



***Mastery Schools***

# 2023-24 EMPLOYEE BENEFITS GUIDE

**PENNSYLVANIA 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  
corner of the page.



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MORE INFORMATION

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

**Medical & Prescription: Aetna**

Two plan options with no referrals required!

- Aetna Select HMO
- Aetna Choice POS II

**Dental: Guardian**

Guardian dental plan is 100% paid by Mastery Schools.

**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](mailto:employeesolutions@corpsyn.com).

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



**AETNA SELECT HMO**

AETNA CHOICE POS II

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 HERE**AETNA PRESCRIPTION  
DRUG COVERAGE  
**CLICK HERE**DOC FIND  
**CLICK HERE**

Mastery Schools will continue to offer the choice of two 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  |
|--|---|
| <b>ANNUAL DEDUCTIBLE</b>   | Single: \$200 Family: \$400*  |
| <b>OUT-OF-POCKET MAXIMUM</b>   | Single: \$6,600 Family: \$13,200  |
| <b>LIFETIME MAXIMUM</b>  | Unlimited   |
| <b>PREVENTIVE CARE</b>   | 100%  |
| <b>OFFICE VISITS</b><br>PCP copay office visits<br>Specialist copay office visits  | \$30 copay<br>\$55 copay  |
| <b>OUTPATIENT LAB, X-RAY</b>   | \$30 copay  |
| <b>ADVANCED RADIOLOGY</b> (MRI, MRA, CAT & Pet Scan)   | \$55 copay  |
| <b>HOSPITAL CARE</b><br>Inpatient Hospital Care<br>Outpatient Surgery  | Deductible then copay \$500 Single / \$1,000 Family;<br>then 100%   |
| <b>EMERGENCY CARE</b><br>Hospital Emergency Room (waive if admitted)<br>Urgent Care<br>Walk in Clinic                    | \$200 copay<br>\$55 copay<br>\$30 copay   |
| <b>MATERNITY CARE</b><br>Prenatal and Post-natal care - Outpatient<br>Hospital services for mother and child - Inpatient | No charge for routine care/procedures<br>as defined by the ACA<br>Deductible then copay \$500 Single / \$1,000 Family;<br>then 100% |
| <b>MENTAL HEALTH</b><br>Inpatient<br>Outpatient  | Deductible then copay<br>\$500 Single / \$1,000 Family; then 100%<br>\$55 copay   |
| <b>RETAIL DRUG PROGRAM</b> (30 day supply)<br>Generic / Brand / Non-Preferred  | \$25 / \$45 / \$65  |
| <b>MAIL ORDER</b> (90 day supply)<br>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 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 HERE**AETNA PRESCRIPTION  
DRUG COVERAGE  
**CLICK HERE**DOC FIND  
**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](https://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  |
|---|---|---|
| <b>ANNUAL DEDUCTIBLE</b>  | Single: None Family: None   | Single: \$300 Family: \$600                               |
| <b>OUT-OF-POCKET MAXIMUM</b>  | Single: \$6,600 Family: \$13,200  | Single: \$6,600 Family: \$13,200                          |
| <b>LIFETIME MAXIMUM</b>   | Unlimited   | Unlimited   |
| <b>PREVENTIVE CARE</b>  | 100%  | Deductible then 30%                                       |
| <b>OFFICE VISITS</b><br>PCP copay office visits<br>Specialist copay office visits             | \$15 copay<br>\$30 copay  | Deductible then 30%                                       |
| <b>OUTPATIENT LAB, X-RAY</b>  | \$30 copay  | Deductible then 30%                                       |
| <b>ADVANCED RADIOLOGY</b><br>(MRI, MRA, CAT & Pet Scan)                                       | \$40 copay  | Deductible then 30%                                       |
| <b>HOSPITAL CARE</b><br>Inpatient Hospital Care<br>Outpatient Surgery                         | Deductible: \$100 Single / \$200 Family<br>\$75 copay   | Deductible then 30%                                       |
| <b>EMERGENCY CARE</b><br>Hospital Emergency Room*<br>Urgent Care<br>Walk in Clinic            | \$150 copay<br>\$40 copay<br>\$15 copay   | \$150 copay<br>Deductible then 30%<br>Deductible then 30% |
| <b>MATERNITY CARE</b><br>Prenatal and Post-natal care<br>Hospital services for mother & child | No charge for routine care/procedures<br>as defined by the ACA<br>Deductible: \$100 Single / \$200 Family | Deductible then 30%                                       |
| <b>MENTAL HEALTH</b><br>Inpatient<br>Outpatient   | Deductible: \$100 Single / \$200 Family<br>\$30 copay   | Deductible then 30%                                       |
| <b>RETAIL DRUG PROGRAM</b> (30 day supply)<br>Generic<br>Brand<br>Non-Preferred               | \$15<br>\$35<br>\$50  | N/A<br>N/A<br>N/A   |
| <b>MAIL ORDER</b> (90 day supply)<br>Generic<br>Brand<br>Non-Preferred                        | \$30<br>\$70<br>\$100   | N/A<br>N/A<br>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'.



AETNA SELECT HMO

AETNA CHOICE POS II

**AETNA VALUE ADDED TOOLS**FINDING THE RIGHT  
PROVIDER

TELADOC

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FLEXIBLE SPENDING ACCOUNT  
(FSAs)FLEXIBLE SPENDING ACCOUNT  
(FSAs) – PLAN DETAILS**aetna**FITNESS DISCOUNTS  
**CLICK HERE**WEIGHT  
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](https://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](https://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](https://aetna.com). Sign up for Beginning Right today. You have two options:

Choice #1: Call us at **800.CRADLE (800.272.3531)**, weekdays from 8 a.m. to 7 p.m. ET.

Choice #2: Login to your secure member website at [aetna.com](https://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](https://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 |
|-------------------|----------------------|-----------------------|------------------------|------------------------|------------------------|------------------------|

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.

All employees are able to view their own salary banded bi-weekly contribution amount for enrollment in either plan in the SmartBen system.

### Aetna Select HMO

|                                | \$25,000–<br>\$50,000 | \$50,000.01–<br>\$75,000 | \$75,000.01–<br>\$100,000 | \$100,000.01–<br>\$125,000 | \$125,000.01–<br>\$150,000 | \$150,000.01–<br>\$200,000 | \$200,000.01–<br>\$250,000 |
|--------------------------------|-----------------------|--------------------------|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>SINGLE</b>                  | \$28.85               | \$43.27                  | \$57.69                   | \$72.12                    | \$86.54                    | \$115.38                   | \$144.23                   |
| <b>EMPLOYEE &amp; SPOUSE</b>   | \$28.85               | \$43.27                  | \$57.69                   | \$72.12                    | \$86.54                    | \$115.38                   | \$144.23                   |
| <b>PARENT &amp; CHILD(REN)</b> | \$28.85               | \$43.27                  | \$57.69                   | \$72.12                    | \$86.54                    | \$115.38                   | \$144.23                   |
| <b>FAMILY</b>                  | \$28.85               | \$43.27                  | \$57.69                   | \$72.12                    | \$86.54                    | \$115.38                   | \$144.23                   |

### Choice POS II – 12 Month Employees (26 pays)

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





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

## 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



AETNA SELECT HMO  
AETNA CHOICE POS II  
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FINDING THE RIGHT  
PROVIDER

**TELADOC**

DENTAL

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

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 **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.



AETNA SELECT HMO  
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PROVIDER

TELADOC

## DENTAL

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FLEXIBLE SPENDING ACCOUNT  
(FSAs)

FLEXIBLE SPENDING ACCOUNT  
(FSAs) – PLAN DETAILS



TO FIND A DENTIST  
CLICK HERE

## Guardian Dental

Mastery Schools 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](https://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       |
|--|--|----------------------|
| <b>ANNUAL DEDUCTIBLE</b>   | Single: \$50 Family: \$150               |                      |
| <b>CALENDAR YEAR MAXIMUM</b>   | \$1,000 per person per calendar year     |                      |
| <b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b><br>Exam<br>Bite wing X-Rays<br>Cleanings (every 6 months)<br>Fluoride Treatments<br>Sealants | Covered 100%                             | Covered 100%         |
| <b>BASIC SERVICES</b><br>Amalgam Restorations<br>Periodontics<br>Endodontics<br>Oral Surgery   | 100% after Deductible                    | 80% after Deductible |
| <b>MAJOR SERVICES</b><br>Crowns/Inlays<br>Bridges<br>Dentures  | 60% after Deductible                     | 50% after Deductible |
| <b>ORTHODONTIC</b>   | Dependents to Age 19 Only                |                      |
| <b>ORTHODONTIC COINSURANCE</b>   | 50% after Deductible                     | 50% after Deductible |
| <b>ORTHODONTIC LIFETIME MAXIMUM</b>  | \$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.



AETNA SELECT HMO  
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FLEXIBLE SPENDING ACCOUNT  
(FSAs)  
FLEXIBLE SPENDING ACCOUNT  
(FSAs) – PLAN DETAILS



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                         |
|---|--|--|
| <b>EXAM</b> (once every 12 months)  | Covered in full after \$10 copay                               | Up to \$45                             |
| <b>FRAMES</b> (once every 12 months)  | \$200 allowance after \$25 copay<br>20% off balance over \$200 | Up to \$70                             |
| <b>LENSES</b> (once every 12 months)<br>Single Vision<br>Bifocal<br>Trifocal    | Covered in full after \$25 copay                               | Up to \$45<br>Up to \$65<br>Up to \$85 |
| (Includes Standard Progressive, Polycarbonate (adult), UV coating & AR coating) |  |  |
| <b>CONTACTS</b><br>Exam<br>Elective Lenses<br>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 BI-WEEKLY CONTRIBUTIONS

|                                | VSP BI-WEEKLY RATE | BUY-UP EASY OPTIONS |
|--------------------------------|--------------------|---------------------|
| <b>SINGLE</b>                  | \$3.63             | \$4.18              |
| <b>EMPLOYEE &amp; SPOUSE</b>   | \$7.82             | \$9.00              |
| <b>PARENT &amp; CHILD(REN)</b> | \$7.82             | \$9.00              |
| <b>FAMILY</b>                  | \$7.82             | \$9.00              |

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  
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**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!

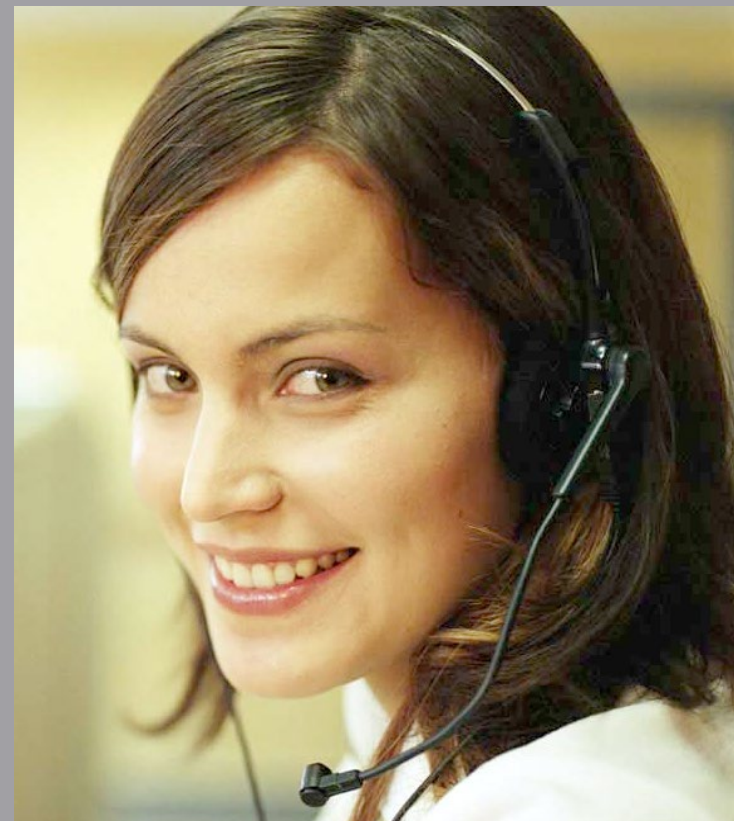
For service that's confidential and responsive, contact:

**1.866.286.5354**

Mon-Fri (8:30am-8:00pm EST)

[answers@benefitsvip.com](mailto:answers@benefitsvip.com)

Fax: 1.856.996.2775

**WEBSITE**

[Benefitsvip.com](http://Benefitsvip.com) Request member assistance and order ID cards in a click.

**BLOG**

[HealthDiscovery.org](http://HealthDiscovery.org) Get vital, useful and fun health insurance and wellness facts.



AETNA SELECT HMO  
AETNA CHOICE POS II  
AETNA VALUE ADDED TOOLS

FINDING THE RIGHT  
PROVIDER

TELADOC

DENTAL

VISION

BENEFITSVIP

**FLEXIBLE SPENDING ACCOUNT  
(FSAs)**

FLEXIBLE SPENDING ACCOUNT  
(FSAs) – PLAN DETAILS



FOR 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 VALUE ADDED TOOLS  
FINDING THE RIGHT  
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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 [BenefitResource.com](https://BenefitResource.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 [fsastore.com](https://fsastore.com).



## LIFE AND AD&amp;D

SHORT TERM DISABILITY

LONG TERM DISABILITY

FAMILY MEDICAL LEAVE

LEAVE OF ABSENCE



## EMPLOYER PAID LIFE, AD&amp;D &amp; 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 &amp; 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&amp;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](mailto: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

## 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



Email [HR@masterycharter.org](mailto:HR@masterycharter.org)  
for additional information



LIFE AND AD&amp;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](mailto: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.

### Matrix Absence Management

To file a Leave Claim, download the Matrix eServices Mobile app, go to [matrixabsence.com](https://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  
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 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%

25%

Carcinoma in Situ

100%

25%

Skin Cancer

\$250 1x per lifetime

Not Available

**VASCULAR CONDITIONS**

% of Initial Benefit Amount % of Initial Benefit Amount

Heart Attack

100%

100%

Stroke

100%

100%

**CORONARY ARTERY DISEASE**

% of Initial Benefit Amount % of Initial Benefit Amount

Nervous System Conditions

25%

25%

Advanced Alzheimer's Disease

25%

Not Available

Amyotrophic Lateral Sclerosis (ALS)

25%

Not Available

Parkinson's Disease

25%

Not Available

Multiple Sclerosis

25%

Not Available

**OTHER SPECIFIED CONDITIONS**

% of Initial Benefit Amount % of Initial Benefit Amount

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 per day



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)            | \$100   |
| Intensive Care Unit Stay (per day) | \$200   |

### FRACTURES AND DISLOCATIONS

|   | BENEFIT                          |
|---|----------------------------------|
| Per covered surgically-repaired fracture        | \$200 - \$10,000                 |
| Per covered non-surgically-repaired fracture    | \$100 - \$5,000 (non-surgically) |
| 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



EMPLOYEE  
CONTRIBUTION RATES  
HOSPITAL CARE  
[CLICK HERE](#)

#### 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**

**Hospital Intensive Care Unit (ICU) Stay** No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days

**Hospital Observation Stay** 1 hour Elimination Period. Limited to 72 hours

#### BENEFIT

\$1,000

\$250

\$1,000

\$200 per day

\$100 per 24-hour period

#### ADDITIONAL CARE BENEFITS

**Wellness Treatment, Health Screening and Preventive Care Benefit**

Limited to 1 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. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness.
- **Hospital Chronic Condition Admission:** Must be admitted as an Inpatient due to a covered chronic condition, and treatment for the covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).
- **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.
- **Hospital Observation Stay:** Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 23 hours following the 1 hour elimination period, on a non-Inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.



RELIANCE MATRIX CRITICAL  
ILLNESS

RELIANCE MATRIX  
ACCIDENTAL INJURY

RELIANCE MATRIX  
HOSPITAL CARE

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



EMPLOYEE  
CONTRIBUTION RATES  
VOLUNTARY LIFE  
[CLICK HERE](#)



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

## VOLUNTARY LIFE, VOLUNTARY AD&D AND VOLUNTARY STD

Mastery Schools 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

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

### SHORT TERM DISABILITY BUY-UP

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



## RETIREMENT BENEFITS

RETIREMENT ADVISOR AND  
YOUR INVESTMENT  
INFORMATION

## RETIREMENT BENEFITS

As required by charter law, all full time Mastery Schools employees (employees who work 400 hours or more in a calendar year) are automatically enrolled in the mandatory 403(b) plan at a contribution rate of 5% of the employee's salary and receive a matching employer contribution of 5%. Benefits are as outlined below:

| 403(b)                |  |
|-----------------------|--|
| EMPLOYEE CONTRIBUTION | <ul style="list-style-type: none"> <li>5% of salary</li> <li>Employee cannot decrease the amount</li> <li>Employee can increase amount via Supplemental 403b plan, but any increase over 5% will not be matched</li> <li>Employee can rollover other retirement funds into 403b</li> </ul> |
| EMPLOYER CONTRIBUTION | <ul style="list-style-type: none"> <li>5% of employee salary to individual employee fund</li> <li>Mastery sets contribution amounts</li> </ul>   |
| VESTING               | <ul style="list-style-type: none"> <li>1 year → 100%</li> <li>&lt; 1 year → 0%</li> </ul>  |
| ADDITIONAL FEES       | <ul style="list-style-type: none"> <li>Admin: \$36/Employee/year</li> <li>Advisory: .0525% (of account)</li> <li>Fund fees: .05% – 1.30%</li> </ul>  |

All employees also have the opportunity to set aside additional funds with a Supplemental 403b account in Workday. 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](mailto:HR@masterycharter.org) for additional guidance.

Mandatory Employee 403(b) contributions and the corresponding employer contribution are subject to the IRS Limit on Annual Additions. These contributions do not have an impact on the voluntary elective deferral limit. More information about 403(b) plans can be found on the IRS website: [irs.gov/retirement-plans/plan-participant-employee/retirement-topics-403b-contribution-limits](https://irs.gov/retirement-plans/plan-participant-employee/retirement-topics-403b-contribution-limits).



HOW TO LOGIN TO  
YOUR ACCOUNT  
[CLICK HERE](#)



## RETIREMENT BENEFITS

RETIREMENT ADVISOR AND  
YOUR INVESTMENT  
INFORMATION

## RETIREMENT ADVISOR

Mastery Schools 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** or via email at [phil.fogli@frscapital.com](mailto: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](https://penserv.com/login)
- Select: First Time Visitor?
- Enter the Plan Access Code: mscs5668
- 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](https://rsli.acieap.com) or mobile app. Mobile Link: [rsli.acieap.com](https://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](https://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](mailto: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

If 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:  
[reliancestandard.com/walletarmor](http://reliancestandard.com/walletarmor)



EMPLOYEE ASSISTANCE  
PLAN (EAP)

RELIANCE MATRIX VALUE  
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## TALKSPACE

MASTERY EMPLOYEE PERKS

PEOPLEJOY

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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](https://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](https://MasteryCharterEmployeePerks.com) and enter your name and birthdate to take advantage of the discounts and offers.

**AVIS**<sup>®</sup>**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<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup>

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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](https://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"> <li>■ Contact loan servicers and employers on your behalf</li> <li>■ Dedicated loan coach</li> <li>■ Monitoring of new federal loan regulations on your student loans</li> <li>■ Management and auditing of all documents</li> <li>■ Student loan default and wage garnishment</li> <li>■ Student loan expert analysis</li> <li>■ Public Service Loan Forgiveness Certification</li> <li>■ Income Driven Federal Loan Repayment Program Filing</li> <li>■ Student Loan Consolidation Filing</li> <li>■ Expedited plan enrollment</li> <li>■ Customized student loan savings report</li> <li>■ Access to loan resources and documents</li> <li>■ Full-service technical support</li> </ul> |



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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](https://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 [widener.edu/edpartners](https://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](mailto: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](mailto: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](mailto:sachaney.mills@ccm.com)





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Get the lowest rates at over 10,000 gyms in the GlobalFit® network. For locations go to [globalfit.com/fitness](https://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](http://www.healthcare.gov).

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of 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](mailto: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](mailto: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](mailto: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](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://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](mailto: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/](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](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

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

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)



## 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

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 **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 **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 **1.800.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.





## BI-WEEKLY VOLUNTARY CONTRIBUTIONS

### Hospital Care Coverage Bi-Weekly Rates

| HOSPITAL CARE       |         |
|---------------------|---------|
| SINGLE              | \$11.15 |
| EMPLOYEE & SPOUSE   | \$19.03 |
| PARENT & CHILD(REN) | \$19.78 |
| FAMILY              | \$27.67 |



### Employee Critical Illness Bi-Weekly Rates

| AGE   | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$30,000 |
|-------|---------|----------|----------|----------|----------|
| 0-29  | \$1.47  | \$2.06   | \$2.64   | \$3.23   | \$4.40   |
| 30-39 | \$2.03  | \$3.17   | \$4.31   | \$5.46   | \$7.74   |
| 40-49 | \$3.11  | \$5.33   | \$7.55   | \$9.77   | \$14.21  |
| 50-59 | \$5.45  | \$10.02  | \$14.58  | \$19.14  | \$28.27  |
| 60-69 | \$8.37  | \$15.86  | \$23.35  | \$30.84  | \$45.82  |
| 70-79 | \$13.25 | \$25.61  | \$37.97  | \$50.34  | \$75.06  |
| 80+   | \$22.45 | \$44.03  | \$65.59  | \$87.17  | \$130.31 |

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

| AGE   | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$30,000 |
|-------|---------|----------|----------|----------|----------|
| 0-29  | \$2.25  | \$3.00   | \$3.74   | \$4.48   | \$5.97   |
| 30-39 | \$2.81  | \$4.11   | \$5.41   | \$6.72   | \$9.32   |
| 40-49 | \$3.89  | \$6.27   | \$8.64   | \$11.03  | \$15.78  |
| 50-59 | \$6.23  | \$10.96  | \$15.68  | \$20.40  | \$29.85  |
| 60-69 | \$9.16  | \$16.80  | \$24.45  | \$32.10  | \$47.40  |
| 70-79 | \$14.03 | \$26.55  | \$39.07  | \$51.60  | \$76.64  |
| 80+   | \$23.24 | \$44.97  | \$66.70  | \$88.43  | \$131.88 |



### Accidental Injury Bi-Weekly Rates

| ACCIDENTAL INJURY   |        |
|---------------------|--------|
| SINGLE              | \$3.89 |
| EMPLOYEE & SPOUSE   | \$6.86 |
| PARENT & CHILD(REN) | \$7.23 |
| FAMILY              | \$9.90 |



### Employee & Spouse Critical Illness Bi-Weekly Rates

| AGE   | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$30,000 |
|-------|---------|----------|----------|----------|----------|
| 0-29  | \$2.42  | \$3.31   | \$4.21   | \$5.10   | \$6.90   |
| 30-39 | \$3.22  | \$4.91   | \$6.60   | \$8.29   | \$11.67  |
| 40-49 | \$4.89  | \$8.25   | \$11.61  | \$14.97  | \$21.70  |
| 50-59 | \$8.87  | \$16.20  | \$23.55  | \$30.89  | \$45.57  |
| 60-69 | \$13.48 | \$25.43  | \$37.38  | \$49.34  | \$73.25  |
| 70-79 | \$21.49 | \$41.46  | \$61.43  | \$81.40  | \$121.33 |
| 80+   | \$36.74 | \$71.95  | \$107.17 | \$142.38 | \$212.82 |

### Employee & Family Critical Illness Bi-Weekly Rates

| AGE   | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$30,000 |
|-------|---------|----------|----------|----------|----------|
| 0-29  | \$3.20  | \$4.26   | \$5.31   | \$6.36   | \$8.47   |
| 30-39 | \$4.00  | \$5.85   | \$7.70   | \$9.55   | \$13.25  |
| 40-49 | \$5.67  | \$9.19   | \$12.71  | \$16.23  | \$23.28  |
| 50-59 | \$9.65  | \$17.15  | \$24.65  | \$32.15  | \$47.15  |
| 60-69 | \$14.26 | \$26.37  | \$38.49  | \$50.60  | \$74.82  |
| 70-79 | \$22.27 | \$42.40  | \$62.53  | \$82.66  | \$122.91 |
| 80+   | \$37.52 | \$72.89  | \$108.26 | \$143.64 | \$214.38 |



# VOLUNTARY LIFE & VOLUNTARY AD&D

## BI-WEEKLY CONTRIBUTIONS

The rates represent your bi-weekly contribution towards the overall cost of employee benefits provided by Mastery Schools. Effective July 1, 2023 to June 30, 2024.

| EMPLOYEE AGE | VOLUNTARY LIFE RATES FOR EMPLOYEE & SPOUSE<br>(Cost per \$1,000) |
|--------------|--|
| < 20-24      | \$0.018  |
| 25-29        | \$0.023  |
| 30-34        | \$0.028  |
| 35-39        | \$0.032  |
| 40-44        | \$0.042  |
| 45-49        | \$0.065  |
| 50-54        | \$0.102  |
| 55-59        | \$0.194  |
| 60-64        | \$0.305  |
| 65-69        | \$0.586  |
| 70-74        | \$0.868  |
| 75-99        | \$0.951  |
| CHILD RATE   | \$0.125  |

| VOLUNTARY AD&D RATES (Cost per \$1,000) |         |
|---|---------|
| EMPLOYEE                                | \$0.008 |
| SPOUSE                                  | \$0.012 |
| CHILDREN                                | \$0.012 |



# SHORT TERM DISABILITY BUY-UP

## BI-WEEKLY CONTRIBUTIONS

The rates represent your bi-weekly contribution towards the overall cost of employee benefits provided by Mastery Schools. Effective July 1, 2023 to June 30, 2024.

| EMPLOYEE AGE | SHORT TERM DISABILITY BUY-UP RATES FOR EMPLOYEE (Cost per \$10) |
|--------------|---|
| ALL AGES     | \$0.055   |

