



HARKER®

2023

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IMPORTANT NOTICE: READ CAREFULLY

This benefits guide briefly describes your benefit choices and your options to enroll. All benefits, and your eligibility for benefits, are subject to the terms and conditions of the benefit plans, including group insurance contracts. This guide is not intended to be a complete description of the benefit plans and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. The Plan Sponsor reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits.

A MESSAGE FROM THE HARKER SCHOOL

Dear Valued Employee,

The Harker School knows that our most important asset is the dedicated employees that work hard to deliver the quality education and experience that the families we serve have come to expect. Knowing that we are committed to providing quality health benefits to our valued employees and eligible dependents.

As you are aware, the cost of healthcare has continued to rise at double-digit levels over the past decade. It is now one of the nation's largest issues. The Harker School has worked hard to create a solution that will control the rising cost to the company as well as our employees.

We urge you to read this benefit guide carefully and keep it for future reference. If you are well informed you will be in a better position to make the appropriate choices and take full advantage of your benefits as a valued member of our team.

We encourage you to contact Human Resources or the SolV Benefits Advocacy Line at 833.4.SOLVIT or BAT@solvins.com if you should have any questions regarding your employee benefits package.

Sincerely,

The Harker School



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ELIGIBILITY

All of your healthcare benefits become available to you through your employer on the 1st of the month following 31 days of continuous employment. In order to be eligible for company benefits you must be a full-time employee as defined by The Harker School. If you are not currently eligible for benefits, but in the future your employment status changes to an eligible class, you will be allowed to join the plan on the first of the month following 31 days of eligible employment.

HOW TO ENROLL

Tani Gavron, the Benefits Manager, will send new employees a benefits guide and reach out to schedule a meeting the month prior to their benefits' effective date. Employees make benefit elections in the Paycom Employee Self-Service portal.

ELIGIBLE DEPENDENTS

Our benefit plans are available to you and your family members. You can enroll yourself, your spouse or registered domestic partner, and eligible children of you, your spouse or your registered domestic partner. Eligible children under the plan include biological, adopted, or children of whom you have legal custody, up to the age of 26. If your child is disabled before the age of 26, they may be eligible for continued coverage while disabled beyond age 26.

WAIVING COVERAGE

If you elect to waive your coverage options through your employer, you still must act. You must complete the appropriate sections in Paycom, choosing "decline" rather than enroll in the specific type within your 30-day waiting period. Please keep in mind that you will not be allowed to enroll in any of the offered plans if you later change your mind unless you experience a qualified event (see the next page). You will be allowed to enroll during the next Open Enrollment period if you are still eligible. Please note that you must provide a reason for waiving coverage on the waiver form.

NEARING MEDICARE ELIGIBILITY?

Are you or your spouse nearing Medicare eligibility age? If so, there are important things you should know about how your employer-sponsored plans integrate with Medicare. Reach out to your HR department or the SolV Benefits Advocacy Team (BAT) for more information about what steps you should take if you are, or will be, eligible for Medicare.



MAKING CHANGES

If you experience a qualifying event such as marriage, divorce, birth/adoption of a child or you lose other group coverage you have 31 days to notify the Benefits Administrator and make changes to your elections.

HIPAA SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must enroll and provide the applicable required supporting documentation within 31 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the US Department of Labor website at: http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html

REDUCTION OF HOURS

If you experience a loss in hours and you are not regularly working the required 30 hours per week to maintain eligibility, you will lose coverage. You will be eligible for continuation of coverage when applicable.

IF YOU LEAVE YOUR JOB

In the event that your employment with your employer ends, qualified beneficiaries will be offered COBRA continuation coverage. You will receive election paperwork and be given the opportunity to continue to cover yourself or your previously enrolled dependents on the plan.



**Kaiser
Kaiser HMO**

GENERAL PLAN PROVISIONS	MEMBER RESPONSIBILITY
Deductible <i>Individual/Family</i>	None
Calendar Year Out-of-Pocket Limit <i>Individual/Family</i>	\$1,500 / \$3,000
OUTPATIENT SERVICES	
Office Visit	\$40
Routine Adult Physical Exams	No charge
Well-Baby & Well Child Care	No charge
Diagnostic Lab & X-Ray	\$10
Outpatient Surgery in Facility	\$500 per procedure
INPATIENT SERVICES	
Hospitalization	\$500 per admittance
EMERGENCY & URGENT SERVICES	
Emergency Room	\$100
Urgent Care	\$40
PRESCRIPTION DRUGS	
30-DAY SUPPLY	
Generic	\$15
Brand – Formulary	\$35
Specialty Medication	30% up to \$150

Kaiser: Services must be obtained from Kaiser hospitals and facilities (except in emergencies). Copays listed generally illustrate the maximum payment for in-network services. These copays may vary due to location (facility/physician's office) of service.

Prior Authorization– Prior to any non-ER hospitalization or surgical procedure it is the responsibility of the plan participant to have the services authorized by the insurance carrier/medical group. Failure to comply may result in additional out of pocket expense or service not being covered.



KAISER
Kaiser HDHP

GENERAL PLAN PROVISIONS

MEMBER RESPONSIBILITY

Deductible

Individual/Individual within a family/Family

\$2,500/ \$3000 / \$5,000

Calendar Year Out-of-Pocket Limit

Individual/Family

\$4,500 / \$9,000

OUTPATIENT SERVICES

Office Visit

Primary Care/Specialist

\$30 after ded./\$50 after ded.

Routine Adult Physical Exams

No charge

Well-Baby & Well Child Care

No charge

Diagnostic Lab & X-Ray

\$10 after ded.

Outpatient Surgery in Facility

\$150 per procedure after ded.

INPATIENT SERVICES

Hospitalization

\$250 per admittance after ded.

EMERGENCY & URGENT SERVICES

Emergency Room

\$100 after ded.

Urgent Care

\$30 after ded.

PRESCRIPTION DRUGS

30-DAY SUPPLY

Generic

\$10 after ded.

Brand – Formulary

\$30 after ded.

Specialty Medication

20% up to \$250 after ded.

Kaiser: Services must be obtained from Kaiser hospitals and facilities (except in emergencies). Copays listed generally illustrate the maximum payment for in-network services. These copays may vary due to location (facility/physician's office) of service. Prior Authorization– Prior to any non-ER hospitalization or surgical procedure it is the responsibility of the plan participant to have the services authorized by the insurance carrier/medical group. Failure to comply may result in additional out of pocket expense or service not being covered.



UNITED HEALTHCARE

GENERAL PLAN PROVISIONS	SignatureValue HMO	SignatureValue Advantage HMO
Deductible <i>Individual/Family</i>	None	None
Calendar Year Out-of-Pocket Limit <i>Individual/Family</i>	\$1,500 / \$3,000	\$1,500 / \$3,000
OUTPATIENT SERVICES		
Office Visit <i>Primary Care/Specialist</i>	\$30 / \$45	\$30 / \$45
Routine Adult Physical Exams	No charge	No charge
Well-Baby & Well Child Care	No charge	No charge
Diagnostic Lab & X-Ray	\$25	\$25
Outpatient Surgery in Facility	No charge	No charge
INPATIENT SERVICES		
Hospitalization	No charge	No charge
EMERGENCY & URGENT SERVICES		
Emergency Room	\$250	\$250
Urgent Care	\$30	\$30
PRESCRIPTION DRUGS	30-DAY SUPPLY	30-DAY SUPPLY
Generic	\$10	\$10
Brand – Formulary	\$35	\$35
Brand – Non-Formulary	\$70	\$70
Specialty Medication (Tier 1/Tier 2/Tier 3)	\$10/\$150/\$250 Copay	\$10/\$150/\$250 Copay

United Healthcare HMO: Most services must be coordinated through a Primary Care Physician.
 * Please Note: The UHC SignatureValue Advantage HMO network is contracted with a smaller number of medical groups, providers and facilities.
 Copays listed generally illustrate the maximum payment for in-network services. These copays may vary due to location (facility/physician's office) of service.
 Prior Authorization – Prior to any non-ER hospitalization or surgical procedure it is the responsibility of the plan participant to have the services authorized by the insurance carrier/medical group. Failure to comply may result in additional out of pocket expense or service not being covered.



UNITED HEALTHCARE PPO		
GENERAL PLAN PROVISIONS	IN NETWORK	OUT OF NETWORK
Network		Select Plus
Deductible <i>Individual/Family</i>	\$1,000 / \$2,000	\$3,000 / \$6,000
Calendar Year Out-of-Pocket Limit <i>Individual/Family</i>	\$5,000 / \$10,000	\$15,000 / \$30,000
OUTPATIENT SERVICES		
Office Visit <i>Primary Care/Specialist</i>	\$25 / \$50	50% after ded.
Routine Adult Physical Exams	No charge	Not covered
Well-Baby & Well Child Care	No charge	Not covered
Diagnostic Lab & X-Ray	20%	Lab – Not covered X-Ray – 50% after ded.
Outpatient Surgery in Facility	20% after ded.	50% after ded.
INPATIENT SERVICES		
Hospitalization	20% after ded.	50% after ded.
EMERGENCY & URGENT SERVICES		
Emergency Room	20% after ded.	20% after ded.
Urgent Care	\$50	50% after ded.
PRESCRIPTION DRUGS		
	30-DAY SUPPLY	30-DAY SUPPLY
Generic	\$10	\$10
Brand – Formulary	\$35	\$35
Brand – Non-Formulary	\$70	\$70
Specialty Medication (Tier 1/Tier 2/Tier 3)	\$10/\$150/\$250 Copay	\$10/\$150/\$250 Copay

United Healthcare PPO: Services are available from non-network providers and facilities. Copays listed generally illustrate the maximum payment for in-network services. These copays may vary due to location (facility/ physician's office) of service. Prior Authorization– Prior to any non-ER hospitalization or surgical procedure it is the responsibility of the plan participant to have the services authorized by the insurance carrier/medical group. Failure to comply may result in additional out of pocket expense or service not being covered.



UNITED HEALTHCARE HDHP PPO		
GENERAL PLAN PROVISIONS	IN NETWORK	OUT OF NETWORK
Network		Select Plus
Deductible <i>Individual/Family</i>	\$3,500 / \$7,000	\$7,000 / \$14,000
Calendar Year Out-of-Pocket Limit <i>Individual/Family</i>	\$5,500 / \$11,000	\$11,000 / \$22,000
OUTPATIENT SERVICES		
Office Visit	20% after ded.	50% after ded.
Routine Adult Physical Exams	No charge	Not covered
Well-Baby & Well Child Care	No charge	Not covered
Diagnostic Lab & X-Ray	20% after ded.	Lab – Not covered X-Ray – 50% after ded.
Outpatient Surgery in Facility	20% after ded.	50% after ded. (\$760 per day max.)
INPATIENT SERVICES		
Hospitalization	20% after ded.	50% after ded.
EMERGENCY & URGENT SERVICES		
Emergency Room	20% after ded.	20% after ded.
Urgent Care	20% after ded.	50% after ded.
PRESCRIPTION DRUGS		
	30-DAY SUPPLY	30-DAY SUPPLY
Generic	\$10 after ded.	\$10 after ded.
Brand – Formulary	\$35 after ded.	\$35 after ded.
Brand – Non-Formulary	\$70 after ded.	\$70 after ded.
Specialty Medication (Tier 1/Tier 2/Tier 3)	\$10/\$150/\$250 Copay after ded.	\$10/\$150/\$250 Copay after ded.

United Healthcare HDHP PPO: Services are available from non-network providers and facilities. Copays listed generally illustrate the maximum payment for in-network services. These copays may vary due to location (facility/ physician's office) of service. Prior Authorization– Prior to any non-ER hospitalization or surgical procedure it is the responsibility of the plan participant to have the services authorized by the insurance carrier/medical group. Failure to comply may result in additional out of pocket expense or service not being covered.



Kaiser Permanente Doctors and/or Facilities

1. www.kp.org
2. Click tab **Doctors & Locations**
3. Select **Doctors** or **Locations**
4. Select **Region** – “**California – Northern**”
5. Choose what you are looking for (**Adult Medicine, Obstetrics and Gynecology, or Pediatrics**)
6. Filter by **Distance** or **Location**

Kaiser Permanente Chiropractic Providers (Kaiser HMO only)

1. www.ashlink.com/ash/kp or call 1.800.678.9133
2. Under **Find a Provider**, select **Service Type (Chiropractic)**
3. Click **Search by** (example: zip code, address, provider name)
4. Click **Submit**

United Healthcare - Doctors, PCP, Facilities, Mental Health, Pharmacies, Alternative Medicine (Chiropractor or Acupuncturist) Urgent Care

1. www.uhc.com
2. Click **Find a Doctor**
3. Click **Search as a guest**
4. Click **Medical Directory**
5. Click **Employer and Individual Plans**
6. Under What plan are you looking for? Enter below options depending on plan:

UHC HMO – Full Network:

SignatureValue Plans -> California -> SignatureValue HMO -> Enter zip code -> Enter search criteria

UHC HMO – Narrow Network:

SignatureValue Plans -> California -> SignatureValue Advantage HMO -> Enter zip code -> Enter search criteria

UHC PPO:

Select Plus-> Change Location -> Enter zip code -> Enter search criteria

UHC HDHP PPO:

Select Plus-> Change Location -> Enter zip code -> Enter search criteria

United Healthcare - Chiropractor or Acupuncture Providers (UHC HMO Only)

1. <https://www.myoptumhealthphysicalhealth.com/providerLocator.asp> or call 1.800.428.6337
2. Click **California Provider Locator**
3. Enter **Zip Code**
4. Under Plan/Product? Enter **United Healthcare Signature Value**
5. Click **Submit**



ELIGIBILITY

If you enroll in a High Deductible Health Plan, (HDHP), you may be eligible to contribute to a Health Savings Account (HSA) through Navia. HSAs were created by the federal government to give people a tax-advantaged way to pay for medical expenses and save for future needs. An HSA is tax-advantaged because you generally are not taxed at the federal level on contributions, earnings, or withdrawals.

You are eligible to fund an HSA if:

- You are enrolled in a HDHP HSA compatible plan

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement
- You are eligible to be claimed as a dependent on someone else's tax return
- You are enrolled in Medicare

2023 THE HARKER SCHOOL CONTRIBUTION

If you enroll in a HDHP, The Harker School will contribute the following amount to your HSA account:

Annual HSA ER Contributions	Employee Only	Employee & Dependents
Medical: Kaiser HDHP	\$1,250	\$2,500
Medical: United Healthcare HDHP PPO	\$1,750	\$3,500

Employer HSA Contributions are paid out half in January and half in July. Contributions will be prorated for enrollment of less than 12 months in the HDHP plan.

2023 IRS HSA CONTRIBUTION MAXIMUMS

The IRS has placed the following annual maximum contribution amounts for HSAs for 2023:

- Individuals: \$3,850
- All other coverage levels: \$7,750

If you are age 55+ by December 31, 2023, you may contribute an additional \$1,000

USING YOUR HEALTH SAVINGS ACCOUNT

You can use your HSA to:

- Pay for current expenses such as deductibles, prescription drugs, coinsurance or other health care needs
- Pay for future qualified health care expenses even if you're no longer enrolled in a High Deductible Health Plan
- Reimburse eligible individual's (yourself, your spouse, and your tax dependents to age 24) qualified health care expenses tax-free
- Manage your HSA funds as an investment and save for the future

The Harker School has partnered with Navia to administer your HSA if you enroll. Once enrolled, you will receive a debit card so you can easily access your HSA funds as you need them. You may access your HSA account with Navia at <https://www.naviabenefits.com/>



Kaiser TeleHealth Services

For those enrolled in the Kaiser Plans, your Kaiser medical plan includes Video Visits through kp.org or the Kaiser Permanente App.

What is a Kaiser Video Visit?

A Kaiser Video Visit is an appointment with your doctor that is done through the camera on your mobile device or computer. A Kaiser Video Visit is with your physician when you call him or her for medical assistance when you are unable to get to their office. Kaiser Video Visit is designed to handle minor, nonemergency medical issues. It is not for medical emergencies.

Who can use Kaiser Video Visit services?

Employees and covered dependents enrolled in a medical plan through Kaiser are eligible to use the program.

How do I schedule a video visit?

Go online: Sign in to kp.org or use the Kaiser Permanente app.

Call 24/7: Find your location information below:

- **California:**
 - Southern California: 1.833.574.2273 (TTY 711)
 - Northern California: 1.650.358.7015 (TTY 711)

Learn more at kp.org/getcare

United Healthcare TeleHealth Services

For those enrolled in the United Healthcare Plans, your medical plan includes Virtual Doctor Visits. Log in to myuhc.com to register with one of the following providers, *Amwell*, *Doctor on Demand* or *Teledoc*.

What is a United Healthcare Virtual Doctor Visit?

United Healthcare Virtual Doctor Visit is an appointment with a doctor that is done through the camera on your mobile device or computer for minor, nonemergency issues when you are unable to get to the doctor's office or your own doctor is not available. Virtual Doctor Visits online is not for medical emergencies.

Who can use United Healthcare Virtual Doctor Visit services?

Employees and covered dependents enrolled in a medical plan through United Healthcare are eligible to use the program.

How do I schedule a Video Doctor Visit?

You can schedule a video visit through the UHC website or through the *Amwell*, *Doctor on Demand* or *Teledoc* Online apps. The doctor will assess your symptoms and determine if a video visit is right for you. Locate your member ID number on your health plan ID card. And have your credit card ready to cover any costs that are not covered by your health plan.

Learn more or start a Virtual Visit, go to uhc.com/virtualvisits



The Harker School offers three FSA options, which allow you to pay for eligible expenses with pre-tax dollars. The FSAs are administered by Navia. Log into your account to view your account balance(s), calculate tax savings, view eligible expenses, download forms, file claims, view transaction history, and more. You may access your account at <https://www.naviabenefits.com/>

How Does an FSA Work?

You decide how much to contribute to each FSA on a plan year basis up to the maximum allowable amounts. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from 24 paychecks throughout the year (2 times per month).

You will receive a debit card from Navia, which can be used to pay for eligible health care expenses at the point of service. If you do not use your debit card, or if you have dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider

HEALTH CARE SPENDING ACCOUNT

The health care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses, that are not paid by the medical, dental, or vision plans.

The health care FSA maximum contribution is \$3,050 for the 2023 calendar year.

LIMITED PURPOSE HEALTH CARE SPENDING ACCOUNT

If you fund an HSA, you can also fund a limited purpose health care FSA. This FSA can only be used for dental and vision expenses. If you have remaining FSA funds at the end of a plan year and elect the HSA plan during open enrollment, you can roll over those funds to the limited purpose health care FSA.

The limited purpose health care FSA maximum contribution is \$3,050 for the 2023 calendar year

DEPENDENT CARE SPENDING ACCOUNT

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before and after-school care, and in-home babysitting fees (income must be reported by your care provider).

You may contribute up to \$5,000 to the dependent care FSA for the 2023 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you may each elect \$2,500 for the 2023 calendar year.

IMPORTANT!

- For the health care FSA or limited purpose FSA, you can roll over up to \$610 at the end of the plan year
- While there is not a rollover for dependent care FSA, you have an additional 2.5 months to incur expenses and be reimbursed after the plan year ends
- FSA contributions can only be stopped or changed with a qualifying event
- March 31 is the deadline to file prior year claims



DENTAL PLAN

The Delta Dental plans provide in and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of pocket when you choose a network provider. Delta Dental utilizes both the Delta Dental PPO and Delta Dental Premier networks of dentists. Locate a network provider here: www.deltadentalins.com.

The table below summarizes the key features of the Delta Dental plans. The coinsurance amounts listed reflect the amount you pay.

DELTA DENTAL Low 1250 PPO Plan		
GENERAL PLAN PROVISIONS	In Network	Out of Network
Deductible <i>Individual/Family</i>	None	\$100/\$300
Calendar Year Maximum	\$1,250	\$1,250
Preventive Services	100%	80%
Basic Services	80%	80%
Major Services	50%	50%

DELTA DENTAL High 2000 PPO Plan		
GENERAL PLAN PROVISIONS	In Network	Out of Network
Deductible <i>Individual/Family</i>	\$25/\$75	\$50/\$150
Calendar Year Maximum	\$2,000	\$2,000
Preventive Services	100%	100%
Basic Services	100%	80%
Major Services	70%	50%
Orthodontics (Any age)	50%	50%
Orthodontics Lifetime Maximum	\$2,000	\$2,000

- Pre Authorization review - It is the responsibility of the insured member to ensure that any course of treatment expected to exceed \$250 is submitted for utilization review. Failure to comply may result in additional out of pocket expense.
- Employees receiving services through the PPO plan are always free to obtain services from the dental care provider of their choice. If services are obtained from a network provider, employees will pay their portion of the negotiated contract charge. If services are obtained from a non-network provider, employees may be responsible for the difference between the allowed amount and the actual charges, plus any deductible.

You will not receive a Delta Dental ID card. Provide your dentist office with your name, date of birth, and enrollee ID or SSN (note: family members covered by your plan will need your information to verify benefits). You can print an ID card by setting up an online account at www.deltadentalins.com.



VISION PLAN

The Harker School has partnered with VSP Vision to offer a comprehensive vision plan. Plan features are listed below. The VSP Vision plan utilizes the VSP Signature network. You will not receive an ID card from VSP. You can access your benefits at www.vsp.com using your date of birth and social security number.



VSP Vision Plan

GENERAL PLAN PROVISIONS	IN NETWORK	OUT OF NETWORK
COPAYMENTS		
Eye Exam	\$20	
Materials	\$20	
BENEFITS		
Eye Exam	Fully covered after copay	Up to \$50
Frames	Up to \$150	Up to \$70
Lenses		
Single Vision	Fully covered after copay	Up to \$50
Bifocal	Fully covered after copay	Up to \$75
Trifocal	Fully covered after copay	Up to \$100
Lenticular	Fully covered after copay	Up to \$125
Standard Progressive	Fully covered after copay	Varies
Contact Lenses (in lieu of frames)		
Elective	Up to \$130	Up to \$105
FREQUENCY		
Exams	One each calendar year	
Lenses	One pair every calendar year	
Frames	One frame every calendar year	



BENEFIT PLAN COSTS

MEDICAL, DENTAL, and VISION INSURANCE

The Harker School and participating employees share in the cost of monthly health insurance premiums.

For your convenience, we will deduct your share of your monthly pre-tax insurance premiums between two pay periods each month. The remaining balance of premiums owed may be deducted from an employee's final check if the final check is issued before the end of the month. There is no cost to you for life and disability benefits; premiums are fully sponsored by The Harker School. Additional costs apply for voluntary products on a post-tax basis.

Medical						
Coverage Level	Kaiser HMO	Kaiser HDHP	UHC HMO (Full Network)	UHC HMO (Narrow Network)	UHC PPO	UHC HDHP PPO
Employee Only	\$95.00	\$34.00	\$71.00	\$62.00	\$159.00	\$37.00
Employee + Spouse	\$255.00	\$162.00	\$320.00	\$275.00	\$511.00	\$269.00
Employee + Child(ren)	\$194.00	\$118.00	\$226.00	\$194.00	\$378.00	\$181.00
Employee + Family	\$386.00	\$252.00	\$507.00	\$435.00	\$775.00	\$443.00

Dental		
Coverage Level	Delta Dental Low 1250	Delta Dental High 2000
Employee Only	\$6.00	\$9.00
Employee + Spouse	\$15.00	\$23.00
Employee + Child(ren)	\$18.00	\$27.00
Employee + Family	\$28.00	\$39.00

Vision	
Coverage Level	VSP
Employee Only	\$2.00
Employee + 1	\$4.00
Employee + 2 or more	\$6.50



BASIC LIFE AND AD&D INSURANCE

Life and accidental death and dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security. For your peace of mind, The Harker School provides **complimentary, no cost** basic life and AD&D insurance through Mutual of Omaha to all regular fulltime employees.

Naming Your Beneficiary

You may name anyone you wish as the beneficiary to receive your Life and AD&D benefits in case of your death. Once you have selected your beneficiary(ies), your designation will remain unchanged until you change it in the Paycom portal. You may change your beneficiary(ies) as often as you wish.

Mutual of Omaha- Life Insurance

BENEFITS

Life Insurance	1x salary up to \$200,000
AD&D Insurance	1x salary up to \$200,000
Minimum benefit	\$75,000
Conversion	Available within 31 days from termination of group plan
Living Benefit	75% up to \$150,000 if insured person's medical condition is expected to result in death within 12 months, as diagnosed by a physician

AGE REDUCTIONS

At Age 65	Reduced by 33% of original benefit
At Age 70	Reduced by an additional 33%

DEPENDENT BENEFITS

Spouse Life Insurance	\$5,000
Child Life Insurance	\$2,000 (six months or older) \$500 (birth to six months)

VOLUNTARY LIFE INSURANCE

The Harker School provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Mutual of Omaha. You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents.

If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guaranteed issue amount(s) without completing a statement of health (evidence of insurability). Coverage will not take effect until approved by Mutual of Omaha.

Mutual of Omaha- Voluntary Life Insurance

	Maximum Benefit	Minimum Benefit	Guarantee Issue
Employee	5x salary up to \$200,000	\$20,000	5x salary or \$200,000, whichever is less
Spouse	50% of employee's benefit up to \$30,000	\$5,000	100% of employee's benefit or \$30,000, whichever is less
Child	50% of employee's benefit up to \$10,000	\$10,000	100% of employee's benefit or \$10,000, whichever is less



LONG-TERM DISABILITY (LTD)

The Harker School provides long-term disability (LTD) insurance to eligible employees at **no cost** through Mutual of Omaha. Long-term disability insurance is designed to help you meet your financial needs if you have an extended disability. This benefit is taxable to you at the time of the claim.

Mutual of Omaha – Long-Term Disability

BENEFITS

Benefit Amount	60% of your base salary, up to \$7,000 per month
Elimination Period	Disability benefits begin after 90 days
Maximum Duration	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (or older), the benefit period will be based on a reduced duration schedule.



VOLUNTARY BENEFITS

The Harker School offers a Voluntary Benefit Package through Combined Insurance. The benefit package includes Critical Illness and Accident Insurance.

CRITICAL ILLNESS

The Critical Illness benefit pays a lump sum benefit for cancer, heart attack, stroke, and other critical illnesses so you can focus on recovery with financial peace of mind.

- Triple Benefit – pays benefits for covered conditions up to three times
- Recurrence Benefit – pays 25% of face amount for a recurrence
- Childhood conditions – pays benefits towards covered childhood illnesses

Employee Age (at issue)	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60*
Employee Only	\$13.19	\$14.47	\$18.29	\$25.42	\$33.22	\$47.44	\$61.99	\$90.14
Employee + Spouse	\$19.36	\$21.30	\$27.01	\$37.71	\$49.43	\$70.73	\$92.56	\$134.50
Employee + Child(ren)**	\$13.19	\$14.47	\$18.29	\$25.42	\$33.22	\$47.44	\$61.99	\$90.14
Employee + Family	\$19.36	\$21.30	\$27.01	\$37.71	\$49.43	\$70.73	\$92.56	\$134.50

*Rates for employees over 60 available upon request

**Children are included in the employee rates at no additional charge

ACCIDENT

Accident insurance benefits pay cash benefits to help cover unexpected or everyday expenses such as out-of-pocket medical costs related to an accident or injury.

- First Accident Benefit – pays \$100 additional on first claim
- Sports Package – pays 25% higher benefits
- Rehab Package – pays benefits for admission, daily confinement, and recovery

Coverage Level	Accident
	Per Month
Employee Only	\$6.72
Employee + Spouse	\$12.28
Employee + Child(ren)	\$13.32
Employee + Family	\$18.92



MUTUAL OF OMAHA

Travel Assistance

Mutual of Omaha includes 24-hour Travel Assistance services provided by AXA Assistance USA. AXA Assistance USA is a provider of global emergency medical services for travelers. If a member becomes ill or injured while traveling away from home, AXA Assistance USA will support that member with an array of services. These include, but are not limited to:

- Medical referrals
- Destination information
- Lost or stolen travel documents assistance
- Evacuation or transfer
- Repatriation

HEALTHY PAWS

Pet Insurance

Pet Insurance is becoming an essential part of caring for your four-legged family members. With Healthy Paws, you can give your pet the medical care they need. The top-rated cat insurance & dog insurance plans cover accidents, illnesses, cancer, emergency care, genetic and hereditary conditions, breed-specific conditions, and alternative care. Learn more by getting a free quote and let Healthy Paws pay your vet bills while you care for your pets by going to:

<https://www.healthypawspetinsurance.com/Benefits/?affid=PBG&subid=HarkerSchool&pc=Benefit15>

NAVIA

Commuter Benefits

Commuter Benefits is a federal transportation benefit program that allows employees to save on their transit costs by deducting their commute expenses pre-tax from their paycheck each month. You, the employee, save money because you don't pay taxes on the money you deduct. Elections are made on a monthly basis and can be changed, as-needed, throughout the year.

What are the monthly deduction limits?

- Up to \$300 per month pre-tax for transit
- Up to \$300 per month pre-tax for parking



STUDENT LOAN FORGIVENESS

The path to reducing your monthly student loan payment and working toward loan forgiveness could be getting much easier. That's because you and your family members have access to a robust solution that helps you find the best federal repayment and forgiveness programs for your financial situation.

Brought to you by The Harker School through TIAA and powered by Savi, this tool helps strengthen your financial footing in the short term and positions you for student loan forgiveness.

- Reduces your payment based on your income and family size
- Frees up funds to direct towards your financial goals, such as retirement or emergency savings.
- Removes the complexities of forgiveness and handling all of the paperwork, employment certifications and e-file—all for a small fee

Visit TIAA.org/harker/student to calculate your potential savings

ROCKET LAWYER

With Rocket Lawyer, you have access to the following services:

- Legal Documents Library: Create and sign hundreds of legal documents such as wills, leases, and child care authorization forms
- Attorney Q&A: Submit a question and get reliable legal advice within one business day
- Attorney Phone Consultations: Schedule a free, 30-minute phone call with a Rocket Lawyer Attorney specializing in your issue
- Rocket Evidence: Share video and picture evidence with an attorney for legal help on the go
- Attorney Discounts: Save 40% on lawyers in your area

Rocket Lawyer can help you with:



Follow these steps to take advantage of these benefits:

- Visit: go.rocketchlawyer.com/harker
- Enter your work email address
- You'll receive an email from Rocket Lawyer – click the "Activate Account" button
- Fill out the form and you're set



TIAA-CREF RETIREMENT PLANS

The Harker School Pension Plan – 401(A): The Harker School Defined Contribution Retirement Plan is administered by The Harker School, and provided by the Teacher's Insurance and Annuity Association – College Retirement Equities Fund (TIAA – CREF). The purpose of the plan is to provide retirement benefits for participating employees. Benefits are provided through TIAA – CREF.

Eligibility

All employees of Harker (with the exception of leased employees) will be automatically enrolled in the plan following these requirements:

- You must reach age 21.
- You must complete 1 year of service with Harker. An employee's initial eligibility measuring period will be the 12-month period beginning with the original hire date. If eligibility requirements are not satisfied during that first measuring period, eligibility will be calculated based on the Plan Year.
- You must complete at least 1000 hours of service during the 12-month measurement period.

Plan Entry Date(s)

The eligible employee becomes a participant on either April 1st or October 1st; coincident with or next following the date on which the employee meets the minimum age and service requirements. Contributions will begin on the first payroll date after becoming a participant.

Contributions and Vesting

Harker will automatically contribute 8% of each participant's compensation, excluding bonus and overtime wages, to the funding vehicle chosen by the employee. Employees are fully vested after three years of employment with Harker.

A summary plan description is provided to each employee upon completion of eligibility requirements. A complete description of the plan can be obtained from the HR office. If discrepancies exist between the plan document and the description above, provisions of the respective plan document will prevail.

403(B) Contributions: All employees of The Harker School are automatically enrolled in a 403(b) plan with TIAA-CREF. Enrollment will require a minimum contribution of 1% of the employee's base salary and will be contributed through payroll deduction each pay period. Each January, the contribution will increase by 1% until it reaches 4%.

Any changes to a 403(b) plan, including contribution changes or new enrollment, must be completed through TIAA-CREF.

Please contact HR for additional information.



GLOSSARY OF TERMS	
AD&D (Accidental Death & Dismemberment)	A plan that provides benefits in the event of an accidental death or dismemberment (generally, an accident that results in death, loss of part of the body, or the loss of the use of part of the body).
Beneficiary	A person designated by a participant, or by the terms of an employee benefit plan, which is or may become entitled to a benefit under the plan.
COBRA	Federal law (Consolidated Omnibus Budget Reconciliation Act of 1985) requiring certain employers that offer group health plans to provide continuation coverage to employees and their dependents who incur certain qualifying events.
Co-Insurance or Cost Sharing	The portion of covered health care costs for which you are financially responsible. Coinsurance does not include deductibles or copays.
Co-Payment or Copay	A set amount you pay out of pocket for a particular service. The plan pays the balance.
Deductible	The out-of-pocket amount you must pay each plan year before the plan pays for eligible benefits.
Evidence of Insurability	Many insurance companies require prospective clients/ individuals to prove that they are in good health and are therefore good insurance risks before the company will cover them.
Explanation of Benefits (EOB)	A statement from a plan explaining what portion of a claim was paid.
Generic	Your prescription drug copay depends on the class or group of your prescribed medication. A generic drug generally has the lowest copay level. A generic drug is one that is no longer produced only under a brand name. Once a drug's patent expires, many companies can begin to manufacture "generic" versions of a previously brand-name-only drug. Generic drugs are identical to brand-name drugs in chemical makeup ("active ingredients"), usage, strength and dosage. They are regulated and approved by the FDA just like brand-name drugs; however, they are much less expensive.
HIPAA Authorization	Under HIPAA, a document that authorizes the use or disclosure of an individual's Protected Health Information by a Covered Entity for any purpose described in the document and meets specific requirements.
In-Network Provider	A provider who has contracted with a health care plan (a medical, dental or vision plan) and agreed to certain rates. In most cases, you pay less and receive a higher benefit when you use in-network providers. Check with your plan for coverage details.
Negotiated rates	The costs for health care services negotiated between the insurance carrier and in-network health care providers. Negotiated rates are usually less than usual, customary and reasonable (UCR) charges.
Non-preferred brand	Your prescription drug copay depends on the class or group of your prescribed medication. A non-preferred brand-name drug generally has the highest copay level because it is not on the plan's list of preferred drugs. You can find out how different drugs are classified by your plan by visiting the plan's Web site.
Out-of-Pocket Expenses	Copays, deductibles, and other expenses that are not covered by the health plan.
Out-of-Network Provider	A state-licensed health care provider who has not contracted with a health care plan (medical, dental or vision plan) and has not agreed to certain rates. In most cases, you pay more and receive a lower level of benefits when you use out-of-network providers. See your plan for coverage details.
Qualifying Life Event	Certain events which may allow you to make allowable changes to your benefits. Qualifying events include: marriage, divorce, death, birth, adoption or placement for adoption, and significant change in employment.
Reasonable and Customary (R&C) or Usual, Reasonable & Customary (UCR)	A term used in many health plans, defined as the price at or below which the majority of health-care professionals of similar expertise charge for similar procedures within a specific geographic area.



PLAN CARRIERS

Below is the contact information you can use to get the support you need for your benefits.

Plan	Group #	Telephone #	Website
MEDICAL			
Kaiser Permanente	39657	800.464.4000	www.kp.org
United Healthcare	0920140	855.828.7715	www.uhc.com
DENTAL			
Delta Dental	19173	800.765.6003	www.deltadentalins.com
VISION			
Vision Service Plan	30036937	800.877.7195	www.vsp.com
FLEXIBLE SPENDING ACCOUNTS			
Navia	MZE	800.669.3539	www.naviabenefits.com
LIFE INSURANCE & LTD			
Mutual of Omaha Life/AD&D & LTD	G000AWHN	800.388.6906	www.mutualofomaha.com
OTHER BENEFITS			
Mutual of Omaha EAP	G000AWHN	800.388.6906	www.mutualofomaha.com/eap
AXA Assistance USA Travel Assistance		800.856.9947 (USA) 312.935.3658 (Outside USA)	www.accountservices.aul.com
TIAA-CREF 401(A) & 403(B)		800.842.3539	www.tiaa-cref.org/harker
Fiduciary Benefits Group Financial Advisor – Jackson Miller		844.867.8491	www.FiduciaryBenefitsGroup.com jackson.miller@fbgretirement.com
Healthy Paws Pet Insurance		800.453.4054	https://www.healthypawspetinsurance.com/Benefits/?affid=PBG&subid=HarkerSchool&pc=Benefit15
Combined Insurance Critical Illness and Accident			Sandra.Sherman@ia.combined.com
Rocket Lawyer			go.rocketlawyer.com/harker akishen@rocketlawyer.com



BENEFIT ADVOCACY TEAM (BAT)

Need assistance with resolving a benefits related issue?

Have questions regarding what is covered or where to be seen?

Contact the Benefit Advocacy Team and get the one-on-one support you need.

Call Toll Free | 833.4.SolvIt (833.476.5848)

Text | 833.476.5848

Chat Online | www.solvins.com

Email | BAT@solvins.com

MEDICAL

Claims, Order ID Cards,
Find a Provider

VISION

Find Doctors,
Questions About
Coverage

PHARMACY

Learn More About
Benefits, Resolve
Issues

DENTAL

Resolve Claims
Disputes, Find
Providers

Monday – Friday, 8:00am – 5:30pm PST

License Number:
OK72752

