



BENEFIT ENROLLMENT GUIDE

Staff

Plan Year: June 1, 2019 – May 31, 2020



YOUR COMPLETE EMPLOYEE SOLUTION.

Benefits Overview

Green Tech High Charter School is proud to offer a comprehensive benefits package to eligible, full-time associates who work 30 hours or more per week. The complete benefit package is briefly summarized in this booklet.

In addition, there are voluntary benefits with competitive group rates that you can purchase through payroll deductions.

Benefits Offered

- Empire Medical Benefits
- AmeriFlex Health Reimbursement Arrangement
- Guardian Dental Benefits
- Empire Vision Benefits
- MetLife Vision Benefits
- Flexible Spending Account (FSA)
- Guardian Basic Life/AD&D
- Guardian Long Term Disability
- Guardian Voluntary Life/AD&D
- Guardian Voluntary Short Term Disability
- MetLife Accident
- MetLife Critical Illness
- MetLife Hospital Indemnity
- MetLife MetLaw
- Aflac Accident Indemnity Advantage
- Aflac Cancer Care with Optional Riders
- Aflac Hospital Choice
- Aflac Short Term Disability
- Holiday Club
- PeopleJoy Student Loan Repayment
- Mass Mutual

Eligibility

You and your dependents are eligible for benefits once you have completed the applicable waiting period.

Eligible dependents are your legal spouse, domestic partner and children to age 26 for Empire Medical, Empire Vision and MetLife vision. For Guardian Dental, eligible dependents are your legal spouse, domestic partner and children to age 20 or full-time students to age 26.

Elections made now will remain until the next open enrollment unless you or your family members experience a life event. If you experience a life event, you must contact HR at hr@oelspeo.com within 30 days.



Employee Self-Service Portal—Prism

Prism Benefit Portal

Welcome to Open Enrollment for your insurance benefits for 2019!

You can now enroll in your benefits through the Prism Portal right from your Employee Self-Service Portal. In order to do that, you will need to log into your ESS and complete the **Benefit Enrollment**.

Go to: <https://oel-ep.prismhr.com/#/auth/login>

Use the username and password you created for the on-boarding portal to log in



HR & COMPLETE EMPLOYEE SOLUTIONS

Username

Password

Log In

Register

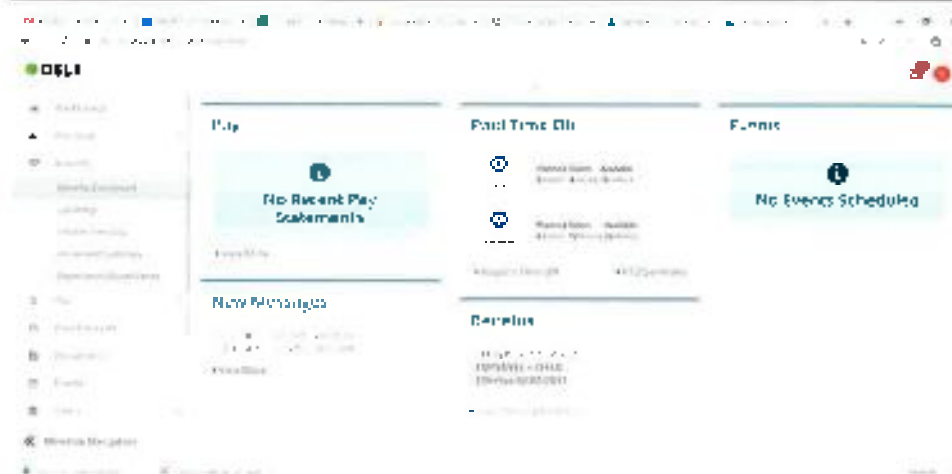
[Forgot Username](#)

[Forgot Password](#)

Company

Employee

Then go to the Menu options on the screen and select **Benefits**. Choose **Benefits Enrollment** from the submenu and a new window will open with your welcome letter and instructions on how to complete your enrollment.



Please call Michelle at OELS, 315-849-2980 or email HR@oelspeo.com with any questions.



The Empire BlueCross BlueShield DELS EPO (Exclusive Provider Organization) plan delivers in-network only benefits. EPO members must seek care from participating providers, except in the case of a life- or limb-threatening emergency. If care is received from a non-participating provider, the claim will not be paid.

Benefit		In-Network Only
General Plan Information		
Open Enrollment Period	May	
Deductible/Maximum Accumulation Period	Plan Year, June 1st - May 31st	
Referrals	Not Required	
Medicare Part D Creditable Coverage	Creditable	
Network	BlueCard PPO	
Plan Year Deductible		
Individual	\$1,500	
Family	\$3,000	
Deductible Type	Aggregate ¹	
Plan Year GHS HRA Contribution		
Individual	\$3,575	
Family	\$7,150	
Plan Year Out-of-Pocket Maximum (Including Deductible)		
Individual	\$3,575	
Family	\$7,150	
Maximum Type	Aggregate ²	
Preventive Care		
Adult Physical Exams	No Charge	
Well Baby & Child Care		
Immunizations		
Well Woman Care		
Cytology Screenings		
Prostate Cancer Screenings		
Physician Services		
PCP Office Visits	10% Coinsurance after Deductible	
Specialist Office Visits		
Diagnostic Services		
Laboratory Services	10% Coinsurance after Deductible	
Radiology & Advanced Imaging ³		
Maternity Services		
Prenatal & Postnatal Care	10% Coinsurance after Deductible	
Delivery & Inpatient Services		
Hospital Services		
Inpatient Services ³	10% Coinsurance after Deductible	
Outpatient/Ambulatory Surgery ³		
Emergency Care		
Emergency Room	10% Coinsurance after Deductible	
Ambulance for medical emergency		
Urgent Care Center		
Durable Medical Equipment		
Durable Medical Equipment/Prosthetics/Orthotics ³	50% Coinsurance after Deductible	
Mental Health & Substance Abuse ³		
Inpatient ³	10% Coinsurance after Deductible	
Outpatient ³		
Prescription Drug Coverage		
Retail (90 Day Supply)	\$10/\$35/\$70 after Deductible	
Mail Order (90 Day Supply)	\$20/\$70/\$140 after Deductible	

¹ Aggregate Deductible: The entire family deductible must be met before copay or coinsurance is applied for any individual family member.

² Aggregate Out of Pocket Maximum: The entire family out-of-pocket maximum must be met, at which time medical services would be covered at 100% for the remainder of the plan year.

³ Inpatient Admissions (including Maternity), Outpatient Surgery, High Tech Imaging (MRI/MRA/PET/CAT), Durable Medical Equipment (including Prosthetics and Orthotics), Mental Health and Substance Abuse require preauthorization. Please refer to your Certificate of Coverage (COE) for detailed information.

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Health Reimbursement Account (HRA)

The Health Reimbursement Account (HRA) will be Administered by AmeriFlex with MyPlanConnect. The AmeriFlex HRA is designed to give funds to each employee enrolled in the DELS Empire Medical Plan to offset any covered medical expenses subject to the Deductible, Coinsurance and Copays. Your account will be funded as follows:

Funding Arrangement	Single	Family
Green Tech High Charter School HRA Funding	\$3,575	\$7,150

Reimbursement: How does it work?

Your HRA provides you with a MyAmeriFlex Card, so that you no longer have to pay out of pocket and wait for your reimbursed claims. Present your card at eligible providers and select "CREDIT" on the card payment terminal. After your card is swiped, data is sent to AmeriFlex and the amount you owe is automatically deducted from your account. Please be sure to save all receipts for items purchased with your card.

What about other non-medical claims?

Your HRA is designed to pay for prescriptions that fall under your deductible.

Service Received	How Your HRA Will Pay
Covered Medical Care	Use your MyAmeriFlex Credit Card for in-network providers and services.
Covered Prescription	Use your MyAmeriFlex Credit Card at the Pharmacy.

Claims can be easily processed online through MyPlanConnect:

1. Register your account through MyAmeriFlex Portal at: <http://myameriflex.com>
2. Choose "MyPlanConnect" once logged in to your account. Challenged transactions are automatically substantiated and allows for one click reimbursement of new expenses.

If you have a medical claim that needs to be processed manually you can use:

- MyAmeriFlex Mobile App: Take a Photo of your EOB/Receipt and upload directly from your phone (see next page)
- Email: Claims@MyAmeriFlex.com
- Fax: (888) 361-1038 ATTN: Claims Department
- Standard Mail: PO Box 269009 Plano, TX 75026



Introducing the MyAmeriflex Mobile App

GET STARTED. TAKE CONTROL OF YOUR ACCOUNTS RIGHT NOW.

The MyAmeriflex Mobile App is a valuable new feature of our flexible benefit offering that gives members immediate access to their flexible spending accounts on-the-go, anytime. Put the convenience of the MyAmeriflex Portal at your fingertips!

MEMBER KEY FEATURES

- View balance information.
- View recent transactions.
- Submit claims for reimbursement! Simply take a photo of your EOB/receipt and upload directly from your phone or tablet.
- View email alerts.
- Complete substantiation requests.

Enjoy total security and peace of mind knowing that we are protecting your account data.

MyAmeriflex Mobile App available for FREE through the App Store and Google Play!

ADDITIONAL SELF-SERVICE FEATURES*:

- Ability to edit/update billing address
 - Report lost/stolen card
 - Order replacement card
 - Ability to attach provider name to newly submitted claims
 - Pay provider directly from app
- * Please note these additional features subject to your HR department's preferences.

Ameriflex is recognized for award-winning service and technology innovation. To learn more about our commitment to exceeding industry standards, visit myameriflex.com/awards.



WE'RE HERE TO HELP.

If you have any questions or concerns, please feel free to contact the Ameriflex Member Services team via live chat at myameriflex.com or at 888.868.FLEX (3539).



Dental

The Guardian DentalGuard Preferred PPO Plan allows you the freedom to select the dentist of your choice. You can utilize a large network of participating dentists who accept the Guardian Maximum Allowable Charge (MAC) as payment in full after deductible and coinsurance. Out-of-Network providers may not accept MAC for the geographic area where services are rendered as payment in full and may balance bill without limit.

All Full-Time Employees are automatically enrolled in the Guardian Dental Plan after they've met the waiting period.

Benefit	In-Network	Out-of-Network
General Plan Information		
Employee Contributions	None - 100% Employer Paid	
Deductible/Maximum Accumulation Period	Calendar Year: January 1st - December 31st	
Dependent Age Limit	To Age 20, or 26 if Full-Time Student	
Network	PPO - DentalGuard Preferred	N/A
Reimbursement Level	Maximum Allowable Charge (MAC)	
Calendar Year Deductible		
Per Person	\$50	
Family Maximum	\$150	
Benefit Maximums		
Per Person (Calendar Year)	\$2,000	
Orthodontia (Lifetime)	\$1,000	
Preventive Services		
Oral Exams	Covered at 100%	Covered at 100%
Cleanings		
X-Rays		
Fluoride Treatment (To Age 14)		
Sealants (per Tooth)		
Basic Services		
Anesthesia	Covered at 80% after Deductible	Covered at 80% after Deductible
Fillings		
Pain Surgery		
Periodontal Maintenance		
Repair & Maintenance of Crown, Bridges & Dentures		
Root Canal		
Scaling & Root Planing (per Quadrant)		
Simple Extractions		
Surgical Extractions		
Major Restorative		
Bridges & Dentures	Covered at 50% after Deductible	Covered at 50% after Deductible
Dental Implants		
Inlays, Onlays, Veneers		
Single Crowns		
Orthodontic Services		
Dependent Children Only to Age 19	Covered at 50% after Deductible	Covered at 50% after Deductible

¹ If you visit an Out-of-Network Provider, you are responsible for paying the deductible, coinsurance, and the difference between what the provider charges and the Plan pays.

² Certain Procedures may require a pre-treatment review. Guardian recommends submitting a pre-treatment review for all services \$200 or more.

³ Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Certificate of Coverage or Summary Plan Description for waiting period and a list of benefit limitations and exclusions.

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Embedded Vision

If you are enrolled in the OELS Empire Medical plan, you are automatically enrolled in Empire Vision free of charge. Empire's Blue View Vision Plan offers one of the most flexible vision plans with over 44,000 providers including LensCrafters, Target Optical, Sears Optical, JCPenney Optical, Pearle Vision and New York based Davis Vision and Empire VisionWorks.

Benefit	In-Network	Out-of-Network Reimbursement
General Plan Information		
Dependent Age Limit	To Age 26	
Network	Blue View Vision	N/A
Frequency of Services ¹		
Vision Exam ⁴	24 Months	
Frames ²	24 Months	
Lenses / Contact Lenses ¹	24 Months	
Vision Exam		
Comprehensive Vision Exam	\$20 Copay	Up to \$40
Frames		
Frames	\$130 Allowance then 20% off Balance	Up to \$45
Basic Lenses		
Single Vision	\$20 Copay	Up to \$25
Bifocal		Up to \$40
Trifocal		Up to \$55
Lens Enhancements		
Factory Scratch Coating	No Charge	Not Covered
Polycarbonate Lenses for Children under Age 19		
Transition Lenses for Children under Age 19		
Progressive Lenses		
Standard Progressive	\$65 Copay	Not Covered
Premium Tier 1	\$85 Copay	
Premium Tier 2	\$95 Copay	
Premium Tier 3	\$110 Copay	
Lens Options		
UV Coating	\$15 Copay	Not Covered
Tint - Solid or Gradient	\$15 Copay	
Standard Polycarbonate for Adults	\$40 Copay	
Transition Lenses for Adults	\$75 Copay	
Standard Anti-Reflective Coating	\$45 Copay	
Premium Tier 1 Anti-Reflective Coating	\$57 Copay	
Premium Tier 2 Anti-Reflective Coating	\$68 Copay	
Other Lens Options	20% off Retail Price	
Contact Lenses (In Lieu of Eyeglasses)		
Standard Contact Lens Fitting & Follow-Up	Up to \$55 Copay	Not Covered
Premium Contact Lens Fitting & Follow-Up	10% off Retail Price	
Elective Conventional	\$130 Allowance then 15% off Balance	Up to \$105
Elective Disposable	\$130 Allowance ³	
Medically Necessary	No Charge	Up to \$210
Additional Savings		
Additional Pair of Eyeglasses	40% off Retail Price	Not Covered
Non-Prescription Sunglasses	20% off Retail Price	
Eyeglass Materials Purchased Separately	20% off Retail Price	
Eyewear Accessories (Cleaning Supplies, etc.)	20% off Retail Price	
Additional Conventional Contact Lenses	15% off Retail Price	
1-800Contacts	Save \$20 on Order \$100 or More	
LASIK Vision Correction Surgery	Discount Per Eye	

¹ Frequency Based on Last Date of Service.

² The "Frame Allowance" or discounts associated with this vision plan may not apply to some Frames where the manufacturer has imposed a no discount policy on sales at retail or independent provider locations. Members may submit an out-of-network claim for reimbursement on such frames up to the schedule amount indicated in the member's benefit summary/certificate of coverage.

³ No Additional Discounts

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Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Benefit	In-Network	Out-of-Network Reimbursement
General Plan Information		
Dependent Age Limit	To Age 26	
Network	MetLife	N/A
Frequency of Services ¹		
Vision Exam ¹	12 Months	
Frames ¹	24 Months	
Lenses / Contact Lenses ¹	12 Months	
Vision Exam		
Comprehensive Vision Exam	\$10 Copay	Up to \$45
Frames		
Frames	\$10 Copay then \$120 Allowance plus 20% off Balance	Up to \$55
Basic Lenses		
Single Vision	\$10 Copay	Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
Lenticular		Up to \$100
Lens Enhancements ²		
Polycarbonate Lenses for Children under Age 19	\$10 Copay	Included in the Allowance for Corrective Lens
Ultraviolet (UV) Coating		
Standard Progressive	Up to \$55 Copay	Up to \$50
Premium Progressive	Up to \$105 Copay	Up to \$50
Custom Progressive	Up to \$175 Copay	Up to \$50
Standard Progressive	Up to \$55 Copay	Up to \$50
Lens Options		
Scratch Resistant	Up to \$33 Copay	Included in the Allowance for Corrective Lens
Tint - Solid or Gradient	Single Vision: Up to \$34 Copay Multifocal: Up to \$44 Copay	
Polycarbonate for Adults	Single Vision: Up to \$31 Copay Multifocal: Up to \$35 Copay	
Anti-Reflective Coating	Up to \$85 Copay	
Contact Lenses (In Lieu of Eyeglasses)		
Standard Contact Lens Fitting & Follow-Up	Up to \$60 Copay	Included in the Allowance for Corrective Lens
Elective	\$120 Allowance	Up to \$105
Medically Necessary	\$10 Copay	Up to \$210
Additional Savings		
Additional Pair of Eyeglasses	20% off Retail Price	N/A
LASIK Vision Correction Surgery	15% off Retail Price	
	5% off Promotional Price	

¹ Frequency Based on Last Date of Service.

² In addition to standard lens enhancements, enjoy an average 20% to 25% savings on all other lens enhancements.

³ 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.

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Employee Contributions

Medical¹

Coverage Tier	Monthly	Bi-Weekly
Employee	\$144.36	\$72.18
Employee & Spouse	\$288.71	\$144.36
Employee & Child(ren)	\$260.06	\$130.03
Family	\$433.11	\$216.56
Opt-Out Benefit	\$42.60 Bi-Weekly	

¹ Green Tech High offers a compensation benefit of \$42.60 bi-weekly for employees who waive medical coverage. *You must complete the Opt-Out Form to receive the benefit.*

Health Reimbursement Arrangement¹

Coverage Tier	Employer HRA Funding
Employee	\$3,575
Employee & Spouse	\$7,150
Employee & Child(ren)	\$7,150
Family	\$7,150

¹ *Employees must be enrolled on the Empire Medical Plan to have the HRA*

Dental¹

Coverage Tier	Monthly	Bi-Weekly
Employee	\$0.00	\$0.00
Employee & Spouse	\$0.00	\$0.00
Employee & Child(ren)	\$0.00	\$0.00
Family	\$0.00	\$0.00

¹ Green Tech High pays 100% of the Dental premium. All employees are automatically enrolled after they've met the waiting period.

Vision

Coverage Tier	Monthly	Bi-Weekly
Employee	\$7.77	\$3.89
Employee & Spouse	\$15.57	\$7.79
Employee & Child(ren)	\$13.18	\$6.59
Family	\$21.73	\$10.87

Flexible Spending Accounts (FSAs)

Administered by TASC

FlexSystem® FSA is offered through OELS and is administered by TASC. An FSA enables you to set aside money on a pre-tax basis to pay for certain eligible medical, dental, vision and dependent care expenses. FSA's offer participants the ability to use income that has not been taxed to pay for eligible expenses.

Healthcare FSA Funding Limit: \$2,700

Dependent Care FSA Funding Limit: \$5,000

A TASC card is provided to all participants in the plan. The card offers participants the ability to pay for eligible medical FSA expenses directly out of their FSA accounts and helps eliminate the need for filing paper claims and waiting for reimbursement checks to be mailed. It is important to keep receipts of purchases made with your Flexible Spending Account card, as FlexSystem often requests proof that the expense was FSA eligible under IRS regulations.

Health FSA plans are a use-it or lose-it plan. However, Government regulations allow you to carryover up to \$500 of your unused Health FSA funds from year to year. Any amount over \$500 is not eligible to be carried over and would be lost.

For additional information, visit www.tasconline.com or 1.877.933.3539.



The FlexSystem® FSA runs on a calendar year. Open Enrollment is held in December for a January 1 effective date. Employees cannot enroll outside of open enrollment, except new hires when first eligible, unless you experience a life event such as marriage or birth of a child. You must re-enroll each year to participate in the FlexSystem® FSA Plan.

**GUARDIAN*****Basic Life and AD&D**

Benefit	Employee Only
General Plan Information	
Employee Contribution	None - 100% Employer Paid
Basic Life	
Benefit Amount	100% of Annual Base Salary
Minimum Benefit	\$5,000
Maximum Benefit	\$75,000
Accelerated Death Benefits	50% of the Life Benefit up to \$100,000 is payable in an Employee's last month's of life if terminally ill
Conversion	Included with Restrictions
Portability	Included with Age and Other Restrictions
Waiver of Premium	If Disabled Before Age 60, Coverage will continue until Age 65 if conditions are met.
Basic AD&D	
Benefit Amount	Equal to Life Benefit Amount
Benefit	Provides Additional Protection in the Event of Accidental Death, with Catastrophic Loss Insurance Also Covers Loss of Limb or Eye due to an Accident.
Age Reduction Schedule	
At Age 70	35%
At Age 75	50%
At Retirement	Benefits Terminate

**GUARDIAN*****Voluntary Term Life**

Benefit	Employee	Spouse ¹	Children ²
Term Life			
Term Life Benefit	\$10,000 Increments	Up to 50% of Employee Amount	Up to 10% of Employee Amount
Maximum Benefit	\$250,000	\$125,000	\$10,000
Guaranteed Issue Amount ³	\$50,000	\$10,000	\$10,000
Accelerated Death Benefits	50% of Life Benefit up to \$100,000		N/A
Conversion	Included with Restrictions		
Portability	Included with Age and Other Restrictions		
Age Reduction Schedule			
At Age 60	35%	35%	N/A
At Age 70	55%	Benefits Terminate	
At Age 75	70%		
At Age 80	80%		
At Retirement	Benefits Terminate		Benefits Terminate

¹ Spouse Voluntary Life Rates are Based on Employee's Age² Unmarried Dependent Children are Covered from 14 Days Old to Age 23 or Age 25 if a Full-Time Student³ Guarantee Issue on Voluntary Life Amounts Only Apply If You Elect Coverage Within 30 Days of Your Initial Eligibility Date. After 30 Days of Your Initial Eligibility You Must Provide Evidence of Insurability. Evidence of Insurability Required for All Amounts Over the Guarantee Issue

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Dependent Children Insured from 14 Days to Age 23 or Age 25 if a Full-Time Student

Employee Age		<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79
\$10,000 Policy Election Amount												
Employee	\$10,000	\$0.28	\$0.32	\$0.37	\$0.78	\$1.20	\$1.81	\$2.88	\$4.81	\$7.86	\$12.72	\$22.61
Spouse	\$5,000	\$0.14	\$0.16	\$0.18	\$0.39	\$0.60	\$0.91	\$1.44	\$2.41	\$3.93	\$6.36	\$11.30
Child	\$1,000	\$0.08	\$0.08	\$0.09	\$0.08	\$0.08	\$0.08	\$0.08	\$0.08	\$0.08	\$0.08	\$0.08
\$20,000 Policy Election Amount												
Employee	\$20,000	\$0.55	\$0.65	\$0.74	\$1.55	\$2.39	\$3.63	\$5.76	\$9.63	\$15.72	\$25.45	\$45.21
Spouse	\$10,000	\$0.28	\$0.32	\$0.37	\$0.78	\$1.20	\$1.81	\$2.88	\$4.81	\$7.86	\$12.72	\$22.61
Child	\$2,000	\$0.15	\$0.15	\$0.15	\$0.15	\$0.15	\$0.15	\$0.15	\$0.15	\$0.15	\$0.15	\$0.15
\$30,000 Policy Election Amount												
Employee	\$30,000	\$0.83	\$0.97	\$1.11	\$2.33	\$3.59	\$5.44	\$8.64	\$14.44	\$23.58	\$38.17	\$67.82
Spouse	\$15,000	\$0.42	\$0.48	\$0.55	\$1.16	\$1.79	\$2.72	\$4.32	\$7.22	\$11.79	\$19.09	\$33.91
Child	\$3,000	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23	\$0.23
\$40,000 Policy Election Amount												
Employee	\$40,000	\$1.11	\$1.29	\$1.48	\$3.10	\$4.78	\$7.26	\$11.52	\$19.26	\$31.44	\$50.90	\$90.42
Spouse	\$20,000	\$0.55	\$0.65	\$0.74	\$1.55	\$2.39	\$3.63	\$5.76	\$9.63	\$15.72	\$25.45	\$45.21
Child	\$4,000	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31	\$0.31
\$50,000 Policy Election Amount												
Employee	\$50,000	\$1.38	\$1.62	\$1.85	\$3.88	\$5.98	\$9.07	\$14.40	\$24.07	\$39.30	\$63.62	\$113.03
Spouse	\$25,000	\$0.69	\$0.81	\$0.92	\$1.94	\$2.99	\$4.53	\$7.20	\$12.03	\$19.65	\$31.81	\$56.52
Child	\$5,000	\$0.29	\$0.39	\$0.39	\$0.39	\$0.39	\$0.39	\$0.39	\$0.39	\$0.39	\$0.39	\$0.39
\$60,000 Policy Election Amount												
Employee	\$60,000	\$1.66	\$1.94	\$2.22	\$4.65	\$7.17	\$10.88	\$17.28	\$28.80	\$47.16	\$76.35	\$135.64
Spouse	\$30,000	\$0.83	\$0.97	\$1.11	\$2.33	\$3.59	\$5.44	\$8.64	\$14.44	\$23.58	\$38.17	\$67.82
Child	\$6,000	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46	\$0.46
\$70,000 Policy Election Amount												
Employee	\$70,000	\$1.94	\$2.26	\$2.58	\$5.43	\$8.37	\$12.70	\$20.16	\$33.70	\$55.02	\$89.07	\$158.24
Spouse	\$35,000	\$0.97	\$1.13	\$1.29	\$2.71	\$4.18	\$6.35	\$10.08	\$16.85	\$27.51	\$44.54	\$79.12
Child	\$7,000	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54	\$0.54
\$80,000 Policy Election Amount												
Employee	\$80,000	\$2.22	\$2.58	\$2.95	\$6.20	\$9.56	\$14.51	\$23.04	\$38.51	\$62.88	\$101.80	\$180.85
Spouse	\$40,000	\$1.11	\$1.29	\$1.48	\$3.10	\$4.78	\$7.26	\$11.52	\$19.26	\$31.44	\$50.90	\$90.42
Child	\$8,000	\$0.62	\$0.62	\$0.62	\$0.62	\$0.62	\$0.62	\$0.62	\$0.62	\$0.62	\$0.62	\$0.62
\$90,000 Policy Election Amount												
Employee	\$90,000	\$2.49	\$2.91	\$3.32	\$6.98	\$10.76	\$16.32	\$25.92	\$43.32	\$70.74	\$114.52	\$203.46
Spouse	\$45,000	\$1.25	\$1.45	\$1.66	\$3.49	\$5.38	\$8.16	\$12.96	\$21.66	\$35.37	\$57.26	\$101.73
Child	\$9,000	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69
\$100,000 Policy Election Amount												
Employee	\$100,000	\$2.77	\$3.23	\$3.69	\$7.75	\$11.95	\$18.14	\$28.80	\$48.14	\$78.60	\$127.35	\$226.06
Spouse	\$50,000	\$1.38	\$1.62	\$1.85	\$3.88	\$5.98	\$9.07	\$14.40	\$24.07	\$39.30	\$63.62	\$113.03
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$110,000 Policy Election Amount												
Employee	\$110,000	\$3.05	\$3.55	\$4.06	\$8.53	\$13.15	\$19.95	\$31.68	\$52.95	\$86.42	\$139.97	\$248.67
Spouse	\$55,000	\$1.52	\$1.78	\$2.03	\$4.26	\$6.57	\$9.98	\$15.84	\$26.48	\$43.23	\$69.99	\$124.93
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$120,000 Policy Election Amount												
Employee	\$120,000	\$3.32	\$3.88	\$4.43	\$9.30	\$14.34	\$21.77	\$34.56	\$57.77	\$94.32	\$152.70	\$271.27
Spouse	\$60,000	\$1.66	\$1.94	\$2.22	\$4.65	\$7.17	\$10.88	\$17.28	\$28.88	\$47.16	\$76.35	\$135.64
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77



Employee Age		<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79
\$130,000 Policy Election Amount												
Employee	\$130,000	\$3.60	\$4.20	\$4.80	\$10.08	\$15.54	\$29.58	\$37.44	\$62.58	\$102.18	\$165.42	\$293.88
Spouse	\$65,000	\$1.80	\$2.10	\$2.40	\$5.04	\$7.77	\$11.79	\$18.72	\$31.29	\$51.09	\$82.71	\$146.94
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$140,000 Policy Election Amount												
Employee	\$140,000	\$3.88	\$4.52	\$5.17	\$10.86	\$16.74	\$25.39	\$40.32	\$67.39	\$110.04	\$178.14	\$316.40
Spouse	\$70,000	\$1.94	\$2.26	\$2.58	\$5.43	\$8.37	\$12.70	\$20.16	\$33.70	\$55.02	\$89.07	\$158.24
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$150,000 Policy Election Amount												
Employee	\$150,000	\$41.15	\$4.85	\$5.54	\$11.69	\$17.93	\$27.21	\$43.20	\$72.21	\$117.90	\$190.87	\$339.09
Spouse	\$75,000	\$2.08	\$2.42	\$2.77	\$5.82	\$8.97	\$13.60	\$21.60	\$36.10	\$58.95	\$95.43	\$169.55
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$160,000 Policy Election Amount												
Employee	\$160,000	\$4.43	\$5.17	\$5.91	\$12.41	\$19.13	\$29.02	\$46.08	\$77.02	\$125.76	\$203.59	\$361.70
Spouse	\$80,000	\$2.22	\$2.58	\$2.95	\$6.20	\$9.56	\$14.51	\$23.04	\$38.51	\$62.88	\$101.80	\$180.85
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$170,000 Policy Election Amount												
Employee	\$170,000	\$4.71	\$5.49	\$6.28	\$13.18	\$20.32	\$30.84	\$48.96	\$81.84	\$133.62	\$216.32	\$384.30
Spouse	\$85,000	\$2.35	\$2.75	\$3.14	\$6.59	\$10.16	\$15.42	\$24.48	\$40.92	\$66.81	\$108.16	\$192.15
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$180,000 Policy Election Amount												
Employee	\$180,000	\$4.98	\$5.82	\$6.65	\$13.96	\$21.52	\$32.65	\$51.84	\$86.65	\$141.48	\$229.04	\$406.91
Spouse	\$90,000	\$2.49	\$2.91	\$3.32	\$6.98	\$10.76	\$16.32	\$25.92	\$43.32	\$70.74	\$114.52	\$203.46
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$190,000 Policy Election Amount												
Employee	\$190,000	\$5.26	\$6.14	\$7.02	\$14.73	\$22.71	\$34.46	\$54.72	\$91.46	\$149.34	\$241.77	\$429.52
Spouse	\$95,000	\$2.63	\$3.07	\$3.51	\$7.37	\$11.36	\$17.23	\$27.36	\$45.73	\$74.67	\$120.88	\$214.76
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$200,000 Policy Election Amount												
Employee	\$200,000	\$5.54	\$6.46	\$7.38	\$15.51	\$23.91	\$36.28	\$57.60	\$96.28	\$157.20	\$254.49	\$452.12
Spouse	\$100,000	\$2.77	\$3.23	\$3.69	\$7.75	\$11.95	\$18.14	\$28.80	\$48.14	\$78.60	\$127.25	\$226.06
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$210,000 Policy Election Amount												
Employee	\$210,000	\$5.82	\$6.78	\$7.75	\$16.28	\$25.10	\$38.09	\$60.48	\$101.09	\$165.06	\$267.22	\$474.73
Spouse	\$105,000	\$2.91	\$3.39	\$3.88	\$8.14	\$12.55	\$19.05	\$30.24	\$50.55	\$82.53	\$133.61	\$237.36
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$220,000 Policy Election Amount												
Employee	\$220,000	\$6.09	\$7.11	\$8.12	\$17.06	\$26.30	\$39.90	\$63.36	\$105.90	\$172.92	\$279.94	\$497.34
Spouse	\$110,000	\$3.05	\$3.55	\$4.06	\$8.53	\$13.15	\$19.95	\$31.68	\$52.95	\$86.42	\$139.97	\$248.67
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$230,000 Policy Election Amount												
Employee	\$230,000	\$6.37	\$7.43	\$8.49	\$17.83	\$27.49	\$41.72	\$66.24	\$110.72	\$180.78	\$292.67	\$519.94
Spouse	\$115,000	\$3.18	\$3.72	\$4.25	\$8.92	\$13.75	\$20.86	\$33.12	\$55.36	\$90.39	\$146.33	\$259.97
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$240,000 Policy Election Amount												
Employee	\$240,000	\$6.65	\$7.75	\$8.86	\$18.61	\$28.69	\$43.53	\$69.12	\$115.53	\$188.64	\$305.39	\$542.55
Spouse	\$120,000	\$3.32	\$3.88	\$4.43	\$9.30	\$14.34	\$21.77	\$34.56	\$57.77	\$94.32	\$152.70	\$271.27
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77
\$250,000 Policy Election Amount												
Employee	\$250,000	\$6.92	\$8.08	\$9.23	\$19.33	\$29.88	\$45.35	\$72.00	\$120.35	\$196.50	\$318.12	\$565.15
Spouse	\$125,000	\$3.46	\$4.04	\$4.62	\$9.69	\$14.94	\$22.67	\$36.00	\$60.17	\$98.25	\$159.06	\$282.58
Child	\$10,000	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77	\$0.77



Long Term Disability

Benefit	Employee Only
General Plan Information	
Monthly Benefit	60% of Monthly Base Salary
Maximum Benefit	200% of Annual Base Salary
Elimination Period	\$5,000
Duration of Benefits	\$250,000
Pre-Existing Conditions	50% of the Life Benefit up to \$100,000 is payable in Employee's last month's of life if terminally ill
Waiver of Premium	Included with Restrictions
Rehabilitation Benefit	Included with Age and Other Restrictions
Monthly Premiums	
Employee Contribution	100% Employer Paid



Voluntary Short Term Disability

Benefit	Employee Only	
General Plan Information		
Weekly Benefit	60% of Weekly Base Salary	
Maximum Benefit	\$1,500	
Elimination Period - Accident or Illness	7 Days	
Duration of Benefits	12 Weeks	
Evidence of Insurability	Health Statement Not Required	
Pre-Existing Condition	3 Months Look Back; 12 Months after 2 Week Limitation	
Waiver of Premium	Included	
Rehabilitation Benefit	Included	
Monthly Premiums		
Employee Contribution	\$0.38 per \$10 Weekly Indemnity (Weekly Benefit)	
Annual Salary	Weekly Benefit	Monthly Premium
\$10,000	\$115	\$4.37
\$20,000	\$231	\$8.78
\$30,000	\$346	\$13.15
\$40,000	\$462	\$17.56
\$50,000	\$577	\$21.93
\$60,000	\$692	\$26.30
\$70,000	\$808	\$30.70
\$80,000	\$923	\$35.07
\$90,000	\$1,038	\$39.44
\$100,000	\$1,154	\$43.85
\$110,000	\$1,269	\$48.22
\$120,000	\$1,385	\$52.63
\$130,000 and Up	\$1,500	\$57.00

¹ Guarantee Issue on Voluntary Short Term Disability Applies if You Elect Coverage Within 30 Days of Your Initial Eligibility Date. After 30 Days of Your Initial Eligibility You Must Provide Evidence of Insurability.

This benefit summary provides selected highlights of the employee benefits program at Green Tech High. It is not a legal document and shall not be consulted as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contract and plan documents. Any discrepancies between any information through this summary and the actual terms of such policies, contracts and plan documents shall be governed by master policies, contracts and plan documents. Green Tech High reserves the right to amend, suspend or terminate any benefit plan, all or in part, at any time. The authority to make such changes rests with the Plan Administrator.

WorkLifeMatters

Help for What Matters Most

Your Employee Assistance Program

WorkLifeMatters Employee Assistance Program offers services to help promote well-being and enhance the quality of life for you and your family.

Support and guidance is available for assistance with family and personal issues online at www.ibhworklife.com and by phone at 1-800-386-7055.

Help with Health

- Healthy Living
- Stress Management
- Mental Health
- Diet and Fitness
- Overall Wellness



Help with Family

- Parenting Support
- Child and Elder Care
- Learning Programs
- Special Needs Help



Help with Legal & Financial

- Legal Issues
- Will Preparation
- Taxes
- Debt
- Financial Planning Tools and Assistance



Connect to a counselor for free support services:



Email: eapcounselor@ibhcorp.com



Phone: 1-800-386-7055

Monday - Friday, 6:00 AM - 5:00 PM PST



Web: www.ibhworklife.com

(User name: Matters Password: wlm70101)



WorkLifeMatters Program services are provided by designated third-party providers. We, as the employer, contribute to the cost of the program. Services are provided as part of the WorkLifeMatters program. Guardian is not an insurance broker or agent. The information provided is for informational purposes only. This is not an offer. Only the relevant state insurance commissioner can provide the actual terms, coverages, limitations and exclusions. Guardian and IBH reserve the right to discontinue this WorkLifeMatters program at any time without notice. The Guardian Life Insurance Company of America, 170 Madison Avenue, New York, New York 10017-1000 (IBH) and the Guardian Life Insurance Company of America, 170 Madison Avenue, New York, New York 10017-1000 (Guardian) are not affiliated with each other.



Voluntary Benefits

DELS understands that a benefits package is not always one-size-fits-all. Therefore, you are being offered a voluntary benefits program to help address the individual needs of you and your family with advantages that otherwise might not be available to you on your own. Your voluntary benefit offerings are designed to complement your benefits package and provide additional security for you and your family. Voluntary benefits also offer choice, convenience, acceptance and portability. Contact DELS for detailed Plan Summaries.

Coverage is available to active employees who have met their waiting period and work 20 hours or more per week.

Accident¹

Provides cash benefits in the event of an accident. Helps with expenses associated with unexpected injuries and throughout recovery. Below are some examples of the benefits payable under the plan.

Low Plan	High Plan
Fractures: \$50 to \$300	Fractures: \$100 to \$6,000
Concussions: \$200	Concussions: \$400
Ambulance: \$200 to \$750	Ambulance: \$300 to \$1,000
Emergency Care: \$25 to \$50	Emergency Care: \$50 to \$100
Medical Testing Benefit: \$200	Medical Testing Benefit: \$200
Inpatient Surgery: \$100 to \$1,000	Inpatient Surgery: \$200 to \$2,000
Hospital Admission: \$500 Non-ICU / \$1,000 ICU	Hospital Admission: \$1,000 Non-ICU / \$2,000 ICU
Hospital Confinement (up to 31 Days): \$100 per Day Non-ICU / \$200 per Day ICU	Hospital Confinement (up to 31 Days): \$200 per Day Non-ICU / \$400 per Day ICU

Benefit Reduction:

Age 65 - 69: 25%

Age 70+: 50%

Critical Illness¹

Helps protect your income and savings by providing critical cash benefits to care for yourself or a loved one throughout all phases of a critical diagnosis and treatment.

Low Plan	High Plan
Employee: \$15,000 Initial Benefit Spouse/Children: 50% of Employee's Initial Benefit	Employee: \$30,000 Initial Benefit Spouse/Children: 50% of Employee's Initial Benefit
Covered Conditions	Initial Benefit
Pre-Existing Conditions	3 Months Look Back; 6 Months Non Payable Benefits
Annual Wellness Benefit	\$50 per Covered Person per Calendar Year
Full Benefit Cancer	100% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit
Heart Attack/Stroke/Kidney Failure/Major Organ Transplant	100% of Initial Benefit
22 Conditions Addison's/Duchenne's/Cerebrospinal Meningitis/Cerebral Palsy/Cystic Fibrosis/Diphtheria/ Encephalitis/Huntington's/ Legionnaire's/Malaria/Multiple Sclerosis/Muscular Dystrophy/Myasthenia Gravis/Necrotizing Fasciitis /Osteomyelitis/Rabies/Sickle Cell Anemia/Systemic Lupus Erythematosus/Systemic Sclerosis/Tetanus/Tuberculosis	25% of Initial Benefit

Hospital Indemnity¹

Protects against significant financial loss by providing cash benefits when you incur hospital services for sickness, accident or complications from pregnancy.

Low Plan	High Plan
Hospital Admission: \$500 per Accident; Once per Calendar Year Hospital Confinement (up to 15 Days): \$100 per Day; Additional \$65 per Day for ICU Confinement	Hospital Admission: \$1,000 per Accident; Once per Calendar Year Hospital Confinement (up to 15 Days): \$100 per Day; Additional \$65 per Day for ICU Confinement

Benefit Reduction:

Age 65 - 69: 25%

Age 70+: 50%

MetLaw¹

Provides Legal Assistance for you, your spouse and children.

- | | |
|--|---|
| <ul style="list-style-type: none">• Telephone and Office Consultations• Document Preparation and Review• Traffic Offenses• Family Law and Elder Law Matters | <ul style="list-style-type: none">• Financial and Identity Theft Matters• Juvenile Matters• Defense of Civil Lawsuits• Personal Property and Consumer Protection |
|--|---|

¹ All MetLife Voluntary Products include a portability option to continue the benefits after you leave Green Tech High.



MetLife Employee Costs

MetLife Accident

Coverage Tier	Low Plan		High Plan	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee	\$3.87	\$1.94	\$7.43	\$3.72
Employee & Spouse	\$7.33	\$3.67	\$13.78	\$6.89
Employee & Child(ren)	\$7.96	\$3.98	\$14.97	\$7.49
Family	\$9.97	\$4.99	\$18.78	\$9.39

MetLife Critical Illness - Monthly Premiums

Low Plan: \$15,000 Benefit				
Employee Age	Employee Only	Employee & Spouse	Employee & Children	Family
<25	\$2.85	\$4.80	\$4.80	\$6.75
25 - 29	\$3.15	\$5.25	\$4.95	\$7.20
30 - 34	\$4.50	\$7.35	\$6.45	\$9.30
35 - 39	\$6.90	\$10.80	\$8.85	\$12.60
40 - 44	\$10.80	\$16.50	\$12.75	\$18.45
45 - 49	\$17.10	\$25.50	\$19.05	\$27.45
50 - 54	\$26.25	\$38.40	\$28.20	\$40.35
55 - 59	\$38.40	\$55.35	\$40.35	\$57.30
60 - 64	\$56.55	\$80.85	\$58.50	\$82.80
65 - 69	\$87.00	\$123.30	\$88.95	\$125.25
70+	\$127.95	\$182.25	\$129.90	\$184.20

High Plan: \$30,000 Benefit				
Employee Age	Employee Only	Employee & Spouse	Employee & Children	Family
<25	\$5.70	\$9.60	\$9.60	\$13.50
25 - 29	\$6.30	\$10.50	\$9.90	\$14.40
30 - 34	\$9.00	\$14.70	\$12.90	\$18.60
35 - 39	\$13.80	\$21.60	\$17.70	\$25.20
40 - 44	\$21.60	\$33.00	\$25.50	\$36.90
45 - 49	\$34.20	\$51.00	\$38.10	\$54.90
50 - 54	\$52.50	\$76.80	\$56.40	\$80.70
55 - 59	\$76.80	\$110.70	\$80.70	\$114.60
60 - 64	\$113.10	\$161.70	\$117.00	\$165.60
65 - 69	\$174.00	\$246.60	\$177.90	\$250.50
70+	\$255.90	\$364.50	\$259.80	\$368.40

MetLife Hospital Indemnity

Coverage Tier	Low Plan		High Plan	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee	\$5.90	\$2.95	\$9.07	\$4.54
Employee & Spouse	\$12.14	\$6.07	\$18.70	\$9.35
Employee & Child(ren)	\$9.75	\$4.88	\$14.94	\$7.00
Family	\$15.99	\$8.00	\$24.57	\$12.29

MetLaw

Coverage Tier	Monthly	Bi-Weekly
Family	\$18.00	\$9.00



Voluntary Benefits

In Case of an accident or illness, Aflac Insurance policies pay cash benefits directly to you, unless assigned, regardless of any other insurance you may have. You can use the cash benefits for expenses such as:

- Deductibles, co-payments, out-of-network charges and any other expenses not picked up by your major medical coverage.
- Travel related expenses for treatment in distant medical centers, including airfare, hotels and meals.
- Everyday living expenses like house (or rent) payments, care notes, groceries and utility bills.
- Lost income, resulting in a "double whammy" if the healthy spouse has to leave work to care for the recuperating one.

Current Policy Holders Please Note: Aflac upgrades its policies from time to time. If you currently have coverage, you are encouraged to meet with or call the representative to discuss your personal plans. Upgraded policies are not automatic and require an application/premium deduction charge.

Accident Indemnity Advantage

Provides cash benefits in the event of an accident. Helps with expenses associated with unexpected injuries and throughout recovery.

- Emergency Treatment Benefits
- Hospital Confinement Benefits
- Rehabilitation Unit Benefits
- Follow-Up Treatment Benefits
- Physical Therapy Benefits
- X-Ray / Diagnostic Imaging Benefits
- Transportation, Lodging and Ambulance Benefits
- Optional Accidental Death & Dismemberment Benefits

Cancer Care with Optional Heart Attack and Stroke Rider

Helps protect your income and savings by providing critical cash benefits to care for yourself or a loved one throughout all phases of cancer diagnosis and treatment.

- Initial Diagnosis Benefit
- Chemotherapy and Radiation Benefits
- Hospital Confinement / Surgical Benefits
- Experimental Treatment Benefits
- Transportation, Lodging and Ambulance Benefits
- Annual Wellness Benefit
- Optional Coverage for Heart Attack, Stroke, End Stage Renal Failure and Cardiac Arrest

Hospital Choice

Protects against significant financial loss by providing cash benefits when you incur hospital services for sickness, accident or pregnancy.

- Inpatient Hospital Benefits
- Outpatient Surgery and Procedure Benefits
- Diagnostic Exam Benefits
- Laboratory Test / X-Ray Benefits
- Rehabilitation Unit Benefits
- Emergency Room Benefits
- Physician Visit Benefits

Short Term Disability Income

Provides a source of income during your time of disability, which helps you focus on recovering and getting back to work, rather than worrying about how the bills will be paid. The plan is customizable to meet your needs (subject to income requirements).

- Guaranteed Issue - No Medical Questions
- Covers Sickness, Accident or Pregnancy
- Monthly Benefit Amount of Between \$400 and \$6,000
- Optional "On the Job" Coverage Available
- 3 to 24 Month Benefit Periods Available
- Covers Total or Partial Disability
- 12 Month Pre-Existing Condition Exclusion

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Holiday Club Accounts



OELS will deduct a post-tax amount of your choosing from every paycheck for the benefit period January 1st to October 31st. The total amount contributed will be issued to you by the second week of November. Please note: *Your check will be mailed to the home address that we have on file OR direct deposited into the account we have on file for your regular payroll check.*

It is important to notify us of any address change throughout the year. Failure to notify us of these changes could result in a \$45 check reissue fee if we have to issue a replacement check.

- **Early Withdrawals** are not permitted.
- **Enrollment** – Enrollment will occur:
 - At open enrollment: Deductions will begin on January 1st of the following participation Year.
 - Upon New Hire: Deductions will begin on first of the month following hire date.
- **Re-Enrollment** must be done before the beginning of each new plan year.
- **Instructions** – To enroll in the Holiday Club, complete this form and email to benefits@oelspeo.com or fax to 315-463-7846
- **Termination** – Upon termination, your contribution will be refunded to you in your final paycheck.

I hereby authorize my employer to deduct the state amount for the Holiday Club. This authorization is to remain in full force until my employment ends or I request in writing to stop the Holiday Club deduction.

I understand that my Holiday Club money will be issued to me no later than the 2nd week in November of the current participating year and I agree to abide by all the procedures outlined above.

Employee Name: _____ Date: _____

Employee Signature: _____

Client Company Name: _____

Amount withheld per payroll: \$ _____

(No Minimum Amount Required.)





Student Loan Repayment Assistance Program ("SLRA")

Welcome to the Student Loan Repayment Assistance Program ("SLRA") offered by Green Tech High Charter School through PeopleJoy.

You are eligible to receive a matching contribution that is equivalent to 10% of your total minimum monthly student loan payments up to a maximum of \$100 from Green Tech High Charter School.

PeopleJoy works with your company's payroll provider, DELS, and all Federal and private student loan servicers in the United States. Your company's matching contribution is added on top of your annual base salary, deducted via payroll and then deposited to your lender.

Before enrolling, please have your most recent loan statement ready. You will also be asked to validate this information through PeopleJoy at a later date, prior to the first contribution being made by Green Tech High Charter School.

If you have any questions or need assistance enrolling, please contact Kevin Porath at (317) 778-6730

Enroll Here: <http://PeopleJoy.co/GreenTechHigh/>

Resources

Before Enrolling, Be Sure To:

Our Insurance Carriers offer a number of Tools and Resources available through their websites that can help support your decision making process. You can reach the carriers at:

- ★ OELS Empire BlueCross BlueShield
www.empireblue.com
(800) 342-9816
- ★ AmeriFlex (HRA)
www.MyAmeriFlex.com
(888) 868-FLEX (3539)
- ★ Guardian Life
www.guardiananytime.com
(800) 541-7846
- ★ MetLife
www.MetLife.com/MyBenefits
(800) 638-5433
- ★ Aflac
www.MyAflac.com
(800) 992-3522
- ★ PeopleJoy
<http://PeopleJoy.co/GreenTechHigh/>
Kevin Porath (317) 778-6730
- ★ Mass Mutual
www.MassMutual.com
Christopher Hagen (518) 478-5559

- Consider your options. Make sure you get the coverage that best suits your needs. Discuss with your spouse, partner or other family members to consider all sources of benefits coverage.

**Keep this guide handy - refer to the information
in this guide to help you make wise benefit choices**



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-20-2020)

PART A: General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: 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 find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health 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 November 1, 2019 and ends December 15, 2019.

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 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 9.86% 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 often made on an after-tax basis.

How Can I Get More Information?

An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs. For more information about your coverage offered by your employer, please check your summary plan description or contact:

Brian Rodriguez
Green Tech High Charter School
89 Slingerland Street
Albany, NY 12202
(518) 694-3400

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [Healthcare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

General Notices

Patient Protection Disclosure

If your health plan generally allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your health insurance carrier or from any other person (including primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

The Women's Health and Cancer Rights Act of 1998

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis and complications resulting from mastectomy, including lymphedema? Contact your employer for more information.

The Women's Health and Cancer Rights Act (WHCRA), signed into law on October 21, 1998, contains protections for patients who select breast reconstruction in connection with a mastectomy. Plans offering coverage for a mastectomy must also cover reconstructive surgery and other benefits related to a mastectomy.

Women's Health and Cancer Rights Act (WHCRA).

- Applies to group health plans for plan years starting on or after October 21, 1998.
- Applies to group health plans, health insurance companies or HMOs, if the plan or coverage provides medical and surgical benefits with respect to mastectomy.
- Requires coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient.

Under WHCRA, mastectomy benefits must include coverage 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,
- Prosthesis and treatment of physical complications of the mastectomy, including lymphedema.

Under WHCRA mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage. Therefore, the following in-network copays, deductibles and coinsurance apply.

Benefit	Empire BlueCross OELS PEO
Deductible	\$1,500 / \$3,000
PCP Office Visit	10% Coinsurance after Deductible
Specialist Office Visit	10% Coinsurance after Deductible
Inpatient Hospital Admission	10% Coinsurance after Deductible
Emergency Room	10% Coinsurance after Deductible

The law also contains prohibitions against:

- Plans and issuers denying patients eligibility or continued eligibility to enroll or renew coverage under the plans to avoid the requirements of WHCRA,
- Plans and issuers providing incentives to, or penalizing, physicians to induce them to provide care in a manner inconsistent with the WHCRA.

If you would like more information on WHCRA benefits, call your plan 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA Special Enrollment Rights

Green Tech High Charter School is committed to maintaining and protecting the confidentiality of our employees' personal information. You have the right to request a copy of our Notice of Privacy Practices which contains information about our policies, safeguards and practices regarding use of your PHI. For more information, contact:

Brian Rodriguez. (518) 694-3400, Brodriguez@GreenTechHigh.org

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

In addition, this special enrollment opportunity will not be available when other coverage ends unless you provide a written statement now explaining the reason that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage will eliminate this special enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining coverage because other coverage is in effect, you will not have this special enrollment opportunity for the person(s) covered by the statement. *See paragraph below, however, regarding enrollment in the event of marriage, birth, adoption or placement for adoption.*

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 enroll within "30 days" after the marriage, birth, adoption, or placement for adoption.

A special enrollment opportunity may be available in the future if you or your dependent(s) lose other coverage. This special enrollment opportunity will not be available when other coverage ends, however, unless you provide written statement now explaining the reason that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage will eliminate this special enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining coverage because other coverage is in effect, you will not have this special enrollment opportunity for the person(s) covered by the statement. *See paragraph above, however, regarding enrollment in the event of marriage, birth, adoption, or placement for adoption.*

Effective April 1, 2009 special enrollment rights also exist in the following circumstances:

- If you or your dependent(s) experience a loss of eligibility for Medicaid or your State Children's Health Insurance Program (SCHIP) coverage; or
- If you or your dependent(s) become eligible for premium assistance under an optional state Medicaid or SCHIP program that would pay the employee's portion of the health insurance premium

Note: In the two above listed circumstances only, you or your dependent(s) will have sixty (60) days to request special enrollment in the group health plan coverage. An individual must request this special enrollment within sixty (60) days of the loss of coverage described in bullet one, and within sixty (60) days of when eligibility is determined as described in bullet two.

To request special enrollment or obtain more information, contact:

Brian Rodriguez

Green Tech High Charter School

99 Slingerland Street, Albany, NY 12202

(518) 694-3400; Brodriguez@GreenTechHigh.org



YOUR COMPLETE EMPLOYEE SOLUTION.