

Understanding Your 2022 Benefits

Changes and Options You'll See
During Open Enrollment

Presented by



BenefitEdge Insurance Services, Inc.

(888) 995-EDGE (3343)

(408) 995-EDGE (3343)

www.benefitedge.net

Lic#0F37564

BenefitEdge Insurance

- We are the benefits broker for your medical, dental, vision, life and voluntary insurance plans
- We will work in support of your HR team to resolve any benefits related issues throughout the year

Servicing Reminder for 2022

Website Address:

www.tkabenefits.com

Email:

tka@benefitedge.net

www.tkabenefits.com

Welcome

The King's Academy is proud to provide the following excellent benefits package that includes medical, HSA, dental, vision, EAP, and many other benefits. We know that you will find these benefit plans to be a great fit and design for the health care needs and well-being of you and your family.

Each tabbed section above includes information about your plans, such as the description for each carrier option, carrier links to search for a provider, facility, or doctor, and other pertinent information.

The 'quick links' section to the right lists valuable resources and information you will find useful regarding additional company policies, notices, and various forms. If you have any questions or need assistance in choosing the best benefit option or completing your applications, please feel free to contact Human Resources or BenefitEdge Insurance at (408) 995-3343.

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Quick Links

- » BENEFITS SUMMARY
- » OPEN ENROLLMENT
- » PENSION PLAN
- » FORMS
- » REQUIRED NOTICES

BENETRAC





Employee Resource Online Portal

- All benefit eligible employees are required to login and confirm elections in BeneTrac
- If waiving medical, please enroll in the employer funded FSA plan
- With BeneTrac you have access to your plans and enrollment at any time

General Information

- This is our open enrollment period and your opportunity to make changes to your plans
- Any requested changes after open enrollment will require a “qualifying event”
- Any changes will take effect on October 1, 2022

Medical Insurance Changes 2022

- All carriers remain! Sutter, Kaiser, Guardian
- Medical employee contributions increase 4-5%, the first increase since 2017-18
- Guardian and voluntary plans will not increase
- HSA funding by TKA will remain the same
- HSA IRS limits are increasing
- FSA IRS limits are increasing

Medical Insurance - HMO

➤ Kaiser - you have to use their facilities

➤ After you are enrolled with Kaiser you can select your doctor

Medical HMO	Kaiser HMO
Group Numbers	602375
Plan	\$20 Plan
Deductible	None
Physician's Office Care	Physician's Office Care
Office Visit Copay	\$20
Routine Physicals	No Charge
Well Baby Care	No Charge
Labs and Xrays	\$10
Chiropractic / Acupuncture	\$15
Prescription Drugs (30 Days)	Prescription Drugs
Generic	\$10
Brand Name	\$30
Mail Order (100 Days)	2 times copay
Hospital Care	Hospital Care
Urgent Care	\$20
In-Patient Hospital	\$500 / admit
Out-Patient Services	\$250 per procedure
Hospital Emergency	\$150 / visit (waived if admit)
Maximum Out-of-Pocket	Maximum Out-of-Pocket
Individual	\$3,000
Family	\$6,000
Max. Lifetime Benefit	Unlimited

Medical Insurance - HMO

➤ SH - you have to use their facilities

➤ When you enroll with SH you will select your doctor

Medical HMO	Sutter Health HMO
Group Number	222304
Plan	HMO 20
Deductible Single/Family	\$500 / \$1,000
Physician's Office Care	Physician's Office Care
Office Visit Copay	\$20
Routine Physicals	No Charge
Well Baby Care	No Charge
Labs and Xrays	\$10 - \$50
Chiropractic / Acupuncture	\$10 (30 visits)
Prescription Drugs	Rx Drugs (Mail order - 100 days)
Generic	\$10 (\$20)
Brand Name	\$30 (\$60)
Non-Formulary	\$60 (\$120)
Hospital Care	Hospital Care
Urgent Care	\$20
In-Patient Hospital	10% after deductible
Out-Patient Services	10% after deductible
Hospital Emergency	10% after deductible
Maximum Out-of-Pocket	Maximum Out-of-Pocket
Individual	\$3,000
Family	\$6,000
Max. Lifetime Benefit	Unlimited

Health Savings Account (H.S.A.)

2 Parts



1. A High Deductible, IRS Approved Health Plan

Intended to cover serious illness or injury once the deductible has been met.



2. A Health Savings Account (Bank Account)

Used to cover all IRS approved medical expenses until the deductible is met.



Part 1



Medical HSA	Kaiser HSA 1500 DHMO
Deductible Individual	\$1,500
Deductible Family (2+)	\$3,000 (\$2,800 per member)
	Physician's Office Care
Office Visit Copay	20% after deductible
Preventive, Women's Health	No Charge
Well Baby Care	No Charge
Labs and Xrays	20% after deductible
	Prescription Drugs
Generic	\$10 (\$20) after deductible
Brand Name	\$20 (\$40) after deductible
Mail Order (100 Days)	2 times copay
	Hospital Care
Urgent Care	20% after deductible
In-Patient Hospital	20% after deductible
Out-Patient Hospital	20% after deductible
Hospital Emergency	20% after deductible
	Maximum Out-of-Pocket
Individual	\$3,000
Family	\$6,000
Max. Lifetime Benefit	Unlimited

Part 1

Medical Insurance – HMO-HSA

➤ SH - you have to use their facilities

➤ When you enroll with SH you will select your doctor

Medical HMO-HSA	Sutter Health HSA
Group Number	222304
Plan	HSA 1500
Deductible Single	\$1,500
Deductible Family	\$3,000 (\$2,800 per member)
Physician's Office Care	Physician's Office Care
Office Visit Copay	\$20 after deductible
Routine Physicals	No Charge
Well Baby Care	No Charge
Labs and Xrays	\$10 - \$50 after deductible
Chiropractic / Acupuncture	Not Available
Prescription Drugs	Rx Drugs (Mail order - 100 days)
Generic	\$10 (\$20) after deductible
Brand Name	\$30 (\$60) after deductible
Non-Formulary	\$60 (\$120) after deductible
Hospital Care	Hospital Care
Urgent Care	\$20 after deductible
In-Patient Hospital	\$250 per day (5 max) after deductible
Out-Patient Services	\$20 copay after deductible
Hospital Emergency	\$100 copay after deductible
Maximum Out-of-Pocket	Maximum Out-of-Pocket
Individual	\$3,000
Family	\$6,000
Max. Lifetime Benefit	Unlimited

Health Savings Account (HSA)

- Funds are deposited into the HSA bank account through Optum Bank
- Funds deposited and not used remain in your account and they roll over every year
- Your HSA funds can be used for any medically necessary expenses per IRS rules.

Health Savings Account (HSA)

How do funds get deposited into the account?

- TKA will deposit funds per month into your HSA bank account
- Employees may contribute additional funds pre-tax through payroll deductions

TKA Contribution Annually

Health Savings Acct	TKA Contribution
Employee	\$500
Employee + Spouse	\$1,000
Employee + Child(ren)	\$1,000
Employee + Family	\$1,000

Health Savings Account (HSA)

Who is Eligible?

- Members must enroll in either the Sutter Health or KAISER HSA Medical plan

Who is Not Eligible?

- Anyone enrolled in Medicare
- If you are claimed on someone else's tax return

APPENDIX: SAMPLE OF HSA QUALIFIED EXPENSES (Short List)

Rule: Medically necessary (not cosmetic)

Source: <http://www.irs.gov/publications/p502/index.html>

Acupuncture

Chiropractic

Blood tests

Blood transfusions

Contact Lenses

Dental, Dental X-rays, Dentures

Drugs (prescription)

Eyeglasses

Gum treatment

Hearing aids

Hospital bills

Insulin

Lab tests

Optician

Optometrist

Oral surgery

Prenatal care

Psychotherapy

Vaccines

Vitamins (if prescribed)

X-rays

***Also pays for COBRA, long term care and Medicare part B & D premiums.

Accessing Funds

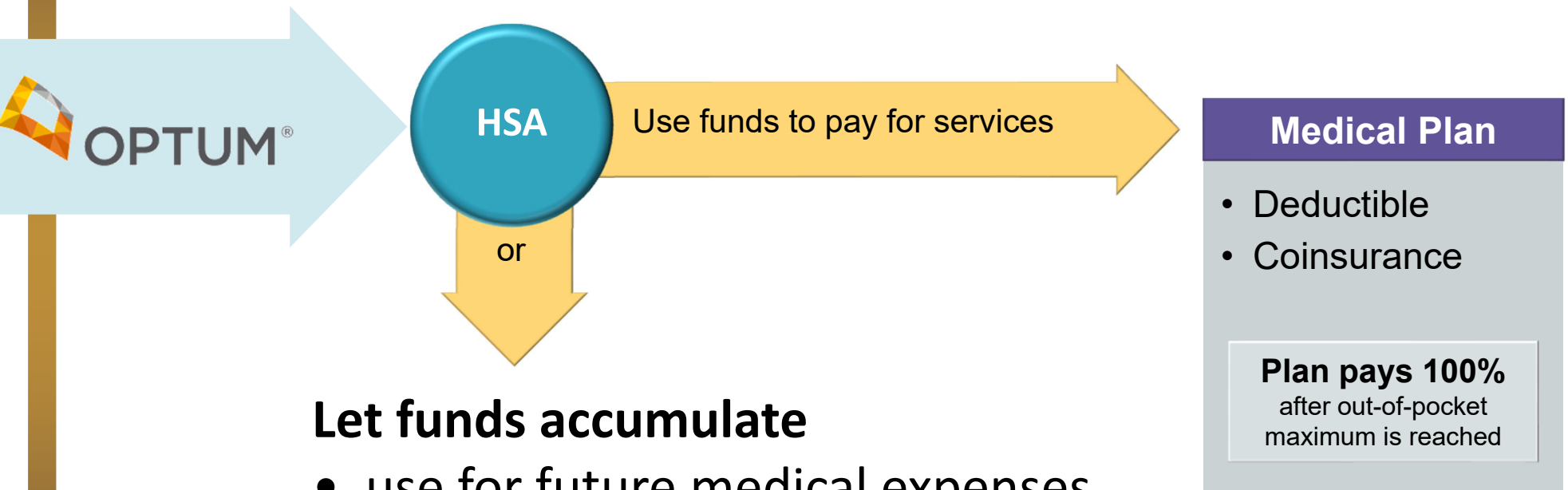
- **Signature Based Debit Visa Card**
Received 2-3 weeks after account set up
- **Online Access**
Track deposits, balances, and payments

Health Savings Account Limits

2022 Plan Year	IRS Annual Limit
Employee	\$3,650
Family (2 or more)	\$7,300
Catch-UP (55 or older)	\$1,000

2023 Plan Year	IRS Annual Limit
Employee	\$3,850
Family (2 or more)	\$7,750
Catch-UP (55 or older)	\$1,000

IRS limits INCLUDE the TKA contribution



Let funds accumulate

- use for future medical expenses
- transfer to investment account
- save for supplemental income in retirement

HSA Comparison

Considerations before enrolling in an HSA:

- Your monthly contributions from your paycheck
- Amount you typically spend out of pocket on your medical expenses per year
- Medical plan deductibles
- Brand drugs can be extremely expensive

A few simple ways to save money

1. Mail Order (double copay, three times the supply)
2. Urgent Care Facilities - \$20 copay or much lower cost than emergency (HSA)
3. Obtain a pre-determination or authorization for procedures/labs

Dental Insurance – Guardian

Guardian Dental PPO

- \$50 deductible which is waived for preventive care.
- Calendar year annual maximum is \$1,500 In Network and \$1,000 Out-of-network.
- Preventive services are covered at 100%
- Rollover Benefit – 2022 calendar year

Dental PPO	Guardian Dental, Group # 441291	
Benefits	Contracted Provider	Non-Contract Provider
Calendar Year Max. Benefit	\$1,500	\$1,000
Calendar Year Deductible	\$50 Per Member, 3 Per Family	
Preventive Services:	100%	80% (Subject to UCR)
Exam, X-rays, Cleaning	Deductible Waived	
General/Basic Services:	80%	70% (Subject to UCR)
Fillings, Endodontic, Perio.		
Major Services:	50%	40% (Subject to UCR)
Crowns, Bridges, Dentures		
Orthodontic Services:	50%	50% (Subject to UCR)
Child and Adult		
Orthodontics Lifetime Max	\$1,000	
Maximum Rollover	Threshold \$500, In network \$350 (\$250 Out), limit \$1,000	
Preventive Advantage	Preventive work does not count towards annual maximum	

* UCR (Usual, Customary, Reasonable)

Dental Insurance – Guardian

Preventive Advantage - Reminder

- Members can access preventive care without having the benefit deducted from their annual maximum.
- The entire annual maximum amount is preserved for other dental needs
- Examples of preventive items - Oral exams, cleanings, x-rays, fluoride treatments

Dental Insurance – Guardian

- Fees average 25% to 30% less for using a contracted provider
- Annual maximums can stretch further
- Less cost out-of-pocket
- Example: Root Canal, Molar Tooth

In-network \$754 - \$958

Out-of-network \$1,016 - \$1,350

Dental Insurance – Guardian - Rollover

- A portion of your unused annual maximum can rollover to the following year
- Make sure to go in for at least one cleaning each year and spend under the threshold and Guardian will add additional funds into a rollover account the next year
- Check your rollover in March each year

Dental DHMO	Guardian Dental, Group # 441291
Calendar Year Max. Benefit	(Unlimited) See The Guardian Employee Booklet for complete list
Calendar Year Deductible	\$0, Select a Primary Care Dentist
Preventive Care	\$0 for Cleanings and Exams \$20 for Periodontal Maintenance \$5 for Sealants
Basic Care	\$5 for Fillings \$235 Periodontal Surgery \$80-175 for Root Canals
Major Care	\$220-255 Bridges and Dentures \$80-155 Inlays, Veneers \$180 Single Crowns


*The network is smaller than the PPO plan, but it's a great way to save money if you don't mind choosing a different dentist.

Finding a Dentist is easy

Go to www.guardiananytime.com and click 'find a dentist'

Search for a dentist in your area

All fields are required unless marked optional.

Plan Type 

- PPO
- Managed Dental Care
(DHMO/Prepaid)

Location [Use my current location](#)

Miles

10 

Dentist Last Name *(Optional)*

Office Name *(Optional)*



Voluntary Vision Insurance – Guardian VSP

	Guardian VSP, Group # 441291	
Benefits	Contract Provider	Non-Contract Provdr
Exams	\$10	
Materials	\$25	
Lenses		
Single Vision	Covered in Full	\$47
Bifocal	Covered in Full	\$66
Trifocal	Covered in Full	\$85
Contacts		
Medically Nec. Contacts	Covered in Full	\$210
Cosmetic	\$120 Allowance	\$120
Frames	\$120 + 20%	\$47
	Benefit Frequency	
Exam	Every 12 Months	
Lenses	Every 24 Months	
Frames	Every 24 Months	



Basic Life Insurance Plan

Guardian Life Insurance-Employee Only

\$30,000 Basic Life Insurance + AD&D

Paid by TKA

Group # 441291

Voluntary Life - Guardian

- Additional life insurance up to \$500,000
- Life insurance available for spouse and children, but employee must enroll first
- Employee paid through payroll deductions
- Guarantee Issue – Newly eligible employees
 - Employee \$200,000
 - Spouse - \$50,000
 - Child(ren) - \$10,000



Voluntary Life - Guardian

Voluntary Life	Group # 441291
Employee Benefit	\$10,000 to a maximum of \$500,000
Spouse & Child Coverage	Spouse up to 50% of Emp, Child max \$10K
Guarantee Issue Emp	\$200,000
Guarantee Issue 65-70	\$50,000
Guarantee Issue 70+	\$10,000
Guarantee Issue Spouse	\$50,000
Guarantee Issue Sp 65-70	\$10,000
Guarantee Issue Child	\$10,000
Benefit is Voluntary and Paid Through Payroll Deductions	



Voluntary Life - Guardian

Example: Age 40	Volume	Cost Per Paycheck
Employee Age 40	\$200,000	\$21.00
Spouse Age 41	\$50,000	\$5.25
Children (3 total)	\$10,000	\$1.00
	Total	\$27.25

Example: Age 50	Volume	Cost Per Paycheck
Employee Age 50	\$100,000	\$25.95
Spouse Age 49	\$50,000	\$12.98
Children (1 total)	\$10,000	\$1.00
	Total	\$39.93

Voluntary Accident Insurance

ACCIDENT INSURANCE	
Hospital Admission	\$1,000
Hospital Confinement	\$225/day – up to 1 year
Physical Therapy	\$25 (up to 10 days)
Urgent Care	\$75
Knee Cartilage, Ligament	\$500
Tendon/Ligament	\$250
Employee Cost per Pay Check	
Employee Only	\$9.14
Employee + Spouse	\$15.43
Employee + Child	\$15.90
Family	\$22.19

Accident Insurance is Voluntary, See Plan Summary for Full Coverage



Voluntary Cancer Insurance

CANCER INSURANCE	
Initial Diagnosis	\$2,500
Chemotherapy	Up to \$4,000
Surgery	\$500 - \$2,000
Hospital Confinement	\$300 per day
Physical Therapy	\$25
Employee Cost per Pay Check	
Employee Only	\$9.27
Employee + Spouse	\$18.67
Employee + Child	\$10.74
Family	\$20.14
Cancer Insurance is Voluntary, See Plan Summary for Full Coverage	

Members and dependents must answer one health question to be eligible



Employee Assistance and Mental Health Program

- For Employees and their family members
- Unlimited phone calls with a counselor 800-386-7055
- Referrals to local counselors – up to 3 sessions free
- Website for help – <https://worklife.uprisehealth.com>

Education

- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Working Smarter

- Career development
- Effective managing
- Relocation

Legal and Financial

- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

Confidential Resource

Access Code: *worklife*

Support Apps



Flexible Spending Account - FSA

Health Care Flexible Spending Account Contributions

\$2,850 Maximum Annual Contribution, **\$100** Minimum

Eligible Expenses: Unreimbursed medical, dental, and vision expenses not covered by your health plan

Examples of Eligible Expenses: Deductibles, coinsurance, copays, prescriptions, vision, chiropractic

Remember that over-the-counter drugs are not allowed <http://www.irs.gov/publications/p502/index.html>

Dependent Care Flexible Spending Account Contributions

\$5,000 Maximum Annual Contribution, **\$100** Minimum

\$2,500 Maximum Annual Contribution for married individual filing separately

Eligible Expenses: Eligible dependent care expenses

Examples of Eligible Expenses: Daycare before or after school, nanny, nursery, fees, elder care

Examples of Non Eligible Expenses: Tuition, Transportation, Activity fees, Field trips, Overnight Camps

Limits are set by the IRS

How FSAs Work

- At the beginning of the plan year, you will make an annual election for each type of FSA.



Medical FSA



Dependent Care FSA

- Your annual election will be taken before tax throughout the year based on your payroll schedule.
- You will have access to your election throughout the plan year for eligible expenses until the date allowed by your plan.

How does a Medical FSA work?

- Your entire Medical FSA election will be available on the first day of the plan year.
- You use the FSA funds for eligible medical expenses provided for you, your spouse and any dependents.
- Use your Beniversal[®] Prepaid MasterCard[®]
- Submit claims



Make FSA Eligible OTC Purchases with Ease!

Benefit Resource has partnered with FSAStore to provide you with convenient access to FSA OTC eligible items.



- Go to www.BenefitResource.com/shopfsa to get started.
- When checking out, use your Beniversal Card. It provides quick access to FSA funds without any receipts to submit.

How does a Dependent Care FSA work?

- A Dependent Care FSA is a “Cash Balance” account

$$\text{Deductions} - \text{Prior Payments} = \text{Available Balance}$$

- Submit claims to be reimbursed for Dependent Care expenses.
- Claims will not be paid until the service has been provided.
- Claims must be submitted within the designated time period for your plan.



Dependent Care Eligibility

- Care must be for dependents under age 13, or an adult dependent incapable of self-care.
- Care must enable you (and your spouse if you're married) to work, look for work or attend school full-time.



You will receive a Beniversal[®] Prepaid MasterCard[®] to use for eligible medical expenses.

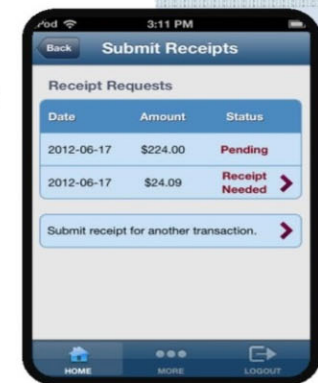


- Your card will be mailed to your home address.
- Activate your Beniversal Card by calling the number on the activation label or online at www.BenefitResource.com.

The Beniversal Card is issued by The Bancorp Bank pursuant to license by MasterCard International Incorporated. The Bancorp Bank; Member FDIC. MasterCard is a registered trademark of MasterCard International Incorporated.

What to Expect After Using the Beniversal Card

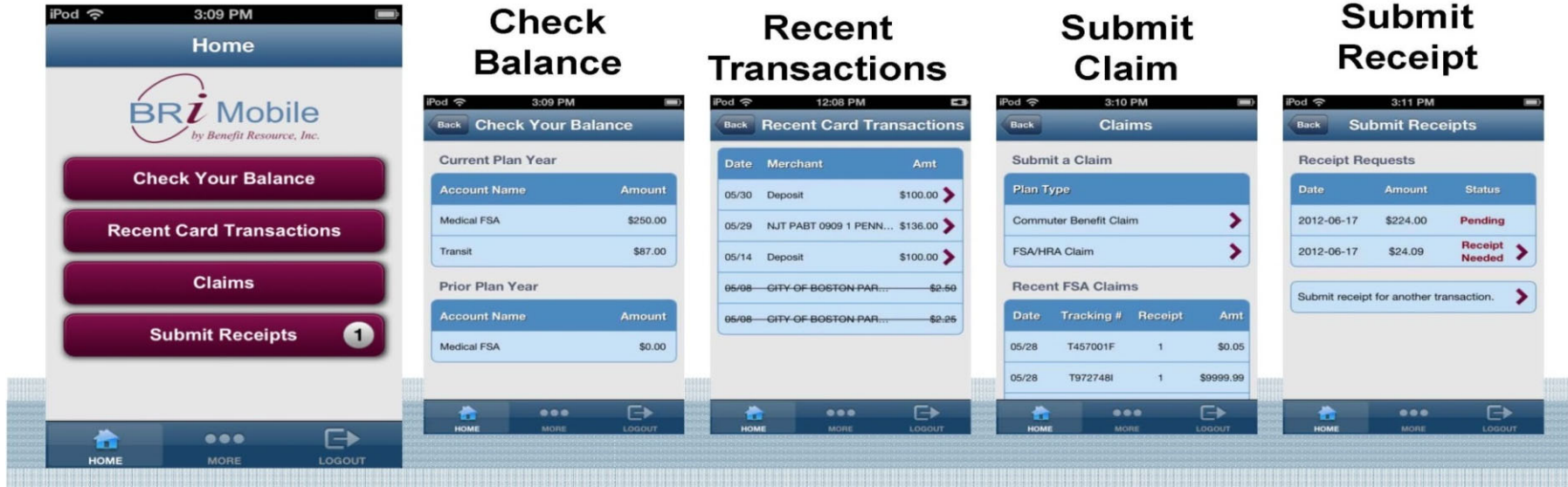
- If the card transaction can be automatically **verified**, there is no additional information required.
- If **additional information is required**, we will send you an e-mail or a letter within a week of the card transaction.
- You can conveniently resolve receipt requests:
 - Through BRiWeb (*Options to upload receipts, submit a substitute claim or repay an expense*)
 - Through BRiMobile (*Wait for a request or submit receipts in real-time*)
 - By mail or fax



Account access on-the-go

- **BRiMobile**

Download the BRiMobile app for iPhone and Android devices.



The image displays five screenshots of the BRiMobile app interface on an iPod touch device. Each screenshot shows a different screen of the application, demonstrating its functionality for account management.

Home Screen: Shows the BRi Mobile logo and four main menu items: Check Your Balance, Recent Card Transactions, Claims, and Submit Receipts (with a notification badge '1').

Check Balance Screen: Displays account balances for the Current Plan Year and Prior Plan Year.

Account Name	Amount
Medical FSA	\$250.00
Transit	\$87.00
Prior Plan Year	
Account Name	Amount
Medical FSA	\$0.00

Recent Transactions Screen: Shows a list of recent card transactions.

Date	Merchant	Amt
05/30	Deposit	\$100.00
05/29	NJT PABT 0909 1 PENN...	\$136.00
05/14	Deposit	\$100.00
05/08	CITY-OF-BOSTON-PAR...	\$0.50
05/08	CITY-OF-BOSTON-PAR...	\$0.25

Submit Claim Screen: Allows users to submit a claim, showing options for Plan Type (Commuter Benefit Claim, FSA/HRA Claim) and a list of Recent FSA Claims.

Date	Tracking #	Receipt	Amt
05/28	T457001F	1	\$0.05
05/28	T972748I	1	\$9999.99

Submit Receipt Screen: Shows receipt requests with a table of pending and needed receipts.

Date	Amount	Status
2012-06-17	\$224.00	Pending
2012-06-17	\$24.09	Receipt Needed

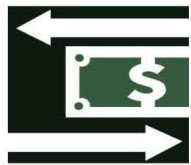
Submitting a Claim Reimbursement Request



1. When the Beniversal Card is not used or for Dependent Care expenses, you will pay for an eligible expense with another form of payment (e.g. cash, check).



2. Submit a reimbursement claim.
 - Use online claim submission tool
 - Use BRiMobile app for iPhone, iPad or Android devices
 - Mail/fax claim forms with appropriate documentation to BRI



3. Receive your reimbursement by direct deposit or check.

Convenient Participant Support



Phone: (800) 473-9595

Monday - Friday, 8am - 8pm (Eastern Time)

Bilingual representatives (English and Spanish)



Email: participantservices@BenefitResource.com



Online Live Chat:
www.BenefitResource.com

Monday - Friday, 8am - 5pm (Eastern Time)

(available through participant login)



Flexible Spending Account - FSA

Transportation/Parking - FSA Contributions

\$280 Maximum Monthly Contribution

Eligible Expenses: BART, Bus, Muni, Light Rail, Train, and Ferry Passes

Non-Eligible Expenses: Taxi Fares, Mileage, Bridge Tolls, FasTrak

Parking

Eligible Expenses: Parking garage, commuter lot

Limits are set by the IRS



Additional Benefits

If the eligible employee elects **not** to receive the medical insurance benefit, a \$500 FSA contribution will be automatically made on an annual basis.

Retirement Plan – The Standard

During the 2022-2023 school year TKA will contribute 3% of each eligible individual's base salary or hourly compensation to a 403(b) account in that employee's name. A matching 3% is also available when the employee contributes 3% or more to this fund. Eligibility for this plan begins after your first day of employment.

Additional voluntary contributions may be made by the employee to their 403(b) account administered by The Standard.

Please contact The Standard www.standard.com/retirement or (800) 858-5420



FINAL STEP

Finalize your changes, then approve them

You can review your changes during the log out process

Finalize your Changes

You can review your changes during the log out process.

SUMMATION - Amounts per (Semi-Monthly) pay period

Total Cost of Elections:	\$200.00
Total Flex dollars:	\$50.00
Out of pocket expense:	\$150.00
Unspent Flex dollars:	\$0.00
Custom message from your Benefits Administrator.	

REVIEW & FINALIZE

NOTE: This button may not appear at the bottom of your Benefits page if you have made no changes during your session. In this case, you may log out.

Logging out will give you a final opportunity to review and print your Election Summary.

Making Your Enrollment Changes

- All enrollment changes will be made using the BeneTrac system
- Changes must be made by September 15th
- Please finalize your elections by clicking on the orange finalize button at the end. This lets us know that you are completed

Thank you for your time.

**Please make sure to make your elections
(or waive) in BeneTrac September 15th**

We look forward to serving you and
helping with any benefit related issues.

Please don't hesitate to call.

(408) 995-EDGE (3343)
tka@benefitedge.net

1. Staying in-network for all your healthcare services. Remember you may be billed for unplanned costs
2. Using the right level of healthcare at the right time, avoiding the emergency room when it make sense to do so
3. Getting your annual physicals, including age and gender appropriate services each year

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