



Greater Heights Academy

Benefits Summary

Plan Year Dec 1, 2020 – October 30, 2021

All Full-Time Employees are eligible for benefits to begin on the First of the Month following 30 days of employment. Benefit premiums are collected one month in advance and are based on 24 pays annually.

Employees may change benefit elections mid-plan year only if you experience a qualifying event (marriage, birth of dependent, loss of other coverage, etc.) In this event, contact HCC within 30 days of the event to adjust your coverage.

Please contact your HCC Benefits Specialist, Dana North, at dnorth@hcchr.com with any questions.



MEDICAL

| | Current | Renewal |
|-----------------------------------|--|--|
| Plan Name | PPO: Plan 4 | PPO: Plan 4 |
| Coinsurance | 80% | 80% |
| Deductible: Individual/Family | \$500/\$1,000 | \$500/\$1,000 |
| Out of Pocket: Individual/Family | \$6,350/\$12,700 | \$6,350/\$12,700 |
| Physician/Specialist Office Visit | \$20/\$20 | \$20/\$20 |
| Emergency Room | \$150 | \$150 |
| Urgent Care | \$20 | \$20 |
| Virtual Visits | \$20 | \$20 |
| Prescriptions: Retail | \$10/\$40/\$80/Standard Copay/Standard Copay | \$10/\$40/\$80/Standard Copay/Standard Copay |
| Employee PER MONTH | | |
| Employee Only | \$283.98 | \$309.62 |
| Employee + Spouse | \$457.22 | \$498.51 |
| Employee + Child(ren) | \$499.82 | \$544.95 |
| Family | \$687.24 | \$749.30 |

MEDICAL SUMMARY FOR IN-NETWORK BENEFITS, OUT-OF-NETWORK WILL RESULT IN LESS COVERAGE

Flexible Spending Account (FSA)

FSA's and HSA's allow employees to deposit money into savings accounts to use toward medical expenses and save money on their income taxes. Depending on which medical plan you elect, we can help you decide if an FSA or HSA is a better option for you. Dependent Care FSA's are also available to allow pre-tax payments toward daycare expenses. Please note 2019 contribution limits:

FSA: Medical: \$2,650; Dependent Care: \$5,000

AnthemLife

LIFE

| Coverage | \$25,000 | \$20,000 | Voluntary Life & AD&D |
|---------------------------|-----------------|-----------------|--------------------------------------|
| Employee PER MONTH | | | |
| Employee Only | \$0.00 | \$4.46 | Age Rated |

Employees who elect Anthem Life insurance also benefit from the Employee Assistance Program (EAP), including legal assistance, financial planning assistance & travel assistance, at no additional cost.

| | OPTION 1: BASIC | | OPTION 2: ENHANCED | | OPTION 3: PREMIER | |
|-------------------------------|-----------------|----------------|--------------------|----------------|-------------------|----------------|
| | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK |
| Deductible: Individual/Family | \$50/\$150 | \$50/\$150 | \$50/\$150 | \$50/\$150 | \$50/\$150 | \$50/\$150 |
| Annual Max | \$750 | \$750 | \$1,000 | \$1,000 | \$1,500 | \$1,500 |
| Orthodontia Lifetime Max | No Coverage | No Coverage | \$1,000 | \$1,000 | \$1,500 | \$1,500 |
| Diagnostic/Preventive | 100% | 100% | 100% | 100% | 100% | 100% |
| Basic | 80% | 50% | 80% | 60% | 80% | 80% |
| Major | No Coverage | No Coverage | 50% | 40% | 50% | 50% |
| Orthodontia (Up to Age 19) | No Coverage | No Coverage | 50% | 50% | 50% | 50% |
| Employee PER MONTH | | | | | | |
| Employee Only | \$0 | | \$16.22 | | \$23.49 | |
| Employee + Spouse | \$1.20 | | \$33.39 | | \$55.73 | |
| Employee + Child(ren) | \$8.97 | | \$44.41 | | \$75.53 | |
| Family | \$12.63 | | \$67.49 | | \$115.25 | |

| | OPTION 1 | | OPTION 2 | |
|---------------------------|--------------------------|-----------------------|--------------------------|-----------------------|
| | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK |
| Network | Davis Vision Network | | VSP | |
| Exam Copay | \$10 | Up to \$50 | \$10 | \$39 |
| Exam Limit | Once per 12 Months | Once per 12 Months | Once per 12 Months | Once per 12 Months |
| Lenses Copay | \$25 | Up to \$40/\$67/\$126 | \$25 | Up to \$48/\$67/\$126 |
| Lenses Limit | Once per 12 Months | Once per 12 Months | Once per 12 Months | Once per 12 Months |
| Frames Allowance | Up to \$130 + 20% Excess | Up to \$48 | Up to \$130 + 20% Excess | Up to \$46 |
| Frames Limit | Once per 24 Months | Once per 24 Months | Once per 24 Months | Once per 24 Months |
| Contacts Lenses Allowance | Up to \$130 + 15% Excess | Up to \$105 | \$130 | Up to \$100 |
| Contacts Limit | Once per 12 Months | Once per 12 Months | Once per 12 Months | Once per 12 Months |
| Employee PER MONTH | | | | |
| Employee Only | \$6.09 | | \$7.25 | |
| Employee + Spouse | \$10.54 | | \$12.54 | |
| Employee + Child(ren) | \$10.74 | | \$12.78 | |
| Family | \$16.99 | | \$20.22 | |

ANCILLARY BENEFITS 

HCC partners with Aflac to provide additional ancillary products, like Accident, Critical Illness and Hospital insurance, to meet employee needs.

Please contact our Aflac representatives, Rita Abram and Tara Abram, to learn more about plan options & rates:

rita_abram@us.aflac.com & tara_abram@us.aflac.com.