

Understanding Your 2025 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 as well as HSA and FSA
- We will work in support of your HR team to resolve any benefits related issues throughout the year

Servicing Reminder for 2025

Website Address:

www.tkabenefits.com

Email:

tka@benefitedge.net



www.tkabenefits.com



HOME MEDICAL HSA WELLNESS DENTAL VISION LIFE EAP/TRAVEL FSA CANCER/ACCIDENT CONTACT BE

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](#)

Employee Resource Online Portal

- All benefit eligible employees are required to login and confirm elections in Paylocity
- If waiving medical, please enroll in the employer funded FSA plan
- With Paylocity 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, 2025

Medical Insurance Changes 2025

- All carriers remain! Sutter Health, Kaiser, Guardian
- Employee contributions will remain the same
- All plan designs remained unchanged
- For Sutter Health, TKA is covering 93% on the HMO and 97% on the HSA
- For Kaiser, TKA is covering 87% on the HMO and 94% on the HSA

Medical Insurance Changes 2025

- Spouse Carve-Out – As a reminder, the medical plans have a provision which states if a spouse has coverage through their employer, they are required to enroll through their employer
- Guardian voluntary plans will remain
- HSA funding by TKA will remain the same!
- HSA & FSA IRS limits are increasing



THE KING'S ACADEMY



KAISER PERMANENTE®

BenefitEdge
INSURANCE SERVICES INC

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 Number	602375
Plan	HMO \$40
Deductible	None
	Physician's Office Care
Office Visit / Specialist	\$40 / \$50
Routine Physicals	No Charge
Well Baby Care/Immunizations	No Charge
Labs and Xrays	\$15 - \$50
Chiropractic / Acupuncture	\$15 Copay
	Prescription Drugs (Mail Order 100 Days)
Generic 30 day	\$15 (\$30)
Brand Name 30 day	\$40 (\$80)
Specialty	30% to a max \$250
	Hospital Care
Urgent Care	\$40
In-Patient Hospital	30%
Out-Patient Services	30%
Hospital Emergency	30%
	Maximum Out-of-Pocket
Individual	\$4,000
Family	\$8,000
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
Plan	HMO 20
Deductible Single	\$500
Deductible Family	\$1,000
	Physician's Office Care
Office Visit / Specialist	\$20 / \$20
Routine Physicals	No Charge
Well Baby Care/Immunizations	No Charge
Labs and Xrays	\$10 - \$50
Chiropractic / Acupuncture	\$10 (30 visits)
	Prescription Drugs (Mail Order 100 Days)
Generic 30 day	\$10 (\$20)
Brand Name 30 day	\$30 (\$60)
Specialty	10% to max \$100
	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 (includes ded)
Individual	\$3,000
Family	\$6,000
Max. Lifetime Benefit	Unlimited

Health Savings Account (HSA)

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 \$2,500 HDHP
Deductible Individual	\$2,500
Deductible Family (2+)	\$5,000
	Physician's Office Care
Office Visit / Specialist	\$20 / \$20 after deductible
Routine Physicals	No Charge
Well Baby Care/Immunizations	No Charge
Labs and Xrays	\$10-\$40 after deductible
	Prescription Drugs (Mail Order 100 Days)
Generic 30 day	\$10 (\$20)
Brand Name 30 day	\$30 (\$60)
Specialty	20% to max \$250
	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 (includes ded)
Individual	\$5,000
Family	\$10,000
Max. Lifetime Benefit	Unlimited



THE KING'S ACADEMY



Sutter Health Plus
Your Health Plan

BenefitEdge
INSURANCE SERVICES INC

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
Plan	\$2,500 HDHP Plan
Deductible Single	\$2,500
Deductible Family	\$5,000
	Physician's Office Care
Office Visit / Specialist	\$40 after deductible
Routine Physicals	No Charge
Well Baby Care/Immunizations	No Charge
Labs and Xrays	\$15 - \$50 after deductible
Chiropractic / Acupuncture	Not Available / \$40 Acu
	Prescription Drugs (Mail Order 100 Days)
Generic 30 day	\$10 (\$20) after deductible
Brand Name 30 day	\$30 (\$60) after deductible
Specialty	20% to max \$100
	Hospital Care
Urgent Care	\$40 after deductible
In-Patient Hospital	\$500 per day (5 max) after deductible
Out-Patient Services	\$40 copay after deductible
Hospital Emergency	\$100 copay after deductible
	Maximum Out-of-Pocket (includes ded)
Individual	\$4,000
Family	\$8,000
Max. Lifetime Benefit	Unlimited

Health Savings Account (HSA)

- Funds are deposited into the HSA bank account through Benefit Resource (BRi)
- 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 into your HSA bank account
- Employees may contribute additional funds pre-tax through payroll deductions

TKA Contribution Annually

Health Savings Acct	TKA Contribution
Employee	\$1,000
Employee + Spouse	\$1,500
Employee + Child(ren)	\$2,000
Employee + Family	\$2,000

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

➤ Debit Visa Card

Received 2-3 weeks after account set up

➤ Online Access

Track deposits, balances, and payments

Health Savings Account Limits

2025 Plan Year	IRS Annual Limit
Employee	\$4,300
Family (2 or more)	\$8,500
Catch-Up (55 or older)	\$1,000

2026 Plan Year	IRS Annual Limit
Employee	\$4,400
Family (2 or more)	\$8,750
Catch-Up (55 or older)	\$1,000

IRS limits INCLUDE the TKA contribution



HSA

Use funds to pay for services

or

Medical Plan

- Deductible
- Coinsurance

Plan pays 100%
after out-of-pocket
maximum is reached

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. Telehealth (Sutter) or Video visits (Kaiser)
2. Mail Order (double copay, three times the Rx supply)
3. Urgent Care Facilities - \$20/\$40 copay is much lower cost than hospital (\$2000+)
4. 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 – 2025 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 only*
 - 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 34	Volume	Cost Per Paycheck
Employee Age 34	\$200,000	\$12.10
Spouse Age 33	\$50,000	\$3.03
Children (3 total)	\$10,000	\$1.00
	Total	\$16.13

Example: Age 40	Volume	Cost Per Paycheck
Employee Age 40	\$100,000	\$10.50
Spouse Age 40	\$50,000	\$5.25
Children (1 total)	\$10,000	\$1.00
	Total	\$16.75

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

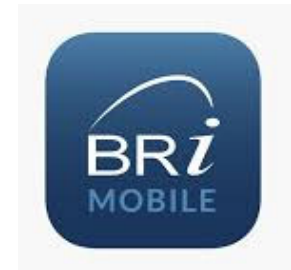
Legal and Financial

- ☐ 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 (FSA)

\$3,300 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

Dependent Care Flexible Spending Account (FSA)

\$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

FSAs – Grace Period

- Your 2024-2025 FSA balances have a grace period to incur and use the funds which is 2 ½ months (December 15th)
- Then you will have another few months to submit receipts for claims prior to the end of the grace period
- Keep the Beniversal Debit Card
- Visit www.FSAStore.com to spend additional Medical FSA funds

FSAs – How do they work?

- During open enrollment, you make an annual election for each FSA type.
 - Medical FSA or (Limited FSA if on HSA)
 - Dependent Care FSA
- Your annual election is taken before tax
- You will have access to your elected amount throughout the year to use for eligible expenses

How does a Medical FSA work?

- Your entire Medical FSA election will be available on the first day of the plan year
 - **October 1st**
- You use the FSA funds for eligible medical expenses for you and your dependents.
 - You can submit claims, or;
 - Use your Beniversal MasterCard



How does a *Limited Medical* FSA work?

- This plan works the same as the regular FSA, but if you are enrolled in the **HSA**, the FSA becomes “**limited**”
- **Limited** means you can only use the money on dental and vision expenses
- Recommend to fund the HSA fully

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.

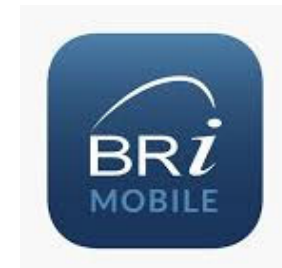
Use Beniversal Card at Qualified Merchants

Use the Beniversal Card at:

- Qualified health care related merchants (hospitals, doctors, dentist, eye doctor)
- Qualified merchants using IIAS system
- Drugstore or pharmacies without inventory identification system (90% of merchants)

What to Expect After Using the Beniversal Card

- If the card transaction can be automatically verified, then no additional information needed
- If additional information is needed, BRI will send an email or letter within a week
- You can conveniently resolve receipt requests:
 - Through BriWeb
 - Through BriMobile
 - By mail or fax



How does a Dependent Care FSA work?

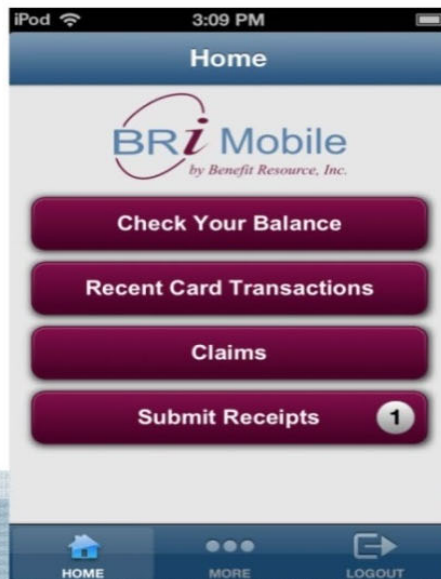
- A Dependent Care FSA is a “Cash Balance” account
- You can only use what has been deposited
- Claims cannot be paid until service has been provided
- Claims must be submitted within the plan year
- Does not use a debit card

Dependent Care FSA Eligibility

- Care must be for dependents under age 14
- Or an adult dependent incapable of self-care
- Care must enable you and/or your spouse to work
- Basic rule of thumb is anyone watching your children so that you can work

Account Access On-The-Go

BRiMobile – Download the app



Check Balance

Back Check Your Balance

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

HOME MORE LOGOUT

Recent Transactions

Back 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...	\$2.50
05/08	CITY OF BOSTON PAR...	\$2.25

HOME MORE LOGOUT

Submit Claim

Back Claims

Submit a Claim			
Plan Type			
Commuter Benefit Claim			
FSA/HRA Claim			
Recent FSA Claims			
Date	Tracking #	Receipt	Amt
05/28	T457001F	1	\$0.05
05/28	T972748I	1	\$9999.99

HOME MORE LOGOUT

Submit Receipt

Back Submit Receipts

Receipt Requests		
Date	Amount	Status
2012-06-17	\$224.00	Pending
2012-06-17	\$24.09	Receipt Needed
Submit receipt for another transaction.		

HOME MORE LOGOUT

Submitting a Claim Reimbursement Request



When the Beniversal Card is not used or for Dependent Care expenses, you will pay for an eligible expense with another form for payment



Submit a reimbursement claim either online or through the BRI Mobile App, fax a claim form, etc.



Receive your reimbursement by direct deposit or by check

Flexible Spending Account - FSA

Transportation FSA

\$325 Maximum Monthly Contribution

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

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

Qualified Parking FSA

\$325 Maximum Monthly Contribution

Eligible Expenses: Fee to park at work, fee to park in commuter lot to catch the bus or train

Limits are set by the IRS





Convenient Participant Support

Phone: (800) 473-9595

Monday-Friday 8am to 8pm (EST)

Email:

participantservices@benefitresource.com

Online Live Chat

www.BenefitResource.com



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 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 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

Making Your Enrollment Changes

- All enrollment changes will be made using the Paylocity system
- *We will send out an email when the site is ready!*
- Changes must be made by September 11th

Thank you for your time.

**Please make sure to make your elections
(or waive) in Paylocity by September 11th**

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

Don't forget, keep your cost low by:

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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