



BENEFITS OVERVIEW

Prepared by Kraus-Anderson Insurance

PLAN YEAR: 2023/2024



Address

1380 Energy Lane, Suite 108
St. Paul, MN 55108



Phone

Main: 651-478-4535



Online

Website: www.newcenturyschool.net

WELCOME NOTE

At New Century School, we are committed to providing you a comprehensive employee benefits program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

EXISTING EMPLOYEES

Please review these materials and enroll in your benefits through EASE during your scheduled open enrollment period.

NEW HIRES

Welcome to New Century School! As part of your on-boarding, you'll need to select your benefits through your online benefits program called EASE. You must enroll online during this time in order to receive benefits.

ELIGIBILITY

You are eligible to enroll in your company's available benefits if you are a regular full-time employee scheduled to work at least 30 hours per week. For existing employees, coverage will run from July 1 – June 30. If you're a new hire, benefits start on the first day of the month following 30 days. Eligible dependents include:

- Your legally married spouse
- Your children up to age 26

QUALIFYING EVENTS

IRS regulations restrict your ability to change your elections during the year unless you experience a qualifying life event such as:

- Marriage
- Divorce
- Birth or adoption of a child
- Death of a dependent
- Changes in your or your spouse's employment status
- An involuntary loss of coverage under another plan

You have **30 days** from the date of the qualifying event to make changes to your coverage, as long as the changes are consistent with the qualifying event. Be sure to notify your plan administrator, then you will be provided the opportunity to make your changes using the EASE enrollment portal. You can make changes to your HSA contributions at any time during the year—you just can't exceed the annual limits.

CONTACTS

Refer to this list when you need to contact one of our benefit partners. For general information contact your Plan Administrator.

Member Service Contact Information

	MEDICAL: Medica	800-952-3455	www.medica.com
	HEALTH SAVINGS ACCOUNT (HSA): Further by HealthEquity	800-859-2144	www.hellofurther.com
	TELE-MEDICINE: HealthiestYou	866-703-1259	www.healthiestyou.com
	DENTAL: Lincoln Financial	877-275-5462	www.lincolnfinancial.com
	VISION: MetLife	800-942-0854	www.metlife.com
	LIFE AND AD&D: Lincoln Financial	877-275-5462	www.lincolnfinancial.com
	SHORT-TERM & LONG-TERM DISABILITY: Lincoln Financial	877-275-5462	www.lincolnfinancial.com
	PLAN ADMINISTRATOR: Deema Sorri	651-478-4535	deema.sorri@newcenturyschool.net

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

MEDICAL

Who is eligible and when:

All active full-time employees working 30 or more hours per week are eligible for medical coverage on the first of the month following 30 days of employment.

If you are an active employee and elect medical coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under the age of 26.

Your employer contributes 85% to the employee's monthly medical premiums. Eligible dependents may participate in the plan; your employer contributes 40% to an eligible dependent's monthly medical premium. All portions of employee and dependent premiums are withheld from payroll on a pre-tax basis.

Plan Information

Carrier:	Medica
Group Number:	TBD
Plan Year:	July 1, 2023 through June 30, 2024
Deductible Year:	Calendar, deductible accumulates January through December
Plan Network:	Current provider listings are available at www.medica.com

Plan Options	\$1,000-\$40-25% Passport		\$2,500-0% HSA Passport	
	Individual	Family	Individual	Family
Deductible	\$1,000	\$3,000	\$2,500	\$5,000
Preventive Care www.healthcare.gov for covered screenings	No charge		No charge	
Coinsurance	25% after deductible		0% after deductible	
Out of Pocket Maximum	\$4,250	\$8,500	\$2,500	\$5,000
Office Visit	\$40 Copay		0% after deductible	
Prescription Drug Coverage	Generic: \$5 Formulary: \$60 Non-formulary: \$150		0% after deductible	
	Check member services for pharmacies within your network			
Plan Cost	Total Monthly Premium	Employee Monthly Premium	Total Monthly Premium	Employee Monthly Premium
Employee	\$607.26	\$91.09	\$591.62	\$88.74
Employee + Spouse	\$1,670.00	\$1,002.00	\$1,626.98	\$976.19
Employee + Child(ren)	\$1,153.80	\$692.28	\$1,124.08	\$674.45
Family	\$1,852.32	\$1,111.39	\$1,804.60	\$1,082.76

Refer to the carrier Summary Benefits of Coverage (SBC) for specific details.

HEALTH SAVINGS ACCOUNT (HSA)

Who is eligible and when:

All active full-time employees working 30 or more hours per week are eligible for HSA on the first of the month following 30 days.

Plan Information

Carrier: Further by HealthEquity
Group Number: 013889

What is a HSA?

- Health Savings Account is a tax favored account which allows you and your employer to make contributions to pay for qualified medical expenses for you and your dependents.
- The account is owned by the member
- Available with a qualified high deductible health plan (HDHP)
- Contributions to the account are made pre-tax via payroll deduction, direct deposit, or lump sum
- Funds roll over from year to year
- Investment opportunities
- Account is portable
- Contributions can be changed throughout the year, subject to the annual contribution limits

Eligible expenses:

- Deductible, coinsurance, prescription drugs, dental and vision services
- COBRA premiums, some Medicare premiums and portions of long-term care insurance premiums
- For additional information regarding health care expenses recognized by Section 213(d) of the Internal Revenue Code can be found at www.irs.gov.

Tax benefits:

- HSA contributions are excluded from federal income tax
- Interest earnings are tax free
- Withdrawals for eligible expenses are exempt from federal income tax

2023 Maximum Contributions:	2024 Maximum Contributions:
Individual: \$3,850 per calendar year	Individual: \$4,150 per calendar year
Family: \$7,750 per calendar year	Family: \$8,300 per calendar year
55+ may contribute an additional \$1,000 per calendar year	55+ may contribute an additional \$1,000 per calendar year

Reimbursements for Qualified Medical Expenses:

- Withdrawals are tax free for the member and their dependents (up to age 23, even if not covered by the health plan)
- Expenses must be incurred after the HSA is established
- Expenses are reimbursed up to the HSA balance
- There's no time limit on when expenses can be reimbursed
- Member must retain documents to support reimbursement

Reimbursements for Non-Qualified Medical Expenses:

- Withdrawal amount is counted as income
- 20% excise tax applies
- Withdrawals for those 65+ are counted as income and no excise tax applies

TELE-MEDICINE

Who is eligible and when:

All active full-time employees working 30 or more hours per week are eligible for tele-medicine on the first of the month following 30 days. Eligible employees must be enrolled in the medical plan.

Plan Information:

Carrier: HealthiestYou powered by Teladoc

Group Number: HY9690

HealthiestYou:

With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24/7 over the phone or via the mobile app. Using HealthiestYou will save on copays and deductibles and it is FREE to use if you are on the medical plan. Your dependents are also eligible to use HealthiestYou if you are enrolled in medical, whether they're on the plan or not!

HealthiestYou COMPLETE:

- General medicine
 - Convenient, high-quality healthcare available from US board-certified doctors by phone or video.
- Dedicated client success team
 - From implementation timelines to communication strategy and follow up. The client success team will lay out the roadmap to ensure that every member is equipped with the tools to succeed.
- Price transparency tools
 - Price-comparison engines help members make informed choices and save money on procedures and prescriptions.
- Intelligent alerts
 - Location-sensitive alerts delivering benefit reminders.
- Provider search
 - The HealthiestYou app can identify providers and facilities near the member's current location.
- Behavior health care
 - Members have access to licensed mental health professionals, with the option to receive ongoing care from a provider of their choice.
- Dermatology
 - US board-certified dermatologists review images and provide a diagnosis and treatment plan.
- Back care
 - Customized back care programs with videos and access to certified health coaches.
- Expert medical services
 - In-depth reviews of existing diagnoses and treatment plans from the world's leading experts.
- Nutrition
 - Members work directly with registered dietitians who assess clinical nutrition needs and develop personalized programs including custom meal plans and shopping guides.

DENTAL

Who is Eligible and When:

All active full-time employees working 30 or more hours per week are eligible for dental on the first of the month following 30 days.

If you are an active employee and elect dental coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under the age of 26.

New Century School contributes 65% to the employee's monthly dental premiums. Eligible dependents may participate in the plan and those costs are the responsibility of the employee.

Plan Information:

Carrier:	Lincoln Financial
Group Number:	TBD
Plan Year:	July 1, 2023 through June 30, 2024
Plan Network:	Current provider listings are available at www.lincolnfinancial.com

Dental	Lincoln Financial	
	In Network	Out of Network
Network		
Individual Deductible	\$25	\$50
Family Deductible	\$75	\$150
Annual Maximum (per person)	\$2,000	\$1,500
Preventive Services	100%	100%
Basic Services	80%	60%
Major Services	50%	50%
Orthodontia Services (dependent children ages 8-18)	\$2,000 Lifetime Maximum	\$1,500 Lifetime Maximum
Plan Cost	Total Monthly Premium	Employee Monthly Premium
Employee Only	\$32.97	\$11.54
Employee + 1	\$65.92	\$44.49
Family	\$127.23	\$105.80

Refer to the carrier summary for specific details.

VISION

Who is Eligible and When:

All active full-time employees working 30 or more hours per week are eligible for vision on the first of the month following 30 days.

If you are an active employee and elect vision coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under the age of 26.

Vision is voluntary and 100% paid by the employee.

Plan Information:

Carrier:	MetLife
Group Number:	05369951
Plan Year:	July 1, 2023 through June 30, 2024
Plan Network:	Current provider listings are available at www.metlife.com

Vision	MetLife (In-Network)
Eye Examinations (every 12 months)	\$10 copay
Frames (every 12 months)	\$150 allowance + 20% off remaining balance
Lenses (every 12 months)	\$10 copay
Contacts (every 12 months)	\$150 allowance
Members can receive benefit for either glasses OR contacts in a 12-month period, not both.	
Plan Cost	Total Monthly Premium
Employee Only	\$12.13
Employee + Spouse	\$24.33
Employee + Child(ren)	\$20.59
Family	\$33.95

Refer to the carrier summary for specific details.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Who is Eligible and When:

All active full-time employees working 30 or more hours per week are eligible for life and AD&D and voluntary life on the first of the month following 30 days.

Carrier: Lincoln Financial
Group Number: TBD

Coverage is provided for you in the amount of \$50,000. Eligible employees are automatically enrolled at no cost and without Evidence of Insurability (EOI).

You are required to designate a beneficiary for this coverage.

See benefit certificate for age reduction schedule.

Refer to the carrier summary for specific details.

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Who is Eligible and When:

All active full-time employees working 30 or more hours per week are eligible for life and AD&D and voluntary life on the first of the month following 30 days.

Carrier: Lincoln Financial
Group Number: TBD

This coverage is 100% paid by the employee.

	Voluntary Life and AD&D
Employee Benefit	\$10,000 increments to a max of \$500,000
Spouse Benefit	\$5,000 increments to a max of \$100,000 *not to exceed 50% of Employee's benefit
Child(ren) Benefit	Age 1 day to 14 days: \$2,000 Age 14 days to 25 years (to age 26 if unmarried or full-time student): \$2,000, \$4,000, \$8,000, \$10,000, \$20,000
Accidental Death and Dismemberment (AD&D)	Included
Guarantee Issue	Employees less than age 65: \$150,000 Spouse less than age 65: \$50,000 Children: \$10,000
Age Reduction	Employee: 35% at age 65; Additional 15% of original amount at age 70; Spouse: 35% at Employee Age 65, Additional 15% of original amount at Employee Age 70

Refer to the carrier summary for specific details.

SHORT TERM DISABILITY

Who is Eligible and When:

All active full-time employees working 30 or more hours per week are eligible for disability on the first of the month following 30 days.

Carrier: Lincoln Financial
Group Number: TBD

Coverage is designed to protect employees from income loss and other financial hardship associated with absence from work due to injury, illness, or disease.

Your employer offers coverage for those unscheduled life events. Coverage can help you remain financially stable should you become injured or ill and cannot work.

Your employer contributes 100% to the employee's monthly premiums.

	Short Term Disability
Elimination period	7 days for accident 7 days for illness
Percentage of Income Replaced	60% of weekly income
Maximum Benefits Payable	\$1,250 per week
Maternity Maximum Duration	6 weeks for normal delivery 8 weeks for c-section (includes elimination period)
Maximum Benefit Duration	13 weeks
Benefit Taxability	Benefit is not taxable

Refer to the carrier summary for specific details.

LONG TERM DISABILITY

Who is Eligible and When:

All active full-time employees working 30 or more hours per week are eligible for disability on the first of the month following 30 days.

Carrier: Lincoln Financial
Group Number: TBD

Coverage is designed to protect employees from income loss and other financial hardship associated with absence from work due to injury, sickness or disease.

Your employer contributes 100% to the employee's monthly premiums.

	Long Term Disability
Elimination period	90 days of disability
Percentage of Income Replaced	60% of monthly income
Maximum Benefits Payable	\$5,000 per month
Maximum Benefit Duration	Own occupation: 2 years Any occupation: to Social Security Retirement Age
Pre-existing Conditions	If an insured becomes disabled in the first twelve months of coverage, the claims team will do a pre-existing diagnosis investigation three months prior to the individual's effective date.
Benefit Taxability	Benefit is not taxable

Refer to the carrier summary for specific details.

METLAW

Who is Eligible and When:

All active full-time employees working 30 or more hours per week are eligible for MetLaw on the first of the month following 30 days.

Carrier: MetLife
Group Number: 05369951

MetLaw is 100% paid by the employee.

MetLaw:

MetLaw provides numerous resources for an unlimited number of matters with an attorney of your choice. Metlaw provides a consultation with an attorney in person or over the phone. They will discuss your rights and responsibilities, review the law and will help you know your options and their recommended course of action.

For more information:

Please visit infolegalplans.com and enter access code GETLAW or call the client service center at 800-821-6400 (Monday – Friday, 8 am to 7 pm EST/EDT).

Plan Costs:

MetLaw covers the employee, spouse and dependents. The premium is taken post tax from your paycheck.

Additional Plan Features:

- Reduced Fees
- Family Matters
- E-Services

Refer to the carrier summary for specific details.

GLOSSARY

Glossary is for benefit general terms and may not all apply to your plan(s).

Allowed Amount - The highest amount that will cover (pay) a service.

Benefit Period - When services are covered under your plan. It also defines the time when benefit maximums, deductibles and coinsurance limits build up. It has a start and end date. It is often one calendar year for health insurance plans. *Example: You may have a plan with a benefit period of January 1 through December 31 that covers 10 physical therapy visits. The 11th or more session will not be covered.*

Brand - A prescription drug product which is manufactured and marketed under a trademark or name by a specific drug manufacturer, or that is identify as a brand name product.

Coinsurance - A certain percent you must pay each benefit period after you have paid your deductible. This payment is for covered services only. You may still have to pay a copay. *Example: Your plan might cover 80 percent of your medical bill. You will have to pay the other 20 percent. The 20 percent is the coinsurance.*

Coinsurance Limit (or Maximum) - The most you will pay in coinsurance costs during a benefit period.

Condition - An injury, ailment, disease, illness or disorder.

Contract - The agreement between an insurance company and the policyholder.

Coordination of Benefits (COB) – A process to determine who pays first when two or more health insurance plans are responsible for paying the same medical claim. You may be required to complete a form from the insurer(s) to help with this determination. Claims are typically held until COB is established.

Copayment (Copay) - The amount you pay to a healthcare provider at the time you receive services. You may have to pay a copay for each covered visit to your doctor, depending on your plan. Not all plans have a copay.

Covered Charges - Charges for covered services that your health plan paid for. There may be a limit on covered charges if you receive services from providers outside your plan's network of providers.

Covered Person - Any person covered under the plan.

Covered Service - A healthcare provider's service or medical supplies covered by your health plan. Benefits will be given for these services based on your plan.

Creditable Coverage - Coverage of a person under any of these:

A group health plan. This includes church and governmental plans.

Health insurance coverage.

Medicare (Part A or Part B of Title XVIII of the Social Security Act).

Medicaid (Title XIX of the Social Security Act, other than coverage consisting only of benefits under Section 1928).

The health plan for active military personnel. This includes TRICARE.

The Indian Health Service or other tribal organization program.

A state health benefits risk pool.

The Federal Employees Health Benefits Program.

A public health plan (as defined in federal regulations).

A health benefit plan under section 5 (c) of the Peace Corps Act.

Any other plan which gives complete hospital, medical and surgical services.

Deductible - The amount you pay for your healthcare services before your health insurer pays. Deductibles are based on your benefit period (typically a year at a time). *Example: If your plan has a \$2,000 annual deductible, you will be expected to pay the first \$2,000 toward your healthcare services. After you reach \$2,000, your health insurer will cover the rest of the costs.*

Dependent Coverage - Coverage for your dependents who qualify.

Emergency Medical Condition - A medical problem with sudden and severe symptoms that must be treated quickly. In an emergency, a person with no medical training and an average knowledge of health/medicine could reasonably expect the problem could:

Put a person's health at serious risk.

Put an unborn child's health at serious risk.

Result in serious damage to the person's body and how his or her body works.

Result in serious damage of a person's organ or any part of the person.

Experimental or Investigational Drug, Device, Medical Treatment or Procedure - These are not approved by the U.S. Food and Drug Administration (FDA) or are not considered the standard of care

Explanation of benefits - the health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs you are responsible for.

Generic - A prescription drug product that is chemically equivalent to a brand-name drug; or that the claims administrator identifies as a generic product based on available data resources.

Health Assessment - A health survey that measures your current health, health risks and quality of life.

Inpatient Services - Services received when admitted to a hospital and a room and board charge is made.

Institution (Institutional) - A hospital or certain other facility.

Legal Guardian - The person who takes care of a child and makes healthcare decision for the child. This person is the natural parent or was made caretaker by a court of law.

Medical Care - Medical services received from a healthcare provider or facility to treat a condition.

Medically Necessary (or Medical Necessity) - Services, supplies or prescription drugs that are needed to diagnose or treat a medical condition. Also, an insurer must decide if this care is:

Accepted as standard practice. It can't be experimental or investigational.

Not just for your convenience or the convenience of a provider.

The right amount or level of service that can be given to you.

Example: Inpatient care is medically necessary if your condition can't be treated properly as an outpatient service.

Medicare - A federal program for people age 65 or older that pays for certain healthcare expenses.

Network Provider/In-network Provider - A healthcare provider who is part of a plan's network.

Non-covered Charges - Charges for services and supplies that are **not** covered under the health plan. Examples of non-covered charges may include things like acupuncture, weight loss surgery or marriage counseling. Consult your plan for more information.

Non-network Provider/Out-of-network Provider - A healthcare provider who is **not** part of a plan's network. Costs associated with out-of-network providers may be higher or not covered by your plan. Consult your plan for more information.

Outpatient Services - Services that do not need an overnight stay in a hospital. These services are often provided in a doctor's office, hospital or clinic.

Out-of-pocket Cost - Cost you must pay. Out-of-pocket costs vary by plan and each plan has a maximum out of pocket (MOOP) cost. Consult your plan for more information.

Per Member Per Month (PMPM) - The average cost or quantity per month based on active membership.

Pre-existing condition - a health problem that has been diagnosed, or for which you have been treated, before buying a health insurance plan.

Preventive Care - Regular care that is generally performed by a primary care physician (e.g. physicals, health screenings).

Primary Care Provider - A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider (Healthcare Provider) - A hospital, facility, physician or other licensed healthcare professional.

Urgent Care Provider - A provider of services for health problems that need medical help right away but are not emergency medical conditions.

Specialist - A physician that specializes in a specific area of medicine.

Waiting period - the period of time that an employer makes a new employee wait before he or she becomes eligible for coverage under the company's health plan. Also, the period of time beginning with a policy's effective date during which a health plan may not pay benefits for certain pre-existing conditions.



**ADDITIONAL
INFORMATION
AND SERVICES**

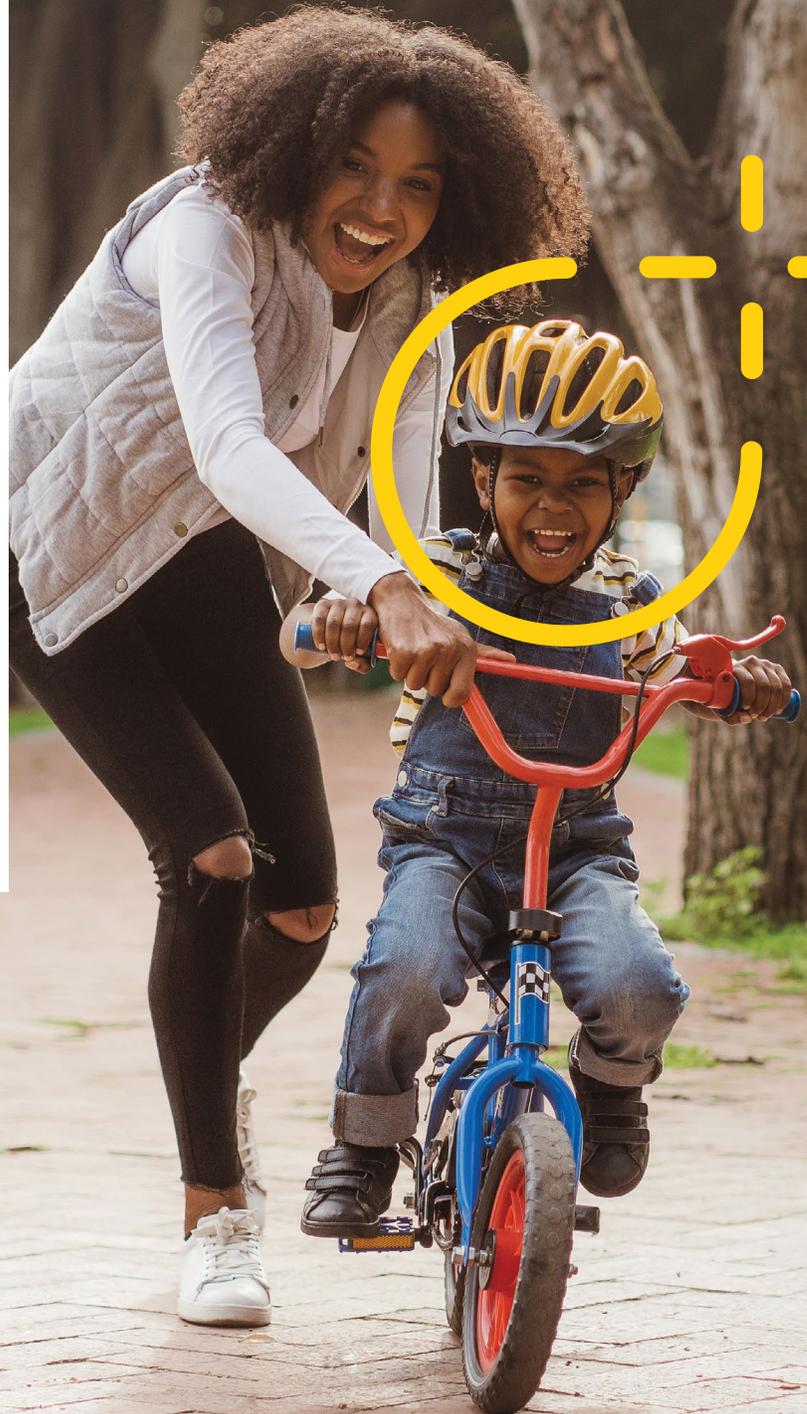
FURTHERSM
by HealthEquity

HSA

Health Savings Account

Welcome to your health savings account (HSA) from Further. As one of the largest, most experienced and trusted HSA administration partners in the nation, we're making these accounts intuitive, accessible and pain-free. Everything you need is just a tap, click, call or swipe away.

If you have questions or need more information about your HSA, our expert customer service team is ready to help.



Save money
tax-free

Earn interest
tax-free

Pay for health
care expenses
tax-free



Introducing the HSA

A health savings account (HSA) is a tax-advantaged member-owned account that lets you save pretax dollars for future qualified medical expenses. It belongs to you and the money is yours to keep, even if you change jobs or retire. You don't pay any taxes on the money you put in or take out, as long as you use it for medical expenses as defined by the IRS.



Watch the "[What is a Health Savings Account \(HSA\)?](#)" video.

Is an HSA right for you?

You're enrolled in an HSA-qualified health plan.

You can't be claimed as a dependent on someone else's taxes.

You have no other health coverage.

You can contribute some money to save or pay for health care expenses.

You aren't enrolled in Medicare.

You want to be ready when you have unexpected health care needs.

How an HSA works with your eligible health plan

Medical premium (your payment for health insurance)

Premiums often cost less for HSA-qualified plans.

Out-of-pocket costs you pay for health care (up to deductible and coinsurance)

Consider how much you'll spend on health care next year. Put that money into an HSA pretax from your paycheck.

HSA contributions

Putting money into an HSA helps you prepare and pay for these costs tax-free. If you don't need the money, save it for future needs.

Out-of-pocket maximum

Once you reach your out-of-pocket max, everything is 100% covered. This protects you from a major financial crisis should unexpected health care needs arise.



Use [this worksheet](#) to determine your eligibility and decide how much to contribute.

Five ways an HSA can help you save for your future

- 1 Money is not taxed.** Money goes into your HSA pretax. That reduces your taxable income saving you money on your medical expenses.¹
- 2 No “use it or lose it” rule.** Money in your HSA belongs to you, even if you change jobs or health plans, or retire.
- 3 Invest and grow your money.** Your money earns interest tax-free, from day one. When your Base Balance reaches \$1,000, you can open a basic investment account with access to 30+ mutual funds. When your basic investment account assets exceed \$10,000, you can choose to invest funds with a self-directed brokerage account through Charles Schwab.
- 4 More flexibility and choice.** You can use your HSA dollars for certain health care expenses² beyond what your plan covers, allowing you to purchase these services tax-free even if they aren’t covered.
- 5 Even out medical expense highs and lows.** Since you manage your funds, you can save HSA money when you’re healthy so it’s ready when you need it.

¹ Please consult your tax advisor with questions

² Refer to the [hellofurther.com](https://www.hellofurther.com) HSA page for a list of HSA-eligible services and products

All systems go!

Use your HSA for these:

- Medical expenses that your plan doesn’t cover
- Over-the-counter medications, supplies, and some feminine hygiene products
- Copayments, coinsurance and prescription drugs
- Dental and vision care expenses
- Some long term care premiums

NOTE: It’s important to save all your receipts to validate expenses, as required by the IRS.

Heads up!

You can’t use your HSA for these:

- Health insurance premiums
- Costs that aren’t considered qualified medical expenses as defined by the IRS



Use our **eligible expenses search** to see what else you can pay for with an HSA.

The total amount you can put in an HSA tax-free:

	2022 limits	2023 limits
Single	\$3,650	\$3,850
Family	\$7,300	\$7,750
Catch Up (age 55+)	\$1,000	\$1,000



Meet Jim¹



His annual salary:	\$58,000
His annual HSA contribution:	\$2,600
His taxable income after HSA contribution:	\$55,400
His estimated tax rate²:	25%
His estimated tax savings:	\$650

When Jim incurs a \$650 health care bill, it actually costs him nothing when factoring in the tax savings.*



Calculate your potential savings with an HSA.

¹ Hypothetical example for illustration purposes only.

² Assumes Jim is subject to a 25% income tax rate.

³ The Further Visa Debit Card is issued by The Bancorp Bank, pursuant to a license from Visa U.S.A. Inc. and can be used for qualified expenses wherever Visa debit cards are accepted.



Select an HSA eligible health plan at enrollment*

- Further will send your Further Visa[®] Debit Card and Spending Account I.D. number by mail.³
- Use your SA I.D. number to set up your online access.
- Download the Further app or use the website to view and manage your account.

* Member must open a Further HSA account if not automatically enrolled by their employer based on eligible health plan choice. Please consult your plan documents.

We're here for you

If you can't find the answers you're looking for online, give us a call. You can talk with one of our specially trained HSA customer service representatives.



1-800-859-2144

7 a.m. to 8 p.m. CST, Monday-Friday



hellofurther.com

Fact sheet:

Health Savings Accounts (HSAs)

Q: What is an HSA and how does it work?

A: A health savings account (HSA) is a tax-advantaged account that works in conjunction with an HSA-eligible health plan that meets IRS guidelines and allows the participant to save tax-free money for eligible medical expenses. Money in an HSA accumulates year after year and is owned by the participant even if they change jobs or health plans.

Q: What expenses are eligible?

A: Any out-of-pocket and unreimbursed medical expenses allowed under section 213(d) of the Internal Revenue Code, including medical premiums (under limited circumstances) and long-term care expenses. A complete list can be found at hellofurther.com

Q: What are the IRS guidelines the health plan must meet?

A: An HSA can only be opened with a health plan that meets the following IRS rules:

Minimum deductible:

Single Min Deductible	Family Min Deductible
2022: \$1,400	2022: \$2,800
2023: \$1,500	2023: \$3,000

Out of pocket maximum:

Single Out of Pocket Max	Family Out of Pocket Max
2022: \$7,050	2022: \$14,100
2023: \$7,500	2023: \$15,000

Q: How is an HSA funded?

A: Contributions to an HSA can come from the account holder, the employer or both. The HSA contribution limits for individual or family health plans change annually and are as follows:

Single Contribution Limit	Family Contribution Limit
2022: \$3,650	2022: \$7,300
2023: \$3,850	2023: \$7,750

Once age 55, individuals can contribute an additional \$1,000 towards their HSA account.

Q: How do employees save on taxes?

A: Account holders receive a “triple tax benefit”:

- **Taxable income reduction:** Contributions to their HSA are pretax, which lowers their taxable income and stretches their dollars further.
- **Tax-free earnings:** Further offers competitive interest rates and investment options for eligible HSA plans. This growth is never taxed.
- **Tax-free distributions:** Withdrawals are not subject to taxation when used to pay for eligible expenses.

Q: What investment options are available?

A: The account holder can leave their entire HSA balance at Further, where it earns interest, or choose to invest a portion of it. Once an HSA base balance exceeds \$1,000, the account holder can open a basic investment account, giving them access to more than 30 mutual funds. At least \$1,000 must be maintained in the base balance of the HSA account. Mutual funds are selected by Devenir Investment Advisors, LLC, a registered investment advisor.

In addition, when the basic investment account balance exceeds \$10,000, the account holder can open a self-directed brokerage investment account with Charles Schwab. This account allows access to more than 2,500 mutual funds from a variety of fund families, as well as stocks, bonds and other investments.

Q: Do you have an FDIC-insured account?

A: Yes, Further offers an FDIC-insured account.

Q: Is a debit card available?

A: Yes. A Visa® Debit Card is available for eligible medical expenses, and can be used at the point of purchase or after care.¹

¹The Further Visa Debit Card is issued by The Bancorp Bank, pursuant to a license from Visa U.S.A. Inc. and can be used for qualified expenses wherever Visa debit cards are accepted.

Learn more.

Talk to a health care spending administration expert.

Your Further sales representative can provide you with more information.

Call **855-363-2583** or visit **hellofurther.com**.

The Further difference

Since 1989, Further has served as a trusted industry innovator, helping customers plan, save and pay for health care costs. We have a deep understanding of health plan benefit design and administration. What does this mean for you? It means that you and your clients get:

- Best-in-class customer service
- Hassle-free health care savings administration
- Low fees and high interest rates
- State-of-the-art reporting, marketing and branding capabilities

All Full-Time Employees of New Century School

Benefits At-A-Glance

Dental Insurance

The Lincoln DentalConnect® PPO Plan:

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children
- Features group coverage for New Century School employees
- Allows you to choose any dentist you wish, though you can lower your out-of-pocket costs by selecting a network provider
- Does not make you and your loved ones wait six months between routine cleanings

	In-Network	Out-of-Network
Calendar (Annual) Deductible	Individual: \$25 Family: \$75 Waived for: Preventive	Individual: \$50 Family: \$150 Waived for: Preventive

Deductibles are combined for basic and major In-Network services.
Deductibles are combined for basic and major Out-of-Network services.

Annual Maximum	\$2,000	\$1,500
-----------------------	---------	---------

Annual Maximums are combined for preventive, basic, and major services.

Lifetime Orthodontic Max	\$2,000	\$1,500
---------------------------------	---------	---------

Orthodontic Coverage is available for dependent children.

Waiting Period	There are no benefit waiting periods for any service types
-----------------------	--

Visit LincolnFinancial.com/FindADentist

You can search by:

- Location
- Dentist name or office name
- Distance you are willing to travel
- Specialty, language and more

Your search will automatically provide up to 100 dentists that most closely match your criteria. If your search does not locate the dentist you prefer, you can nominate one—just click the **Nominate a Dentist** link and complete the online form.

Preventive Services	In-Network	Out-of-Network
Routine oral exams Bitewing X-rays Full-mouth or panoramic X-rays Other dental X-rays (including periapical films) Routine cleanings Fluoride treatments Space maintainers for children Sealants	100% No Deductible	100% No Deductible
Basic Services	In-Network	Out-of-Network
Problem focused exams Palliative treatment (including emergency relief of dental pain) Injections of antibiotics and other therapeutic medications Fillings Prefabricated stainless steel and resin crowns Simple extractions Biopsy and examination of oral tissue (including brush biopsy)	80% After Deductible	60% After Deductible
Major Services	In-Network	Out-of-Network
Consultations Simple extractions Surgical extractions Oral surgery General anesthesia and I.V. sedation Prosthetic repair and recementation services Endodontics (including root canal treatment) Non-surgical periodontal therapy Periodontal surgery Bridges Full and partial dentures Denture relines and rebase services Crowns, inlays, onlays and related services TMJ Implants & implant related services	50% After Deductible	50% After Deductible
Orthodontics	In-Network	Out-of-Network
Orthodontic exams X-rays Extractions Study models Appliances	50%	50%

In-Network/Out-of-Network Dentists	In-Network	Out-of-Network
<p>To find an in-network dentist near you, visit www.LincolnFinancial.com/FindADentist.</p> <p>This plan lets you choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose an in-network dentist. For example, if you need a crown...</p>	<p>...you pay a deductible (if applicable), then 50% of the remaining discounted fee for PPO members. This is known as a PPO contracted fee.</p>	<p>... you pay a deductible (if applicable), then 50% of the maximum allowable charge (MAC) which is the maximum expense covered by the plan. You are responsible for the difference between the maximum allowable charge and the dentist's billed charge.</p>

With the Lincoln Dental Mobile App

- Find a network dentist near you in minutes
- Have an ID card on your phone
- Customize the app to get details of your plan
- Find out how much your plan covers for checkups and other services
- Keep track of your claims

Lincoln DentalConnect® Online Health Center

- Determine the average cost of a dental procedure
- Have your questions answered by a licensed dentist
- Learn all about dental health for children, from baby's first tooth to dental emergencies
- Evaluate your risk for oral cancer, periodontal disease and tooth decay

Covered Family Members

When you choose coverage for yourself, you can also provide coverage for:

- Your spouse.
- Dependent children, up to age 26.

Benefit Exclusions

Like any coverage, this dental coverage does have some exclusions.

- The plan does not cover services started before coverage begins or after it ends. Benefits are limited to appropriate and necessary procedures listed in the summary plan description. Benefits are not payable for duplication of services. Covered expenses will not exceed the summary plan description's allowances.
- Plan benefits are not payable for a condition that is covered under Workers' Compensation or a similar law; that occurs during the course of employment or military service or involvement in an illegal occupation, felony, or riot; or that results from a self-inflicted injury.
- The plan does not cover an orthodontia treatment plan started before coverage begins unless the member was receiving orthodontia benefits from the employer's previous group dental summary plan description. In this case, Lincoln Financial will continue orthodontia benefits until the combined benefit paid by both policies is equal to this summary plan description's lifetime orthodontia maximum. Plan benefits are not payable if the orthodontic appliance was installed after the age of 19.
- In certain situations, there may be more than one method of treating a dental condition. This summary plan description includes an alternative benefits provision that may reduce benefits to the lowest-cost, generally effective, and necessary form of treatment.
- Certain conditions, such as age and frequency limitations, may impact your coverage. See the summary plan description for details.
- This plan includes continuation of coverage for employees with dental coverage from a previous employer. The member is required to complete the Continuity of Coverage form located on www.lfg.com. The form must be provided to us prior to the effective date to be eligible for continuation of coverage.

A complete list of benefit exclusions is included in the summary plan description.

This is not intended as a complete description of the coverage offered. Controlling provisions are provided in the summary plan description, and this summary does not modify coverage. A summary plan description will be made available to you that describes the benefits in greater detail. Refer to your summary plan description for your maximum benefit amounts.

Lincoln DentalConnect® health center Web content is provided by go2dental.com, Santa Clara, CA. Go2dental.com is not a Lincoln Financial Group® company. Coverage is subject to actual summary plan description language. Each independent company is solely responsible for its own obligations.

The Lincoln National Life Insurance Company (Fort Wayne, IN), does not conduct business in New York, nor is it licensed to do so. In New York, business is conducted by Lincoln Life & Annuity Company of New York (Syracuse NY). Both are Lincoln Financial Group Companies.



©2020 Lincoln National Corporation LCN-2012491-013118 R 1.0 – Group ID: 1131258

Dental Coverage | At-A-Glance

DTL-ENRO-BRC001-MN

Dental Rate

Here's how little you pay with group rates.

As a New Century School employee, you can take advantage of this dental coverage for less than \$0.38 a day. Plus, you can add loved ones to the plan for just a little more.

Your employer contributes 65% toward the cost of your coverage and 31% toward the cost of your dependents' coverage. Your estimated cost is itemized below.

Coverage	Monthly Rate
Employee only	\$11.54
Employee & one family member	\$34.28
Employee & two or more family members	\$76.58

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Coverage | Rate Calculation

Vision Plan Summary

Metropolitan Life Insurance Company

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco[®] Optical, Walmart, Sam's Club³ and Visionworks.

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Laser vision correction:² Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

In-network benefits

There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
Eye exam	Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full after **\$10** copay.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice provider.

	Frequency
Frame	Once every 12 months

- Allowance: **\$150** after **\$10** eyewear copay.
- Costco, Walmart and Sam's Club: **\$85** allowance after **\$10** eyewear copay. You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

	Frequency
Standard corrective lenses	Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$10** eyewear copay

	Frequency
Standard lens enhancements¹	Once every 12 months

- Polycarbonate (child up to age 18) and Ultraviolet (UV) coating: Covered in full after **\$10** eyewear copay.
- Progressive, Polycarbonate (adult), Photochromic, Anti-reflective, Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at metlife.com/mybenefits.

	Frequency
Contact lenses instead of eye glasses	Once every 12 months

- Contact fitting and evaluation: Covered in full with a maximum copay of **\$60**.
- Elective lenses: **\$150**
- Necessary lenses: Covered in full after eyewear copay.

We're here to help

Find a participating vision specialist:

www.metlife.com/mybenefits or call [1-855-MET-EYE1 (1-855-638-3931)]

Get a claim form:

www.metlife.com/mybenefits

General questions:

www.metlife.com/mybenefits or call [1-855-MET-EYE1 (1-855-638-3931)]

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

• Eye exam: up to \$45	• Single vision lenses: up to \$30	• Lined trifocal lenses: up to \$65
• Frames: up to \$70	• Lined bifocal lenses: up to \$50	• Progressive lenses: up to \$50
• Contact lenses:	• Lenticular lenses: up to \$100	
- Elective up to \$105		
- Necessary up to \$210		

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments.

Services and Eyewear

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your Dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or

1 All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart and Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

2 Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

3 Vision benefits offered through Walmart and

- committing or attempting to commit a felony.
 - Services and materials obtained while outside the United States, except for emergency vision care.
 - Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
 - Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
 - Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
 - Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter).
 - Two pairs of glasses instead of bifocals.
 - Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen, or damaged (within the 12 month benefit period from date of purchase.)
- Contact lens insurance policies and service agreements.
 - Refitting of contact lenses after the initial (90-day) fitting period.
 - Contact lens modification, polishing, and cleaning.

Treatments

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

Medications

- Prescription and non-prescription medication

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

M150A-10/10

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY.

Certain claims and network administration services are provided through Vision Service Plan. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Sam's Club are available beginning 08/01/2019 for participants in all states except Arkansas. Vision benefits offered through Walmart and Sam's Club will be available to participants in Arkansas beginning 01/01/2020.



New Century School Benefits At-A-Glance

All Full-Time Employees

Life and AD&D Insurance

Safeguard the most important people in your life.

Consider what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like helping to cover everyday expenses, pay off debt, and protect savings. Accidental death and dismemberment (AD&D) insurance provides additional benefits if you die or suffer a covered loss in an accident, such as losing a limb or your eyesight.

At a glance:

- A cash benefit of \$50,000 to your loved ones in the event of your death, plus an additional cash benefit if you die in an accident
- AD&D Plus: If you suffer an AD&D-covered loss in an accident, you may also receive benefits for the following in addition to your core AD&D benefits: coma, plegia, education, childcare, spouse training. Additional conditions are outlined in your policy.
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services.
- *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home.

Additional details

Continuation of coverage for ceasing active work: You may be able to continue your coverage if you leave your job for reasons including and not limited to Family and Medical Leave, lay-off, leave of absence, or leave of absence due to disability.

Waiver of premium: This provision relieves you from paying premiums during a period of disability that has lasted for a specified length of time.

Accelerated death benefit: Enables you to receive a portion of your policy death benefit while you are living. To qualify, a medical professional must diagnose you with a terminal illness with a life expectancy of fewer than 12 months.

Conversion: You may be able to convert your group term life coverage to an individual life insurance policy if your coverage decreases or you lose coverage due to leaving your job or for other reasons outlined in the plan contract.

Benefit reduction: Your employee Life/AD&D coverage amount will reduce by 35% when you reach age 65, by an additional 15% of the original amount when you reach age 70. Benefits end when you retire.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Monthly Life Insurance Premium Calculate Your Premium.

Here's how little you pay with group rates.

Your employer contributes 75% toward the cost of your coverage. Your estimated cost is itemized below.

Coverage	Monthly Rate
Employee Life and AD&D	\$0.026

Calculation Example		Example
Step 1	Using the table above, enter the monthly rate	\$0.026
Step 2	Enter the coverage amount in dollars.	\$50,000
Step 3	Enter the desired coverage amount in increments of \$1,000. <i>To calculate, divide the coverage amount by \$1,000.</i>	50
Step 4	Calculate the monthly cost. <i>Multiply Step 1 by Step 3.</i>	\$1.30

REMINDER: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



All Full-Time Employees of New Century School

Benefits At-A-Glance

Voluntary Term Life and AD&D Insurance

The Lincoln Term Life and AD&D Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Provides an additional cash benefit to your loved ones if you die — or to you if you lose a limb or your eyesight — in a covered accident when you add optional AD&D insurance
- Features group rates for New Century School employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee	
Newly hired employee guaranteed coverage amount	\$150,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$10,000 or \$20,000
Maximum coverage amount	5 times your annual salary (\$500,000 maximum in increments of \$10,000)
Minimum coverage amount	\$10,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen
Spouse	
Newly hired employee guaranteed coverage amount	\$50,000
Continuing employee guaranteed coverage annual increase amount	Choice of \$5,000 or \$10,000
Maximum coverage amount	50% of the employee coverage amount (\$100,000 maximum in increments of \$5,000)
Minimum coverage amount	\$5,000
Optional AD&D coverage amount	Equal to the life insurance amount chosen
Dependent Children	
14 days to 6 months but less than 26 years (or 26 years if unmarried, & a full-time student) guaranteed coverage amount	\$2,000, \$4,000, \$8,000, \$10,000, \$20,000
Age 1 day to 14 days guaranteed coverage amount	\$2,000

What your benefits cover

Employee Coverage

Guaranteed Life and Optional AD&D Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$150,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by \$10,000 or \$20,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$20,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 5 times your annual salary (\$500,000 maximum) with evidence of insurability. See the Evidence of Insurability page for details.
- The maximum coverage amount for employees 70 and older who are electing coverage for the first time is \$50,000.
- Your coverage amount will reduce by 35% when you reach age 65 and an additional 15% of the original amount when you reach age 70.

Spouse Coverage - You can secure term life and AD&D insurance for your spouse if you select coverage for yourself.

Guaranteed Life and Optional AD&D Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to 50% of your coverage amount (\$50,000 maximum) for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by \$5,000 or \$10,000 without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined for medical reasons, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.
- You can increase this amount by up to \$10,000 during the next limited open enrollment period.

Maximum Life Insurance Coverage Amount

- You can choose a coverage amount up to 50% of your coverage amount (\$100,000 maximum) for your spouse with evidence of insurability.
- Coverage amounts are reduced by 35% when an employee reaches age 65 and an additional 15% when an employee reaches age 70.

Dependent Children Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options: \$2,000, \$4,000, \$8,000, \$10,000, and \$20,000.

Voluntary Life and AD&D Insurance Benefits At-A-Glance

Additional Plan Benefits

Accelerated Death Benefit	Included
Premium Waiver	Included
Conversion	Included
Portability	Included
Seat Belt & Airbag	Included with AD&D
Common Carrier	Included with AD&D

Benefit Exclusions

Like any insurance, this term life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits will not be paid if death results from suicide, or death/dismemberment occurs while:

- Inflicting or attempting to inflict injury to one's self
- Participating in a riot or as a result of war or act of war
- Serving as a member of the military, including the Reserves and National Guard
- Committing or attempting to commit a felony
- Deliberately inhaling gas (such as carbon monoxide) or using drugs other than those prescribed by a physician and administered as prescribed
- Flying in a non-commercial airplane or aircraft, such as a balloon or glider
- Driving while intoxicated (with a blood alcohol level of .08 grams or more per 100 milliliters of blood)

In addition, the AD&D insurance policy does not cover sickness or disease, including the medical and surgical treatment of a disease.

A complete list of benefit exclusions is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. *TravelConnect*® travel assistance services are provided by On Call International, Salem NH. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. ComPsych® and On Call International are not Lincoln Financial Group companies and Lincoln Financial Group does not administer these Services. Each independent company is solely responsible for its own obligations. Coverage is subject to contract language that contains specific terms, conditions, and limitations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



Monthly Voluntary Life and AD&D Insurance Premium

Here's how little you pay with group rates.

Employee Age Range	Life Premium Rate Factor	Life & AD&D Premium Rate Factor
0 - 24	0.0000690	0.0000860
25 - 29	0.0000690	0.0000860
30 - 34	0.0000920	0.0001090
35 - 39	0.0001070	0.0001240
40 - 44	0.0001540	0.0001710
45 - 49	0.0002280	0.0002450
50 - 54	0.0003610	0.0003780
55 - 59	0.0005580	0.0005750
60 - 64	0.0007750	0.0007920
65 - 69	0.0014610	0.0014780
70 - 74	0.0023690	0.0023860
75 - 79	0.0023690	0.0023860
80 - 99	0.0023690	0.0023860

Group Rates for You

The estimated monthly premium for life insurance only or life and optional AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the employee age-range premium factor.

$$\text{\$} \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \text{\$} \underline{\hspace{2cm}}$$

coverage amount premium factor monthly premium

Note: Rates are subject to change and can vary over time.

Employee Age Range	Life Only Premium Rate Factor	Life & AD&D Premium Rate Factor
0 - 24	0.0000690	0.0000860
25 - 29	0.0000690	0.0000860
30 - 34	0.0000920	0.0001090
35 - 39	0.0001070	0.0001240
40 - 44	0.0001540	0.0001710
45 - 49	0.0002280	0.0002450
50 - 54	0.0003610	0.0003780
55 - 59	0.0005580	0.0005750
60 - 64	0.0007750	0.0007920
65 - 69	0.0014610	0.0014780
70 - 74	0.0023690	0.0023860
75 - 79	0.0023690	0.0023860
80 - 99	0.0023690	0.0023860

Group Rates for Your Spouse

The estimated monthly premium for life insurance only or life and optional AD&D insurance is determined by multiplying the desired amount of coverage (in increments of \$5,000) by the employee age-range premium factor.

$$\text{\$} \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \text{\$} \underline{\hspace{2cm}}$$

coverage amount premium factor monthly premium

Note: Rates are subject to change and can vary over time.

The Lincoln National Life Insurance Company
Please see prior page for product information.

Voluntary Life and AD&D Insurance At-A-Glance

Dependent Children Monthly Premium for Life Insurance Coverage

Coverage Amount	Monthly Premium
\$2,000	\$0.58
\$4,000	\$1.16
\$8,000	\$2.33
\$10,000	\$2.91
\$20,000	\$5.82

Group Rates for Your Dependent Children

One affordable monthly premium covers all of your eligible dependent children.

Note: You must be an active New Century School employee to select coverage for a spouse and/or dependent children. To be eligible for coverage, a spouse or dependent child cannot be confined to a health care facility or unable to perform the typical activities of a healthy person of the same age and gender.

The Lincoln National Life Insurance Company
Please see prior page for product information.

Voluntary Life and AD&D Insurance At-A-Glance



New Century School provides this valuable benefit at no cost to you.

All Full-Time Employees

Short-term Disability Insurance

Protect your paycheck when you can't work.

Many medical conditions can keep you out of work. Short-term disability insurance helps you meet your financial obligations while you're recovering from an injury, illness, surgery, or childbirth.

AT A GLANCE:

- A cash benefit of 60% of your weekly salary (up to \$1,250) when you are out of work for up to 13 weeks due to injury, illness, surgery, or recovery from childbirth
- A partial cash benefit if you can only do part of your job or work part time
- A prompt, responsive claims process

ADDITIONAL DETAILS

Sickness Elimination Period: You must be out of work for 7 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 8.

Accident Elimination Period: You must be out of work for 7 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 8.

First Day Hospitalization: The elimination period is reduced if you are hospitalized due to an illness or accidental injury. You can begin collecting benefits on the first day of hospitalization.

Benefits Integration: Your short-term disability benefits can coordinate with income from other sources, such as continued income or sick pay from your employer, during your disability. This allows you to receive up to 100% of your pre-disability income.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. Limitations and exclusions apply.



New Century School provides this valuable benefit at no cost to you.

All Full-Time Employees

Long-term Disability Insurance

Keep getting a check when you're hurt or sick.

You always have bills to pay, even when you can't get to work due to injury, illness, or surgery. Long-term disability insurance helps you make ends meet during this difficult time.

AT A GLANCE:

- A cash benefit of 60% of your monthly salary (up to \$5,000) starting 90 days after you are out of work and continuing up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later
- *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance.
 - Program Services include:
 - Unlimited, 24/7 access to information and referrals
 - In-person help for short-term issues; up to five sessions with a counselor per person, per issue, per year.
 - One free consultation with a network attorney (with subsequent meetings at a reduced fee)
 - Online tools, tutorials, videos and much more

ADDITIONAL DETAILS

Coverage Period for Your Occupation: 24 months. After this initial period, you may be eligible to continue receiving benefits if your disability prohibits you from performing any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits may be extended through the end of your maximum coverage period (benefit duration).

Pre-existing Condition: If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

*EmployeeConnect*SM services are provided by ComPsych[®] Corporation, Chicago, IL. ComPsych[®] is a registered trademark of ComPsych[®] Corporation. ComPsych[®] is not a Lincoln Financial Group[®] company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL3001) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. Limitations and exclusions apply.

Delivering
affordable eye
care for you
and your family



See the savings with the *Lincoln VisionConnect*[®] discount vision program

Spend less on your vision care, with *Lincoln VisionConnect*[®], included in your dental insurance with Lincoln Financial Group.

Your vision discounts

Through the *Lincoln VisionConnect*[®] program, you'll receive:

- Discounts** through a trusted network of eye doctors
- \$50** for an eye exam¹
- 15% savings** on a contact lens exam²
- Special pricing** on complete pairs of glasses and sunglasses
- Reduced pricing** on laser vision correction through contracted facilities

¹ This cost is only available with the purchase of a complete pair of prescription glasses; otherwise, you'll receive 20% savings on an eye exam only.

² Applies only to contact lens exam, not materials. You are responsible for 100% of the contact lens material cost.

Lincoln VisionConnect[®]
discount vision program



Name _____

Discount program only. Not an insurance program.



Save on vision care today

Visit disvis.lfg.com or call 800-877-7195
for more information.

Insurance products marketed by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York





Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. LCN-3447273-021021 POD 4/21 **Z02 Order code: DTL-VIS-FLI001**

The *Lincoln VisionConnect*[®] discount vision program is provided by VSP Vision Savings Pass. The discount program is not a qualified health plan under the Affordable Care Act. The *Lincoln VisionConnect*[®] discount vision program is NOT insurance. The discount program provides discounts at certain healthcare providers for services. The range of discounts will vary depending on the type of provider and service. Plan members are obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have agreed to provide discounts. The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. The VSP Vision Savings Pass does not take precedence over any other VSP coverage and cannot be combined with other VSP coverage. This plan is not available to members in Washington or to members with an employer located in Washington.

VSP and WellVision[®] Exam are registered trademarks of Vision Service Plan. Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group[®] companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

©2021 Lincoln National Corporation [LincolnFinancial.com](https://www.lincolffinancial.com)

Visit disvis.lfg.com or call 800-877-7195
for more information.



*EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.

 <p>In-person guidance</p>	 <p>Unlimited 24/7 assistance</p>	 <p>Online resources</p>
<p>Some matters are best resolved by meeting with a professional in person. With <i>EmployeeConnect</i>, you and your family get:</p> <ul style="list-style-type: none"> ▪ In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year) ▪ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings 	<p>You and your family can access the following services any time – online, on the mobile app, or with a toll-free call:</p> <ul style="list-style-type: none"> ▪ Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more ▪ Legal information and referrals for family law, estate planning, and consumer and civil law ▪ Financial guidance on household budgeting and short- and long-term planning 	<p><i>EmployeeConnect</i> offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNowSM mobile app. You'll find:</p> <ul style="list-style-type: none"> ▪ Articles and tutorials ▪ Videos ▪ Interactive tools, including financial calculators, budgeting worksheets, and more

***EmployeeConnect*SM**
EMPLOYEE ASSISTANCE PROGRAM SERVICES
 Confidential help 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress

We partner with your employer to offer this service at no additional cost to you!



EmployeeConnect counselors are experienced and credentialed.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills, and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

You'll receive customized information for each work-life service you use.



Take advantage of *EmployeeConnect*

For more information about the program, visit **GuidanceResources.com**, download the **GuidanceNow** mobile app, or call **888-628-4824**.

GuidanceResources.com login credentials:

Username: LFGSupport Password: LFGSupport1

©2021 Lincoln National Corporation

LincolnFinancial.com

LCN-2836182-112019

MAP 9/21 Z03

Order code: LTD-EAPEE-FLI001



*EmployeeConnect*SM services are provided by ComPsych[®] Corporation, Chicago, IL. ComPsych[®] and GuidanceResources[®] are registered trademarks of ComPsych[®] Corporation. ComPsych[®] is not a Lincoln Financial Group[®] company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit GuidanceResources.com
username: LFGSupport password: LFGSupport1
- Download the GuidanceNowSM mobile app
- Call 888-628-4824



Lincoln VisionConnect[®] and EPIC Hearing Service Plan

Enjoy discounted rates on vision and hearing care



As the cost of health care rises, so does the cost of vision and hearing care. But did you know that your dental insurance also includes discounts on glasses, hearing aids, and more? The *Lincoln VisionConnect* program and EPIC Hearing Service Plan can help you save on the vision and hearing services and products you need.



See the savings

The *Lincoln VisionConnect* discount vision program provides savings on eye care, eyewear, WellVision[®] exams, retinal screenings, lens enhancements, and laser vision correction. Through the program, you'll receive:

- **Discounts** through a trusted network of eye doctors
- **One rate of \$50** for an eye exam¹
- **15% savings** on a contact lens exam²
- **Special pricing** on complete pairs of eyeglasses and sunglasses
- **Reduced pricing** on laser vision correction through contracted providers



Hear the difference

Lincoln's EPIC Hearing Service Plan provides access to a network of more than 7,000 credentialed professionals who provide comprehensive services and products — including the most advanced hearing aid technology. And thanks to specially negotiated rates, you pay less for routine hearing tests and hearing aids and can receive:

- **50% to 80% off standard industry prices** on 2,000+ top brand hearing aids
- **Free charging case or one-year supply of batteries** with hearing aid purchase
- **No-cost hearing test** with your hearing aid evaluation
- **Three-year warranty** on all hearing aids covers repair, damage, and one-time loss
- **Virtual care with hearing aids** delivered directly to your door or in-person care through the largest hearing care provider network in the country

¹ This cost is only available with the purchase of a complete pair of prescription glasses. Otherwise, you'll receive 20% savings on an eye exam only.

² Applies only to contact lens exam, not materials. You're responsible for 100% of the contact lens material cost.

Lincoln VisionConnect
discount vision program



Name _____

Discount program only. Not an insurance program.



Save today

Visit disvis.LFG.com or call **800-877-7195** for more information about your vision benefits.

Visit epichearing.com or call **888-899-1459** to learn more about your hearing benefits.

Insurance products marketed by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York



Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. LCN-4242750-012822 MAP 3/22 **Z08 Order code: DTL-VALU-FLI001**

The *Lincoln VisionConnect*[®] discount vision program is provided by VSP Vision Savings Pass. The discount program is not a qualified health plan under the Affordable Care Act. The *Lincoln VisionConnect*[®] discount vision program is NOT insurance. The discount program provides discounts at certain healthcare providers for services. The range of discounts will vary depending on the type of provider and service. Plan members are obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have agreed to provide discounts. The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. The VSP Vision Savings Pass does not take precedence over any other VSP coverage and cannot be combined with other VSP coverage. This plan is not available to members in Washington or to members with an employer located in Washington. VSP Vision Service Plan, Inc. is located at 3333 Quality Drive, Rancho Cordova, CA 95670.

VSP and WellVision[®] Exam are registered trademarks of Vision Service Plan. Hearing services are provided by EPIC Hearing Health Care. This service is not available to members with an employer located in Washington. EPIC Hearing Health Care is not a Lincoln Financial Group[®] company. This service is not available to members with an employer located in Washington. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial Group[®] companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

©2022 Lincoln National Corporation [LincolnFinancial.com](https://www.LincolnFinancial.com)

**Visit disvis.LFG.com or call 800-877-7195
for more information.**

Because life
doesn't always
go as planned.



No matter how well you plan, unexpected challenges arise. When they do, help and support are nearby – thanks to *LifeKeys*® services from Lincoln Financial Group.

LifeKeys services include:



Discounts on shopping and entertainment

GuidanceResources® includes 24/7 online access to the Working Advantage discount network. You can save up to 60% on a variety of products and services, including electronics, health and fitness, Broadway shows, and much more. Discounts are also available in the GuidanceNow mobile app, available in the Apple App Store and on Google Play.



Help with important life matters

You'll find support tools and advice on a wide range of topics, including legal, financial, family, and career, on GuidanceResources online. Stay in the know on matters that impact your personal and professional life.



Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. *LifeKeys* includes an online resource for information that can help you recognize and prevent identity theft – and restore your good name should your identity be compromised.



Online will preparation

Creating a will allows you to make vital decisions ahead of time, including naming a guardian for your children or designating who will receive your property and assets after you pass away. Without a will, state officials will distribute your estate. *EstateGuidance*® offers a secure, efficient way to create and execute a will so you can rest easy knowing you've planned ahead for your family.



Guidance and support for your beneficiaries

LifeKeys is a comprehensive program that offers resources to help your loved ones address a range of common concerns should they experience a loss. Services include grief counseling, financial and legal advice, and support when coping with the challenges of day-to-day life. Services are detailed on page 2.

Your life and accidental death and dismemberment (AD&D) insurance policies include access to a wide range of services to help you and your loved ones navigate life's most important matters.

Help, guidance, and support for beneficiaries following a loss

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. *LifeKeys* services can be a welcome resource for your beneficiaries.

Your beneficiaries will have access to six in-person sessions for grief counseling, legal or financial information, and unlimited phone counseling. Services are available for up to one year after a loss.

Grief counseling — advice, information, and referrals on:

- Coping with loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about family, including children and teens

Legal support — access to legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents for beneficiaries

Financial services — online resources and advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

Help with everyday life — comprehensive information on:

- Finding child care or elder care
- Financing a home
- Moving and relocation
- Making major purchases



Access *LifeKeys* services. Visit [GuidanceResources.com](https://www.GuidanceResources.com), download the *GuidanceNow* mobile app, or call 855-891-3684. First-time users: enter web ID: *LifeKeys*.

©2022 Lincoln National Corporation

[LincolnFinancial.com](https://www.LincolnFinancial.com)

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-3985132-121521

MAP 1/22 Z04

Order code: LFE-LKEYE-FLI001



LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations. *GuidanceResources*® is a trademark of ComPsych® Corporation.

State limitations apply. Beneficiary grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.



Lincoln FuneralPrep: Help when you need it most

With many details to manage and decisions to make, the funeral planning process can be overwhelming. To help you every step of the way, we've partnered with **FuneralDecisions.com** to provide Lincoln FuneralPrep, a comprehensive planning service.

What is Lincoln FuneralPrep?

An online portal that provides a breadth of resources, Lincoln FuneralPrep can help with at-need planning or pre-planning – 24 hours a day.



At-need planning

When grieving the loss of a loved one, you're dealing with far more than a life insurance claim. Lincoln FuneralPrep helps you reduce the stress and uncertainty of making urgent decisions during an emotional time.



Pre-planning

Being prepared is one of the best things you can do for your family. In addition to providing pre-planning resources, Lincoln FuneralPrep can direct you to funeral professionals who can provide expert guidance and advice.

How to access Lincoln FuneralPrep

You can access Lincoln FuneralPrep in two ways.

1 Visit the self-service online portal: LincolnFuneralPrep.com/GPLife.

The online portal at LincolnFuneralPrep.com/GPLife includes a wealth of online funeral planning resources and services, including the ability to:



Search for funeral homes

Access an interactive list of funeral homes and cemeteries around the country. You can filter by location, service, and budget.



Access market information

Review price ranges and service options in your selected geographic location.



View guides and checklists

Organize your priorities, consider your options, and make informed decisions based on your preferences with our handy online guides and checklists.

2 Connect with a funeral planning consultant

Work with a funeral planning expert who can guide you through the pre-planning process and:



Help compare options

Get help comparing pre-planning options, even if you don't have a specific funeral home in mind.



Provide personalized service

Work with our experts to ensure your plans reflect your wishes and meet your objectives.



Offer objective guidance

Get guidance on planning options and various funding strategies.

©2023 Lincoln National Corporation

LincolnFinancial.com

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-3795167-092721

ADA 1/23 **Z08**

Order code: **LFE-FNPRP-FLI001**



During difficult times, we're here for you and your loved ones.

To learn more, visit LincolnFuneralPrep.com/GPLife.



Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company.

Not available in New York.

Caring support and assistance when you travel



Lincoln *TravelConnect*® services offer security and reassurance—helping make travel less stressful. If you're enrolled in life and/or accidental death and dismemberment insurance, you and your loved ones can count on *TravelConnect*® services 24 hours a day, 7 days a week.

Services you can count on during an emergency

You'll have dedicated support if you face an emergency when you're 100 or more miles from home. *TravelConnect*® helps with:

- Arranging travel if you're injured and need emergency evacuation to a medical facility
- Managing travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort
- Planning and paying for a safe evacuation because of a natural disaster or a political or security threat
- Arranging transportation of a deceased traveler
- Securing emergency pet boarding and/or return and vehicle return

Ongoing support when you're far from home

From planning the trip until you're home, these *TravelConnect*® services can help you on your way.

- Medical record requests
- Medication and vaccine delivery
- Medical, dental, and pharmacy referrals
- Corrective lenses and medical device replacement
- Legal consultation
- Recovering lost or stolen documents or luggage
- ID recovery assistance
- Language translation services
- Destination information

TravelConnect®

GLOBAL ASSISTANCE PROGRAM

Provided by On Call International
Medical, security, and travel assistance services
for participants traveling 100+ miles from home



Visit MyOnCallPortal.com and enter Group ID: **LFGTravel123** for access to plan documents, international calling instructions, and destination information.





For a complete list of *TravelConnect*® services, go to MyOnCallPortal.com and enter Group ID **LFGTravel123**.

TravelConnect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations. On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the states of New York and Washington. Access Only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment for paid services.

Not available in New York and Washington.

©2021 Lincoln National Corporation

LincolnFinancial.com

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-3885715-102621

MAP 12/21 **Z03**

Order code: LFE-TRVFE-FLI001



If you need medical, security, or travel assistance, regardless of the nature or severity of your situation, contact On Call International 24 hours a day:

Call collect from anywhere in the world:

603-328-1955

Call toll free from U.S. or Canada:

866-525-1955

Email: mail@OnCallInternational.com

Global assistance services must be coordinated and approved by On Call in order to be covered.

See your plan description for full terms and conditions of the services offered in your plan.



On Call International

A member of the Tokio Marine HCC group of companies

MetLaw[®]

Smart. Simple. Affordable.[®]

Telephone & Office Consultations

MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.

Legal Representation

Estate Planning

- Simple Wills
- Complex Wills
- Revocable Trusts
- Irrevocable Trusts
- Powers of Attorney (healthcare, financial, childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Money Matters

- Personal Bankruptcy/Wage Earner Plan
- Debt Collection Defense
- Foreclosure Defense
- Repossession Defense
- Garnishment Defense
- Identity Theft Defense
- Tax Collection Defense
- Negotiations with Creditors
- Tax Audit Representation (Municipal, State, Federal)

Real Estate Matters

- Sale, Purchase or Refinancing of primary, second or vacation home
- Home Equity Loans for primary, second or vacation home
- Eviction & Tenant Problems (for tenant)
- Security Deposit Assistance (for tenant)
- Boundary or Title Disputes
- Property Tax Assessments
- Zoning Applications

Elder Law Matters

Consultation & Document Review for issues related to your parents:

- Medicare
- Medicaid
- Prescription Plans
- Nursing Home Agreements
- Leases
- Notes
- Deeds
- Wills
- Powers of Attorney

Family Law

- Adoption & Legitimization
- Guardianship
- Conservatorship
- Name Change
- Prenuptial Agreement
- Protection from Domestic Violence

Traffic Offenses*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privileges Restoration (includes License Suspension due to DUI)

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes
- Review of Any Personal Legal Document

Immigration Assistance

- Advice & Consultation
- Review of Immigration Documents
- Preparation of Affidavits
- Preparation of Powers of Attorney

Juvenile Matters

- Juvenile Court Defense (includes Criminal Matters)
- Parental Responsibility Matters

Consumer Protection

- Disputes over Consumer Goods & Services
- Small Claims Assistance

Defense of Civil Lawsuits

- Civil Litigation Defense
- Incompetency Defense
- Administrative Hearings
- School Hearings
- Pet Liabilities

Personal Property Protection

- Consultation & Document Review for personal property issues
- Assistance for disputes over goods & services

For More Information:

Visit info.legalplans.com and enter access code GETLAW or call our Client Service Center at 800-821-6400 (Monday – Friday, 8 am to 7 pm EST/EDT).

\$19.50 per month

covers employee, spouse and dependents

The cost is automatically deducted from your paycheck.

Additional Plan Features

Reduced Fees

Network attorneys provide representation for personal injury, probate & estate administration matters at reduced fees.

Family Matters^{™**}

Available for an additional fee. Separate plan for parents of participants for estate planning documents.

E-Services

Attorney Locator; Law Firm E-Panel[®]; Free, downloadable legal documents; Life Guide; Links to financial planning, insurance & work/life matters resources

Smart. Simple. Affordable.[®]

Hyatt Legal Plans

A MetLife Company



Group Legal Plans and Family Matters are provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans and Family Matters are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island. Please contact Hyatt Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the company, MetLife and affiliates, and Plan Attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm matters, business or investment matters, matters involving property held for investment or rental, or issues when the Participant is the landlord; 6) patent, trademark and copyright matters; 7) costs or fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the Participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation. *Not available in all states. **For Family Matters, different terms and exclusions apply. L0316460711[exp0517][All States][DC,PR]

Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search “LifeWorks” on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Convenient and confidential help when you want it, how you want it

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select “Employee Assistance Program” when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to metlifeeap.lifeworks.com, user name: **metlifeeap** and password: **eap**

Answers to important questions

Are Employee Assistance Program services confidential?

Yes. Any personal information provided to LifeWorks stays completely confidential.*

How do I get help?

Getting professional help is just a phone call away. Simply call 1-888-319-7819 to speak with a counselor or to schedule a phone or video conference appointment. These services are available 24 hours a day, 7 days a week.

When is the right time to call?

That's up to you. Counselors are here whenever you need them —whether you simply need to talk or want guidance on something you are going through.

Is my Employee Assistance Program included with my MetLife coverage?

Yes. There is no cost to you because your employer pays for the services provided within our program. While we offer a broad range of services, there may be some assistance that's not included. You can still work with counselors for these services by arranging to pay for them directly.

Does the program have any limitations?

While we offer a broad range of services, we may not cover all services you may need. Your Employee Assistance Program does not provide:

- Inpatient or outpatient treatment for any medically treated illness
- Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not LifeWorks providers
- Counseling required by law or a court, or paid for by Workers' Compensation

When you need some support,
we're here to help.



Phone

1-888-319-7819



Web

metlifeep.lifeworks.com

user name: **metlifeep**
and password: **eap**



Mobile App

user name: **metlifeep**
and password: **eap**

*MetLife and LifeWorks abide by federal and state regulations regarding duty to warn of harm to self or others. In these instances, the consultant may have a duty to intervene and report a situation to the appropriate authority.

Some restrictions may apply to all of the above-mentioned services. Please contact your employer or MetLife for details.



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

OPT1 L1217501239[exp0119][All States][DC,GU,MP,PR,VI] © 2017 METLIFE, INC.



SPECIAL NOTICES

PLAN YEAR: 2023/2024

CONTACT INFORMATION

PLAN ADMINISTRATOR	
Contact Name:	Deema Sorri
Phone Number:	651-478-4535
E-mail:	deema.sorri@newcenturyschool.net
HEALTH INSURANCE PROVIDER	
Health Insurer:	Medica
Customer Service:	800-575-2330
Website:	www.medica.com
PRIVACY OFFICER	
Contact Name:	Ahmed Ali
Business Address:	1380 Energy Lane, Suite 108 St. Paul, MN 55108
Phone Number:	651-478-4535
E-mail:	ahmed.ali@newcenturyschool.net
Website:	www.newcenturyschool.net
MEDICARE PART D	
Creditable:	\$1,000-\$40-25% Copay
Creditable:	\$2,500-100% HSA

The information in this Special Notices is presented is based on information required by law. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Special Notices and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact your plan administrator.

WHCRA ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complication of mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: see your Certificate of Coverage or Summary Plan Description. If you would like more information on WHCRA benefits, call Customer Service at the number on the back of your ID card.

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information contact your plan administrator.

NEWBORN’S ACT DISCLOSURE

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, required that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

(expires 6-30-2023)

YOUR INFORMATION, YOUR RIGHTS, OUR RESPONSIBILITIES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims record	<ul style="list-style-type: none">• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	<ul style="list-style-type: none">• You can ask us to correct your health and claims records if you think they are correct or incomplete. Ask us how to do this.• We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communication	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.• We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment, or our operations.• We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of these with whom we’ve shared information	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">• You can complain if you feel we have violated your rights by contacting us using the Privacy Officer contact information.• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none">• Share information with your family, close friends, or other involved in payment for your care• Share information in a disaster relief situations• Contact you for fundraising efforts• If you are not able to tell us your preference, for example if you are unconscious we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
In these cases we never share your information unless you give us written permission:	<ul style="list-style-type: none">• Marketing purposes• Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive	<ul style="list-style-type: none">• We can use your health information and share it with professionals who are treating you.	Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	<ul style="list-style-type: none">• We can use and disclose your information to run our organization and contract you when necessary.• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.	Example: We use health information about you to develop better services for you.
Pay for your health services	<ul style="list-style-type: none">• We can use and disclose your health information as we pay for your health services	Example: We share information about you with your dental plan to coordinate payment for your dental work.
Administer your plan	<ul style="list-style-type: none">• We may disclose your health information to your health plan sponsor for plan administration.	Example: Your company contacts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information? We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety
Do research	<ul style="list-style-type: none"> • We can use or share your information for health research
Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • We can use or share health information about you: • For workers’ compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/oct/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

GINA DISCLOSURE

GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

Introduction

You’re getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

MENTAL HEALTH & ADDICTION EQUITY ACT DISCLOSURE

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the company’s group health plan with respect to mental health or substance use disorder benefits, please contact the plan administrator.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

Your hours of employment are reduced, or
Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

Your spouse dies;
Your spouse’s hours of employment are reduced;
Your spouse’s employment ends for any reason other than his or her gross misconduct;
Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

The parent-employee dies;
The parent-employee’s hours of employment are reduced;
The parent-employee’s employment ends for any reason other than his or her gross misconduct;
The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
The parents become divorced or legally separated; or
The child stops being eligible for coverage under the Plan as a “dependent child.”

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

The end of employment or reduction of hours of employment; Death of the employee; or the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days the qualifying event occurs. You must provide this notice to the Plan Administrator.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Contact the COBRA Administrator immediately or as soon as possible to notify them of this qualification.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

ADA WELLNESS PROGRAM NOTICE

Our wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the plan administrator.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and our company may use aggregate information it collects to design a program based on identified health risks in the workplace, we will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) [indicate who will receive information such as "a registered nurse," "a doctor," or "a health coach"] in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. [Specify any other or additional confidentiality protections if applicable.] Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the plan administrator.

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan administrator and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	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

ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidplrecovery.com/hipp/index.html Phone: 1-877-357-3268

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

INDIANA-Medicaid	MINNESOTA-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	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

IOWA-Medicaid and CHIP (Hawki)	MISSOURI-Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

KANSAS-Medicaid	MONTANA-Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov

KENTUCKY-Medicaid	NEBRASKA-Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

LOUISIANA-Medicaid	NEVADA-Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE-Medicaid	NEW HAMPSHIRE-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	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	SOUTH DAKOTA-Medicaid
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	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK-Medicaid	TEXAS-Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA-Medicaid	UTAH-Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA-Medicaid	VERMONT-Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	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
OREGON-Medicaid	WASHINGTON-Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

PENNSYLVANIA-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	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)
RHODE ISLAND-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid	WYOMING-Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

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

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

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE CREDITABLE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. We have determined that the prescription drug coverage offered by the company is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

- You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.
- However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

- If you decide to join a Medicare drug plan, your current coverage will not be affected. Please see the Insurance Carrier for additional information regarding plan coverage
- If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will may not be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

- You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.
- If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage...

Contact the person listed as the plan administrator for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

- More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.
- For more information about Medicare prescription drug coverage: Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).