	\$335.51	\$351.81	\$384.42	\$417.03
PARENT & CHILD(REN)	\$228.10	\$244.40	\$260.71	\$277.01	\$293.32	\$325.93	\$358.53
FAMILY	\$353.62	\$369.92	\$386.23	\$402.53	\$418.84	\$451.45	\$484.05



BI-WEEKLY AETNA CONTRIBUTIONS

The NJEHP contribution rates are based on a percentage of salary for each individual.

All employees are able to view their own salary banded bi-weekly contribution amount for enrollment in either plan in the SmartBen system. **New Jersey 12 month full-time employees will have deductions taken over 26 pay periods between July 1-June 30. New Jersey 10.5 month full-time employees will have deductions taken over 23 pay periods between mid-August and June.**

Aetna NJEHP

BASE SALARY OR PENSION AMOUNT	LEVEL OF COVERAGE/PERCENTAGE OF SALARY			
	SINGLE	EMPLOYEE & SPOUSE	PARENT & CHILD(REN)	FAMILY
UP TO – \$40,000	1.9%	3.0%	2.4%	3.5%
\$40,000.01–\$50,000	2.1%	3.5%	2.7%	4.1%
\$50,000.01–\$60,000	2.4%	4.1%	3.0%	4.6%
\$60,000.01–\$70,000	2.7%	4.6%	3.2%	5.2%
\$70,000.01–\$80,000	3.0%	5.2%	3.5%	5.7%
\$80,000.01–\$90,000	3.2%	5.7%	3.8%	6.2%
\$90,000.01–\$100,000	3.5%	6.2%	4.1%	6.8%
\$100,000.01–\$125,000	3.8%	6.8%	4.6%	7.4%

For any employee earning a base salary above \$125,000, the maximum contribution will be based on a salary of \$125,000.



AETNA SELECT HMO

AETNA CHOICE POS II

AETNA NJEHP

AETNA VALUE ADDED TOOLS

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UNDERSTANDING THE DIFFERENCE BETWEEN TELEHEALTH, URGENT CARE AND THE EMERGENCY ROOM CAN HELP YOU SAVE MONEY.



TELEHEALTH NON-LIFE-THREATENING CONDITIONS TREATED

Sore throat, headache, fever, stomachache, cold & flu, allergies, rash, acne, UTIs and more...

PROS & CONS

- 24/7 available care anywhere via video chat or phone
 - Lower cost
- Physical treatment will need to be in person



URGENT CARE NON-LIFE-THREATENING CONDITIONS TREATED

Minor cuts, sprains, burns and rashes, fever, flu symptoms and headaches, chronic lower back pain and joint pain, minor respiratory symptoms

PROS & CONS

- Costs are lower than Emergency Room
- No appointment required
 - Short wait times



EMERGENCY LIFE-THREATENING CONDITIONS TREATED

Uncontrolled bleeding, seizure or loss of consciousness, shortness of breath or chest pain, head injury/major trauma

PROS & CONS

- Open 24/7
- Costs are highest
- No appointment required
 - Waiting times are typically long



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TO GET STARTED
WITH TELADOC
CLICK HERE

TELADOC**When Can You Use Teladoc?**

Two words: Anytime. Anywhere.

Teladoc is simply a more convenient, more affordable way to receive quality healthcare.

- When you need care now
- If you're considering the ER or Urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills

Set Up Your Account

We've made the process quick and easy online.

If you do not have access to a computer, call **1.800.Teladoc** for assistance.

Visit **Teladoc.com**. Click Set Up account. Provide the required information.

What Can You Use It For?

Our U.S. board-certified doctors can diagnose, recommend treatment & prescribe medication, if necessary, for many of your medical issues including:

- Cold & flu symptoms
- Bronchitis
- Respiratory infection
- Sinus problems
- Allergies
- Urinary tract infection
- Ear infection
- Pink eye

Teladoc is happy to provide information about your consultation to your primary care physician.



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TO FIND A DENTIST
CLICK HERE

Guardian Dental

Mastery Schools of Camden pays 100% of the cost of dental insurance. There are no bi-weekly contributions associated with this plan. You may select a dentist either in-network or out-of-network. If you utilize a participating dentist, you will receive greater discounts and your out-of-pocket expenses will be lower.

Guardian Online Access

To set up a personal profile, locate providers or obtain benefit information, please register online at guardiananytime.com/fpapp/FPWeb/search and enter Group # **407506**. When looking for a participating provider you will select the "DentalGuard Preferred" network. Or call **800.541.7846**.

DENTAL GUARD NETWORK

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	Single: \$50 Family: \$150	
CALENDAR YEAR MAXIMUM	\$1,000 per person per calendar year	
DIAGNOSTIC & PREVENTIVE SERVICES Exam Bite wing X-Rays Cleanings (every 6 months) Fluoride Treatments Sealants	Covered 100%	Covered 100%
BASIC SERVICES Amalgam Restorations Periodontics Endodontics Oral Surgery	100% after Deductible	80% after Deductible
MAJOR SERVICES Crowns/Inlays Bridges Dentures	60% after Deductible	50% after Deductible
ORTHODONTIC	Dependents to Age 19 Only	
ORTHODONTIC COINSURANCE	50% after Deductible	50% after Deductible
ORTHODONTIC LIFETIME MAXIMUM	\$1,000	
If you only use up to a certain threshold of your benefit max a portion of the balance can rollover into next year.	Threshold \$500	N/A
	Rollover Amount \$250 (In-Network \$350)	
	Max Rollover Bank Limit \$1,000	

Important Note: Please be sure to review the benefit plan documents for a full description of your benefits. This is a general overview and the Summary Plan Description (SPD) will prevail. Summary Plan Descriptions can be found on the SmartBen portal under 'Plans'.

How the Maximum Rollover Works

- Visit your dentist for care
- If your claims for the year are less than \$500, Guardian will automatically rollover up to \$350
- Rollover dollars can be used any time your dental claims exceed the regular benefit year maximum of \$1,000



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EASY OPTIONS
CLICK HERE



TO FIND A PROVIDER
CLICK HERE

To Locate a Participating Provider:

STEP 1

Locate a VSP provider by calling **800.877.7195** or login into **vsp.com**

STEP 2

Schedule an appointment with your chosen provider

STEP 3

Your provider will file your claim for you (No ID cards, no claim forms needed!)

Buy-up Easy Options

- Members can choose to upgrade their frame allowance - \$250 OR
- Anti-glare Lenses OR
- Progressive Lenses OR
- Light-reactive Lenses OR (Items 1 – 4 are selected at point of service)
- In lieu of glasses \$250 contact lens allowance
- \$10 Exam Copay
- \$25 Materials Copay

VSP

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
EXAM (once every 12 months)	Covered in full after \$10 copay	Up to \$45
FRAMES (once every 12 months)	\$200 allowance after \$25 copay 20% off balance over \$200	Up to \$70
LENSES (once every 12 months) Single Vision Bifocal Trifocal	Covered in full after \$25 copay	Up to \$45 Up to \$65 Up to \$85
(Includes Standard Progressive, Polycarbonate (adult), UV coating & AR coating)		
CONTACTS Exam Elective Lenses Medically Necessary	\$200 Allowance	Up to \$105
	\$0 copay, paid in full	Up to \$210

Important Note: Please be sure to review the benefit plan documents for a full description of your benefits. This is a general overview and the Summary Plan Description (SPD) will prevail. Summary Plan Descriptions can be found on the SmartBen portal under 'Plans'.

VSP VISION BI-WEEKLY CONTRIBUTIONS

	12 MO (26 pays)	10.5 MO (23 PAYS)	BUY-UP EASY OPTIONS	
			12 MO (26 pays)	10.5 MO (23 pays)
SINGLE	\$3.63	\$4.11	\$4.18	\$4.72
EMPLOYEE & SPOUSE	\$7.82	\$8.84	\$9.00	\$10.17
PARENT & CHILD(REN)	\$7.82	\$8.84	\$9.00	\$10.17
FAMILY	\$7.82	\$8.84	\$9.00	\$10.17

New Jersey 12 month full-time employees will have deductions taken over 26 pay periods between July 1-June 30. New Jersey 10.5 month full-time employees will have deductions taken over 23 pay periods between mid-August and June.

Create a **vsp.com** account to get the most out of your vision benefits.

- Your VSP My Dashboard For benefit information & Member ID card access
- MYBenefits tab - Benefits/usage history
- Special offers & savings



AETNA SELECT HMO
AETNA CHOICE POS II
AETNA NJEHP
AETNA VALUE ADDED TOOLS
FINDING THE RIGHT
PROVIDER
TELADOC
DENTAL
VISION

BENEFITSVIP

FLEXIBLE SPENDING ACCOUNT
(FSAs)
FLEXIBLE SPENDING ACCOUNT
(FSAs) – PLAN DETAILS

BenefitsVIP[®]
Help starts here.

BenefitsVIP[®]

Help starts here.

BenefitsVIP is a powerful, one-stop contact center staffed by seasoned professionals. Your dedicated team of employee benefits advocates are ready to help you and your family members with:

- Benefits questions
- ID card requests
- Precertification support
- Claims resolution
- Prescription issues
- Provider network questions
- ...and much more!

For service that's confidential and responsive, contact:

1.866.286.5354

Mon-Fri (8:30am-8:00pm EST)
answers@benefitsvip.com
Fax: 1.856.996.2775

**WEBSITE**

Benefitsvip.com Request member assistance and order ID cards in a click.

**BLOG**

HealthDiscovery.org Get vital, useful and fun health insurance and wellness facts.



AETNA SELECT HMO

AETNA CHOICE POS II

AETNA NJEHP

AETNA VALUE ADDED TOOLS

FINDING THE RIGHT
PROVIDER

TELADOC

DENTAL

VISION

BENEFITSVIP

**FLEXIBLE SPENDING ACCOUNT
(FSAs)**FLEXIBLE SPENDING ACCOUNT
(FSAs) – PLAN DETAILSFOR ADDITIONAL
INFORMATION ON
YOUR FSA **CLICK HERE**

FLEXIBLE SPENDING ACCOUNT (FSAs)

FSAs allow you to voluntarily reduce your taxable income and set aside money to pay for qualified healthcare or dependent care expenses. Your gross salary will be reduced by the amount you elect to contribute to each account. In this instance, your tax liability is calculated on a slightly smaller salary causing your taxes to be slightly less and your net take home pay to be slightly larger. If you wish to participate in Healthcare FSA, Dependent Care FSA, Transit FSA and/or the Parking FSA for 2023-2024, **you must elect each benefit as you complete your online enrollment on SmartBen™.**

Budget Appropriately

It is important for you to budget appropriately and use all of the funds within the FSA plan year. The only time you may make a change to your contribution rate is if you experience an IRS qualified status change such as marriage, birth of a child, adoption of a child, divorce, widowed, etc.

Healthcare Flexible Spending

Use pre-tax dollars for eligible, uninsured health expenses such as copayments, orthodontics, eyewear, hearing aids, deductibles and more.

Dependent Care Flexible Spending

You can use pre-tax dollars for the care of children to age 13 or the care of a mentally or physically disabled dependent such as daycare, as long as the provider reports the income and complies with all applicable state and local laws and out of home care expenses for dependents over the age of 13 who are unable to care for themselves.

Transit Flexible Spending

This account allows you to pay for eligible transit expenses with pre-tax dollars such as Transit Passes, Fare Cards, Vouchers for Transportation (Bus, Train, Subway or Ferry).

uberpool – Use your commuter reimbursement dollars on uberPOOL, uber's vanpool service. (Must select uberPOOL when getting ready to commute).

Parking Flexible Spending – This account allows you to pay for eligible parking expenses at your place of employment or at the mass transit location from which you commute to work.



AETNA SELECT HMO
AETNA CHOICE POS II
AETNA NJEHP
AETNA VALUE ADDED TOOLS
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PROVIDER
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DENTAL
VISION
BENEFITSVIP
FLEXIBLE SPENDING ACCOUNT
(FSAs)
**FLEXIBLE SPENDING ACCOUNT
(FSAs) – PLAN DETAILS**

FLEXIBLE SPENDING ACCOUNTS (FSAs) – PLAN DETAILS

BRI Website and Instructions

- To access your BRI account, go to [Benefitsresource.com](https://www.benefitsresource.com)
- Company Code:** masterycharter
- Member ID:** SSN with no spaces or dashes
- You may submit and view recent claims through the website or BRI mobile.

Plan Year

Plan year runs July 1, 2023 to June 30, 2024.

- Healthcare account maximum election is \$3,050
- Dependent Care account maximum election is \$5,000 or \$2,500 if married and filing separately
- Transit maximum monthly election is \$300 and Parking maximum monthly election is \$300

Debit Cards

You will receive a debit card automatically upon enrollment. If enrolled in more than one account, all accounts will be accessible with the single card. Debit cards for dependents are available. **(If you already have a card, you will not be issued a new card).**



Does the Balance Rollover?

Transit and Parking FSAs allow you to rollover the money from month-to-month, year-to-year as long as you are employed by Mastery.

- Healthcare FSAs allow rollover of up to \$610 into the following plan year
- Dependent Care FSAs do not allow rollovers; however, there is a 2.5 month grace period after the plan year ends. This allows you to incur additional expenses towards any remaining balance
- Check the list of Newly Eligible Items by visiting and searching under FSA products at www.fsastore.com



LIFE AND AD&D

SHORT TERM DISABILITY

LONG TERM DISABILITY

FAMILY MEDICAL LEAVE

LEAVE OF ABSENCE



EMPLOYER PAID LIFE, AD&D & DISABILITY

Mastery will continue to pay 100% of the cost of your Basic Life/AD&D, Short and Long Term Disability Benefits.

LIFE/ ACCIDENTAL DEATH & DISMEMBERMENT—100% EMPLOYER PAID

ELIGIBLE CLASSES	All full-time employees working at least 30 hours or more per week
ELIGIBILITY	1st of the month following 90 days of employment
LIFE BENEFIT	1 times annual salary rounded to next higher \$1,000 not to exceed \$100,000
AD&D BENEFIT	1 times annual salary rounded to next higher \$1,000 not to exceed \$100,000
REDUCTION SCHEDULE	65% at age 65, 50% at age 70
WAIVER OF PREMIUM	Included
CONVERSION	Included
ACCELERATED DEATH BENEFIT	75% up to \$500,000
BENEFITS TERMINATE	At separation of employment, unless conversion option is exercised

SHORT TERM DISABILITY—100% EMPLOYER PAID

ELIGIBLE CLASSES	All full-time employees working at least 30 hours or more per week
ELIGIBILITY	1st of the month following 90 days of employment
SHORT TERM BENEFIT	60% of weekly earnings to a maximum of \$750 per week
ELIMINATION PERIOD	0 days for accident 7 days for Illness (including pregnancy)
BENEFIT DURATION	13 weeks

LONG TERM DISABILITY—100% EMPLOYER PAID

ELIGIBLE CLASSES	All full-time employees working at least 30 hours or more per week
ELIGIBILITY	1st of the month following 90 days of employment
LONG TERM BENEFIT	60% of monthly earnings to a maximum of \$5,000 per month
ELIMINATION PERIOD	90 days of disability
BENEFIT DURATION	Normal social security retirement age or if your disability ends
PRE-EXISTING CONDITIONS LIMITATIONS	3/12 – A pre-existing condition is defined as one you sought treatment for 3 months prior to being covered



LIFE AND AD&D

SHORT TERM DISABILITY

LONG TERM DISABILITY

FAMILY MEDICAL LEAVE

LEAVE OF ABSENCE



If you have a need for a leave of absence, please email HR@masterycharter.org.

SHORT TERM DISABILITY

You can apply for STD if you have incurred a non-work related physical or mental condition including pregnancy or child birth that temporarily prevents you from performing assigned job duties and once you meet the eligibility period and elimination period.

- Mastery provides compensation at 100% of earnings during the STD elimination period in the case of pregnancy in accordance with Mastery's Parental leave policy

LONG TERM DISABILITY

Long-Term Disability is intended to protect your income for a long duration after you have depleted your short-term disability or any sick leave.

- Coverage for Full Time employees working 30+ hours
- 60% of monthly earnings to max \$5,000
- Benefits begin after 90 days of disability



Email HR@masterycharter.org
for additional information

FAMILY MEDICAL LEAVE (FMLA)

Employees are entitled to leave under FMLA if they have met the eligibility requirements. Specified family and medical reasons that qualify under FMLA are:

- Employee's own serious health condition
- Birth of a child and to care for the newborn within one year of birth
- Adoption or foster care within one year of placement
- Care for spouse, child or parent with serious health conditions
- Qualifying exigency reason due to employee's spouse, son, daughter, or parent's military leave



LIFE AND AD&D

SHORT TERM DISABILITY

LONG TERM DISABILITY

FAMILY MEDICAL LEAVE

LEAVE OF ABSENCE



HOW DO I FILE A LEAVE OF ABSENCE CLAIM?

Please email HR@Masterycharter.org if you have a need for leave or short term disability.

Short Term Disability – If you are absent from work due to an illness or injury or have a scheduled absence for reasons such as a hospital stay or scheduled surgery, you will need to contact Matrix Absence Management to report your claim. You can report your claim up to 45 days in advance of your absence.

Family Medical Leave – If you or your family member have a serious health condition that is disabling, you may be allowed to take up to 12 weeks unpaid leave for your own serious health condition or to care for a family member with a serious health condition. You will need to contact Matrix Absence Management to report your claim.

New Jersey Family Leave Act – If employed in the state of New Jersey, you may be eligible for leave for reasons such as caring for a newborn or a family member. You will need to contact Matrix Absence Management to report your claim.

Matrix Absence Management

To file a Leave Claim, download the Matrix eServices Mobile app, go to matrixabsence.com to create an account or if you don't have Internet access, you can call [877.202.0055](tel:877.202.0055).

Depending on the type of leave, you will be asked to provide some basic information. Having the following information readily available when you report your absence to Matrix will speed up the process:

- **Personal Information:** Name, address, telephone number, and the last four digits of your Social Security Number
- **Job Information:** Job title, job description, workplace location and address, work schedule, supervisor's name and telephone number, date of hire, and last day worked
- **Provider Information:** Name, address, telephone number, and fax number for each treating provider



**RELIANCE MATRIX CRITICAL
ILLNESS**RELIANCE MATRIX ACCIDENTAL
INJURYRELIANCE MATRIX
HOSPITAL CARERELIANCE MATRIX VOLUNTARY
LIFE, AD&D, AND STD

EMPLOYEE /
EMPLOYEE & SPOUSE
CONTRIBUTION RATES
CRITICAL ILLNESS
CLICK HERE



EMPLOYEE & CHILDREN
EMPLOYEE & FAMILY
CONTRIBUTION RATES
CRITICAL ILLNESS
CLICK HERE

Summary of Benefits

The Critical Illness benefit pays a lump sum benefit upon the date of diagnosis made after the coverage effective date for each of the covered conditions listed.

Who Can Elect Coverage:

- All active, full-time and part-time employees regularly working a minimum of 20 hours per week
- You will be eligible for coverage the first of the month following 90 days of active service
- A 30-day benefit waiting period applies during which benefits will not be paid
- Your Spouse/Domestic Partner up to age 70, as long as you elect coverage for yourself
- Your Child(ren) Birth to 26; 26+ if disabled, as long as you elect coverage for yourself

Portability Feature:

You, your spouse, and child(ren) can continue 100% of your coverage at the time your employment ends. Rates may change and all coverage ends at age 100.

For more information visit SmartBen.

EMPLOYEE

Voluntary Benefits Amounts (options for employee selection) (All Guarantee Issue)

VOLUNTARY BENEFIT AMOUNT

\$5,000 / \$10,000 / \$15,000 / \$20,000 / \$30,000

SPOUSE/DOMESTIC PARTNER

Voluntary Benefits Amounts for Spouse/Domestic Partner up to age 70 is eligible for coverage if employee is enrolled

50% of issued employee benefit amount (Guarantee Issue)

DEPENDENT CHILD

Child only eligible if employee is enrolled
Birth to 26; 26+ if disabled

25% of issued employee benefit amount

CRITICAL ILLNESS COVERED CONDITIONS**INITIAL OCCURENCE****RECURRENCE****CANCER CONDITIONS**

% of Initial Benefit Amount

% of Initial Benefit Amount

Invasive Cancer

100%

100%

Carcinoma in Situ

25%

25%

Skin Cancer

5%

5%

VASCULAR CONDITIONS

% of Initial Benefit Amount

% of Initial Benefit Amount

Heart Attack

100%

100%

Stroke

100%

100%

Coronary Artery Disease

25%

25%

OTHER SPECIFIED CONDITIONS

% of Initial Benefit Amount

% of Initial Benefit Amount

Nervous System Conditions

25%

25%

Advanced Alzheimer's Disease

25%

25%

Amyotrophic Lateral Sclerosis (ALS)

25%

25%

Parkinson's Disease

25%

25%

Multiple Sclerosis

25%

25%

Benign Brain Tumor

100%

100%

Blindness

100%

Not Available

Coma

25%

25%

End-Stage Renal (Kidney) Disease

100%

100%

Major Organ Failure

100%

100%

Paralysis

100%

100%

Health Screening Test Benefit 1 per year. Examples include (but not limited to) mammogram & certain blood tests

\$50



RELIANCE MATRIX CRITICAL
ILLNESS

RELIANCE MATRIX ACCIDENTAL
INJURY

RELIANCE MATRIX
HOSPITAL CARE

RELIANCE MATRIX VOLUNTARY
LIFE, AD&D, AND STD



EMPLOYEE
CONTRIBUTION RATES
ACCIDENTAL INJURY
[CLICK HERE](#)

Summary of Benefits

Accidental Injury coverage provides a benefit when a Covered Person suffers Covered Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident.

Who Can Elect Coverage:

- All active, full-time and part-time employees regularly working a minimum of 20 hours per week
- You will be eligible for coverage the first of the month following 90 days of active service
- A 30-day benefit waiting period applies during which benefits will not be paid
- Your Spouse/Domestic Partner up to age 70, as long as you elect coverage for yourself
- Your Child(ren) Birth to 26; 26+ if disabled, as long as you elect coverage for yourself

Portability Feature:

You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 70 in order to continue your coverage.

INITIAL & EMERGENCY CARE

	BENEFIT
Ground Ambulance/Air Ambulance	\$300/\$1,500
Emergency Care Treatment	\$150
Diagnostic Exam (x-ray or lab)	\$25
Physician Office Visit	\$50

HOSPITALIZATION BENEFITS

	BENEFIT
Hospital Admission	\$500
Hospital Stay (per day) (365 day max)	\$100
Intensive Care Unit Stay (per day) (30 day max)	\$200

FRACTURES AND DISLOCATIONS

	BENEFIT
Per covered surgically-repaired fracture	\$200-\$10,000
Per covered non-surgically-repaired fracture	\$100-\$5,000
Chip fracture (percent of fracture benefit)	25%
Per covered surgically-repaired dislocation	\$250 - \$4,000
Per covered non-surgically-repaired dislocation	\$125 - \$2,000

FOLLOW-UP CARE

	BENEFIT
Follow-up visit to the doctor	\$50
Follow-up physical therapy visits (12 session max)	\$25

ENHANCED ACCIDENT BENEFITS

	BENEFIT
Small lacerations (less than or equal to 6" long & requires 2 or more sutures)	\$50
Large lacerations (more than or equal to 6" long & requires 2 or more sutures)	\$400
Coma (lasting 7 days with no response)	\$5,000
Concussion	\$100

WELLNESS, HEALTH SCREENING TEST, OR OR PREVENTIVE CARE BENEFIT

	BENEFIT
Examples include (but are not limited to) routine gynecological exams, general health exams, mammography, and certain blood tests.	\$50

Available Coverage:

This Accidental Injury plan provides 24 hour coverage. The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. Benefits are only payable when all policy terms and conditions are met.



RELIANCE MATRIX CRITICAL
ILLNESS

RELIANCE MATRIX ACCIDENTAL
INJURY

**RELIANCE MATRIX
HOSPITAL CARE**

RELIANCE MATRIX VOLUNTARY
LIFE, AD&D, AND STD



HOSPITALIZATION BENEFITS

Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days
Newborn Nursery Admission 1 per year max
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days
Hospital Intensive Care Unit (ICU) Stay
Hospital Observation Stay

BENEFIT

\$1,000
 \$250
 \$100 per day
 \$200 per day
 \$1,000

ADDITIONAL CARE BENEFITS

Wellness Treatment, Health Screening and Preventive Care Benefit
 Limited to 1 Benefit, payable once per year
 Examples include (but are not limited to) routine gynecological exams,
 general health exams, mammography, and certain blood tests

BENEFIT

\$50

Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

- **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. In addition, Reliance Matrix covers Observation Stays (23 hours or more) under the Hospital Admission benefit and amount. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness.
- **Nursery Admission:** For newly born children only. Reliance Matrix will pay the applicable newborn benefit amount shown on schedule of benefits if, after delivery, the Insured's newborn stays in the hospital for routine care. This is paid in addition to the Admission and Hospital Stay benefit paid to the parent.
- **Hospital Stay:** Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit(s) will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.
- **Intensive Care Unit (ICU) Stay:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit(s) will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.



RELIANCE MATRIX CRITICAL
ILLNESS

RELIANCE MATRIX ACCIDENTAL
INJURY

RELIANCE MATRIX
HOSPITAL CARE

**RELIANCE MATRIX VOLUNTARY LIFE,
AD&D, AND STD**



EMPLOYEE
CONTRIBUTION RATES
SHORT TERM DISABILITY
[CLICK HERE](#)

VOLUNTARY LIFE, VOLUNTARY AD&D AND VOLUNTARY STD

Mastery Schools of Camden is pleased to continue to offer the option to purchase additional Life and AD&D insurance for you and your family. (Evidence of Insurability apply on the Life and AD&D over the Guaranteed Issue Amount).

VOLUNTARY LIFE AND VOLUNTARY AD&D CAN BE PURCHASED SEPARATELY – 100% EMPLOYEE PAID

ELIGIBLE CLASSES	All full time or part time employees working at least 20 hours or more per week
ELIGIBILITY	1st of the month following 90 days of employment
EMPLOYEE OPTIONS	1 to 5 times annual compensation rounded up to nearest \$1,000 not to exceed \$500,000. Minimum amount is \$10,000
SPOUSAL OPTIONS	Employee must participate in order for dependents to participate. Units of \$5,000 to the or 50% of the employees amount dependent on state regulations. Not to exceed 50% of employee benefit
CHILD OPTIONS	For Life Only: Birth to 6 months, \$500. For Life and AD&D: 6 months to age 26, \$5,000 or \$10,000
GUARANTEE ISSUE (Life Only)	Lesser of 2 times salary to \$200,000 (employee), \$25,000 (spouse), \$10,000 (child)
REDUCTION SCHEDULE	65% at age 65, 50% at age 70

SHORT TERM DISABILITY BUY-UP

ELIGIBLE CLASSES	All full-time employees working at least 30 hours or more per week
ELIGIBILITY	1st of the month following 90 days of employment
SHORT TERM DISABILITY	60% of weekly earnings to a maximum of \$1,000 per week
ELIMINATION PERIOD	0 days for accident 7 days for Illness (including pregnancy)
BENEFIT DURATION	13 weeks
PRE-EXISTING CONDITION	Applies

Pre-Existing Condition Limitation

A "Pre-Existing Condition" is any condition for which the Insured sought treatment, advice, care or services from a doctor within a specified period (3 months) before the effective date of coverage.

If it is determined that the claim or condition was pre-existing, the benefits are denied. Likewise, if it is determined that the disability is not a result of a pre-existing condition, the claimant would be eligible for benefits and further claim adjudication takes place. This will apply for the first 12 months from the date they became insured.



NJ PENSION INFORMATION

RETIREMENT BENEFITS

NJ PENSION INFORMATION

The majority of full-time staff will be enrolled in one of the following New Jersey Pension Plans depending upon your position and certification status:

Teachers' Pension and Annuity Fund (TPAF)

Employees appointed to positions requiring certification by the New Jersey Department of Education as members of the regular teaching or professional staff of a public school system in New Jersey are required to enroll in the TPAF as a condition of employment. Refer to the Eligibility section of the TPAF member guidebook for more details.

- TPAF Website: <https://www.state.nj.us/treasury/pensions/pension-active-tpaf.shtml>

Public Employees' Retirement System (PERS)

Please refer to the Eligibility section of the PERS member guidebook for enrollment eligibility criteria.

- PERS Website: <https://www.state.nj.us/treasury/pensions/pension-active-pers.shtml>

The current contribution rate for TPAF and PERS is 7.5 percent of base salary.

For full-time 10.5-month staff, pension deductions and contributory life insurance will be taken over 20 periods. That equates to two times per month between September and June.

For full-time 12-month staff, pension deductions and contributory life insurance will be taken over 24 periods. That equates to two times per month, year-round.



NJ PENSION INFORMATION

RETIREMENT BENEFITS

RETIREMENT BENEFITS

We are pleased to provide employees with a voluntary retirement savings option in addition to the New Jersey Pension Plan.

Contributions may be deferred on a pre-tax or Roth (after-tax) basis. To enroll or make a change, you may login to [Workday](#) and click the Benefits icon from the Applications section of your homepage. Please reach out to HR@masterycharter.org for additional guidance.

Mastery Schools of Camden has engaged Philip J. Fogli of FRS Advisors, an investment professional experienced in the selection of investments for retirement programs and plan participants. He can assist in the design of a personal investment plan specific to your individual needs. You may reach Mr. Fogli via phone at [215.599.6390](tel:215.599.6390) or via email at phil.fogli@frscapital.com.

How to View Your Investments

Follow the steps outlined below to view your investments and contributions on the PenServ website:

- Visit: penserv.com/login
- Select: First Time Visitor?
- Enter the Plan Access Code: msoc9782
- Enter: Your Social Security Number



**EMPLOYEE ASSISTANCE
PLAN (EAP)**RELIANCE MATRIX VALUE
ADDED BENEFITS

TALKSPACE

MASTERY EMPLOYEE PERKS

PEOPLEJOY

DREXEL PARTNERSHIP

WIDENER PARTNERSHIP

PROFESSIONAL
DEVELOPMENT
REIMBURSEMENTCROSSCOUNTRY
MORTGAGE PARTNERSHIP

FITNESS DISCOUNTS



Life. Just when you think you have it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Reliance Matrix Employee Assistance Program (EAP)

ACI Specialty Benefits with Reliance Matrix provides a variety of professional services to help improve mental health, reduce stress and make life easier. EAP 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.

Contact ACI Specialty Benefits toll-free at **855.RSL.HELP (855.775.4357)**, rsli.acieap.com or mobile app. Mobile Link: rsli.acieap.com or search the App Store or Google Play for "myACI Benefits"

For new users, register in-app for a new account using the corporate code: **RSLI859**

- **Up to 3 Face-to-Face** Telephonic or video chat sessions for assessment, referral and short term problem resolution
- **Unlimited** Child, elder, and pet care referrals
- **Telephonic Legal Consultation** for unlimited number of issues per year. Includes one 60-minute in-office or telephonic consultation with local attorney and 25% discount for continued services
- **Telephonic Financial Consultation** for unlimited number of issues per year. Includes optional 30-day financial coaching. Benefit with 90-day action plan

- **Identity Theft** Prevention/Recovery. Includes 50-minute consultation
- **Legal and Financial** Online resource center, including interactive legal document preparation
- **Unlimited** Personal services and community-based resources referrals

Guardian EAP WorkLifeMatters

Personal and family issues affect employees' lives not only at home, but can have a huge impact on productivity at work. Our WorkLifeMatters program is a confidential support service designed to offer the help that employees and their families need. Available 24/7. Visit ibhworklife.com or call **800.386.7055**.

Consultants are available to assist with a variety of issues, as well as personal, financial, and legal matters:

- **Face-to-face Counseling** Up to 3 visits per employee/household member per year
- **Bereavement** Support available through telephonic or face-to-face sessions; online resources available
- **Tobacco Cessation Coaching** Unlimited telephonic support and resources to assist with tobacco cessation
- **WorkLife Services** 24/7 access to WorkLife Specialists in the areas of family & care giving, health & wellness and more
- **Child and Elder Care Referral** Unlimited telephonic consultation with a WorkLife Specialist
- **Legal/Financial Assistance** Unlimited telephonic support for legal consultation, financial consultation, ID theft, will prep, tax consultation and more



EMPLOYEE ASSISTANCE
PLAN (EAP)

**RELIANCE MATRIX VALUE
ADDED BENEFITS**

TALKSPACE

MASTERY EMPLOYEE PERKS

PEOPLEJOY

DREXEL PARTNERSHIP

WIDENER PARTNERSHIP

PROFESSIONAL
DEVELOPMENT
REIMBURSEMENT

CROSSCOUNTRY
MORTGAGE PARTNERSHIP

FITNESS DISCOUNTS



RELIANCE MATRIX VALUE ADDED BENEFITS

Mastery Employees and family members have access to added benefits through Reliance Matrix at no additional cost!

BEREAVEMENT SUPPORT SERVICES

Confidential and professional support services to all family members and beneficiaries to cope with the loss of a loved one at no extra cost. Services are provided by ACI Specialty Benefits.

Grief Counseling:

- Up to 3 telephonic grief counseling sessions for assessment and referral

Legal and Financial Consultation:

- Telephonic legal consultation for unlimited number of issues per year. Includes one 60-minute in-office or telephonic consultation with local attorney and 25% discount for continued services
- Telephonic financial consultation for unlimited number of issues per year. Includes optional 30-day financial coaching. Benefit with 90-day action plan

Questions or to Access Services Contact ACI Specialty Benefits toll-free at **855.RSL.HELP** (**855.775.4357**), rsli@acieap.com.

TRAVEL ASSISTANCE

If you experience an emergency when traveling you have around the clock access to On Call

International's 24-hour, toll-free travel assistance services. Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you and your covered dependents have access to a personal travel emergency companion anytime you're more than 100 miles away from home! 24-Hour Travel Assistance: In the U.S., toll free **800.456.3893**. Worldwide, collect **603.328.1966**.

IDENTITY THEFT PROTECTION

Should you or anyone in your family fall victim to identity theft, InfoArmor® will provide restoration services including:

- Dedicated InfoArmor Privacy Advocates® to act on your behalf
- Identity restoration experts with CITRMS® Certification
- Investigation and confirmation of fraudulent activity and Resolution of key issues by maintaining and explaining your rights
- Assist in issuing fraud alerts and victim's statements with the three consumer credit reporting agencies: Federal Trade Commission, Social Security Administration and the U.S. Postal Service

Do you suspect your personal information has been compromised? Call toll free: **855.246.7347**

Want to protect the contents of your wallet and important personal documents?

Enroll in WalletArmor® today:
www.reliancestandard.com/walletarmor



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TALKSPACE

Talkspace is a digital space for private and convenient mental health support.

All full and part-time Mastery staff, their spouses and children over the age of 13 will have access to **unlimited messaging treatment with a licensed clinician**. In addition to unlimited messaging via text, voice and video, staff/dependents can schedule one live video session per month.

How it Works

With Talkspace, you can choose your therapist from a list of recommended, licensed providers and receive support day and night from the convenience of your device (iOS, Android, and Web). Talkspace members can begin to exchange unlimited messages (text, voice, and video) with their personal therapist immediately after registration. Therapists engage daily, 5 days per week, which often includes weekends.

You will continue to work with the same therapist throughout your journey. However, you're always welcome to switch providers so you can find the perfect fit. Talkspace's clinical network features thousands of licensed, insured, and verified clinical professionals with specialties ranging from behavioral to emotional and wellness needs, including:

- Anxiety & Stress
- Depression
- Relationships
- Family conflict
- Trauma & Grief
- Eating disorders
- Substance abuse
- Chronic illness
- and more

Talkspace can work for you. In a study of 10,000 member participants, 70% experienced significant symptom improvement and 50% fully recovered after 12 weeks of regular engagement with their Talkspace therapist.

To access the Talkspace benefit, visit talkspace.com/Mastery and register for an account.



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MASTERY EMPLOYEE PERKS

Find great deals on electronics, travel, entertainment, clothes, gifts and more, in one convenient location!

Visit MasteryCharterEmployeePerks.com and enter your name and birthdate to take advantage of the discounts and offers.

AVIS**Home/Auto Insurance**

Paying too much for Auto Insurance? Get a no-obligation quote and switch your carrier at any time.

This voluntary benefits program provides you with access to special savings on Auto and Home Insurance, available to employees of Mastery. You can request free quotes from the following: Liberty Mutual Insurance, MetLife Auto & Home® and Travelers.

To get started, you can call Corestream at [888.935.9595](tel:888.935.9595). You can also call each partner directly: Liberty Mutual at [800.298.8018](tel:800.298.8018), MetLife Auto & Home® at [800.438.6388](tel:800.438.6388), and Travelers at [888.695.4640](tel:888.695.4640).

You may qualify for additional savings if you have more than one policy with the same carrier.

- Renters
- Condominiums
- Vacation or Second Homes
- Recreational Vehicles
- Personal Excess Liability
- Motor Homes
- Flood
- Convenient Payment Options
- Landlord Policies for Rental Properties
- Boats

You may request quotes and change insurance companies at any time. If you are approved and would like to switch, you can start your coverage the day after you apply.

TRAVELERS**MetLife**
MetLife Auto & Home®

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PEOPLEJOY PROGRAM

As an employee of Mastery, the PeopleJoy services are provided at no cost to you. PeopleJoy, a trusted student loan advisor, specializes in helping teachers find savings and prepare their loan forgiveness applications. PeopleJoy finds savings for 2 out of 3 teachers! PeopleJoy can assist non-teaching staff at Mastery as well.

Visit mastery.peoplejoy.com (or call **800.653.1812**) to complete a quick survey. After submitting the survey, a representative will reach out to you to review your student loan analysis.

If savings can be identified, you may opt into their services, listed below.

PACKAGE	SERVICES
Concierge	<ul style="list-style-type: none"> ■ Contact loan servicers and employers on your behalf ■ Dedicated loan coach ■ Monitoring of new federal loan regulations on your student loans ■ Management and auditing of all documents ■ Student loan default and wage garnishment ■ Student loan expert analysis ■ Public Service Loan Forgiveness Certification ■ Income Driven Federal Loan Repayment Program Filing ■ Student Loan Consolidation Filing ■ Expedited plan enrollment ■ Customized student loan savings report ■ Access to loan resources and documents ■ Full-service technical support



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DREXEL PARTNERSHIP

Take advantage of an exclusive partnership with Drexel University Online!

- Over 140 online degrees and certificates
- 10-40% new student partner tuition savings
- No application fee, deferred billing options available
- Dedicated support from enrollment to graduation
- Additional benefits for military service members, veterans and their immediate family

For more information, please visit online.drexel.edu/mastery.

WIDENER UNIVERSITY TUITION DISCOUNT

Mastery employees receive a **20% tuition discount** on Widener University's continuing studies and graduate programs – including certificate programs.

See all programs by visiting www.widener.edu/edpartners.

- Contact Ryan Rhodes (Assistant Director of Recruitment) to learn more or start the application process
- Phone: [610.499.4188](tel:610.499.4188)
- Email: RPRhodes@widener.edu



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PROFESSIONAL DEVELOPMENT REIMBURSEMENT

Mastery Schools encourages staff to continue developing their instructional practice by taking coursework and workshops related to their field. All Mastery employees are allotted up to \$1,000 per school year towards reimbursements for professional development opportunities, education coursework, or certification related expenses, as approved by your manager or school leader. Additionally, through January 1, 2026, professional development funds can be used to cover qualified education loans. For this purpose, a “qualified education loan” is a debt incurred by the employee solely to pay qualified higher education expenses incurred by the employee around the same time and during a time when the employee was an eligible student.

Staff must first pay for and complete the professional development session, coursework, testing, workshops related to their position. Requests for reimbursement can then be submitted for approval through [Workday](#).

Professional development requests must be made within the same school year of the coursework/seminar/certification testing completion date. Employees will have until August 31st of each year to submit reimbursement requests from the previous year. Professional development allowances do not rollover each year; allowances that are not used within the school year will be lost.

Please refer to our Employee Handbook for additional details, and reach out to HR@masterycharter.org with any questions.



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CROSSCOUNTRY MORTGAGE PARTNERSHIP

CrossCounty Mortgage (CMM) is a full-service nationwide lender offering a wide variety of mortgage loans. CMM's robust portfolio includes purchase and refinance products such as first time homebuyers, investment and jumbo loans to name a few. Take advantage of this awesome partnership!

- CMM provides a dedicated mortgage team
- Borrowers may be eligible to receive up to \$2,198 in lender credits
- Program benefits are available to relatives
- Reach your homeownership goals by attending informational webinars and seminars

Learn more by visiting <https://masterycharter.org/benefitsinfo>

Contact: Sachaney Mills (Sales Manager) to learn more or start the application process.

Phone: [267.892.4364](tel:267.892.4364)

Email: sachaney.mills@ccm.com



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FITNESS DISCOUNTS

FITNESS DISCOUNTS

Get the lowest rates at over 10,000 gyms in the GlobalFit® network. For locations go to globalfit.com/fitness. This offer is for new gym members only. If you belong to a gym now, or belonged recently, call GlobalFit at **800.298.7800** to see if a discount applies. You also get:

- FREE guest pass at most gyms
- Flexible membership options
- Membership transfer to another participating gym or person
- Freezing and travel privileges



TERM DEFINITIONS

- **COINSURANCE:** The percentage you and the plan pay toward covered services after you meet the deductible, when applicable.
- **COPAY:** The dollar amount you pay for certain covered health care services, prescription drug expenses or vision care under the plan.
- **DEDUCTIBLE:** The dollar amount you pay for covered services (medical and certain prescription drug expenses) each plan year before the plan starts sharing the cost.
- **IN-NETWORK:** Provider or health care facility that is part of a health plan's network of providers with which it has negotiated a discount.
- **OUT-OF-NETWORK:** A doctor, hospital or other health care provider that has not contracted with a health plan's network to provide care.
- **OUT-OF-POCKET (OOP) MAXIMUM:** The most you pay (including your deductible, copays and coinsurance) in a plan year for covered services (including medical and prescription expenses). Once you meet the out-of-pocket maximum, the plan pays 100% for covered services for the rest of the plan year.
- **PREMIUM:** The total amount that must be paid for your health insurance or plan. You and Mastery contribute towards the premium.
- **PREVENTIVE CARE:** Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.



NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S ACT)

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Call your Plan Administrator for more information.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which

a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

SPECIAL ENROLLMENT RIGHTS (HIPAA)

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents

(including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage.

The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that:

The financial requirements applicable to

mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a



change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B] This benefit, known as “continuation coverage,” applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

CHILDREN’S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

The employee’s or dependent’s state Medicaid or CHIP (Children’s Health Insurance Program) coverage terminates because the individual cease to be eligible.

The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children’s Health Insurance Program).

Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

PREMIUM ASSISTANCE UNDER MEDICAID AND 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 July 31, 2022. Contact your State for more information on eligibility.

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
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
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program <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+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: <https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – 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

INDIANA – Medicaid
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)
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

KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

KENTUCKY – 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: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid
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
Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: -800-977-6740. TTY: Maine relay 711



MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: (617) 886-8102

MINNESOTA – 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

MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHSHIPProgram@mt.gov

NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid
Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
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

NEW JERSEY – Medicaid and CHIP
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

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311
(Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
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)

WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid
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 July 31, 2022, 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 1/31/2023)



QUALIFIED LIFE EVENTS

A Qualifying Life Event allows you to enroll or make changes during the plan year outside of Open Enrollment. You have 30 days from the date of the Qualifying Life Event to make changes to your elections or to enroll. Examples include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a spouse/domestic partner/child
- Open enrollment for a spouse/domestic partner
- Significant change in other health plan's cost of coverage
- Entitlement to Medicare or Medicaid
- Loss of eligibility or newly eligible under state Medicaid or CHIP program (employee has 60 days to request coverage)
- Becoming a new hire at Mastery
- Change in employment status from part-time to full-time, or vice versa



PRESCRIPTIONS

Select HMO, Choice POS II & NJEHP

Your prescription drug coverage is the Standard Formulary administered by Aetna. You can determine the coverage level of your medications by reviewing the formulary list at [aetna.com/formulary](https://www.aetna.com/formulary) (you must be registered to view). You must select the Standard Formulary.

For additional information, visit [aetna.com](https://www.aetna.com) or **1.800.962.6842**

Precertification, Step Therapy and Formulary Exclusions

Certain medications require precertification by your physician or the use of a less costly alternative.

Specialty Pharmacy

Specialty drugs often need special storage and handling which means they are not at your retail pharmacy. These medications include injectable, infused or taken by mouth. The Aetna Specialty Pharmacy team is available at **1.866.782.2277** to assist you with your medications as well as get your delivery program started.

Aetna's Mandatory Maintenance Choice With Opt Out

After 2 retail fills, members must fill a 90-day supply of their maintenance medicine at either Aetna Rx Home Delivery® mail-order pharmacy or CVS pharmacy retail locations. Members have the ability to call Aetna and opt out. However, you will save on costs when you fill a 90-day supply of maintenance drugs at Aetna Rx Home Delivery or CVS Pharmacy.

Aetna Rx Home Delivery (Mail Order)

To participate in this program, have your physician write a prescription for a 90 day supply and register for the Aetna Rx Home Delivery program. You will need to register online at [aetna.com](https://www.aetna.com).

Preventive Drug List

Healthcare Reform laws have mandated certain drugs be covered at no charge, such as oral contraceptives. Please refer to the Preventive Drug List posted on SmartBen™.



TELADOC

Getting Started with Teladoc

You are only a few minutes away from having 24/7 access to quality medical care. Teladoc's U.S. board-certified doctors are available to resolve many of your medical issues from wherever you happen to be. Set up your Teladoc account so that when you need care immediately, we are just a phone call or click away.

Set Up Your Account

We've made the process quick and easy online. If you do not have access to a computer, call **800.Teladoc** for assistance.

Visit **Teladoc.com**. Click Set Up account. Provide the required information.

Complete Your Medical History Disclosure (MHD)

Your MHD provides Teladoc doctors with the information they need to make an accurate diagnosis. Complete your MHD for the most complete care.

Online: Visit **Teladoc.com** and login to your account. Complete the My Medical History section.

Teladoc Mobile: You can use Teladoc's mobile app. **Teladoc.com/mobile**

Call Teladoc 800.835.2362: Teladoc can help you complete your MHD over the phone.

Request a Consultation: Once your account is set up, request a consultation with a Teladoc doctor anytime and anywhere you need it.

All for just a \$10 copay (Paid at time of consultation).

Caregiver

Are you caring for a loved one? Teladoc can help. You can now add your parent, spouse or other loved one to your Teladoc account even if they aren't covered under your medical insurance. You will be able to request a visit for that person and even join a three-way call with your loved one and a physician. The cost for the caregiver two- or three-way visit will always be just a \$45 copay.

How to Get Started

Login to Teladoc and add your loved one as a care recipient. You or your loved one can initiate a visit with a physician.

Dermatology

Dermatology "visits" are not live and you will need to "request a consult for Dermatology". Once selected, you will be prompted to choose your state and current condition. You will be prompted to answer several questions based on the choice you made for your current condition. You will also be asked to upload 3 pictures of your current condition. Once all required information is collected, you will click on submit. The copay is \$75.

A physician will provide a consultative email within 2 days providing diagnosis, treatment and any further steps to take if necessary.



New Jersey 12 month full-time employees will have deductions taken over 26 pay periods between July 1-June 30. New Jersey 10.5 month full-time employees will have deductions taken over 23 pay periods between mid-August and June.

BI-WEEKLY VOLUNTARY CONTRIBUTIONS



Hospital Care Coverage Bi-Weekly Rates

HOSPITAL	12 MONTHS (26 PAYS)	10.5 MONTHS (23 PAYS)
SINGLE	\$11.15	\$12.60
EMPLOYEE & SPOUSE	\$19.03	\$21.52
PARENT & CHILD(REN)	\$19.78	\$22.36
FAMILY	\$27.67	\$31.28

Accidental Injury Bi-Weekly Rates

ACCIDENTAL INJURY	12 MONTHS (26 PAYS)	10.5 MONTHS (23 PAYS)
SINGLE	\$3.89	\$4.40
EMPLOYEE & SPOUSE	\$6.86	\$7.76
PARENT & CHILD(REN)	\$7.23	\$8.18
FAMILY	\$9.90	\$11.19

Employee Critical Illness Bi-Weekly Rates

AGE	\$5,000		\$10,000		\$15,000		\$20,000		\$30,000	
	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)
0-29	\$1.47	\$1.66	\$2.06	\$2.33	\$2.64	\$2.99	\$3.23	\$3.65	\$4.40	\$4.98
30-39	\$2.03	\$2.29	\$3.17	\$3.58	\$4.31	\$4.87	\$5.46	\$6.17	\$7.74	\$8.75
40-49	\$3.11	\$3.51	\$5.33	\$6.02	\$7.55	\$8.52	\$9.77	\$11.04	\$14.21	\$16.06
50-59	\$5.45	\$6.16	\$10.02	\$11.32	\$14.58	\$16.48	\$19.14	\$21.64	\$28.27	\$31.96
60-69	\$8.37	\$9.46	\$15.86	\$17.93	\$23.35	\$26.39	\$30.84	\$34.86	\$45.82	\$51.79
70-79	\$13.25	\$14.97	\$25.61	\$28.95	\$37.97	\$42.92	\$50.34	\$56.90	\$75.06	\$84.85
80+	\$22.45	\$25.38	\$44.03	\$49.77	\$65.59	\$74.15	\$87.17	\$98.54	\$130.31	\$147.30



Employee & Spouse Critical Illness Bi-Weekly Rates

AGE	\$5,000		\$10,000		\$15,000		\$20,000		\$30,000	
	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)
0-29	\$2.42	\$2.73	\$3.31	\$3.75	\$4.21	\$4.76	\$5.10	\$5.77	\$6.90	\$7.79
30-39	\$3.22	\$3.64	\$4.91	\$5.55	\$6.60	\$7.46	\$8.29	\$9.37	\$11.67	\$13.19
40-49	\$4.89	\$5.53	\$8.25	\$9.32	\$11.61	\$13.13	\$14.97	\$16.93	\$21.70	\$24.53
50-59	\$8.87	\$10.02	\$16.20	\$18.32	\$23.55	\$26.62	\$30.89	\$34.91	\$45.57	\$51.51
60-69	\$13.48	\$15.23	\$25.43	\$28.75	\$37.38	\$42.26	\$49.34	\$55.77	\$73.25	\$82.80
70-79	\$21.49	\$24.30	\$41.46	\$46.87	\$61.43	\$69.44	\$81.40	\$92.01	\$121.33	\$137.16
80+	\$36.74	\$41.53	\$71.95	\$81.34	\$107.17	\$121.15	\$142.38	\$160.96	\$212.82	\$240.57



BI-WEEKLY VOLUNTARY CONTRIBUTIONS

New Jersey 12 month full-time employees will have deductions taken over 26 pay periods between July 1-June 30. New Jersey 10.5 month full-time employees will have deductions taken over 23 pay periods between mid-August and June.

Employee & Child(ren) Critical Illness Bi-Weekly Rates

AGE	\$5,000		\$10,000		\$15,000		\$20,000		\$30,000	
	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)
0-29	\$2.25	\$2.55	\$3.00	\$3.39	\$3.74	\$4.23	\$4.48	\$5.07	\$5.97	\$6.75
30-39	\$2.81	\$3.18	\$4.11	\$4.65	\$5.41	\$6.12	\$6.72	\$7.59	\$9.32	\$10.53
40-49	\$3.89	\$4.39	\$6.27	\$7.09	\$8.64	\$9.77	\$11.03	\$12.46	\$15.78	\$17.84
50-59	\$6.23	\$7.04	\$10.96	\$12.39	\$15.68	\$17.72	\$20.40	\$23.07	\$29.85	\$33.75
60-69	\$9.16	\$10.35	\$16.80	\$19.00	\$24.45	\$27.64	\$32.10	\$36.29	\$47.40	\$53.58
70-79	\$14.03	\$15.86	\$26.55	\$30.02	\$39.07	\$44.17	\$51.60	\$58.33	\$76.64	\$86.63
80+	\$23.24	\$26.27	\$44.97	\$50.83	\$66.70	\$75.40	\$88.43	\$99.96	\$131.88	\$149.09



Employee & Family Critical Illness Bi-Weekly Rates

AGE	\$5,000		\$10,000		\$15,000		\$20,000		\$30,000	
	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)	12 MO (26 PAYS)	10.5 MO (23 PAYS)
0-29	\$3.20	\$3.62	\$4.26	\$4.81	\$5.31	\$6.01	\$6.36	\$7.19	\$8.47	\$9.58
30-39	\$4.00	\$4.52	\$5.85	\$6.61	\$7.70	\$8.70	\$9.55	\$10.79	\$13.25	\$14.98
40-49	\$5.67	\$6.41	\$9.19	\$10.39	\$12.71	\$14.37	\$16.23	\$18.35	\$23.28	\$26.31
50-59	\$9.65	\$10.90	\$17.15	\$19.38	\$24.65	\$27.86	\$32.15	\$36.34	\$47.15	\$53.30
60-69	\$14.26	\$16.12	\$26.37	\$29.81	\$38.49	\$43.51	\$50.60	\$57.20	\$74.82	\$84.58
70-79	\$22.27	\$25.18	\$42.40	\$47.93	\$62.53	\$70.69	\$82.66	\$93.44	\$122.91	\$138.94
80+	\$37.52	\$42.41	\$72.89	\$82.40	\$108.26	\$122.38	\$143.64	\$162.37	\$214.38	\$242.34



VOLUNTARY LIFE & VOLUNTARY AD&D BI-WEEKLY CONTRIBUTIONS

EMPLOYEE AGE	VOLUNTARY LIFE RATES FOR EMPLOYEE & SPOUSE (Cost per \$1,000)	
	12 MO EMPLOYEE (26 PAYS)	10.5 MO EMPLOYEE (23 PAYS)
< 20–24	\$0.018	\$0.021
25–29	\$0.023	\$0.026
30–34	\$0.028	\$0.031
35–39	\$0.032	\$0.037
40–44	\$0.042	\$0.047
45–49	\$0.065	\$0.073
50–54	\$0.102	\$0.115
55–59	\$0.194	\$0.219
60–64	\$0.305	\$0.344
65–69	\$0.586	\$0.663
70–74	\$0.868	\$0.981
75–99	\$0.951	\$1.075
CHILD RATE	\$0.125	\$0.141

	VOLUNTARY AD&D RATES (Cost per \$1,000)	
	12 MO EMPLOYEE (26 PAYS)	10.5 MO EMPLOYEE (23 PAYS)
EMPLOYEE	\$0.008	\$0.009
SPOUSE	\$0.012	\$0.013
CHILDREN	\$0.012	\$0.013



The rates represent your bi-weekly contribution towards the overall cost of employee benefits provided by Mastery Schools of Camden. Effective July 1, 2023 to June 30, 2024. **New Jersey 12 month full-time employees will have deductions taken over 26 pay periods between July 1-June 30. New Jersey 10.5 month full-time employees will have deductions taken over 23 pay periods between mid-August and June.**

SHORT TERM DISABILITY BUY-UP BI-WEEKLY CONTRIBUTIONS

	SHORT TERM DISABILITY BUY-UP RATES FOR EMPLOYEE (Cost per \$10)	
	12 MO EMPLOYEE (26 PAYS)	10.5 MO EMPLOYEE (23 PAYS)
ALL AGES	\$0.055	\$0.063



NJEHP'S FERTILITY COVERAGE

Below details fertility benefits under the Aetna New Jersey Educators Health Plan (NJEHP) only. It does not apply to the Aetna HMO or Choice POS II plan.

BENEFIT	IN-NETWORK	
INFERTILITY TREATMENT Diagnosis & treatment of underlying medical condition only	Your cost sharing is based on the type of service and where it is performed	
COMPRENSIVE INFERTILITY SERVICES Artificial insemination and ovulation induction	\$50 copay	Deductible then 30%
ADVANCED REPRODUCTIVE TECHNOLOGY (ART) In vitro fertilization (IVF), zygote intrafallopian tube transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI) or ovum micro-surgery. Limited to 4 egg retrievals per lifetime.	\$15 copay	Deductible then 30%

Important Note: Please be sure to review the benefit plan documents for a full description of your benefits. This is a general overview and the Summary Plan Description (SPD) will prevail. Summary Plan Descriptions can be found on the SmartBen portal under 'Plans'.

