

Benefits Summary for the Employees of The King's Academy



Effective October 1, 2025

Group # 602375	Kaiser HMO	Kaiser HSA
Plan	HMO \$40	\$2,500 HDHP Plan
Deductible Single	None	\$2,500
Deductible Family	None	\$5,000
Physician's Office Care		
Office Visit / Specialist	\$40 / \$50	\$20 / \$20 after ded
Routine Physicals	No Charge	No Charge
Well Baby Care	No Charge	No Charge
Labs and X-rays	\$15 - \$50	\$10-\$40 after ded
Chiro/Acupuncture	\$15 Copay	Not Available
Prescription Drugs (Mail Order 100 Days)		
Generic 30 day	\$15 (\$30)	\$10 (\$20)
Brand Name 30 day	\$40 (\$80)	\$30 (\$60)
Specialty	30% to max \$250	20% to max \$250
Hospital Care		
Urgent Care	\$40	\$20 after ded
In-Patient Hospital	30%	20% after ded
Out-Patient Services	30%	20% after ded
Hospital Emergency	30%	20% after ded
Maximum Out-of-Pocket (includes ded)		
Individual	\$4,000	\$5,000
Family	\$8,000	\$10,000
Max. Lifetime Benefit	Unlimited	Unlimited
	Premium	Emp Cost
Employee	\$922.69	\$120
Employee + Spouse	\$2,029.90	\$310
Employee + Child(ren)	\$1,845.37	\$260
Family	\$2,768.06	\$426

Premium and Emp cost shown is monthly



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 Maximum	\$1,000	
Maximum Rollover	Threshold \$500, In network \$350 (\$250 Out), limit \$1,000	
	Premium	Monthly Emp Cost
Employee	\$66.09	\$35
Employee + Spouse	\$125.23	\$66
Employee + Child(ren)	\$158.74	\$84
Family	\$217.87	\$115



Dental DHMO	Guardian Dental, Group # 441291	
Calendar Year Max. Benefit	(Unlimited) See The Guardian Employee Kit Page 3 & 15	
Calendar Year Deductible	\$0, Select a Primary Care Dentist	
	Premium	Monthly Emp Cost
Employee	\$18.83	\$5
Employee + Spouse	\$36.63	\$10
Employee + Child(ren)	\$32.73	\$10
Family	\$53.78	\$15

Information provided in this handout is for comparison purposes only and is provided without any coverage guarantees. Refer to the insurance carrier plan summary to verify any specific procedures.

(888) 995-3343



Group # 222304	Sutter Health HMO		Sutter Health HSA	
Plan	HMO \$20		\$2,500 HDHP Plan	
Deductible Single	\$500		\$2,500	
Deductible Family	\$1,000		\$5,000	
	Physician's Office Care			
Office Visit / Specialist	\$20 / \$20		\$40 after deductible	
Routine Physicals	No Charge		No Charge	
Well Baby Care	No Charge		No Charge	
Labs and X-rays	\$10 - \$50		\$15 - \$50 after deductible	
Chiro/Acupuncture	\$10 (30 visits)		Chiro Not Available / Acu \$40	
	Prescription Drugs (Mail Order 100 Days)			
Generic 30 day	\$10 (\$20)		\$10 (\$20) after deductible	
Brand Name 30 day	\$30 (\$60)		\$30 (\$60) after deductible	
Specialty	10% to max \$100		20% to max \$100	
	Hospital Care			
Urgent Care	\$20		\$40 after deductible	
In-Patient Hospital	10% after deductible		\$500 per day (5 max) after deductible	
Out-Patient Services	10% after deductible		\$40 copay after deductible	
Hospital Emergency	10% after deductible		\$100 copay after deductible	
	Maximum Out-of-Pocket (includes ded)			
Individual	\$3,000		\$4,000	
Family	\$6,000		\$8,000	
Max. Lifetime Benefit	Unlimited		Unlimited	
	Premium	Monthly Emp Cost	Premium	Monthly Emp Cost
Employee	\$1,046.80	\$75	\$812.10	\$25
Employee + Spouse	\$2,302.80	\$310	\$1,786.50	\$104
Employee + Child(ren)	\$2,093.40	\$260	\$1,624.10	\$88
Family	\$3,140.40	\$426	\$2,436.20	\$150

ded = deductible

Premium and Emp cost shown is monthly

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

Health Savings Acct	Annual TKA Contribution
Employee	\$1,000
Emp + Spouse	\$1,500
Emp + Children/Family	\$2,000



HSA Annual IRA Limits	2025	2026
Single	\$4,300	\$4,400
Family (2 or more)	\$8,550	\$8,750
Catch-up (55 or older)	\$1,000	

Voluntary Vision Plan - VSP Guardian	
Exams (Every 12 months)	\$10
Materials (Every 24 months)	\$25
Lenses	Contracted Provider
Single, Bifocal	Covered in Full
Trifocal	Covered in Full
Frames	\$120 + 20%
Contacts	\$120.00
	Monthly Emp Cost
Employee	\$13.81
Employee + Spouse	\$23.24
Employee + Child(ren)	\$23.70
Family	\$37.50



Guardian Life Insurance
\$30,000 Basic Life and AD&D

Optional FSA Plan Available (800) 473-9595
Pre-Tax Contributions may be made to your FSA up to \$3,300 Medical, \$5000 Dependent Care, Transit



Voluntary Life	Guardian, Group # 441291
Employee Benefit	Additional life insurance up to \$500,000
Spouse + Child	Spouse 50% of emp amount, Child 10% of Emp amount
Guarantee Issue	\$200,000 Employee, \$50,000 Spouse, \$10,000 Child

Voluntary Life Insurance is Voluntary, See BeneTrac for rates

Accident - Monthly Cost	Guardian Accident Insurance
Employee Only - \$18.27	Hospital Admission - \$1,000
Employee+Spouse - \$30.85	Knee Cartilage, Tendon/Ligament \$500
Employee+Child(ren) - \$31.80	Physical Therapy \$25
Employee+Family - \$44.38	Urgent Care \$75

Accident Insurance is Voluntary, See Plan Summary for Coverage

Cancer - Monthly Cost	Guardian Cancer Insurance
Employee Only - \$18.54	Initial Diagnosis \$2,500
Employee+Spouse - \$37.34	Chemotherapy, up to \$4,000
Employee+Child(ren) - \$21.48	Surgery \$500-\$2,000
Employee+Family - \$40.28	Hospital Confinement \$300 per day

Cancer Insurance is Voluntary, See Plan Summary for Coverage

Retirement Plan - The Standard
During the 2025-2026 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 immediately upon employment.
Additional voluntary contributions may be made by the employee to their 403(b) account administered by The Standard.
Please visit: www.standard.com/retirement or (800) 858-5420



www.tkabenefits.com

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