

Benefits Open Enrollment Guide

2025

CHARLOTTE
LATIN
SCHOOL



— This page intentionally left blank—

Enrollment Checklist

Open Enrollment May 7 — May 19, 2025

Information You Need to Know:

- ☐ The plan year begins on July 1, 2025 through June 30, 2025.
- ☐ You may waive, enroll, re-enroll, or terminate individual and/or dependent coverage in the Medical, Dental, Vision, Short Term Disability, Long Term Disability and Voluntary Supplemental Life Insurance plans during open enrollment. **Employees who want to keep their current elections are not required to make any entries in Paycom.** Your current elections for these benefits will carry forward unless you change your elections in Paycom.
- ☐ If you elect the High Deductible Health Plan (HDHP) and currently have an FSA you will not be able to rollover any FSA funds into July 2025. We suggest you use your available funds, otherwise, they will be forfeited at the end of June 30th.
- ☐ Medical Flexible Spending Account (FSA) and Dependent Care Flexible Spending Account (DCFSA) contributions require enrollment / re-enrollment elections each year through Paycom.
- ☐ Deferrals for your retirement are not affected by Open Enrollment.
- ☐ Take the time to educate yourself on all of the benefit options that are available to you. Review this Benefits Guide carefully as you consider your plan choices.
- ☐ Contact Human Resources if you have questions on mid-year benefit election changes due to a Qualifying Life Event (QLE).
- ☐ If you are electing coverage for your eligible dependents, proof of dependent eligibility may be required.
- ☐ Choose your elections carefully. Section 125 of the IRS Internal Revenue Code (IRC) governs how employers provide benefits to employees on a pre-tax basis. Employers may choose to permit mid-year elections based on specified Qualified Life Events (QLE) defined by IRS regulations. Contact Human Resources if you have questions on mid-year benefit election changes.

Charlotte Latin School Relief Fund:

- ☐ The CLS Relief Fund offers emergency financial assistance to CLS employees who are facing hardship due to a qualified disaster, such as a flood, tornado, or hurricane, or a personal crisis, such as home damage, mental health and wellbeing, or car accident. Grant awards are based on need and will vary according to the grant specifications for the CLS relief program. Contact HR for more information.

Open Enrollment Online with Paycom:

- ☐ Charlotte Latin School Open Enrollment is managed and administered through the Paycom website.
- ☐ **This will be a Passive Enrollment. If you are not making any changes to your plan elections they will rollover to the 7/1/25 effective date. However, if you have an Health Savings Account or a Flexible Spending Account you will need to go in and make elections for the new plan year. Enroll between May 7 and May 19, 2025.**
- ☐ Login to Paycom as you normally would and select the benefits link for "2025-2026 Open Enrollment." All necessary enrollment resources can be found on the Paycom site.
- ☐ If you need assistance with your password reset, contact Human Resources.
- ☐ Paycom open enrollment instructions can be found on "MyLatin" under the Human Resources tab.
- ☐ If you plan to elect COBRA after June 30th consider changing your plan options now as these new benefits will be available to you.
- ☐ **Verify your 2025 benefit elections and deductions on the first paycheck you receive after your July 1 effective date to confirm everything is correct. If you see any errors, notify Human Resources immediately. Corrections can not be made after July 31st.**

Eligibility & Enrollment

Charlotte Latin School is proud to offer a comprehensive program of benefits to service the diverse needs of our workforce, and we are committed to continually enhancing and expanding our offerings. The information in this document is meant to familiarize you with the benefits and programs currently in place. During each Annual Open Enrollment period, the benefits you elect will be effective July 1, 2025. Benefits are effective the first day of the month following your date of hire, or if your date of hire falls on the first of the month, your coverage will start on that day.

Am I Eligible?

Eligibility and required contributions for these benefits and programs depend on both your employee classification and whether you elect to extend coverage to your dependents.

Individuals eligible for coverage under the plans include:

- Your legal spouse
- Your dependent child(ren) up to age 26, regardless of full-time student status or marital status
- Your unmarried child(ren) of any age who, prior to age 26, has been declared incapable of self-support due to mental or physical disability

Enroll in benefits using Paycom.

Qualifying Life Events (QLE)

Once you have made your benefit elections and your enrollment is closed, you cannot make changes until the next open enrollment period unless you experience a QLE such as:

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan
- Gain or loss of eligibility for CHIP or Medicare*

*You have 30 days from the date of the QLE to notify Human Resources and provide appropriate documentation to change your benefits. The exception to this rule is in the case of CHIP or Medicare benefits which allow a 60-day notification period.

Please note: Not every QLE permits a change in benefit plan elections. A change in election is permitted only when it is determined that the QLE affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan and in accordance with Section 125 regulations.

Plan	Eligibility	Benefits Effective Date
Medical & Prescription	Full-time, actively at work and scheduled to work 30+ hours per week	Benefits are effective the first day of the month following your date of hire, or if your date of hire falls on the first of the month, your coverage will start on that day
Dental		
Vision		
Basic Life /AD&D & Voluntary Life & AD&D		
Health Savings Account (HSA)		
Flexible Spending Accounts (FSA)		
Voluntary Short-Term & Long-Term Disability		
EAP/Travel Assistance		

Medical Insurance

Below is a brief summary of the three Blue Cross Blue Shield NC (BCBSNC) medical plans. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency Room visits, when appropriate.

	BCBSNC Blue Options PPO		BCBSNC Blue Options HRA		BCBSNC Blue Options HDHP	
Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Plan Year Deductible						
-BCBS Plan Individual <i>Your Deductible with HRA Reimbursement</i>	\$1,500	\$3,000	\$6,000 <i>\$3,500</i>	\$12,000	\$4,000	\$6,000
-BCBS Plan Family <i>Your Deductible with HRA Reimbursement</i>	\$3,000	\$6,000	\$12,000 <i>\$5,000</i>	\$24,000	\$8,000	\$12,000
Plan Year Out of Pocket Max (OOPM)	<i>(includes Deductible, Coinsurance & Copays)</i>					
-BCBS Plan OOPM Individual <i>Your OOPM with HRA Reimbursement</i>	\$4,500	\$9,000	\$6,000 <i>\$3,500</i>	\$12,000	\$4,000	\$7,250
-BCBS Family OOPM Family <i>Your OOPM with HRA Reimbursement</i>	\$9,000	\$18,000	\$12,000 <i>\$5,000</i>	\$24,000	\$8,000	\$15,750
Preventive Services <i>See bcbsnc.com for a comprehensive list of preventive care services</i>	\$0	Not Available	\$0	Not Available	\$0	Not Available
Registered Dietician Visit	\$0	Deductible then 50%	\$0	Not Available	Deductible then \$0	Not Available
Teladoc	\$30 Copay	Not Available	Deductible then \$0 <i>Total cost approximately \$45</i>	Not Available	Deductible then \$0	Not Available
Primary Care Office Visit	\$30 Copay	Deductible then 50%	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 50%
Specialist Office Visit	\$60 Copay	Deductible then 50%	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 50%
Hospitalization -Inpatient & Outpatient	Deductible then 20%	Deductible then 50%	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 50%
Urgent Care Center	\$60 Copay		Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 50%
Emergency Room	\$300 Copay		Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then 50%
Prescription Drugs ** <i>*Prescriptions that are not listed under any Tier may be denied.</i>					Deductible then \$0	
-Tier 1: lowest cost tier of prescription medications, most are generic.	\$10 copay		\$10 copay			
-Tier 2: medium-cost prescription medications, most are generic, and some brand-name medications.	\$40 copay		\$40 copay			
-Tier 3: high-cost prescription medications, most are brand-name prescription medications.	100% to \$100 maximum		100% to \$100 maximum			
-Tier 4: higher-cost prescription medications, most are brand-name prescription medications.	100% to \$100 maximum		100% to \$100 maximum			
-Tier 5: highest-cost prescription medications, most are specialty medications.	Member pays 100% to \$250 maximum		Member pays 100% to \$250 maximum			

GLP-1 (glucagon like peptide-1) medications for the purposes of **weight loss only will no longer be covered under the medical plan. This does NOT affect members with a diabetes diagnosis who is prescribed a GLP-1 medication.

Medical Plans for You and Your Dependents

Preferred Provider Organization (PPO) Plan

The PPO plan is based on a more traditional plan design featuring member copayments for primary care and specialist physician office visits. Copayments also apply to emergency room visits or urgent care centers. Inpatient and outpatient treatment and services received at in-network hospitals or facilities are subject to the plan year deductible then coinsurance of 20%. Coinsurance is the percentage of the claim that you will have to pay after the plan year deductible has been satisfied.

Health Reimbursement Arrangement Plan (HRA)

The Charlotte Latin School Health Reimbursement Arrangement (HRA) is administered by Flores. Our HRA plan covers a portion of the BCBSNC "IN-NETWORK" plan year deductible for those enrolled in the BCBSNC / HRA plan. The HRA maximum reimbursement for any covered member will be \$2,500. The HRA maximum reimbursement for employees with covered dependents will be \$7,000. The funding arrangement is outlined below.

1. The Employee pays first \$3,500 of the deductible for Employee coverage or \$5,000 for Family coverage. No reimbursement is offered for this portion of the deductible.
2. If the Employee incurs expenses that exceed \$3,500/\$5,000, the Employee can submit a copy of their Explanation of Benefits (EOB) for those expenses from Blue Cross Blue Shield of NC to Flores, along with a copy of the Flores HRA Reimbursement Form to request reimbursement. If other insurance (other than Medicare and TriCare) applies; please include the EOB information from all other carriers as well.
3. Charlotte Latin School will reimburse up to the remaining \$2,500 deductible for Employee coverage or up to \$7,000 for dependent coverage.

NOTE:

- HRA benefits do NOT rollover into subsequent plan years and may not be cashed out or used for any reason other than the reimbursement of Eligible Medical Expenses.
- All reimbursements are sent directly to the employee.
- It is the responsibility of the employee to pay the medical provider.



High Deductible Health Plan (HDHP)

The High Deductible Health Plan is a plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share (your deductible). This plan allows you to set aside pre-tax dollars into a Health Savings Account to be used to pay for your deductible and prescriptions. These funds never expire and can be carried forward year over year no matter where, or if, you are employed. Charlotte Latin's Health Savings Account (HSA) will be administered by HealthEquity.

PPO Plan vs. HRA and the HDHP		
PPO Plan	Health Reimbursement Arrangement (HRA)	High Deductible Health Plan
<ul style="list-style-type: none"> • Higher cost out of your paycheck • Deductible does not have to be met before the plan begins to pay • Copay for doctor visits and prescriptions • Eligible for a Flexible Spending Account (FSA) • Preventative care covered at 100% • This plan may be right for you if you have several doctors appointments or need maintenance medications multiple times throughout the year 	<ul style="list-style-type: none"> • Mid cost out of your paycheck • HRA is a shared deductible with employer • Higher cost for PCP and Specialist visits • Eligible for a Flexible Spending Account (FSA) • Preventative care covered at 100% • HRA benefits do not rollover • Reimbursement of HRA is sent directly to the employee • Copays for the prescription tiers 	<ul style="list-style-type: none"> • Less money out of your paycheck each month • Higher cost when care is utilized • Eligible for Health Savings Account (HSA) • Not eligible for the Flexible Spending Account (FSA) • Must meet the deductible before insurance plan begins paying • Preventative care covered at 100% • This plan may be right for if you don't expect high medical expenses throughout the year • Will receive bills in the mail if not paid in full at time of service

Medical Plans for You and Your Dependents—Cont'd

BCBS Medical– PPO Plan	Monthly Payroll Deductions
Employee Only	\$198.00
Employee + Spouse	\$630.00
Employee + Child(ren)	\$490.00
Family	\$870.00

BCBSNC Medical– Blue Options HRA	Monthly Payroll Deductions
Employee Only	\$153.00
Employee + Spouse	\$505.00
Employee + Child(ren)	\$380.00
Family	\$680.00

BCBS Medical– High Deductible Health Plan (HDHP)	Monthly Payroll Deductions
Employee Only	\$133.00
Employee + Spouse	\$420.00
Employee + Child(ren)	\$315.00
Family	\$550.00

How to Submit a Claim



1 FLORES WEB PORTAL:
You may scan your claim and upload it to our secure website or complete your claim detail online at www.flores247.com.

2 FLORES MOBILE SMARTPHONE APP:
Use your phone's camera to take a picture of your documentation and upload. Download Flores Mobile through Apple Store or Google Play.



3 MAIL CLAIMS:
Claims Processing
PO Box 31397
Charlotte, NC 28231
*Please keep in mind, certified mail will need to be sent to our physical address at 2013 West Morehead Street, Suite B, Charlotte, NC 28208.

4 FAX CLAIMS:
704.335.0818 or 800.726.9982

How to upload a claim on www.flores247.com

Step One: Log in to www.flores247.com using your Participant ID or Username and password. Tip: Your Participant ID will be on any correspondence you have received from Flores.

Step Two: Click "File a new claim for Deductible HRA". Hit Next.

Step Three: Click "Choose File" and choose the file on your computer that contains your EOB or scanned documentation that is required to process your claim. Repeat until all documents are attached. Click "Submit" to finalize your claim.

Tip: Update your email or subscribe to SMS notifications in the Settings tab to receive email or text updates on your claim!

You may also set up direct deposit under the Settings tab of your Participant portal.

All receipts for reimbursement must include the following:

- ✓ Date of Service
- ✓ Description of Service
- ✓ Out-of-Pocket Cost
- ✓ Provider Name
- ✓ Patient Name

Health Savings Account (HSA)

If you enroll in the High Deductible Health Plan (HDHP), you should consider contributing to a Health Savings Account (HSA), administered by HealthEquity. With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged.

Why have an HSA?

- Contributions are pre-tax
- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax-deferred, and if used to pay for eligible expenses, are not taxed upon withdrawal
- Use the money in the account to pay for eligible health care expenses throughout your life— including retirement, there is no time limit on spending your HSA funds
- The balance in your HSA account can be invested after reaching \$2,000

Eligibility Requirements for Contributing to an HSA:

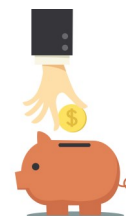
- Must be enrolled in a High Deductible Health Plan (HDHP)
- Must not be enrolled in Medicare
- **Must not be covered by other medical insurance(s) which do not meet the definition of a HDHP such as a Health Care Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA), Tricare, VA benefits (including your spouse's)**
- May not be claimed as a dependent on another individual's tax return

*If you are married and your spouse is enrolled in an HDHP and has an HSA, the combined total of you and your spouse's HSA cannot exceed the federal maximum for family level coverage.

**If you are age 55 or older, you may make an additional pre-tax catch-up contribution of \$1,000 per year.

All HSA participants will receive an HSA debit card from HealthEquity. Use your Debit Card for doctor's office visits, prescription drug copays, or any other valid medical, dental or vision expenses. Please retain all receipts to verify expenses, if required.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.



Health Savings Account (HSA)

If you elect to enroll in the High Deductible Health Plan (HDHP)

The maximum amount that you can contribute to an HSA in 2025 is \$4,300 for individual coverage and \$8,500 for family coverage.

Health Savings Account (HSA)	
Coverage Level	IRS 2025 Contribution Limits
Employee Only	\$4,300
Employee + Spouse	\$8,500
Employee + Child(ren)	\$8,500
Family Coverage	\$8,500

HSA CASE STUDY— (illustrative purpose only)

- Justin is a 38-year-old single man who takes Generic Lipitor as a monthly prescription but has no other major health problems.
- He elected the HDHP and contributes \$125.00 per month into his HSA for a total of \$1,500 per calendar year.
- His plan's annual deductible is \$4,000 for individual coverage.
- Year two his contribution was \$1,500 for the year.
- Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

Year 1	
HSA Balance	\$1,500.00
Total Expenses:	
-2 Office visits/Labs: \$450	-\$450.00
-Prescription drugs: \$108.72	-\$108.72
-Preventive care services: \$0 (covered by insurance)	
HSA Rollover to Year 2	\$941.28
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	

Year 2	
HSA Balance with Rollover	\$2,441.28
Total Expenses:	
-3 Office visits/Labs: \$600	-\$600.00
-Prescription drugs: \$164.85	-\$164.85
HSA Rollover to Year 3	\$1,676.43
Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	

Health Savings Account (HSA)

HealthEquity® | HSA

Health Savings Account

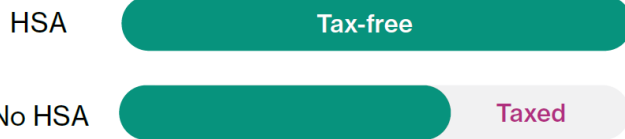
An HSA lets you save money for future healthcare costs while also saving on taxes. How? HSAs are the only benefit with a triple-tax advantage:¹ Tax-free contributions. Tax-free account growth. And tax-free spending on HSA-qualified expenses. It's your healthcare emergency safety net.

- ✓ No use-it-or-lose-it rule, HSAs rollover every year
- ✓ Available tax-free investing, just like a 401(k)²
- ✓ Requires an eligible high-deductible health plan (HDHP)



Don't tax your money. Max your money.

Get \$20 tax savings for every \$100 you contribute.³



2025 HSA Contribution Limits



\$4,300
Individual plan



\$8,550
Family plan

Members 55+ can contribute an extra \$1,000.



**See how much
you can save.**

HealthEquity.com/Learn/HSA

Spend tax-free.

There are thousands of HSA-qualified expenses. Here are just few:

- Medical
- Dental
- Vision
- Pharmacy
- Over-the-counter (OTC) medications
- Mental health services
- Lab fees

¹HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | ³Example for illustration only. Estimated savings are based on an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your taxable income and tax status. HealthEquity does not provide legal, tax or financial advice.

Health Savings Account (HSA) - Myths, Debunked

10 HSA MYTHS, DEBUNKED

From tax savings to retirement savings to health savings, here's the truth about Health Savings Accounts.

MYTH 1

HSAs are too complicated.

REALITY

If you can manage a traditional checking or savings account, you can use an HSA.

Health Savings Accounts (HSAs) work just like traditional savings accounts but confer several tax advantages that your savings account doesn't provide. And just like checking accounts, an HSA uses a debit card that you can use to pay for qualified medical expenses.¹

MYTH 2

If I don't spend my HSA money, I lose it at the end of the year.

REALITY

HSA funds *never* expire.

HSA	vs	FSA
HSA-qualified health plan		Traditional health plan
Lower premiums		Higher premiums
Higher deductibles		Lower deductibles
Investable		Not investable
Funds never expire		Funds expire

Unlike Flexible Spending Account (FSA) funds, you keep your HSA dollars forever, even if you change employers, health plans, or retire.

MYTH 3

If I change jobs, I'll lose my HSA funds.

REALITY

HSAs are member-owned accounts—and your funds stay with you.

Unlike FSAs, which are employer-owned accounts, an HSA is your account to keep forever—regardless of whether you change jobs or retire. A real advantage of an HSA is that employer contributions are yours immediately. Contrast that to retirement accounts, which sometimes take years to vest employer contributions.

MYTH 4

The HSA is a spending account, not a savings account.

REALITY

The HSA's triple-tax advantage empowers you to accelerate long-term health savings.

First, you save when you spend. Because you use tax-deductible contributions to pay for qualified medical expenses, your annual HSA tax savings can add up fast.

Second, you can invest your HSA funds and enjoy tax-free account growth. This is the real power of the HSA and what makes it the ultimate long-term health savings account.

MYTH 5

HSAs are only for healthy people.

REALITY

Members with chronic medical conditions can significantly benefit from annual HSA tax and retirement savings.

Many people calculate their healthcare costs principally based on annual health plan deductibles. They see that high-deductible health plans (HDHPs) require more out-of-pocket spending before insurance kicks in. And if you have comparatively high expected healthcare costs, it seems logical to prefer the health plan that covers more costs with less out-of-pocket expenses.

But this calculation is limited for three reasons.

HSA triple-tax savings



Make pre-tax payroll contributions



Invest HSA funds tax-free



Take tax-free distributions for qualified medical expenses

Save big on thousands of qualified medical expenses, including:



Pain relievers



Doctor visits



Dental cleaning



Sleep aids



Eyeglasses/contacts



Cold/cough medicine



Chiropractic care



Insulin testing supplies

Health Savings Account (HSA) - Myths, Debunked Cont'd

MYTH 6

HSAs are only available through your employer.

REALITY

Anyone who is enrolled in an HSA-qualified health plan can open an HSA.

Because HSAs are member-owned accounts, you don't have to rely on your employer to access an HSA. Unlike FSAs, anyone can open—and contribute to—an HSA, provided they are enrolled in a qualifying health plan.

Most employers that offer an HSA work with a preferred administrator. However, members are at liberty to open an HSA with any administrator they want. Just be aware you could lose the ability to make pre-tax payroll contributions (though tax-deductible contributions are always available).

MYTH 7

I'm too young or old to benefit from an HSA.

REALITY

HSAs bring significant advantages to members of all ages.

Our younger members love their HSA because it lets them set aside a second nest-egg for healthcare expenses in retirement. Because most young people don't have a lot of healthcare expenses today, they can stash the money away for long-term needs tomorrow.

Our wiser, more senior members also love their HSA because it empowers them to catch up on their retirement savings. Members love the fact that HSAs enable tax-free spending in retirement (when used for qualified medical expenses).

Best of all, the IRS allows members 55 and older to make \$1,000 additional annual catch-up contributions.

MYTH 8

You can't contribute to your HSA after age 65.

REALITY

Anyone at any age can contribute to an HSA, provided they're enrolled in an HSA-qualified health plan.

Because Medicare is not an HSA-qualified health plan, you cannot enroll in Medicare and contribute to an HSA. Since most people become eligible for Medicare when they turn 65, they assume the age cutoff for HSA contributions is 65 also.

But you can get your own HSA-qualified health plan directly from plan providers and continue to make HSA contributions as long as you want, provided you do not enroll in Medicare.

MYTH 9

HSAs are too expensive and only work for wealthy people.

REALITY

HSAs empower families at all income levels to put more money in their pocket and stretch every dollar further.

HSA-qualified health plans usually confer significant premium savings. Then, whatever you don't spend on annual health insurance premiums can be put away for a future healthcare emergency.

HSAs also let you use pre-tax contributions to pay for qualified medical expenses. When it comes to healthcare spending, your HSA works very much like an FSA. The difference is that HSAs also give you added flexibility to save funds that you don't spend in a plan year.

MYTH 10

HSA contributions don't grow.

REALITY

HSAs enjoy tax-free investment growth, year after year.

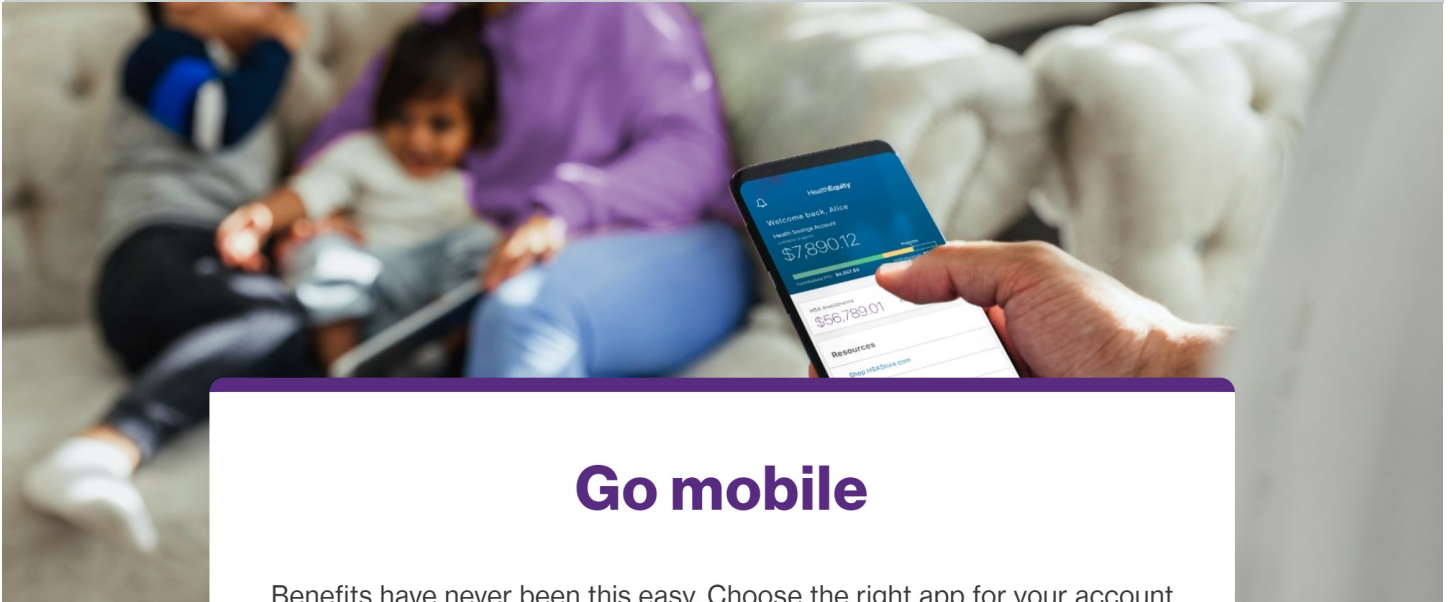
One of the biggest differences between FSAs and HSAs is that you can invest your HSA funds into mutual funds—just like you can with a 401(k). Once invested, any potential earnings grow tax-free. Tax-free earnings can supercharge your long-term health savings.

Don't let HSA myths hold you back from realizing your health, wellness, and financial goals. HSAs are designed to empower every American—at any income level—to connect health and wealth. Join the movement. Enroll today!

Questions? We're here for you 24/7
866.346.5800 | my.HealthEquity.com

*Estimated savings are based on an assumed combined federal and state income tax bracket of 30%. Actual savings will depend on your taxable income and tax status.
HealthEquity does not provide legal, tax, financial or medical advice. Always consult a professional when making life changing decisions. Copyright © 2021 HealthEquity, Inc. All rights reserved.
10_HSA_Myths_Debunked_August_2021.pdf

HealthEquity Mobile App



Go mobile

Benefits have never been this easy. Choose the right app for your account type, then manage everything in only a few taps and swipes.

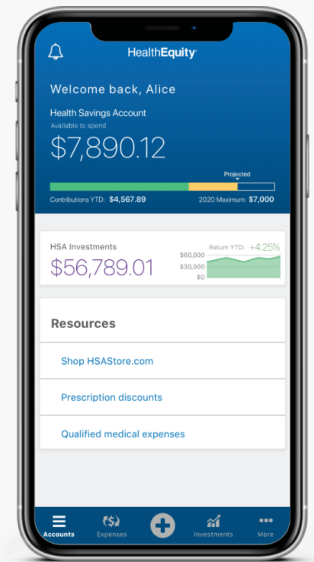


HealthEquity Mobile For HSA

Download this app if you use **HealthEquity** to log into your account online.

 Get HealthEquity Mobile for iOS

 Get HealthEquity Mobile for Android



Convenience at your fingertips



On-the-go access and history

Access all account types wherever you go.



Photo documentation

Take a photo with your device to initiate claims and payments.



Send payments and reimbursements

Send payments to providers or reimburse yourself for out-of-pocket expenses.



Send payments and reimbursements

Send payments to providers or reimburse yourself for out-of-pocket expenses.



Initiate claims and view their status

View the status of claims as well as link payments and documentation to claims.

HealthEquity Mobile

4.5 stars¹



Blue Cross Blue Shield Program—Amazon Mail Order



A NEW WAY to save on medicine

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is now offering access to Amazon Pharmacy, which lets you easily order and quickly get non-specialty medicines¹ delivered at home.

Plus, you'll get access to MedsYourWay prescription drug discount card pricing, available to all members with pharmacy benefit coverage through Blue Cross NC. The prescription discount card² gives you up to 80% savings³ on brand and generic medicines and is seamlessly built right into the Amazon Pharmacy experience. You can get the lowest cost available on your prescription, all while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medicines will count toward your Blue Cross NC out-of-pocket maximum.⁴

SHOP – Easy to use

Amazon Pharmacy is just like shopping on **Amazon.com**:

- Easy sign up, which includes the option to have your account auto-populate with your prescription history
- Option for 90+ day fills
- Pharmacist on call 24/7
- Ability to manage your medicine and order history

SAVE – Built-in drug discount card

Some drugs may be available at lower prices with a discount card. MedsYourWay discount pricing is built right into the Amazon Pharmacy experience.

- At checkout, you'll see the lowest cost available for your prescription. That's the price you'll pay.

SHIP – Free home delivery

Skip the pharmacy line with home delivery:

- Free, fast delivery: Amazon Prime members get two-day free shipping on most orders; standard free shipping for non-Amazon Prime members is five days but can be expedited to two-day delivery for an additional cost.
- Real-time package tracking from order to delivery.

Start saving today

Sign up and learn more at www.Amazon.com/bluecrossNC. Then click on the "Get Started" link.

For questions, call Amazon Pharmacy Customer Care at **855-963-4546**, Monday through Friday, 8 a.m. – 10 p.m. ET, and Saturday and Sunday, 10 a.m. – 8 p.m. ET.:

- Open/tap the camera (app) on your smartphone.
- Point your camera over the QR code so it's clearly visible within your camera screen.
- A link will show up on your camera screen. Click on the link, and the Amazon Pharmacy Customer Care site will open.



Eligibility

The MedsYourWay – Home Delivery program is available to all Commercial members with Prime Therapeutics® (Prime) as their Pharmacy Benefits Manager (PBM). Members on the following plans are excluded:

- State Health Plan
- Federal Employee Program® (FEP)
- Senior Market
- Self-funded groups who have carved out their PBM to somebody other than Prime

**Amazon Prime members
get two-day free shipping
on most orders.**

FlexAccess™

Coordinating manufacturer coupon assistance programs
to save you money!

Flexibility

- Program applies at in-network pharmacies based on program drug [list](#)^{1,2}

Ease

- Proactive outreach to you if you qualify
- You can also self enroll by:
 - Calling 888-302-3618
 - Emailing Member Services at member.services@flexaccessrx.com
- [FlexAccess™](#) team will locate coupon for you
- Built-in savings – no separate coupon card required

Savings

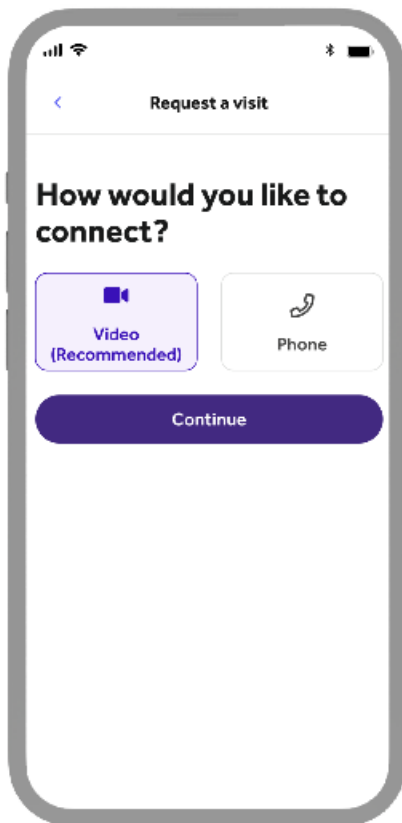
- Your copay is reduced and is almost always \$25 or less, which will count toward your accumulators
- Reduced copay applies for remainder of plan year until you meet your out-of-pocket limit





The right care when you need it most

Here for you anytime, anywhere, by phone or video.



Your Teladoc Health service(s):



24/7 Care

Get same-day virtual visits for non-urgent and common conditions.



Mental Health

Talk to a therapist of your choice 7 days a week.



Expert Medical Opinion

Get a second opinion from a leading expert on a diagnosis, treatment or surgery.



Dermatology

Upload images of a skin issue for a treatment plan from a dermatologist in 24 hours or less.



Caregiving

Extend the same 24/7 Care service you receive to any loved ones you're caring for.

Get started

Visit TeladocHealth.com

Download the app

Teladoc for Minor Acute Care and Behavioral Health



FAQs

Teladoc telehealth services for minor acute care and behavioral health

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is excited to offer telehealth services from Teladoc. With telehealth, you can see or speak with a board-certified doctor or behavioral health specialist via phone, computer or the Teladoc app. Teladoc's doctors can diagnose symptoms, prescribe non-narcotic medication (if needed) and send e-prescriptions to your local pharmacy.¹

Telehealth is a good care option for minor health problems when you can't see your regular doctor. It's also a convenient choice when you want to speak to a counselor or therapist. Below, you'll find answers to questions you may have about this benefit.

GETTING STARTED

Should I wait until I'm sick to create a Teladoc account?

It's best to activate your account now. That way, it's ready when you need it. (There's no charge for signing up.) Be sure to fill out your medical history profile and indicate your preferred pharmacy should you need a prescription called in.

Does this replace my primary care doctor?

Teladoc is a convenient alternative to your doctor for non-emergency conditions. In fact, we encourage you to list your primary care doctor when activating your Teladoc account. That way, you can share the results of your consult with them – and your medical records stay up-to-date.

Is it private and secure?

Absolutely. Teladoc complies with the Health Insurance Portability and Accountability Act (HIPAA). It uses secure video through your computer, tablet or the Teladoc mobile app. You may also choose to visit with a doctor by phone. Your personal health information is never shared with your employer.

What devices are supported?

You can access Teladoc on mobile or land lines as well as most Apple and Android mobile devices by downloading the Teladoc app. On a desktop or laptop, you'll need a high-speed internet connection, a webcam with a resolution of at least 1.3 megapixels and a microphone (most webcams have a built-in microphone). After activating your account, you can test that your computer setup will work if you've chosen a video visit.

3 ways to sign up today

So it's ready when you need it!



Download the Teladoc mobile app

(iOS- / Android-supported)



Go to [Teladoc.com](https://www.teladoc.com) and click "Log in/Register"



**Call 1-800-835-2362
(1-800-TELADOC)**

Please Note:

You must wait until your health plan effective date before registering for telehealth services.

Teladoc for Minor Acute Care and Behavioral Health cont'd

HOW TO USE IT

Who are the Teladoc doctors?

All Teladoc doctors are U.S. board-certified with 15 years of experience, on average. Their specialties include primary care, pediatrics and family medicine. So, they can treat a wide range of conditions. For behavioral health, Teladoc has a national network of licensed doctoral-level psychologists and master's level counselors, as well as board-certified psychiatrists. When you log in, you'll only be shown doctors licensed to practice in the state you're located in at the time of the visit.

What is the difference between counselors and psychiatrists?

Counselors provide guidance and support by talking to you. They do not prescribe medications. Psychiatrists are medical doctors who primarily prescribe medication for the treatment of behavioral health conditions.

Can a doctor prescribe medication from a consult?

If the Teladoc doctor believes a prescription is needed, he or she can write one for non-narcotic medicines.¹ It's sent electronically to your pharmacy of choice.

Can I use this for my child?

Yes. Teladoc has pediatricians on call. When you register, set up your child's record under your account. Parents must be present on any consult for children under age 18.^{2,3}

Can I rate the Teladoc doctors I see?

We encourage it! After a consult, you'll get a survey to give feedback on the doctor you saw. The results are reviewed for quality as part of Teladoc's continuous improvement process. Teladoc's internal medical board also reviews randomly selected appointments.

I have a question that isn't listed here. What should I do?

For questions about Teladoc, visit [Teladoc.com](https://www.teladoc.com). For questions about your insurance, please call the phone number on your Blue Cross NC member ID card.

WHEN TO USE IT

When can I use Teladoc?

Phone and video consults are available 24 hours a day, seven days a week (including holidays) for minor acute care. Behavioral health services are available by appointment seven days a week.

Is it right for any medical problem?

Teladoc is designed to handle non-emergency medical conditions like the flu or pink eye. It's not intended to replace your primary care doctor. And it should not be used in medical emergencies. If you have a life-threatening emergency, call 911 right away.

What conditions can Teladoc treat for acute care?

Teladoc's doctors can diagnose and treat many non-emergency health problems:

- Allergies
- Cough, cold and flu
- Diarrhea
- Ear problems
- Fever²
- Headaches
- Insect bites
- Nausea and vomiting
- Sinus problems
- Sore throat
- Urinary problems³
- And more

What does it cost?

With Teladoc, the cost is transparent. You'll see prices once you log in to your account. This means you know what you'll be paying before you start a consult. You'll only be charged after you choose to consult with an Teladoc doctor – and your appointment time and payment details are confirmed. Teladoc accepts most major credit and debit cards, and it's a qualified expense for HSAs, HRAs and FSAs. You can cancel an appointment for a full refund if it's at least 24 hours in advance.

Teladoc Acute Care and Behavioral Health Consultations Fees	
Type of Provider/Visit	Fee
Initial Psychiatric Visit*	\$180
Ongoing Psychiatric Visits for Individual/Family	\$95
Initial Therapist Visit**	\$95
Ongoing Therapist Visits	\$85
General Medicine / Acute Care	\$55

The fees noted are the most you will pay for a service. Some plans will have a copay or deductible and coinsurance based on what your employer has chosen. Once you register, your Teladoc portal will reflect the correct cost share for your plan.

* Teladoc charges a flat fee regardless of length of visit but consultation fees vary by type of provider/visit. Member's cost share will apply. Employers may pay up to these amounts depending on plan. HSA plans are subject to deductible.

** Therapists include psychologists, licensed social workers and family therapists.

What behavioral health conditions can Teladoc address?

Just like with acute care, Teladoc can support you when you're facing a wide range of conditions:

- Addictions
- Anxiety
- Depression
- Grief and loss
- Relationship issues
- Substance use
- Stress
- And more

Can I use Teladoc when I travel?

Yes. Phone and video consultations are available in every state. Teladoc ensures the doctor or behavioral health specialist you see is fully licensed to practice medicine in the state you're in.⁴

Blue Cross Blue Shield—Blue 365



HEALTHY LIVING IS JUST A DEAL AWAY

Join Blue365 and start saving today!

Blue365 gives Blue Cross and Blue Shield members access to savings across all aspects of your life—including discounts on wearable devices, gym membership access starting at \$19/month, discounts on healthy, organic meal delivery services from Sunbasket, and much more!

Register now for free to take advantage of Blue365. It's an online destination where participating members can find healthy deals and exclusive discounts, all you need is your Blue Cross Blue Shield member card to get started.

Register now for free at
www.Blue365Deals.com

Exclusive savings from

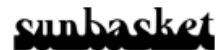
 fitbit

 GARMIN

 SKECHERS

Reebok 

 TruHearing

 sunbasket

 Active & Fit
DIRECT

 fitness your way
by Tivity Health



© 2023 Blue Cross and Blue Shield Association — All Rights Reserved. The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. Blue365 offers access to savings on health and wellness products and services and other interesting items that Members may purchase from independent vendors, which are not covered benefits under your policies with your local Blue Company, its contracts with Medicare, or any other applicable federal healthcare program. These products and services will be offered to you through the entire benefit year. During the year, the independent vendors may offer additional discounts on these products and services. To find out what is covered under your policies, contact your local Blue Company. The products and services described on the Site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the Site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or Site.

23-019-N19

Eat Smart Move More Weigh Less



Lesson Titles: Welcome | Navigate the Diet Maze | Control Sugar | Manage Stress
Find Your Fitness Connection | Cook Smart | Eat More to Eat Less | Be Mindful
Choose Healthy Fat | Get Enough Sleep | Manage Holidays | Prevent Relapse

EAT SMART, MOVE MORE, WEIGH LESS ²:

- Builds upon strategies covered during Eat Smart, Move More, Weigh Less.
- Is a 24-week program consisting of 12 hour-long, bi-weekly lessons.
- Is delivered in an interactive and real-time online format by a live instructor.

PARTICIPANTS WILL:

- Maintain or continue to work toward positive changes achieved during Eat Smart, Move More, Weigh Less.
- Attend class during lunchtime or evening time slot from a computer or mobile device.
- Receive support outside of class through weekly communication with instructor and peer support on private Facebook page.

NC STATE UNIVERSITY



For questions about the program, please contact administrator@esmmweighless.com.
To register for an upcoming class, go to esmmweighless.com.

Direct Reimbursement Dental Program

Charlotte Latin School offers employees two Dental Reimbursement Programs administered through Flores. The dental program excludes cosmetic services. Plan A will include orthodontia for child(ren) up to age 19. You may continue to seek treatment from the dentist of your choice. The chart below provides a summary of your dental benefits.

Option A			
Amount of Expense	Employer Share	Employee Share	Paid Benefits
First \$450	100%	0%	\$450
Next \$1,000	75%	25%	\$750
Next \$1,600	50%	50%	\$800
Plan Year Maximum			\$2,000
Orthodontia—Child(ren) up to age 19 Lifetime Maximum			\$1,000
Option B			
Amount of Expense	Employer Share	Employee Share	Paid Benefits
First \$340	100%	0%	\$340
Next \$800	70%	30%	\$560
Next \$1,200	50%	50%	\$600
Plan Year Maximum			\$1,500

Covered Services—Option A & B



PREVENTIVE	Oral Examinations; Prophylaxis (cleaning & scaling of teeth); Topical Fluoride Applications; Full Mouth & Bitewing X-Rays; Sealants
BASIC	Restorative – fillings, crowns, jackets, fused casts or other laboratory restorations Endodontic – root canal and other treatment of tooth pulp resulting from disease or trauma; Periodontic – treatment of gums and bone supporting teeth; Oral Surgery – extractions and other surgical services and associated anesthesia
MAJOR	Prosthodontic – fixed or removable bridges, partials, and dentures, implant services

Exclusions

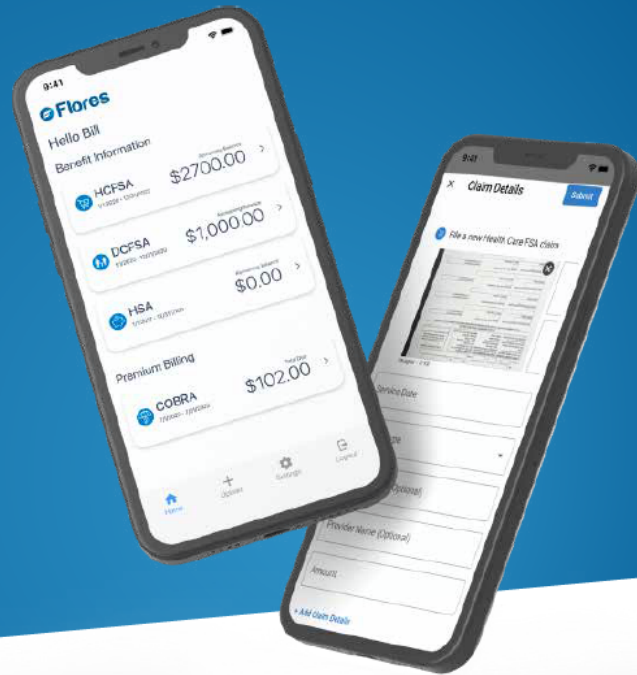
Cosmetic Services including but not limited to teeth bleaching and Surgeries covered by Major Medical Plan

Direct Reimbursement Dental Plan	Monthly Payroll Deductions Option A	Monthly Payroll Deductions Option B
Employee Only	\$30.00	\$23.00
Employee + Spouse	\$60.00	\$42.00
Employee + Child(ren)	\$59.00	\$35.00
Family	\$89.00	\$52.00

Direct Reimbursement Dental Program—Mobile App



Flores *mobile*
**Access Benefits
Wherever. Whenever.**



FEATURES

- ✓ View your account balances right on the home screen
- ✓ Submit Supporting Documentation
- ✓ Request for Reimbursement
- ✓ Upload documents from your camera roll

Download Flores Mobile today



HOW TO USE

Capture for Debit Card Documentation or Claim Submissions

To submit a claim, select “Upload” from the main screen then select the type of claim to upload. You can then photograph your documentation, upload up to 10 images from your camera roll, and add claim details.

Once your claim is submitted you will receive the standard e-Status messages as the document is processed by Flores.

Viewing Account Information

You are also able to access your Flores Account Information using this mobile app. By selecting one of your accounts, you will be taken to the responsive Flores247.com website without a need for an additional login. Through this portal you can view account history, plan documents, add Authorized Users, add/edit Direct Deposit information, and access helpful guides.

How to Submit a Claim



1 FLORES WEB PORTAL:
You may scan your claim and upload it to our secure website or complete your claim detail online at www.flores247.com.

2 FLORES MOBILE SMARTPHONE APP:
Use your phone's camera to take a picture of your documentation and upload. Download Flores Mobile through Apple Store or Google Play.



3 MAIL CLAIMS:
Claims Processing
PO Box 31397
Charlotte, NC 28231
*Please keep in mind, certified mail will need to be sent to our physical address at 2013 West Morehead Street, Suite B, Charlotte, NC 28208.

4 FAX CLAIMS:
704.335.0818 or 800.726.9982

How to upload a claim on www.flores247.com

Step One: Log in to www.flores247.com using your Participant ID or Username and password. Tip: Your Participant ID will be on any correspondence you have received from Flores.

Step Two: Click "File a new claim for Dental Option A \$2000 Maximum or Dental Option B \$1500 Maximum". Hit Next.

Step Three: Click "Choose File" and choose the file on your computer that contains your scanned documentation that is required to process your claim. Repeat until all documents are attached. Click "Submit" to finalize your claim.

Tip: Update your email or subscribe to SMS notifications in the Settings tab to receive email or text updates on your claim!

You may also set up direct deposit under the Settings tab of your Participant portal.

All receipts for reimbursement must include the following:

- ✓ Date of Service
- ✓ Description of Service
- ✓ Out-of-Pocket Cost
- ✓ Provider Name
- ✓ Patient Name

Vision Insurance

Charlotte Latin School vision plan is administered by Vision Service Plan (VSP), utilizing the VSP Choice network of providers. You may seek treatment from the provider of your choice, but you will realize your biggest savings by visiting in-network providers whenever possible. Please see the summary below for an outline of covered services.

Benefits	Description
Comprehensive Eye Exams	\$10 copay every calendar year
Frames (standard) every other calendar year	\$200 allowance + 20% off amount over allowance
Lenses (standard) per pair	\$25 copay
Lens Options for Eyeglasses - Anti-reflective coating - Standard Progressive Lenses - Premium Progressive Lenses	\$0 \$55 \$95 - 105
Contact Lens & Fitting every calendar year (instead of glasses)	\$60 maximum copay for one or multiple visits Up to \$200 allowance

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor.
Call Member Services for out-of-network plan details at (800) 877-7195.
[Submit an Out-of-Network Claim \(vsp.com\)](https://www.vsp.com)

VSP Vision Plan	Monthly Payroll Deductions
Employee Only	\$6.00
Employee + Spouse	\$9.50
Employee + Child(ren)	\$10.50
Family	\$15.50



Flexible Spending Accounts (FSAs)

Charlotte Latin School continues to offer Health Care and Dependent Care Flexible Spending Accounts (FSAs), administered by Flores. FSAs allow you to pay for eligible health care and dependent care expenses with pre-tax dollars which can increase your take-home pay. The Dependent Care FSA is offered to everyone, no matter what medical plan you may be covered under, through Charlotte Latin School or elsewhere.

You may use your FSA funds for charges incurred from July 1, 2025 through June 30, 2026 and you **MUST** have all charges **FILED** by September 30th, 2026 for reimbursement! If you are reenrolling and already have a Flores Benefits Card, keep it as it will remain valid for the upcoming plan year. If your card is expiring, you will automatically receive a new one. If you need a new or replacement Flores Benefits Card, contact Flores.

There are two types of FSAs to choose from:

Health Care FSAs may be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents.

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return. Eligible expenses include child or adult daycare, after school care, nursery school, nanny or babysitter. You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

2025 IRS Contribution Limits	Minimum	Maximum	Rollover
Health Care FSA	\$100	\$3,300	\$660
Dependent Care FSA	\$100	\$5,000 (or \$2,500 if married and filing separately)	N/A

FSA Rollover: Charlotte Latin allows participants to carry over up to \$660 in unused money in the Health Care FSA at the end of the plan year to be used to reimburse expenses incurred in the next year. Any amount in excess of \$660 will be forfeited, so plan accordingly.

Employees who participate in an FSA can realize a substantial decrease in their payroll taxes and an increase in their spendable pay. The following example assumes an employee making \$40,000 per year is participating in both the Medical and Dependent Care Spending Accounts.

	Without FSA	With FSA
Annual Income:	\$40,000	\$40,000
Dependent Care FSA Allocation:	0	-3,000
Health Care FSA Allocation:	0	-1,000
Taxable Income:	\$40,000	\$36,000
Federal Income Tax (18%):	-7,200	-6,480
State Income Tax (6%):	-2,400	-2,160
FICA Tax (7.65%):	-3,060	-2,754
Net Take Home Pay:	\$27,340	\$24,606
Less After-tax Expenses:		
Unreimbursed Medical	-1,000	0
Dependent Care	-3,000	0
Net Spendable Income:	\$23,340	\$24,606
Estimated Increase in Annual Spendable Income With FSA:		\$ 1,266

Flores has a free smart phone app called Flores Mobile available on App Store and Play Store. Flores Mobile can be used to submit supporting documentation for Debit Card transactions as well as requests for reimbursement from your account. It is so easy to use-especially if you're on-the-go!



Life and AD&D Insurance

Basic Life Insurance

Charlotte Latin School provides all eligible full-time employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance administered through Unum and fully paid for by Charlotte Latin School. Please remember to review and update your beneficiary designation annually.

Benefit	Basic Life and AD&D Insurance
Employee Life	2x your base annual earnings, up to a maximum of \$300,000
Basic AD&D Amount	Matches Employee Life amount
Age Reduction Schedule	67% at age 70 50% at age 75
Waiver of Premium	Yes, if disabled prior to age 60
Conversion and Portability Options	Included (must apply within 31 days of termination date)

Voluntary Life and AD&D Insurance

Employees who would like to supplement their Basic Term Life and AD&D Insurance benefits may purchase additional coverage through UNUM. You may elect Voluntary Life & AD&D for yourself, your spouse and your dependents in the amounts shown in the table below. All employees are eligible to purchase up to \$130,000 of coverage without answering any medical questions. You must elect Voluntary Life for yourself in order to enroll your spouse and/or eligible dependents. Dependent children are eligible for coverage through age 26.

If you wish to make changes to your existing coverage, a new enrollment form must be completed to reflect the new coverage(s) and any coverage that remains the same. The new enrollment form will replace any prior forms. Once complete, submit the form to Human Resources.

Employees and dependents who have been offered this coverage in the past but did not take advantage of enrolling at that time, will need to complete an enrollment form and an Evidence of Insurability form. The requested coverage amounts will require further medical review and additional information may be requested. If Evidence of Insurability is required, after Open Enrollment is closed, you will receive a link from UNUM to complete medical questions electronically.

Benefit		Voluntary Life and AD&D Insurance		
Employee Life and Matching AD&D Amount		\$10,000 increments up to the lesser of 5x annual earnings or \$500,000		
Employee Guarantee Issue Amount		\$130,000		
Spouse Life and Matching AD&D Amount		\$5,000 increments up to the lesser of 100% of employee amount or \$500,000		
Spouse Guarantee Issue Amount		\$50,000		
Dependent Child and Matching AD&D Amount		\$1,000—live birth to 6 months \$2,000 increments to \$10,000 max—age 19 or 26 if student		
Age Reduction Schedule		67% at age 70 50% at age 75		
Waiver of Premium		Yes, if disabled prior to age 60		
Conversion and Portability Options		Included (must apply within 31 days of termination date)		
	Employee AD&D Monthly Premiums (per \$10,000)	Spouse AD&D Monthly Premiums (per \$5,000)	Child AD&D Monthly Premiums (per \$2,000)	
Rate	\$0.214	\$0.170	\$0.164	

Voluntary Life and AD&D Insurance		
Employee/Spouse Age	Employee Monthly Premiums (per \$10,000)	Spouse Monthly Premiums (per \$5,000)
15-24	\$0.326	\$0.435
25-29	\$0.370	\$0.435
30-34	\$0.519	\$0.570
35-39	\$0.801	\$0.825
40-44	\$1.153	\$01.170
45-49	\$1.857	\$1.910
50-54	\$2.807	\$2.920
55-59	\$3.978	\$4.345
60-64	\$5.051	\$6.070
65-69	\$6.600	\$7.860
70-74	\$12.082	\$14.400
75+	\$40.603	\$48.375
Child Rate per \$2,000	\$0.788	

Voluntary Short-Term Disability

Voluntary Short-Term Disability

Disability benefits protect a portion of your income in the event of any injury, accident or illness that keeps you from working.

Employees have the option to purchase Short-Term Disability (STD) Benefits through Unum. Benefits are provided in the event of becoming disabled for more than 14 days due to a non-work related illness, or in the case of a non-work related accident or injury. The plan pays 60% of an eligible employees' pre-disability base weekly earnings, to a maximum of \$1,500 per week for a qualified disability.

Employees who have been offered this coverage in the past but did not take advantage of enrolling at that time, will need to complete an enrollment form and an Evidence of Insurability form. The requested coverage amounts will require further medical review and additional information may be requested. If Evidence of Insurability is required, after Open Enrollment is closed, you will receive a link from UNUM to complete medical questions electronically.

Benefit Detail	Voluntary Short-Term Disability
Elimination Period	14 days for accident or illness
Benefits Duration	11 weeks
Benefit Percentage	60% of weekly income
Maximum Benefit	\$1,500 per week
Pre-Existing Conditions *	Pre-existing conditions may not be covered by this plan.
Weekly Rate (per \$10)	\$0.229 per \$10 of covered benefit

**A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the 3 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.*

Voluntary Short-Term Disability

Sample Premium Calculation

Voluntary STD Rate	\$0.229
Yearly Salary	\$30,000
Weekly Income (\$30,000 / 52 weeks)	\$576.90
Weekly Benefit Amount (\$576.90 x 60%)	\$346.10
Monthly Premium (\$346.10 x \$0.229 / \$10 of benefit)	\$7.93

Voluntary Long-Term Disability

Voluntary Long-Term Disability

Voluntary Long-Term Disability (LTD) Benefits provide continued protection if you are still deemed disabled when STD benefits are exhausted, or for a specified period of time for a qualified disability if you did not elect STD coverage.

Employees have the option to purchase Voluntary Long-Term Disability (LTD) Benefits through Unum. Benefits are provided on the 91st day of disability, payable up to Social Security Normal Retirement Age (SSNRA). Income loss is replaced at 60% of your base monthly earnings, to a maximum of \$15,000 per month for a qualified disability.

Employees who have been offered this coverage in the past but did not take advantage of enrolling at that time, will need to complete an enrollment form and an Evidence of Insurability form. The requested coverage amounts will require further medical review and additional information may be requested. If Evidence of Insurability is required, after Open Enrollment is closed, you will receive a link from UNUM to complete medical questions electronically.

Benefit Detail	Long-Term Disability
Waiting Period	90 days
Benefits Duration	Benefits are paid to the later of either age 65 or Social Security Normal Retirement Age (SSNRA)
Benefit Percentage	60% of monthly income
Maximum Benefit	\$15,000 per month
Pre-Existing Conditions	Pre-existing conditions may not be covered by this plan
Monthly Rate (per \$100)	\$0.300

**A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the 3 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.*

Voluntary Long-Term Disability

Sample Premium Calculation

Voluntary LTD Rate	\$0.300
Yearly Salary	\$30,000
Monthly Salary (\$30,000 / 12 months)	\$2,500
Monthly Covered Payroll	\$2,500
Monthly Premium (\$2,500 x \$0.300 / \$100 of monthly salary)	\$7.50

Employee Assistance Program (EAP)

We all face difficulties in our life. During those times, having outside help can make the difference between solving a problem and continuing to struggle through periods of confusion, indecision and personal crisis. Charlotte Latin School is pleased to offer an Employee Assistance Program (EAP) administered by McLaughlin Young. Your EAP gives you confidential access to a licensed professional counselor who will provide short-term assistance with issues that are having an impact on your life and ability to focus on work.

An EAP is a company-sponsored benefit that offers the support and resources you need to address personal or work-related challenges and concerns. Best of all, it's free for you and your household, even if you are not enrolled in Charlotte Latin Schools Health Plans.

Following are some highlights:

- **Help is available — 24 hours a day, 7 days a week**, and 365 days a year through a toll-free 1-800 number. All callers immediately hear a live voice when they call. At no time are our phones answered by automation (i.e. voicemail). We are equipped to handle calls in more than 140 languages. Problems addressed by the EAP include but are not limited to: emotional, family, marital, alcohol, drug, financial, legal and other personal issues. EAP services include providing information, assessment, short-term problem resolution, and crisis intervention.
- **Face-to-Face Counseling Sessions** — When employees and family members access services through our 1-800 number, they are offered a face-to-face counseling session in order for an experienced, licensed counselor to conduct a thorough needs assessment. Clients are assigned a case manager who will remain their contact throughout the process and ensure their needs are met.
- **Going Above and Beyond**
 - Unlimited number of issues per year: Clients may access services for an unlimited number of issues per year as long as they are not interrelated.
 - After-termination services: Clients are eligible up to 30 days after-termination and 90 days after a lay off or downsizing.
 - Bereavement services: Family members of a deceased employee are eligible for up to 90 days after the employee's death.
 - Retirement services: Clients are eligible up to 90 days after their last work day.
- **Web-Based Services** — McLaughlin Young's state-of-the-art website features an extremely comprehensive level of resource articles, assessments, and audio and video files covering emotional well-being, health and wellness, and workplace issues as well as child care, elder care, adoption, and education. The search feature allows for instant retrieval of relevant articles, tip sheets, tools, and resources specific to a particular work-life topic.

Annual Notices:

Annual notices can be found on the HR section of MyLatin.

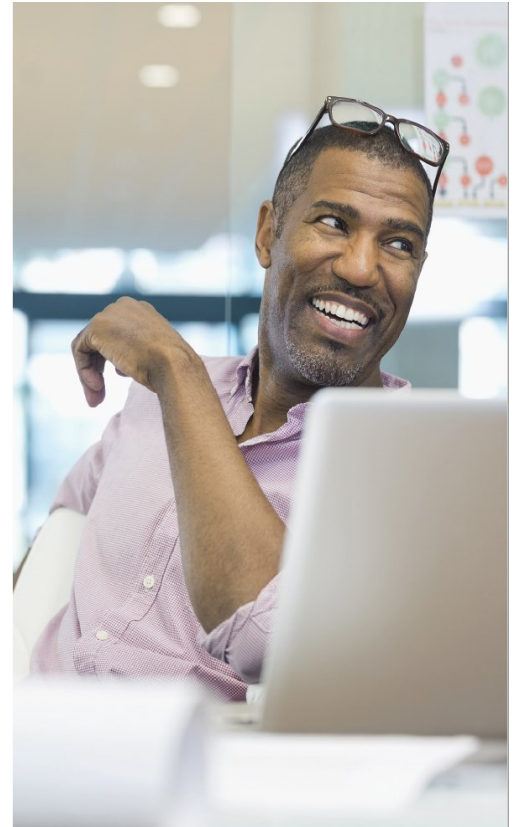
Employee Assistance Program



How to access the EAP

Simply call **800.633.3353** or **704.529.1428**

A clinician may assess your situation prior to scheduling an appointment to ensure that you are receiving the most appropriate care.



How our EAP works

When you call the EAP, you are offered a needs assessment by an experienced, licensed clinician. If it is determined that the concern can be resolved through problem-solving sessions, the clinician will assist in resolution. If it is determined that a referral is needed for ongoing support, the EAP will connect you with the most cost-effective resources for care.



Helping you meet
life's challenges

5925 Carnegie Blvd, Suite 350
Charlotte, North Carolina 28209
Direct **800.633.3353**

mygroup.com



Employee Assistance Program—Cont'd



Looking for professional advice for personal, work-related, or family concerns? Free, confidential support is one of your benefits – and always there if you need it.

An EAP is a company-sponsored benefit that offers the support and resources you need to address personal or work-related challenges and concerns. Best of all, it's free for you and your household.



You are covered

McLaughlin Young offers you and your immediate household members unlimited access to:

- Free, confidential help with personal or work-related concerns
- Referrals to other sources for assistance
- 24-hour emergency coverage



EAP is confidential

Confidentiality is an essential part of the EAP. Your company will not know of your participation in the services nor have access to any information without your consent. The only exceptions are when someone's safety is in question.



Reasons to use the EAP

An EAP is designed to help with all kinds of life situations. Examples include, but are not limited to:

- Marital difficulties
- Family problems
- Parenting
- Stress
- Balancing work and family
- Relationship issues
- Work-related concerns
- Depression
- Alcohol and drug use/abuse
- Grief and loss
- Elder care
- Healthy living
- Crisis events
- Preventative

Retirement Income Plan

Charlotte Latin provides a defined-contribution, 403b tax-sheltered retirement plan through Transamerica. The School contributes 4% of an employee's annual base salary as a "gift," which is immediately vested. Employer and Personal contributions to the Plan, including Roth contributions, may begin as early as the first month of employment.

In addition, the School will match employee contributions to the 403(b) Plan based on the following schedule. Matching contributions immediately vested. Employees returning to CLS who were previously eligible for matching contributions will remain eligible.

Employees may elect to have Elective Deferrals/Roth Elective Deferrals.

Updates to beneficiaries and deferral changes are made on the Transamerica site.

Length of Service	Contribution	
	Employee	Employer Match
1 through 5	1.00%	1.00%
	2.00%	2.00%
	3.00%	3.00%
	4.00%	4.00%
6 through 15	1.00%	1.25%
	2.00%	2.50%
	3.00%	3.75%
	4.00%	5.00%
16 through 25	1.00%	1.50%
	2.00%	3.00%
	3.00%	4.50%
	4.00%	6.00%
26+	1.00%	1.75%
	2.00%	3.50%
	3.00%	5.25%
	4.00%	7.00%

Terminology Tip Sheet

Patient Protection and Affordable Care Act (ACA): The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Limit: A cap on specific benefits your insurance plan will pay for services in a year while you're enrolled in a particular health insurance plan. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for that particular service for the rest of the year.

Out-of-Pocket Maximum: The most a Plan member must pay towards covered medical expenses in a benefit period for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays 100% of the cost of covered services for the remainder of the benefit period.

Coinsurance: Your share (a percentage) of costs of a covered health care service you must pay after you have met your deductible.

Copayment: A fixed amount (\$20, for example) you pay for a covered health care service.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Many plans pay for in-network preventive care before you meet your deductible or may pay the balance for a service, after you pay a copayment, prior to satisfying the deductible. Some of your dental options also have a deductible, generally for basic and major dental care services only.

Brand Formulary Drugs: The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Generic Drugs: These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs: Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Non-Formulary Drugs: These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost to you.

Specialty Drugs: Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions. Injectable drugs are an example of Specialty Drugs.

Primary Care Physician (PCP): The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. These providers agree to accept pre-determined rates when servicing members, and will cost you the least out-of-pocket.

Qualifying Life Event: An occurrence that qualifies the subscriber to make an insurance coverage change, most often to pre-tax benefits, outside of Open Enrollment.

For a full glossary of terminology visit: <https://www.healthcare.gov/glossary/>

Contact Information

Service	Vendor	Phone Number	Website or Email
Human Resources	Raquel Elam	704-815-2428	
Medical Plan or Prescription Drugs	Blue Cross Blue Shield of NC	877-275-9787	www.bcbsnc.com/memberservices
Telehealth	Teladoc	800-835-2362	www.teladoc.com
Dental Health Reimbursement Account (HRA) Flexible Spending Account (FSA)	Flores	Charlotte 704-335-8211 Outside Charlotte 800-532-3327	www.flores247.com Dental Claims Processing: PO Box 31397 Charlotte NC, 28231 Fax (704) 335-0818 or (800) 726-9982
Health Savings Account (HSA)	HealthEquity	866-346-5800	www.my.healthequity.com
Life Insurance and Disability Benefits	Unum	1-800-Ask-Unum	www.unum.com
Vision	Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Employee Assistance Program (EAP)	McLaughlin Young	800-633-3353	www.mygroup.com
Credit Union	Carolina Community Federal Credit Union	(704) 543-8901	www.cccu.com
Credit Union	Sharonview Federal Credit Union	(704) 969-6700	www.sharonview.org
Charlotte Latin School Relief Fund	E4E Relief	(833) 750-2887	https://e4erelief.powerappsportals.com/en-US/clshome/
Retirement Plan	Transamerica	(800) 755-5801	www.transamerica.com/portal/indyschoolmep
Retirement Plan Questions (Investment Options and Decision-making)	One Digital Amy Todd or Mark Miller		amy.todd@onedigital.com mark.miller@onedigital.com

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.

CHARLOTTE
LATIN
SCHOOL