



EMPLOYEE BENEFIT GUIDE

EFFECTIVE DATE: July 1, 2023 - June 30, 2024

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WELCOME TO YOUR BENEFITS

E.L. Haynes Public Charter School is pleased to offer a comprehensive benefits package for our eligible employees and their eligible dependents. These benefits are valuable and are provided to assist you in managing your health and that of your family. We encourage you to evaluate and select benefits that best suit your needs and those of your eligible dependents. This benefits guide highlights the many available benefit options and explains how to enroll in the benefits you choose. Please read this guide carefully, make your decisions, and enroll.

EMPLOYEE ELIGIBILITY

- ▶ If you are an active, regular full-time employee who works at least 30 hours per week, you are eligible for the benefits outlined in this guide.

DEPENDENT ELIGIBILITY

Your eligible dependents may include:

- ▶ Your legal spouse or domestic partner. Domestic Partner benefits and coverage for his or her children are taxable unless they qualify as your tax dependent(s)
- ▶ Your child(ren) up to age 26 including natural children, legally adopted children, and stepchildren
- ▶ Your child(ren) over age 26 who are not able to support themselves due to a physical or mental disability

If you are enrolling a spouse or child(ren) in any plan, you must provide documentation before your dependents can be added to group plans. Please provide a copy of marriage and/or birth certificates..

WHEN CAN I CHANGE MY COVERAGE?

The elections you make during open enrollment will be in effect July 1, 2023 through June 30, 2024. The elections you make during your enrollment period will remain in place for the entire plan year, unless you experience one of the following Qualifying Life Events:

- ▶ Changes to legal marital status – marriage, divorce, death, legal separation, annulment
- ▶ Change in number of tax dependents – birth, adoption, placement of a foster child, death
- ▶ Changes in employment status for either employee, spouse or domestic partner
- ▶ Changes in work schedule of either employee, spouse, including reduction/increase in work hours
- ▶ Dependents becoming ineligible
- ▶ Change in residence or worksite for you, your spouse or dependent
- ▶ Entitlement to Medicare, Medicaid or CHIP
- ▶ Pregnancy - medical changes only

If you qualify for a change in your benefits, please notify the Talent Team within 30 days of the change in status. You will need to provide proof of the change.



2023-24 RESOURCES - BENEFIT RESOURCES

E.L. Haynes continues its commitment to helping you and your family remain healthy and fit. You are encouraged to take advantage of the following benefits, resources and tools that can help you reach your goals for fitness and good health:

PREVENTIVE CARE

One of the best ways to stay healthy and mitigate health risks is to follow established guidelines for preventive care.

MEDICAL

Your E.L. Haynes medical plan covers Preventive Care and Wellness Benefits at no cost when using an in-network provider:

- ▶ Annual routine examinations and office visits
- ▶ Well-child care and immunizations
- ▶ Women's health coverage, such as routine mammograms and Pap tests
- ▶ Men's health coverage, including routine prostate cancer screenings

DENTAL

The dental plan covers 100% of preventive care services with no deductible for covered members.

VISION

Benefits for routine eye exams are available to you and your covered family members through E.L. Haynes' medical and vision plans.

BLUE REWARDS

Blue Rewards is a CareFirst incentive program that allows adults to earn cash rewards for taking an active role in getting healthy and staying healthy. Continue on in this guide and visit www.carefirst.com/bluerewards for more information.

FIRSTHELP HEALTH CARE ADVICE LINE

Anytime, day or night, you can speak with a FirstHelp nurse. Registered nurses are available to answer health care questions, ask about your symptoms and help guide you to the most appropriate care.

EMPLOYEE ASSISTANCE PROGRAM

Available at no cost to you or your dependents, regardless of your participation in the E.L. Haynes' benefit plans. The EAP can help you find solutions for the everyday challenges of work and home as well as for more serious issues involving emotional and physical well-being. 24-hour access is available online at <http://rsli.acieap.com>.

INSURCHOICE

InsurChoice offers you the ability to personalize your own protection - bringing you quick, convenient, holistic coverage with incredible cost-saving discounts across a variety of top-rated insurance products and carriers including home, auto, travel protection, pet insurance, and more. Get competitive coverage at competitive prices. [Click here](#) or email InsurChoice@nfp.com for more information.



SETTING UP YOUR ACCOUNT - NEW USER

1. Visit <https://www.employeenavigator.com/benefits/Account/Login>
2. Click on the “Register as a new user” link at the bottom of the page.
3. Enter your personal information and Company Identifier (case sensitive). Your Company Identifier is **ELHAYNES**
4. Follow the on-screen instructions to create a unique Username and Password. You must agree to the “Terms of Use” to register.
5. You may now log in using your Username and Password.

ENROLLING IN BENEFITS (NEW HIRE AND OPEN ENROLLMENT)

1. Log in to the Employee Navigator portal using your previously created Username and Password.
2. Once logged in, walk through the prompts to begin your enrollment (or click Start Enrollment on your homepage).
3. Confirm/update your demographic information. Click “Save & Continue”.
4. Add any dependents you wish to cover under your plan elections. Click “Save & Continue”.
5. Please provide dependent verification documentation to the Talent Office as soon as possible as your enrollment cannot be approved until the Talent Office receives your documentation.
6. Enroll in benefits! You need to enroll in each benefit separately. For each benefit, select dependents to be covered, then click “Save & Continue”. If you do not want a benefit, select “Don’t want this benefit?” and choose a reason.
7. Repeat step #5 for all benefits offered.
8. Review your election summary and click “Click to Sign” to finalize your selections. This is your electronic signature.
9. Once complete, you can always update your selections as long as you are still within your New Hire or Open Enrollment window.
10. To make a change while still within the appropriate timeframe, log back in and select “Update Benefits” and repeat the steps listed above.

SUBMITTING A LIFE EVENT (OUTSIDE OF NEW HIRE OR OPEN ENROLLMENT)

1. Log in to the Employee Navigator portal using your previously created Username and Password.
2. Click the “Adjust Coverage” icon towards the middle of your screen and choose the type of change you would like to submit.
3. Enter the event date and, if applicable, the date prior coverage is ending. Be sure to click “Save”.
4. If your event requires additional information or documentation, please provide it to the Talent Office as soon as possible as your enrollment may not be approved until the Talent Office receives it.

NEED ADDITIONAL HELP?

[Watch this short video](#) walking you through the entire enrollment process.

If you have to exit Employee Navigator before completing your enrollment, the system will save what you’ve finished, and remind you where you left off the next time you login. If you have any additional questions, please reach out to your HR Director or Benefits & Payroll Manager.



Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

[Privacy Policy](#) | [Terms of Use](#) | [Legal Notice](#)

Additional Resources

(Click on the links below to view)

- ▶ [Create an Account](#)
- ▶ [Enrolling in Benefits](#)
- ▶ [Profile Changes & Life Events](#)
- ▶ [Employee Navigator for Mobile](#)

MEDICAL BENEFITS - PLAN CHOICES



PLAN CHOICES	HMO	POS	PPO																								
Employee Premiums	<table border="1"> <tr> <td>Employee Only</td> <td>\$70.00</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$726.93</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$584.96</td> </tr> <tr> <td>Family</td> <td>\$885.94</td> </tr> </table>	Employee Only	\$70.00	Employee + Spouse	\$726.93	Employee + Child(ren)	\$584.96	Family	\$885.94	<table border="1"> <tr> <td>Employee Only</td> <td>\$76.00</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$732.80</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$588.74</td> </tr> <tr> <td>Family</td> <td>\$892.12</td> </tr> </table>	Employee Only	\$76.00	Employee + Spouse	\$732.80	Employee + Child(ren)	\$588.74	Family	\$892.12	<table border="1"> <tr> <td>Employee Only</td> <td>\$245.00</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$1,235.11</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$993.17</td> </tr> <tr> <td>Family</td> <td>\$1,504.52</td> </tr> </table>	Employee Only	\$245.00	Employee + Spouse	\$1,235.11	Employee + Child(ren)	\$993.17	Family	\$1,504.52
Employee Only	\$70.00																										
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Employee Only	\$245.00																										
Employee + Spouse	\$1,235.11																										
Employee + Child(ren)	\$993.17																										
Family	\$1,504.52																										
Availability of Network/Cost-Share	Employee only has the choice of providers and facilities in the BlueChoice network. No out-of-network coverage (besides emergency) is available.	Employee has the flexibility to use any provider, however, electing providers in the BlueChoice network will require lower to no cost-share. If you use out-of-network providers, a higher cost-share will result.	Employee has the flexibility to use any provider, however, electing providers in the BluePreferred network will require lower or no cost-share. If you use out-of-network providers, a higher cost-share will result.																								
Rules for Electing a PCP/Accessing Specialty Care	Members are required to choose a PCP upon enrollment and referrals are required for specialty care.	Members are required to choose a PCP upon enrollment, however, referrals are not required for specialty care.	Members are not required to choose a PCP upon enrollment and referrals are not required for specialty care.																								
Out-of-Pocket Expenses	The employee pays copays until the out-of-pocket maximum is met.	The employee pays the deductible and copays until the out-of-pocket maximum is met.	The employee pays the deductible and copays until the out-of-pocket maximum is met.																								
Eligibility for Blue Rewards Incentive Program	Yes	Yes	Yes																								
Preventive Care	Eligible in-network preventive care services are covered at 100%; no copay, deductible or coinsurance applies.	Eligible in-network preventive care services are covered at 100%; no copay, deductible or coinsurance applies.	Eligible in-network preventive care services are covered at 100%; no copay, deductible or coinsurance applies.																								
Primary Care and Specialist Office Visits	You pay a copay for office visits.	There is no charge for office visits to your PCP. You pay a copay for specialist office visits.	There is no charge for office visits to your PCP. You pay a copay for specialist office visits.																								
Prescription Benefits	You pay a copay for covered prescriptions.	You pay a copay for covered prescriptions.	You pay a copay for covered prescriptions.																								
Inpatient Hospital	You pay a copay per admission.	You pay a copay per admission after the deductible has been met.	You pay a copay per admission after the deductible has been met.																								
Emergency Room & Urgent Care	You pay a copay per visit.	You pay a copay per visit.	You pay a copay per visit.																								

Health Plan Video Overviews

(Click on the links below to view)

▶ [HMO vs PPO Video](#)

▶ [Qualifying Life Events Video](#)

▶ [Primary Care vs Urgent Care vs ER Video](#)

MEDICAL BENEFITS AT-A-GLANCE



BENEFIT DESCRIPTION	CareFirst BlueChoice HMO	CareFirst BlueChoice POS	CareFirst BluePreferred PPO Plan
NETWORK	In-Network	In-Network	In-Network
Annual Deductible Individual/Family	None/None	\$500/\$1,000	\$500/\$1,000
Out-of-Pocket Maximum Individual/Family	\$1,300/\$2,600	\$4,500/\$6,550	\$4,500/\$6,550
Physician Services Primary Care Physician Specialist Preventive Services Virtual Visit Convenience Care Clinic Facility Charge	\$30 Copay \$40 Copay No Charge \$30 Copay \$40 Copay N/A	No Charge \$30 Copay No Charge No Charge No Charge \$200 Per Visit	No Charge \$30 Copay No Charge No Charge No Charge \$200 Per Visit
Lab and X-Ray & Diagnostics Outpatient Lab Hospital Outpatient Lab Non-Hospital Outpatient X-Rays Hospital Outpatient X-Rays Non-Hospital Major Diagnostics Hospital Major Diagnostics Non- Hospital	Not Covered No Charge Not Covered No Charge Not Covered No Charge	\$100 Copay per Visit No Charge \$150 Copay per Visit \$50 Copay per Visit \$200 Copay per Visit \$100 Copay per Visit	\$100 Copay per Visit No Charge \$150 Copay per Visit \$50 Copay per Visit \$200 Copay per Visit \$100 Copay per Visit
Hospital Services Emergency Room Urgent Care Inpatient Hospitalization Outpatient Hospital Outpatient Non-Hospital	\$50 Copay \$40 Copay \$300 Copay No Charge No Charge	Deductible, then \$200 Copay \$50 Copay Deductible, then \$300 Copay (\$1,500 Max) Deductible, then \$300 Copay \$100 Copay	Deductible, then \$200 Copay \$50 Copay Deductible, then \$300 Copay (\$1,500 Max) Deductible, then \$300 Copay \$100 Copay
Vision Routine Exam (1 per year)	\$10 Copay	\$10 Copay	\$10 Copay
PHARMACY			
Out-of-Pocket Maximum Individual/Family	\$4,500/\$9,000	Combined w/Medical	Combined w/Medical
Retail (Up to a 30-day supply) Generic Brand Preferred Brand Non-Preferred Specialty	\$15 Copay \$35 Copay \$60 Copay 50% Copay, Up to \$100 max	\$15 Copay \$35 Copay \$60 Copay 50% Copay, Up to \$100 max	\$15 Copay \$35 Copay \$60 Copay 50% Copay, Up to \$100 max
NETWORK	Out-of-Network	Out-of-Network	Out-of-Network
Annual Deductible Individual/Family	N/A	\$1,500/\$3,000	\$1,500/\$3,000
Out-of-Pocket Maximum Individual/Family	N/A	\$6,000/\$12,000	\$6,000/\$12,000

Additional Resources
(Click on the links below to view)

- ▶ [Blue Rewards](#)
- ▶ [Video Visits](#)
- ▶ [Mobile Access](#)
- ▶ [CareFirst CareShare](#)
- ▶ [HMO Plan Summary](#)
- ▶ [HMO Plan SBC](#)
- ▶ [POS Plan Summary](#)
- ▶ [POS Plan SBC](#)
- ▶ [PPO Plan Summary](#)
- ▶ [PPO Plan SBC](#)
- ▶ [Rx Summary](#)

DENTAL BENEFITS

Coverage Level	Per Pay
Employee Only	\$0.00
Employee + Spouse	\$42.01
Employee + Child(ren)	\$46.72
Family	\$70.63

Benefit Description	MetLife Dental PPO Plan	
	Network	Out-of-Network
Annual Deductible Individual/Family	\$50/\$150	\$50/\$150
Annual Maximum Benefit	\$5,000 per Person	\$5,000 per Person
Preventive Services	Plan pays 100%	Plan pays 100%
Basic Services	Plan pays 90%	Plan pays 80%
Major Services	Plan pays 60%	Plan pays 50%
Orthodontics Services (Children up to age 19)	Plan pays 50%	Plan pays 50%
Lifetime Orthodontia Maximum	\$1,500 per person	\$1,500 per person

Additional Resources

(Click on the links below to view)

- ▶ [MetLife Dental PPO Summary](#)
- ▶ [MetLife Website](#)
- ▶ [MetLife Mobile App](#)
- ▶ [How to Register](#)
- ▶ [How to get Pre-Treatment](#)



VISION BENEFITS

Coverage Level	Per Pay
Employee Only	\$0.00
Employee + Spouse	\$5.07
Employee + Child(ren)	\$5.84
Family	\$8.86

Benefit Description	GVS Vision Plan	
	Network	Out-of-Network
Exam (Once Every 12 Months)	\$10 Copay	Reimbursement up to \$32
Frames (Once Every 12 Months)	\$130 Allowance, 20% off remaining balance	Reimbursement up to \$57
Lenses (Once Every 12 Months)		
Single	\$25 Copay	Reimbursement up to \$30
Bifocal	\$25 Copay	Reimbursement up to \$45
Trifocal	\$25 Copay	Reimbursement up to \$75
Standard Scratch Resistance	\$25 Copay	Reimbursement up to \$12
Contact Lenses (Once Every 12 Months)		
Medically Necessary	100% Covered, \$250 Allowance, \$130 Allowance, Additional 15% off remaining balance	Reimbursement up to \$200
Elective		Reimbursement up to \$105

EXTRA IN-NETWORK DISCOUNTED SAVINGS

COMPLETE PAIR PURCHASES

- ▶ 40% off retail price. Discount applies on a 2nd completed pair purchased.

RETINAL SCREENING

- ▶ No more than a \$39 copay on routine retinal screenings as an enhancement to a Vision Exam

PHOTO CHROMATIC & OTHER LENS ADD-ONS SERVICES

- ▶ 20% off retail price

PREMIUM PROGRESSIVE LENSES, LENS FITTING & FOLLOW-UP

- ▶ 20% off retail price and 10% discount on lens fitting & follow-up

EPIC HEARING AID BENEFIT

- ▶ One hearing exam and \$200 per ear hearing aid benefit, plus routine hearing air conduction test included through EPIC providers



Additional Resources

(Click on the links below to view)

- ▶ [GVS Vision Plan Summary](#)
- ▶ [GVS Epic Hearing Aid Membership Overview](#)
- ▶ [GVS Vision Website](#)

LIFE & DISABILITY BENEFITS

All Basic Life/AD&D and Short- and Long-Term Care premiums are 100% employer paid.

[Click for Basic Life/AD&D benefit summary](#)

Basic Life and AD&D Insurance Coverage Features	
Eligibility	Must be actively working a minimum of 20 hours per week
Employee Benefit	1x your earnings rounded to the next highest \$1,000 with a max of \$100,000
Benefits Reductions	At age 70: Coverage amount is reduced to 65% of original amount At age 75: Coverage amount is reduced to 50% of original amount

[Click for a Short-Term Disability benefit summary](#)

Short Term Disability Coverage Features	
Eligibility	Must be actively working a minimum of 20 hours per week
Benefit Amount	60% of your base weekly salary up to \$1,000
When Benefit Begins	Injury: 1st Day Sickness: 8th Day
Maximum Benefit Period	13 Weeks

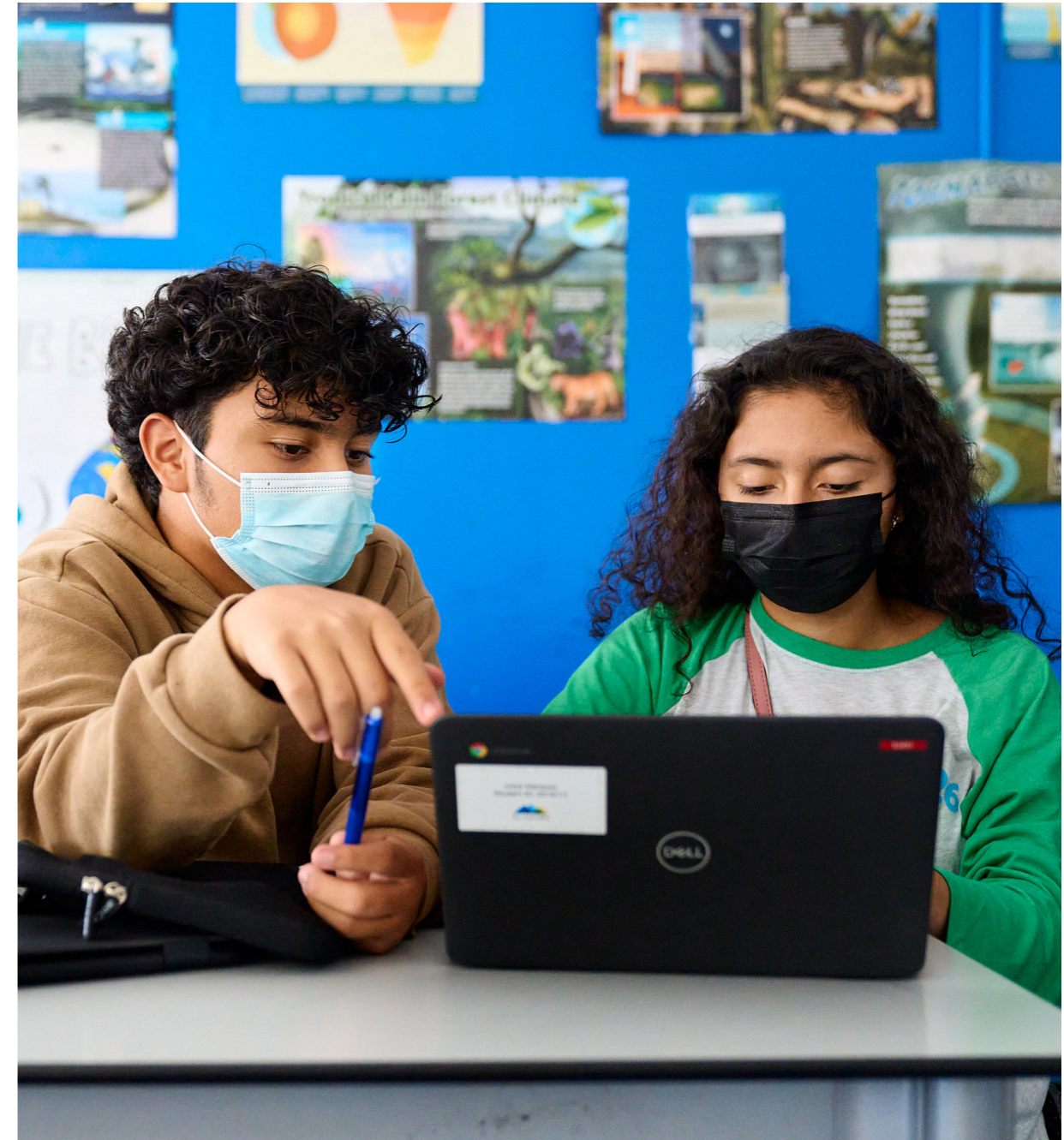
[Click for a Long-Term Disability benefit summary](#)

Long Term Disability Coverage Features	
Eligibility	Must be actively working a minimum of 20 hours per week
Benefit Amount	60% of your base monthly salary up to \$5,000
When Benefit Begins	After 90 Days
Maximum Benefit Period	To age 65 or Social Security Normal Retirement Age (SSNRA)

Additional Resources

(Click on the links below to view)

- ▶ [Employee Assistance Program](#)
- ▶ [Identity Theft Program](#)
- ▶ [Travel Assistance Program](#)



VOLUNTARY BENEFITS

 [Click for Voluntary Life Insurance benefit summary](#)

Voluntary Life Insurance Coverage Features	
Eligibility	Must be actively working a minimum of 20 hours per week
Employee Benefit	Increments of \$10,000 up to a maximum of \$500,000,
Spouse Benefit	Increments of \$10,000 up to a maximum of \$500,000,
Child Benefit	14 days to 6 months: \$1,000 6 months to age 20 (or 26 if full-time student): Up to a max of \$10,000
Guaranteed Issue	Employee (under age 60): \$100,000 Employee (age 60-70): \$10,000 Spouse (under age 60): \$20,000 Child: All amounts Guaranteed

METLIFE ACCIDENT INSURANCE [Click for Accident Insurance benefit summary](#)

Accident insurance provides a financial cushion for life's unexpected events by helping you pay for costs that aren't covered by your medical plan. It provides you with a lump-sum payment—one convenient payment all at once—when you or your family need it most. The extra cash can help you focus on getting back on track. [Click here](#) to view a video on Accident Insurance.

METLIFE HOSPITAL INDEMNITY [Click for Hospital Indemnity benefit summary](#)

Hospital indemnity insurance is coverage that can help safeguard your finances by providing you with a lump-sum payment—one convenient payment all at once—when you or your family need it most. The extra cash can help you focus on getting back on track. A flat amount is usually paid for a hospital admission and a per-day amount for your entire hospital stay.

The payment is made directly to you and is in addition to any other insurance you may have. You can use it however you choose, including for everyday living expenses. Hospital indemnity insurance is designed to make life a little easier. [Click here](#) to view a video on Hospital Indemnity.



Additional Resources

(Click on the links below to view)

- ▶ [Evidence of Insurability \(EOI\) Form](#)
- ▶ [Accident Insurance Disclaimer](#)
- ▶ [Voluntary Life Premium Rate Table](#)
- ▶ [Hospital Indemnity Outline of Coverage](#)
- ▶ [Accident Insurance Outline of Coverage](#)
- ▶ [Hospital Indemnity Disclaimer](#)

METLAW LEGAL SERVICES [Click for Metlaw plan summary](#)

MetLaw Legal provides low cost legal services. Plan benefits emphasize preventive legal care to help keep minor legal problems from becoming serious — or financially devastating. This plan offers assistance with a wide range of legal matters that show up in everyday situations. Assistance includes:

- ▶ Advice and Consultation
- ▶ Consumer Protection
- ▶ Debt Matters
- ▶ Defense of Civil Lawsuits
- ▶ Document Preparation
- ▶ Family Law and Estate Planning
- ▶ Personal Injury
- ▶ Real Estate Matters
- ▶ Traffic and Criminal Matters
- ▶ Wills and Estate Planning

IDENTITYFORCE ID THEFT PROTECTION [Click for IdentityForce plan summary](#)

IdentityForce provides world-class identity theft protection plans built to proactively monitor, alert, and help you fix any identity theft compromises. Identities have become more than just a name, birthdate, and social security number. Today it includes voice signatures and fingerprints, personal property records, health records, and even social media data. All of these details can be capitalized on by criminals to commit identity fraud, whether used directly in forms of synthetic identity theft, or used in social engineering attempts to extract money or personal details that provide additional opportunities for identity crimes.

Security incidents, scams, and fraud continue to grow. IdentityForce proactively monitors the Dark Web, credit reports, and real-time fraud issues, and will help you fix any compromises to your personal information. All without the hassle of making phone calls, completing paperwork, and all the heavy lifting needed to make sure your identity is restored. Services include:

- ▶ Dark web monitoring and threat alerts
- ▶ Social media identity monitoring
- ▶ Unlimited childwatch
- ▶ Ransomware resolution and reimbursement
- ▶ Social engineering resolution and reimbursement
- ▶ Senior fraud resolution and insurance
- ▶ Cyber bullying expense reimbursement
- ▶ Bank, credit card, 401(k), HSA, and investment account threshold alerts
- ▶ Credit reports and scores, tracker, and simulator
- ▶ Mobile attack control
- ▶ VPN
- ▶ BreachIQ
- ▶ Identity vault and secure storage



Additional Resources

(Click on the links below to view)

- ▶ [MetLaw FAQ](#)
- ▶ [MetLaw Legal Schedule](#)
- ▶ [MetLaw Exclusions](#)
- ▶ [Why ID Theft?](#)
- ▶ [ID Theft Key Features](#)

FLEXIBLE SPENDING ACCOUNTS

THE HEALTH FLEXIBLE SPENDING ACCOUNT (HEALTH FSA)

The Health FSA is designed to help you pay for out-of-pocket expenses not covered by your health plan(s). The maximum amount you may be reimbursed in a Plan Year through your Health FSA is \$3,050. Medical expenses reimbursed through your Health FSA cannot also be claimed as a deduction for income tax purposes. (This is a deduction which is only available to the extent your total medical expenses exceed 10% of your adjusted gross income.) Reimbursement is available for medical expense claims for you and your spouse or eligible dependents, incurred after you have enrolled and become an active participant in the plan. The amount you have agreed to set aside in your Health FSA may be used to pay for most expenses which would qualify as medical deductions under IRS rules. Eligible expenses include health plan deductibles, co-payments, vision and dental expenses.

THE DEPENDENT CARE ASSISTANCE PLAN (DCAP)

The DCAP is designed to help you pay for childcare services (or for dependents who are disabled) when those services make it possible for you and your spouse to work. Any type of dependent care that you could legally claim if you were filing for a credit on your tax return is eligible for reimbursement under the DCAP. The maximum amount you may be reimbursed through your DCP \$5,000 if filing as a single or \$2,500 each if filing jointly.

QUALIFICATION

You qualify to use this account if:

- ▶ You are a single parent; or
- ▶ You have a working spouse, or
- ▶ Your spouse is a full-time student for at least five months during the year and attending class while you are working; or
- ▶ Your spouse is disabled and unable to provide their own care.

ELIGIBLE EXPENSES

Expenses may be reimbursed for services provided:

- ▶ Inside or outside your home by anyone other than:
 - ▶ Your spouse,
 - ▶ Someone who is your dependent for income tax purposes,
 - ▶ One of your children under age 19; or
- ▶ In a child care center (if the center cares for more than six children, it must comply with all applicable state and local regulations); or
- ▶ By a housekeeper whose services include, in part, providing care for an eligible dependent.



FSA Resources

(Click on the links below to view)

- ▶ [Dependent Care FSA Plan FAQ](#)
- ▶ [Flexible Spending Account FAQ](#)
- ▶ [FSA Overview Brochure](#)

403(b) RETIREMENT PLAN

ACCOUNT INFORMATION

The E.L. Haynes 403(b) Plan (Plan) is managed by Sentinel Benefits. All employees are required to login to www.sentinelgroup.com to create an account, even if you do not wish to contribute through payroll deferrals. E.L. Haynes plan access code is **elhaynes**. [Click here](#) to view details on account enrollment.

ROLLOVERS

You are allowed to roll over money into your account prior to becoming eligible to participate. Please see your Plan Administrator for rollover details.

ELIGIBILITY

Employees are eligible to contribute to their 403(b) account from day 1 of employment, subject to the maximum contributions outlined below.

CONTRIBUTIONS

Through payroll deductions you may make pre-tax contributions and/or Roth deferrals of up to \$22,500 for 2023. If you are over 50, or are turning 50 in the plan year you may contribute an additional \$7,500 as a catch-up contribution. Each year in addition to depositing your salary deferrals, the Employer may make matching discretionary non-elective contributions which is subject to the vesting schedule.

VESTING

Vesting refers to your 'ownership' of a benefit from the Plan. The money that you contribute and the money it earns is always 100% vested. Any rollover or transfer contributions you make are also 100% vested. Employer contributions are subject to the following vesting schedule.

Years of Service	Vesting %
Less than 1	0%
Between 1 & 2	0%
2 or more	100%

DISTRIBUTIONS

Money may be distributed from your Plan account for the following events:

- ▶ Death
- ▶ Disability
- ▶ Termination of Service



[Click here to view Required Notices for 2023](#)

- ▶ Notice of Special Enrollment Rights
- ▶ Notice of Privacy Practices
- ▶ Women's Health & Cancer Rights Act (WHCRA) Notices
- ▶ Employer's Children's Health Insurance Program (CHIP) Notice
- ▶ Medicare Part D Creditable & Non Creditable Coverage Notices
- ▶ Genetics Information Nondiscrimination Act (GINA) Disclosures
- ▶ General Notice of COBRA Rights
- ▶ General FMLA Notice
- ▶ USERRA Notice



PAYROLL CONTRIBUTIONS



Coverage Level	Premium	E.L. Haynes Pays	Employee Pays
CareFirst BlueChoice HMO Option 13			
Employee Only	\$787.55	\$717.55	\$70.00
Employee + Spouse	\$1,809.32	\$1,082.39	\$726.93
Employee + Child(ren)	\$1,455.97	\$871.01	\$584.96
Family	\$2,205.11	\$1,319.17	\$885.94
CareFirst HealthyBlue POS Option B-S			
Employee Only	\$793.05	\$717.05	\$76.00
Employee + Spouse	\$1,823.94	\$1,091.14	\$732.80
Employee + Child(ren)	\$1,465.40	\$876.66	\$588.74
Family	\$2,220.48	\$1,328.36	\$892.12
CareFirst HealthyBlue PPO Option B-S			
Employee Only	\$962.17	\$717.17	\$245.00
Employee + Spouse	\$2,213.28	\$978.17	\$1,235.11
Employee + Child(ren)	\$1,779.75	\$786.58	\$993.17
Family	\$2,696.08	\$1,191.56	\$1,504.52
MetLife Dental Plan			
Employee Only	\$39.98	\$39.98	\$0.00
Employee + Spouse	\$81.99	\$39.98	\$42.01
Employee + Child(ren)	\$86.70	\$39.98	\$46.72
Family	\$130.79	\$60.16	\$70.63

Coverage Level	Premium	E.L. Haynes Pays	Employee Pays
GVS Vision Plan			
Employee Only	\$6.65	\$6.65	\$0.00
Employee + Spouse	\$11.72	\$6.65	\$5.07
Employee + Child(ren)	\$12.49	\$6.65	\$5.84
Family	\$17.29	\$8.43	\$8.86
Reliance Standard Life & Disability			
Basic Life and AD&D	100% Employer Paid		
Short-Term Disability	100% Employer Paid		
Long-Term Disability	100% Employer Paid		
Voluntary Life and AD&D	100% Employee Paid		
Coverage Level	Premium	Low Plan	High Plan
Accident Insurance			
Employee Only	100% Employee Paid	\$5.04	\$9.59
Employee + Spouse	100% Employee Paid	\$10.22	\$19.49
Employee + Child(ren)	100% Employee Paid	\$10.41	\$19.75
Family	100% Employee Paid	\$13.04	\$24.73
Hospital Indemnity			
Employee Only	100% Employee Paid	\$23.03	\$46.06
Employee + Spouse	100% Employee Paid	\$36.41	\$72.81
Employee + Child(ren)	100% Employee Paid	\$31.75	\$63.50
Family	100% Employee Paid	\$47.60	\$95.58
Coverage Level	Monthly Premium - 100% Employee Paid		
MetLaw Legal Plan			
Employee	\$21.00		

KEY CONTACTS



HAVE QUESTIONS, PROBLEMS OR CONCERNS?

Should you need any personal assistance understanding your benefits, claims or other insurance related information, the following are your carrier contact numbers and websites. There is a wealth of information regarding your plans, claims and other online resources. We recommend that your first step be to call the insurance carrier. You will need your ID number or Social Security Number along with the date of service and provider name (when applicable). If you require further assistance, please contact your Client Advocate at NFP or Human Resources. Please have the same information available when contacting NFP or Human Resources

PLAN	CONTACT NUMBER	WEBSITE/EMAIL
Medical/Rx CareFirst BCBS	HMO & POS: 866-520-6099 PPO: 800-321-3497	www.carefirst.com
Dental MetLife	800-942-0854	www.metlife.com
Vision GVS	866-265-4626	www.gvsmd.com
Life & Disability Insurance Reliance Standard	800-351-7500	www.reliancestandard.com
Employee Assistance Program Reliance Standard ACI	855-775-4357	http://rsli.acieap.com
Travel Assistance Program Reliance Standard OnCall	In US: 800-456-3893 Worldwide: 603-328-1966	N/A
Identity Theft Program Reliance Standard InfoArmor	855-246-7347	N/A
Flexible Spending Accounts (FSA) American Benefits Group	800-499-3539	www.amben.com/fsa
Accident Insurance MetLife	800-942-0854	www.metlife.com
Hospital Indemnity Insurance MetLife	800-942-0854	www.metlife.com
MetLaw Legal Services MetLife	800-821-6400	www.legalplans.com
403(b) Retirement Plan Sentinel Group	888-762-6088	www.sentinelgroup.com
E.L. Haynes Public Charter School Aide Peralta	202-667-4446 ext 3511	Email: aperalta@elhaynes.org
NFP Faith Jones, Client Advocate	301-581-7020	Email: faith.jones@nfp.com