



**BIRMINGHAM COMMUNITY
CHARTER HIGH SCHOOL**

2023 Employee Benefits

Live Your Best Life ...

... while shaping the lives of others!



This is a brief outline of your benefits. Please refer to your Benefit Summary for more details. If there is a discrepancy between this and the carrier materials, carrier materials will govern.



MONTAGE™
INSURANCE SOLUTIONS

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Montage Team



The Montage Concierge *Solution*

While you are provided access to comprehensive health care coverage, we know that sometimes it's a challenge dealing with the complicated world of health care and health insurance systems. That's where the Montage Concierge Solution comes in. Montage's Concierge Claims Assistance is a free, confidential service for you and your family that can help with administrative issues involving your medical, hospital, dental, pharmaceutical and any other health care needs.

If you have a problem with your health care coverage, Montage will work with you and your carrier to ensure you receive quality care and have the proper resources you need so you're free from the worry of dealing with the health care system.

Montage Insurance Solutions

24005 Ventura Blvd

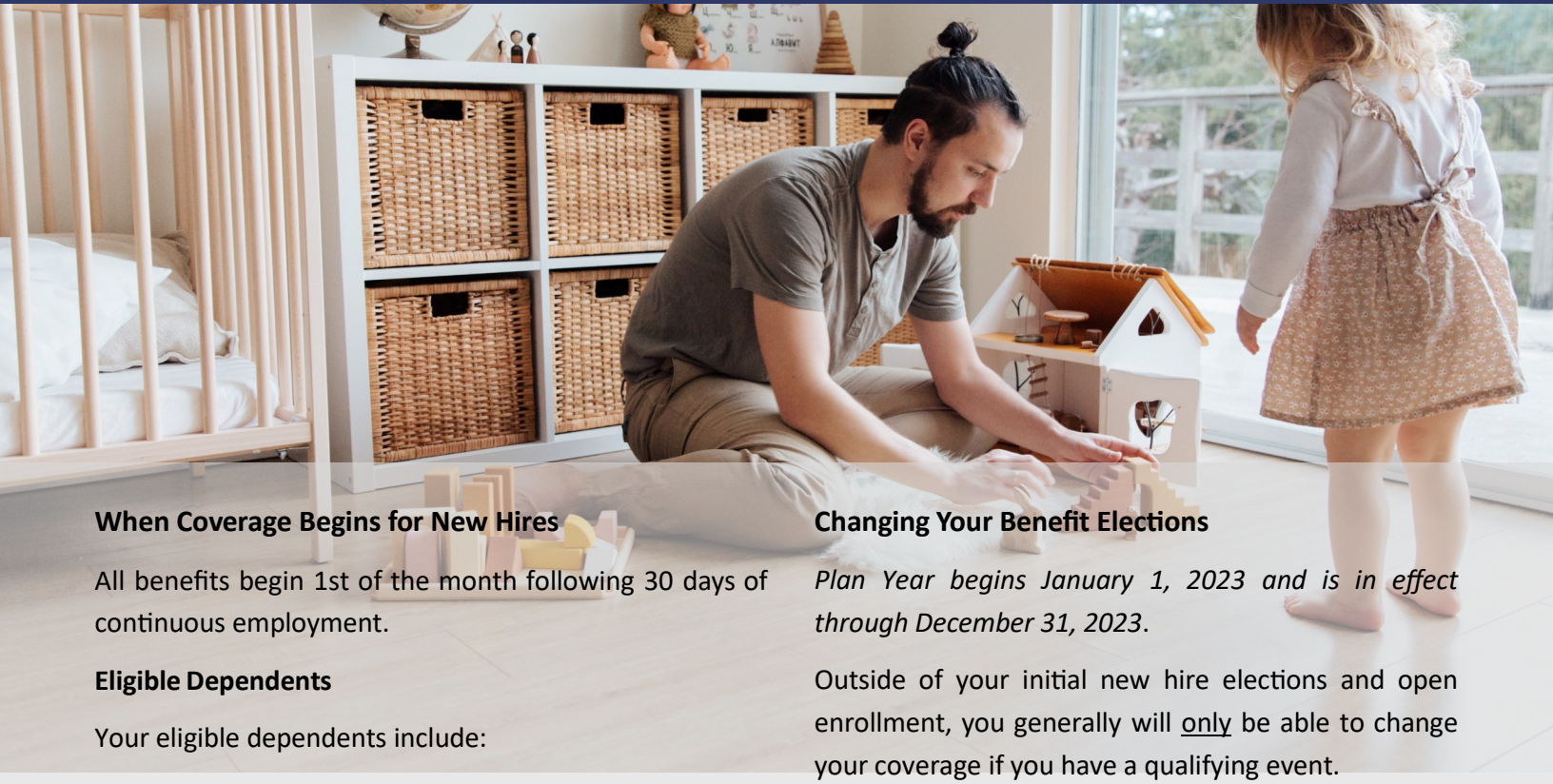
Calabasas, CA 91302

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Eligibility



When Coverage Begins for New Hires

All benefits begin 1st of the month following 30 days of continuous employment.

Eligible Dependents

Your eligible dependents include:

- Your dependent children, up to age 26
- Your spouse/domestic partner

Definition of children includes biological children, your stepchildren, children covered under a child support order, your adopted children, children placed with you for adoption, your domestic partner's children, and grandchildren who are eligible IRS tax dependents.

When Coverage Ends

Health coverage ends on the last day of the month in which your active employment ends. Life and Disability coverage ends on the date your active employment ends.

After termination of employment, you may:

- Continue your health coverage; an enrollment package will be mailed to your home by our COBRA administrator.
- You must provide life carrier with an enrollment form to change your coverage to individual coverage and first month's payment within 31 days of your termination date.

Changing Your Benefit Elections

Plan Year begins January 1, 2023 and is in effect through December 31, 2023.

Outside of your initial new hire elections and open enrollment, you generally will only be able to change your coverage if you have a qualifying event.

Qualifying events include, but are not limited to:

- Change in marital status (marriage, death of spouse, divorce, legal separation)
- The birth or adoption of your child or a change in child custody
- Change in employment status for you or your spouse (commencement, termination, leave of absence, full-time to part-time or vice versa)
- You, your spouse or child gain or lose Medicare or Medicaid coverage
- You move out of the area served by the health care plan in which you participate
- Generally, changes in your coverage elections must be made within 31 days of the qualifying event. You are responsible for notifying the Human Resources Department of any qualifying event, requesting information and changing your elections within the 31-day period.

Flexible Spending Account



Participation in a **Flexible Spending Account** is the easiest way to increase your take home pay. Because these accounts allow you to use pre-tax dollars to pay for eligible expenses, you can save 30% or more on the cost of many out-of-pocket medical, dental, and vision expenses. One provision of an FSA is that money contributed within a calendar year must be spent within the same year or it is forfeited.

Dependent Care FSA

A Dependent Care FSA is used to pay for dependent daycare expenses that enable you (and your spouse, if married) to be gainfully employed. This care may be for a child 12 or under, or for the care of your spouse or other dependents such as an invalid parent who is incapable of self care. The dependent must regularly spend at least 8 hours per day in your home.

Dependent Care FSA

Maximum contributions for 2023:

- **\$2,500** - married, filing separate
- **\$5,000** - single or married, filing jointly

Health Care FSA

A Health Care FSA is used to pay for eligible medical, dental, or vision expenses and prescription drugs for you and your qualifying dependents, as long as these expenses are not covered by any other insurance plan. These funds are available to you at the beginning of your plan year.

Maximum contribution for 2023: **\$3,050**

Note: If you have unused funds in your Health Care FSA account as of December 31st, you will have until March 15th to use these funds and March 31st to submit any reimbursements from the previous plan year.



Medical Benefits—HMOs

The following chart summarizes the benefits of the medical plan(s) offered to all eligible employees of Birmingham Community Charter High School . As an eligible employee, you may choose from one of the following plans.

LEARN MORE: Please note that the chart below is intended for comparison purposes only. For a comprehensive listing of what is covered and not covered under each plan, please refer to the Evidence of Coverage booklet, available by request.

	Kaiser	Anthem
Member Services	(800) 464 - 4000	(800) 888 - 8288
Website	www.kp.org	www.anthem.com/ca

DEDUCTIBLE (calendar year)	In Network Only Benefits	
Individual	\$0	\$0
Family	\$0	\$0
OUT-OF-POCKET MAXIMUM (calendar year)		
Individual	\$1,500	\$2,000
Family	\$3,000	\$4,000
PROFESSIONAL SERVICES		
Office Visits (PCP/ Specialist)	\$10 / visit	PCP: \$10 / visit ; Spec: \$30 / visit
Basic X-Ray & Lab	No charge	No charge
Physical Therapy	\$10 / visit	\$10 / visit
MENTAL HEALTH		
Inpatient	No charge	\$250 / admit
Outpatient	\$10 / visit	\$10 / visit
FACILITY CHARGES		
Inpatient Hospital	No charge	\$250 / admit
Outpatient Surgery	\$10 / procedure	\$125 / visit
Emergency Room	\$150 / visit	\$125 / visit
Urgent Care	\$10 / visit	\$10 / visit
PRESCRIPTION DRUGS		
Days Supply:	(Retail: 30-day supply / Mail Order: 90-day supply)	
Deductible	None	None
Generic / Brand / Non-Formulary	\$10 / \$25	\$5—\$15 / \$30 / \$50
Specialty	20% not to exceed \$150	30% not to exceed \$250
Mail Order	2 Times Retail Copay	3 Times Retail Copay

Medical Benefits—PPO

The following chart summarizes the benefits of the medical plan(s) offered to all eligible employees of Birmingham Community Charter High School . As an eligible employee, you may choose from one of the following plans.

LEARN MORE: Please note that the chart below is intended for comparison purposes only. For a comprehensive listing of what is covered and not covered under each plan, please refer to the Evidence of Coverage booklet, available by request.

	Low Option
Member Services	(800) 888 - 8288
Website	www.anthem.com/ca

DEDUCTIBLE (calendar year)	In Network	Out-of-Network
Individual	\$1,500	\$4,500
Family	\$3,000	\$9,000
OUT-OF-POCKET MAXIMUM (calendar year)		
Individual	\$5,000	\$15,000
Family	\$10,000	\$30,000
PROFESSIONAL SERVICES		
Office Visits (PCP/ Specialist)	PCP: \$20 / visit; Spec: \$40 / visit	40% after deductible
Basic X-Ray & Lab	20% after deductible	40% after deductible
Physical Therapy	20% after deductible	40% after deductible
MENTAL HEALTH		
Inpatient	20% after deductible	40% after deductible
Outpatient	\$20 / visit	40% after deductible
FACILITY CHARGES		
Inpatient Hospital	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room	\$150 / visit + 20% after deductible	
Urgent Care	\$20 / visit	40% after deductible
PRESCRIPTION DRUGS		
Days Supply:	(Retail: 30-day supply / Mail Order: 90-day supply)	
Deductible	None	
Generic / Brand / Non-Formulary	\$5—20 / \$40 / \$60	50%
Specialty	30% not to exceed \$250	50%
Mail Order	3 Times Retail Copay	Not covered

Medical Benefits—PPO

The following chart summarizes the benefits of the medical plan(s) offered to all eligible employees of Birmingham Community Charter High School . As an eligible employee, you may choose from one of the following plans.

LEARN MORE: Please note that the chart below is intended for comparison purposes only. For a comprehensive listing of what is covered and not covered under each plan, please refer to the Evidence of Coverage booklet, available by request.

	High Option
Member Services	(800) 888 - 8288
Website	www.anthem.com/ca

DEDUCTIBLE (calendar year)	In Network	Out-of-Network
Individual	\$500	\$1,500
Family	\$1,500	\$4,500
OUT-OF-POCKET MAXIMUM (calendar year)		
Individual	\$3,500	\$10,500
Family	\$7,000	\$21,000
PROFESSIONAL SERVICES		
Office Visits (PCP/ Specialist)	PCP: \$20 / visit; Spec: \$40 / visit	30% after deductible
Basic X-Ray & Lab	10% after deductible	30% after deductible
Physical Therapy	10% after deductible	30% after deductible
MENTAL HEALTH		
Inpatient	10% after deductible	30% after deductible
Outpatient	\$20 / visit	30% after deductible
FACILITY CHARGES		
Inpatient Hospital	10% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	30% after deductible
Emergency Room	\$150 / visit + 10% after deductible	
Urgent Care	\$20 / visit	30% after deductible
PRESCRIPTION DRUGS		
Days Supply:	(Retail: 30-day supply / Mail Order: 90-day supply)	
Deductible	None	
Generic / Brand / Non-Formulary	\$5—\$15 / \$30 / \$50	50%
Specialty	30% not to exceed \$250	50%
Mail Order	3 Times Retail Copay	Not covered

Skip the trip to the doctor's office



Next time you have a minor health issue, you have many convenient ways to get care when and where it works for you.



Phone appointment

Schedule an appointment to talk with a doctor over the phone – just like an in-person visit.^{1,2} Appointments are often available same day or next day.



Video visit

Meet face-to-face with a doctor by video for the same high-quality care as an in-person visit.^{1,2} Appointments are often available same day or next day.



Email

Message your doctor's office with nonurgent questions anytime and get a response usually within 2 business days.²



E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente provider.

Ready to make an appointment?

Go online:

Sign in to kp.org or use the Kaiser Permanente app. If you're a member in Colorado or Washington, you can also chat online with a doctor through your kp.org account.

Call us 24/7:

Find your location information below.

California

- Northern California: 650-358-7015 (TTY 711)
- Southern California: 1-833-574-2273 (TTY 711)

TeleHealth—Anthem



LiveHealth
ONLINE

Connect with virtual support using Sydney Health or anthem.com/ca

Now you can connect more easily to the care you need through the Sydney Health mobile app or anthem.com/ca. Have a live video visit with a board-certified doctor, therapist, psychiatrist, or lactation consultant on your mobile device or computer with a camera.

Visit with a doctor for common health conditions

Doctors are available on demand 24/7 with no appointments or long wait times. During an online video visit, doctors can assess your condition, give medical advice, and send prescriptions to the pharmacy of your choice, if needed.¹

Connect with mental health support from home

If you're feeling anxious, depressed, or having trouble coping with problems at home or at work, you can talk with a therapist online. In most cases, you can set up a secure visit seven days a week.² You can also schedule a visit with a psychiatrist for support on managing your medication.³

Future Moms with breastfeeding support

You can schedule live video visits with a lactation consultant, counselor, or registered dietitian experienced in providing support on lactation and nutrition. These online visits are part of the Future Moms program, so they're available to you and your family members at no extra cost.

See a sleep specialist

Connect with board-certified sleep specialists who can diagnose and manage a wide range of sleep disorders. They can design treatment plans to help you sleep better and improve your overall health.

Consult an allergy specialist

Finding relief from your allergy symptoms is now simpler and more convenient. Schedule a video visit with a board-certified doctor who specializes in allergies and knows the latest allergy treatments.

What people say about online visits⁴



96%

Said the person they saw (provider) was professional and helpful



96%

Felt provider understood their concerns



94%

Were able to book a virtual visit sooner than an in-person visit

Download Sydney Health or sign up at anthem.com/ca today to connect with support when you need it most.

Call at 1-888-548-3432 from 7am to 7pm

Use the App or go to livehealthonline.com

Dental Coverage—Dental HMO



Member Services: (888) 335-8227 www.deltadental.com	
BENEFITS AT A GLANCE	DELTA DENTAL HMO
Deductible (Calendar Year)	None
Office Copay	No Cost
Preventative Services	No Cost
Basic Services	Based on Copay Schedule
Major Services	Based on Copay Schedule
Orthodontia	Adult: \$1,900 copay / Child: \$1,700 copay



Dental Coverage—Dental PPO



<div> <div>Plan 1</div> <div> Member Services: (888) 335-8227 www.deltadental.com </div> </div>		
BENEFITS AT A GLANCE	DELTA DENTAL PPO: PLAN 1	
	In-Network	Non-Network
Deductible (Calendar Year)	\$50 Individual / \$150 Family	
Calendar Year Maximum Benefit	\$1,000 per individual with Diagnostic & Preventative Waiver	
Preventative Services	100%	100% UCR
Basic Services	80%	60% UCR
Major Services	50%	40% UCR
Orthodontia (Child Coverage Only)	50%, Lifetime Ortho Maximum Allowance: \$1,500	

<div> <div>Plan 2</div> <div> Member Services: (888) 335-8227 www.deltadental.com </div> </div>		
BENEFITS AT A GLANCE	DELTA DENTAL PPO: PLAN 2	
	In-Network	Non-Network
Deductible (Calendar Year)	\$50 Individual / \$150 Family	
Calendar Year Maximum Benefit	\$2,000 per individual with Diagnostic & Preventative Waiver	
Preventative Services	100%	100% UCR
Basic Services	80%	60% UCR
Major Services	50%	40% UCR
Orthodontia (Adult/Child Coverage)	50%, Lifetime Ortho Maximum Allowance: \$2,500	

Vision Coverage



Member Services	(800) 877 - 7195
Website	www.vsp.com

Vision Benefits		
Exam Copay	\$10 Exam Copay	
Material/Lenses Copay	\$25 Materials Copay	
Benefit Frequency		
Examination	Once Every 12 Months	
Lenses	Once Every 12 Months	
Contact Lenses	Once Every 12 Months	
Frames	Once Every 12 Months	
Benefit Summary	In Network	Out of Network
Examination	\$0 after Copay	Plan Reimburses Up to \$45
Lenses (Single, Bifocals, Trifocals)		
Single Vision Lenses	\$0 after Copay	Plan Reimburses Up to \$30
Bifocal Lenses	\$0 after Copay	Plan Reimburses Up to \$50
Trifocal Lenses	\$0 after Copay	Plan Reimburses Up to \$65
Frames	\$200 Allowance	Plan Reimburses Up to \$70
Contact Lenses	\$150 Allowance	Plan Reimburses Up to \$105

Basic Life & AD&D

Employer Paid Coverage

Birmingham Community Charter High School provides all eligible employees with a basic life insurance and accidental death and dismemberment (AD&D) benefit . This benefit provides valuable income protection in the case that you suffer a severe accident or loss of life. An accelerated death benefit is also included. For a complete benefit summary, please contact Human Resources.

Employer Provided Life Insurance

Flat \$50,000

Employer Provided AD&D

Flat \$50,000

NOTE: You must name a beneficiary for your Life and AD&D benefits. Beneficiary changes can be done at any time during the plan year. 35% reduction at age 70; 50% reduction at age 75. All benefits end at retirement. You have 30 days after your benefits end to convert your coverage to an individual policy. Waiver of Premium if you become disabled.

Member Services	(800) 225—5695
Website	www.Newyorklife.com



Voluntary Life & AD&D

In addition to the company paid basic life insurance, Birmingham Community Charter High School also gives benefits eligible employees the option of purchasing additional life insurance for themselves, a spouse, and dependent children. When you enroll yourself and your dependents in this benefit, you pay the full cost through payroll deductions. Payout is untaxed.

- **Employee benefit:** You may elect in increments of \$10,000 up to 5 times annual salary not to exceed \$500,000. The benefit amount is reduced by 35% at age 65, an additional 15% of the original amount at age 70.
 - ⇒ **New Employee Guarantee Issue Amount is \$200,000.** (You will need to complete an Evidence of Insurability form for more than \$200,000).
- **Spouse benefit:** Increments of \$5,000 up to \$100,000 not to exceed the employees elected benefit amount.
 - ⇒ **The Guarantee Issue Amount is \$50,000.** (EOI necessary for more than guaranteed amount of \$50,000).
- **Child(ren) benefit:** An increment of \$1,000 to a max of \$10,000 is available for your Child (ren), age 15 days to 26 years.

Voluntary Life Plan & AD&D - Rates per \$1,000 of Benefit

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee	\$0.07	\$0.07	\$0.08	\$0.10	\$0.15	\$0.26	\$0.43	\$0.68	\$1.06	\$1.90	\$3.39	\$5.60
Spouse	\$0.07	\$0.07	\$0.08	\$0.10	\$0.15	\$0.26	\$0.43	\$0.68	\$1.06	\$1.90	\$3.39	\$5.60
Child	Flat rate of \$0.16											
AD&D	\$0.02											

NOTE: In order to purchase coverage for your spouse and/or children, you must first be enrolled. **The guarantee issue amount is only applicable when you are first eligible for the benefit.** If you wish to elect/enroll additional coverage, you will need to complete an Evidence of Insurability form and go through the underwriting process. The coverage is portable if you leave Birmingham unless you become disabled.

Member Services	(800) 225—5695
Website	www.Newyorklife.com



GROUP BENEFIT
SOLUTIONS

EAP—Life Assistance Program

Whatever life
throws at you –
throw it our way.

Life Assistance Program from
New York Life Group Benefit Solutions.



Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions (NYL GBS) is there for you with our NYL GBS Life Assistance Program. It can help you and your family find solutions and restore your peace of mind.

Call us anytime, any day

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a specialist

You have three face-to-face sessions with a behavioral counselor available to you – and your household members. Call us to request a referral.

Monthly webinars

Educational seminars on a variety of relevant topics such as managing your life, work, money and health, are available in a quarterly calendar of monthly webcasts distributed to your employer.

Achieve work/life balance

For help handling life's challenges, go online for articles and resources on family, care giving, pet care, aging, grief, balancing priorities, working smarter, and more.



Legal consultation and referrals*

Receive a free 30-minute consultation with a network attorney. And up to a 25% discount on select fees.



Financial consultations

Receive a free 30-minute consultation and 25% discount on tax planning and preparation.

Life Assistance Program 24/7 support

Phone: (800) 538-3543

Website: www.nylgbs-lap.com

*Legal consultations and discounts are excluded for employment-related issues.

These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. The Life Assistance Program products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Evernorth Behavioral Health, Inc. and Evernorth Care Solutions, Inc. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. These programs are not available under policies insured by New York Life Group Insurance Company of NY.

Cigna Corporation and its subsidiaries are not affiliated with New York Life Insurance Company and its subsidiaries. New York Life Group Insurance Company of NY is not authorized in New York and does not conduct business in New York.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

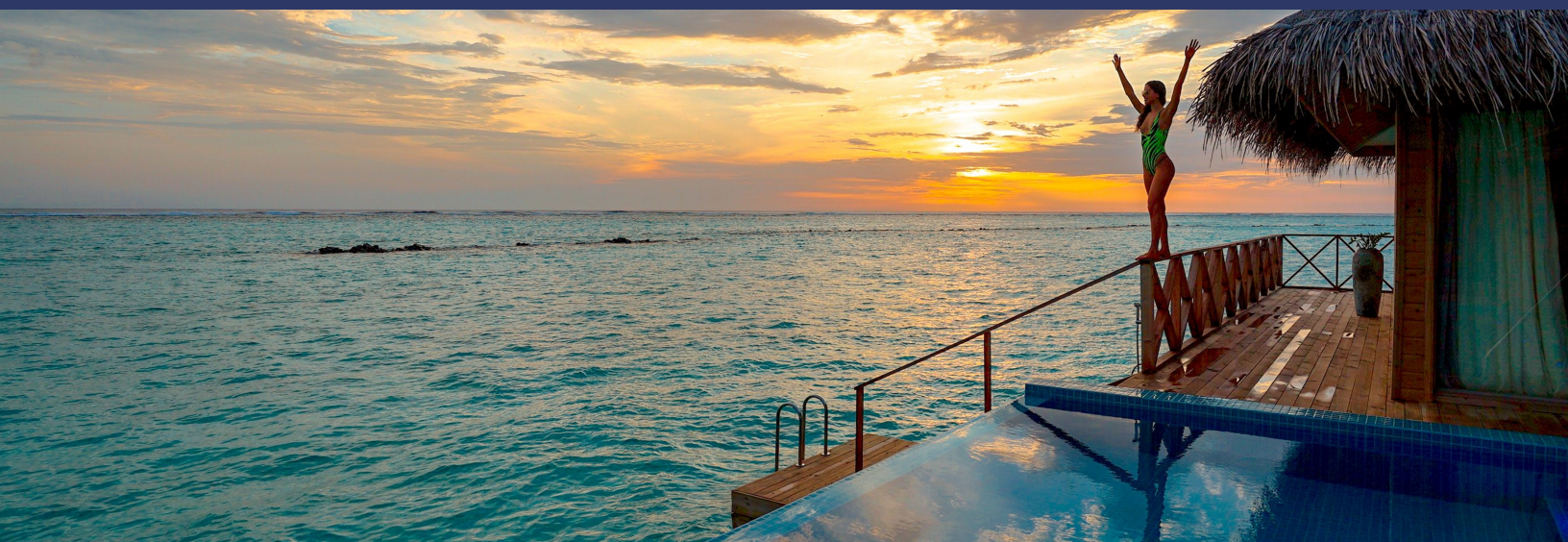
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**GROUP BENEFIT
SOLUTIONS**

EAP—Travel Assistance



Additional protection when you travel.

Emergencies can happen while traveling, but help is only a phone call away.

New York Life Group Benefit Solutions (NYL GBS) Secure Travel offers pre-trip planning, assistance while traveling and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away, 24/7/365.

Pre-trip planning	Traveling assistance	Emergency assistance*
<ul style="list-style-type: none">• Immunization requirements• Visa and passport requirements• Embassy/consular referrals• Foreign exchange rates• Travel advisories and weather conditions• Cultural information	<ul style="list-style-type: none">• 24-hour multilingual assistance and referral to interpretation and translation services• Referrals to physicians, dentists, medical facilities and legal assistance providers• Arrangements for payment of medical expenses up to \$10,000 if required prior to treatment**• Assistance with lost or stolen items, including luggage and prescription replacement services**• Emergency cash advances, up to \$1,500**• Advancement of bail**	<ul style="list-style-type: none">• Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility***• Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency• Cover round-trip transportation as well as accommodations, up to \$150 per day for up to seven days, for a family member or friend to visit a covered person who is hospitalized more than 100 miles away from home for more than seven days• Arrange and cover the costs associated with returning a deceased covered person's remains to his or her place of residence for burial• Emergency message relay, toll-free• Assistance with making emergency travel arrangements**



NYL GBS Secure Travel

From the United States and Canada, call **(888) 226-4567**

From other locations, call collect **(202) 331-7635**

Fax: **(202) 331-1528**

Email: ops@us.generaliglobalassistance.com

Emergency services must be coordinated through Generali Global Assistance. Services coordinated outside of this program may not be eligible for payment.

Policyholder name: _____

Policy # _____ Group #57



To learn more, call (888) 226-4567

* Emergency Assistance services may be insured under a group or blanket insurance policy issued by Life Insurance Company of North America. All other NYL GBS Secure Travel services are NOT insurance and do not provide reimbursement of expenses or financial losses. Expenses for medical care are not covered.

** Covered person is responsible for any advances, payments, travel-related or replacement costs and must provide confirmation of reimbursement. Credit card(s) used to guarantee reimbursement must have sufficient available limit to cover the amount of the advance.

*** Initial transport by ambulance following a covered medical emergency is excluded.

Solutions for all types of personal financial challenges.

My Secure Advantage.

At New York Life Group Benefit Solutions (NYL GBS), we know that financial issues are one of the leading causes of stress in America.* That's why we offer a full-service financial wellness program. My Secure Advantage (MSA) can help support the financial health of your household, at no additional cost to you.

My Secure Advantage program includes:

MSA Money Coaching

- You can take advantage of a free 30-minute consultation with a certified financial expert before you decide to participate in Money Coaching.
- Individuals and couples can work with a designated Money Coach for 30 days, paid for by NYL GBS.
- Your Money Coach can help you handle a wide range of financial challenges, including but not limited to: basic money management, getting out of debt, saving for college or retirement, purchasing a home, marriage or divorce, loss of income, death in the family, and more.
- Through an easy-to-use online portal, you can communicate with your coach, view educational webinars and access a library of financial tools, forms and tips.
- After the first 30-day coaching period, you may continue working with your Money Coach for \$39.95 per month.
- Even if you don't participate in Money Coaching you can get a 25% discount on tax planning and preparation.

Identity theft protection and will preparation services include:

- Education on how to avoid identity theft, consultation with a Fraud Prevention Specialist, and an identity theft kit that provides the right documents to use and steps to follow.
- Online resources to create and execute state-specific wills, powers of attorney and a variety of other important legal documents.
- Free 30-minute legal consultation with a licensed practicing attorney to obtain advice or review legal documents, and a 25% discount off standard fixed or hourly attorney's fees.



Call (888) 724-2262, Monday - Friday from 9:00 am – 11:00 pm EST (6:00 am – 8:00 pm PST) to speak with an MSA representative.

All you'll need to give is your name, city, state, zip code and the name of your employer or plan sponsor. You can also visit nylgbs.mysecureadvantage.com for more information, or to register and access online tools and educational resources and create legal documents.

These programs are NOT insurance and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Presented here are only the highlights of these programs. Full terms, conditions and exclusions are contained in the applicable offering descriptions. Program availability may vary by plan type and location and is subject to change. These programs are not available under policies insured by New York Life Group Insurance Company of NY.

New York Life Group Benefit Solutions products are underwritten by Life Insurance Company of North America, a subsidiary of New York Life Insurance Company. Services are provided by My Secure Advantage Inc. and CLC, Inc., which are not affiliated with New York Life Insurance Company.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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917064 a 0521 SMRU 1903178 Exp. Date 06.15.2023



**GROUP BENEFIT
SOLUTIONS**

Short-Term Disability

About your Short Term Disability (STD) Plan

Consider your financial obligations and your ability to meet them. Now consider how you would handle those obligations if you had no income. The short-term disability insurance provides you with the security of knowing that, should you become unable to work due to a covered accident or illness, you will still be provided a portion of your paycheck.

Basic State STD Coverage (State of CA)

- The benefits will begin after you have been unable to work for more than 7 days.
- Weekly benefits range between \$50 to a maximum of \$1,540 per week.
- Benefits are paid to a maximum of 60% of your covered salary
- Provided by the state of CA if you pay into CA SDI Taxes

Voluntary STD Coverage (New York Life)

- Through New York Life, you are able to purchase additional short term disability coverage for 25 weeks of disability coverage.
- For those that pay into CASDI, this policy will pay 20% on top of what the state of California plan pays, to a max of \$1,000 weekly. For those that do not pay into CASDI, this policy provides 60% of your weekly earnings up to a max of \$1,000.



Long-Term Disability



Member Services	(800) 225—5695
Website	www.Newyorklife.com

About your Long Term Disability (LTD) Plan

The Long-term disability insurance offers income protection after your short-term disability coverage ends. This policy is effective after 90 consecutive days of total disability and offers coverage through Social Security Normal Retirement Age (SSNRA). This policy offers a benefit of 60% of your monthly covered earnings, to a maximum benefit of \$8,000 per month.



Tickets at Work—Working Advantage

Everyone needs a good balance of work and fun in their lives! That's why Birmingham Community Charter is providing you with a complimentary membership for **Working Advantage**, a one-stop-shop for discounts on hotels, theme parks, movies, concerts, resorts, rental cars, gift cards, and so much more!

HOW TO ENROLL

1. Visit www.workingadvantage.com and click "Become a Member"
2. Use our company code: **BCCHS18**

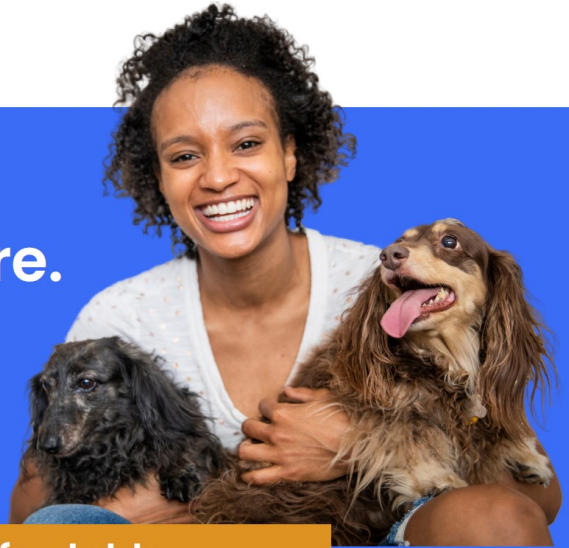


Pet Insurance



Got a pet? Save on veterinary care.

We're pleased to offer our employees the opportunity to protect your fur babies. One low price includes preventative, accident, and sick care – and a 24/7 Pet Helpline!



Easy. Instant. Affordable.

You can access instant savings of 20-50% off in-house veterinary services. No restrictions or exclusions. **ALL** pets are covered! Enroll in 3 simple steps:



Find the Perfect Vet

Choose from United Pet Care's selection of trusted veterinarians.



Become a Member

Select the United Pet Care benefit and how many pets you are enrolling.



Enjoy Peace of Mind

Start saving at the vet!

Better Than Insurance

Unlike most traditional pet insurance, UPC covers:

- ✓ Senior & rescue animals
- ✓ Pre-existing conditions
- ✓ Breed specific conditions
- ✓ Routine wellness services
- ✓ Dogs, cats, rabbits, birds, reptiles, pocket pets & more

✗ No deductibles ✗ No waiting periods ✗ No claim forms

Program Pricing

Employee Rate

1 Pet	\$15.50
2 Pets	\$30.00
3 Pets	\$44.50
Each Additional	\$14.50

**Includes Access to
24/7 Pet Helpline**



unitedpetcare.com/BCCHS



877-872-8800



info@unitedpetcare.com

Federal law requires that Birmingham Community Charter High School provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage of health care plans. The following sections explain these rules; please read them carefully and keep them for future reference.

Health Care Reform and the Individual Mandate

“Health care reform” refers to the Affordable Care Act (ACA), which was passed in 2010. The law is intended to extend access to medical coverage to nearly everyone in the U.S., eliminate restrictions on key benefits, and help control the country’s rising health care costs.

As you evaluate health care options for you and your family, remember that some states, including California, requires most individuals to have medical coverage or pay a penalty. This is called the **individual mandate**.

Where to Get Coverage for 2023

If you enroll in one of the Birmingham Community Charter High School medical plans, you’ll meet the individual mandate because Birmingham Community Charter High School offers medical coverage that meets the ACA requirements.

If you choose not to enroll in Birmingham Community Charter High School’s medical plan, you can get medical coverage from a number of other sources, including:

- Through a plan offered by the employer of your spouse/partner or your parent, if coverage is available.
- Through a private insurance plan.
- Through a government insurance program such as Medicare or Medicaid, if you qualify.
- Through one of the public health insurance marketplaces.

What Are the Marketplaces?

A health insurance marketplace (also known as an exchange) is an online public shopping site where you can buy health insurance that meets ACA requirements.

Coverage through the marketplace will likely best suit people who don’t have access to medical coverage through their employer.

As a Birmingham Community Charter High School employee, you have access to medical plans that provide comprehensive coverage, paid mostly by the employer. This coverage may be your best option to meet the individual mandate because you pay only a small percentage for coverage with pre-tax payroll deductions — which saves you money on taxes.

If you choose to enroll in a medical plan through the marketplace, you’ll pay 100% of the cost. Plus, if you purchase medical coverage through the marketplace, you will pay on an after-tax basis.

Women’s Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your medical plan. If you would like more information on WHCRA benefits, contact your benefits administrator.

Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Health Insurance Portability and Accountability

Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits the circumstances under which coverage may be excluded for medical conditions present before you enroll. Under the law, a preexisting condition exclusion generally may not be imposed for more than 12 months (18 months for a late enrollee). The 12-month (or 18-month) exclusion period must be reduced by prior health coverage as long as there was no break in coverage equal to or exceeding 63 days. In other words, you will be given credit, based on your prior coverage, toward satisfying any applicable preexisting condition exclusion imposed by the plan.

Qualifying Events

Qualifying events allow you and your eligible dependents to enroll for health coverage outside of the Annual Enrollment period under certain circumstances, if you lose eligibility for other coverage, become eligible for state premium assistance under Medicaid or the Children’s Health Insurance Program (CHIP), or acquire newly eligible dependents. This is required under the Health Insurance Portability and Accountability Act (HIPAA).

If you decline enrollment in a Birmingham Community Charter High School medical plan for you or your dependents (including your spouse/domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in a Birmingham Community Charter High School medical plan without waiting for the next Open Enrollment period if you:

- Lose other coverage. You must request enrollment within 30 days after the loss of other coverage;
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption; or
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request enrollment within 60 days after the loss of such coverage.

In addition, you may enroll in Birmingham Community Charter High School's medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain such coverage.

Consolidated Omnibus Budget Reconciliation Act

(COBRA)

If you're an employee with medical, dental or vision coverage through Birmingham Community Charter High School, you have the right to choose continuation coverage if you lose your group health coverage due to reduction in your hours of employment or the termination of your employment for reasons other than gross misconduct. Your eligible dependents may also have the right to elect and pay for continuation of coverage for a temporary period in certain circumstances where coverage under the plan would otherwise end, such as divorce, or dependent children who no longer meet eligibility requirements.

Important Notice: This brief summary of the right you and your dependents have to continue insurance is not intended as the official notice of your rights required by federal and state law. We've included this brief summary to inform you that you have these rights. You'll receive a separate, detailed explanation of your right to continue health insurance coverage when applicable. Birmingham Community Charter High School's COBRA coverage provider will make this information available to you. Specific information is also available from the Birmingham Community Charter High School Human Resources Department.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or

CHIP and you live in a state listed below, you can 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, you can 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, you can ask the state if it has a program that might help you pay the premiums for an employer sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

Important Notice from Birmingham Community Charter High School about Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Birmingham Community Charter High School medical plans are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2022. This is known as "creditable coverage."

Why this is important? If you or your covered dependent(s) are enrolled in any prescription drug coverage listed in this notice during 2022 and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members are not currently covered by Medicare and will not become covered by Medicare in the next 12 months, this notice does not apply to you.

Notice of Creditable Coverage

Please read this notice carefully. It has information about prescription drug coverage with Birmingham Community Charter High School and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage. You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are enrolled in one of the Birmingham Community Charter High School medical plans, your Birmingham Community Charter High School prescription drug coverage is provided through the medical plan in which you are enrolled.

If you are covered by one of these Birmingham Community Charter High School medical plans, you'll be interested to know that your prescription drug coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2022. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Birmingham Community Charter High School coverage, Medicare will be your only payer. You can re-enroll in the employer plan during open enrollment or if you experience a qualifying event for the Birmingham Community Charter High School plan. You should know that if you waive or leave coverage with Birmingham Community Charter High School and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D. You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if Birmingham Community Charter High School's coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here is how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone

number).

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

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.

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 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 your Plan Administrator within 60 days after the qualifying event occurs.

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 work hours. 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.

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 your 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.

Plan contact information

Name of Entity/Sender:

Birmingham Community Charter High School

Contact—Position/Office: HR@birminghamcharter.com

Address:

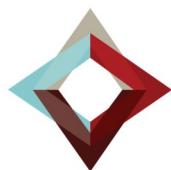
17000 Haynes St
Van Nuys, CA 91406

Phone Number:

(818) 758-5200



This brochure highlights the main features of the Birmingham Community Charter High School benefit plan. It is intended to help you choose the benefits that are best for you. This brochure does not include all plan rules and details. The terms of your benefits plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this brochure and the legal plan documents, the plan documents are the final authority. Birmingham Community Charter High School reserves the right to change or discontinue the benefit plans at any time.



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