



2020 Employee Benefits Booklet

Inside this Guide you will find basic plan information for various plan options available to you as a KIPP Texas employee.

- | | |
|--------------------------|---------------------------|
| Medical | EAP |
| Prescription Drug | Legal |
| FSA | Critical Illness |
| HSA | Accident |
| Dental | Hospital Indemnity |
| Vision | LifeLock Identity |
| Life and AD&D | Pet Insurance |
| STD &LTD | RediMD/White Coat |



Additional resources are available to you through:

- | | |
|--|--|
| Benefit Advocate Center
Phone: 877.749.0341
Email: benefits@kipptexas.org | ADP
www.workforcenow.adp.com |
| KIPP Website
www.mykipptexas.com | KIPP APP
The Pocketpal |

This is a brief description of benefits. Please refer to the plan Documents for complete policy provision, limitations, and exclusions. In conflict between this summary and Plan Documents, the Plan Documents will prevail.

Medical—Blue Cross Blue Shield of Texas

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. KIPP offers multiple plan options to help you plan to help keep you and your family healthy.

BCBS Medical	EPO Base	\$0 Deductible EPO	PPO	HDHP* *KIPP provides \$600 to individual HSA, and \$1,200 to family
	In-Network Only	In-Network Only	In-Network Illustrated	In-Network Illustrated
Policy Numbers	227977	226342	240279	240280
Calendar Year Deductible	Embedded	Embedded	Embedded	Aggregate
Individual	\$3,000	N/A	\$500	\$1,500
Family	\$6,000	N/A	\$1,000	\$3,000
Annual Out-of-Pocket Maximum	Embedded	Embedded	N/A	Aggregate
Individual	\$6,000	\$3,000	\$2,000	\$3,000
Family	\$12,000	\$6,000	\$4,000	\$6,000
DOCTOR'S OFFICE				
Primary Care Office Visit	\$35 copay	\$25 copay	\$25 copay	20% after deductible
Specialist Office Visit	\$45 copay	\$25 copay	\$35 copay	20% after deductible
Preventive Care	100%, no copay	100%, no copay	100%, no copay	100%, no copay
HOSPITAL & OTHER SERVICES				
Emergency Room Visit	\$300 copay	\$250 copay per visit	\$150 copay+20% after ded	20% after deductible
Physician's Expenses	30% coinsurance	100%, no copay	20% coinsurance	
Urgent Care Services	\$75 copay per visit	\$75 copay per visit	\$75 copay	20% after deductible
Inpatient	30% after deductible	\$500 copay per day	20% after deductible	20% after deductible
Outpatient Surgery	30% after deductible	\$400 copay per day	20% after deductible	20% after deductible
Outpatient Diagnostic X-Ray & Lab	100%, no copay	100%, no copay	20% after deductible	20% after deductible
Complex Labs and Imaging	30% coinsurance	100%, no copay	20% after deductible	20% after deductible
MENTAL HEALTH SERVICES				
Hospital	30% coinsurance	100%, no copay	20% after deductible	20% after deductible
Physician Office Visit	\$35 copay/office visit; Deductible does not apply	\$25 copay/office visit; Deductible does not apply	\$25 primary care copay \$35 specialist copay	20% after deductible
OUT OF NETWORK SERVICES				
Out of Network Facilities and Providers	NONE In-Network Only	NONE In-Network Only	Out of Network benefits are covered at a higher Deductible and lower Coinsurance level	Out of Network benefits are covered at a higher Deductible and lower Coinsurance level

Pharmacy—Express Scripts

Express Scripts-Prescription Drugs				
Generic	\$15	\$15	\$15	20% after deductible
Preferred Brand	\$75	\$45	\$45	20% after deductible
Non preferred Brand	\$150	\$75	\$75	20% after deductible
Mail Order (31-90 Days)	2.5 x retail	2.5 x retail	2.5 x retail	20% after deductible

Employee Contributions

Monthly Medical and Pharmacy				
Employee Only	\$0	\$78	\$110	\$30
Employee + Spouse	\$225	\$656	\$782	\$558
Employee + Child(ren)	\$60	\$436	\$536	\$294
Employee + Family	\$300	\$842	\$900	\$650

BCBS—Medical Plan Considerations

Choosing a health plan can be a difficult and confusing process. There are a few things to consider when selecting a plan that best fits you and your family's needs. Below are a few considerations:

1. Your Doctor / Specialist: Is your medical provider considered a BCBS in-network provider? Are you currently seeing a specialist as well?
2. Prescription Drugs: Are you currently taking maintenance medications? Are you currently utilizing Mail Order benefits?
3. Additional Planned Services: Are you currently pregnant or planning on getting pregnant? Are you planning on having any major services performed in the next year?
4. Urgent Care: Have you utilized Urgent care benefits recently? Are there in-network facilities close to your workplace or home?
5. Employee Contributions: How much are you willing to spend on Healthcare Benefits? Do you currently contribute to the HSA plan? Do you utilize the FSA benefits? Are you willing to pay more per paycheck to pay less at the doctor's office?

	EPO Base	\$0 Deductible EPO	PPO	HDHP
Network	In-Network only plan; No Out of Network No reimbursements available	In-Network only plan; No Out of Network No reimbursements available	In and Out of Network plan	In and Out of Network plan
Copays	Copays for standard Medical Services	Copays for standard Medical Services	Copays for standard Medical Services	No copays for any services
Contributions	Lowest employee contributions	Medium employee contributions	Highest employee contributions	Low employee contributions
Deductible Risk	High	Low	Low	Medium
Deductible	Certain Services	None - No Deductible	Certain Services	All services apply to deductible
Health Care FSA	Eligible	Eligible	Eligible	NOT Eligible
Dependent Care FSA	Eligible	Eligible	Eligible	Eligible
HSA Account	NOT Eligible	NOT Eligible	NOT Eligible	Employee HSA Contributions available
Employer HSA Contribution	None	None	None	KIPP contributes \$600 to your individual HSA account, and \$1,200 to family account

Claim Examples

In this claim example we will review how each plan would pay for an employee who is overall healthy and utilizing pharmacy benefits for 1 maintenance medication and 2 doctor's office visits.

	EPO Base	\$0 Deductible EPO	PPO	HDHP
Doctor's Office Visits	\$70	\$50	\$50	\$150
Pharmacy (generic)	\$180	\$180	\$180	\$300
EE Contributions	\$0	\$936	\$1,320	\$360
KIPP Individual HSA Contributions	N/A	N/A	N/A	\$600
Total Cost	\$250	\$1,166	\$1,550	\$210

In this example, you can see that the most cost effective plans for this employee would be the EPO base or the HDHP.

The next claim example will illustrate how each plan would pay for an employee who is having a \$5,000 out patient surgery and will take 3 pain medications.

	EPO Base	\$0 Deductible EPO	PPO	HDHP
Applied to Deductible	\$3,000	\$0	\$500	\$1,500
Coinsurance	\$600	\$0	\$900	\$700
Medical Copays	N/A	\$400	N/A	N/A
RX Copay (preferred)	\$225	\$135	\$135	\$300
Claim Cost	\$3,825	\$535	\$1,535	\$2,500
Employee Contribution	\$0	\$936	\$1,320	\$360
KIPP HSA Individual Contribution	N/A	N/A	N/A	\$600
Total Cost	\$3,825	\$1,471	\$2,855	\$2,260

In this example, this employee would see the most cost savings if they were enrolled in the \$0 EPO or the HDHP.

Disclaimer: Please note this is a generalized claim example and not a promise of coverage or cost. Actual claims cost, provider billing, services rendered and coverage contract would determine the final cost for any medical services. We in no way make any promises of coverage or payment based on the claims example above. For coverage predetermination, your provider can request a coverage cost estimate from BCBS.

Flexible Spending Account—FSA

Flexible Spending Accounts (FSAs) allow you to have pre-tax money deducted from your paycheck to reimburse yourself for certain expenses. Since contributions are made through payroll deductions with pre-tax dollars, you decrease your taxable income and thereby increase your take-home pay.

How the Plan Works

You manage your Flex Plan by deciding to budget some of your income to pay for certain medical and/or dependent care expenses. Before the plan year begins, you elect to have a portion of your compensation placed in one or both of the reimbursement accounts. An equal amount will be withheld from your paycheck on a “pre-tax” basis each pay period during the plan year.

When you have an eligible medical, dental, or vision expense not fully covered under your health plan, you will be reimbursed from the Health Flexible Spending Account (Health FSA) up to the total amount you have budgeted for the year. Dependent care expenses will be reimbursed from your Dependent Care Assistance Plan (DCAP) up to the total amount accumulated in the account at the time of each reimbursement.

The accumulated pre-tax dollars are used in place of after-tax dollars to pay for eligible expenses, resulting in a tax savings for you. You are now using “untaxed” money to pay for services that you used to pay for with after-tax dollars.

Employees can elect two different types of Flexible Spending Accounts		
Type of Account	Healthcare Flexible Spending Account	Dependent Care Account
Annual Maximum Contributions	\$2,750	\$5,000
Funds Availability	Full annual election Immediately available at the beginning of the plan year	Funds available as they are deposited into the account
What can Funds be used for?	Medical co-pays Medical Services and Surgery Uncovered medical expenses Medical equipment Prescription Drugs OTC drugs (with prescription) Dental Services Vision Services	Child care Summer day camps Pre-school Nanny's/Babysitters
Is there a Card for used?	Yes	No – you must submit for reimbursements
What happens if I don't spend the money by year's end?	You lose it – plan carefully, don't over contribute	You lose it – plan carefully, don't over contribute
Limitations	Employees enrolled in the HSA Plan are NOT allowed to contribute to a Healthcare FSA	All Eligible employees are able to contribute to a Dependent Care FSA

How much should you elect to contribute

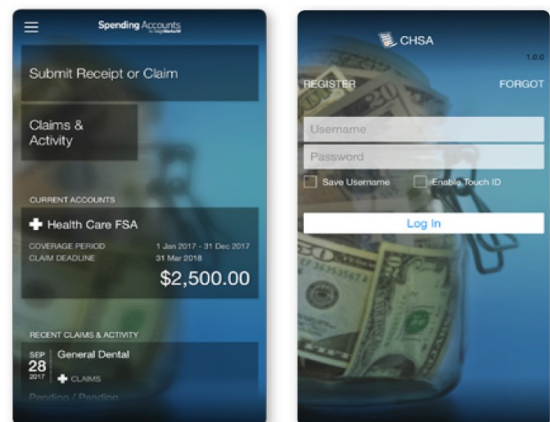
Use the table below to help estimate the eligible healthcare expenses that you and your eligible dependents may incur during the plan year. Please note only eligible expenses are reimbursable through the Healthcare Spending Account. For expenses to be eligible under the Healthcare FSA, they cannot be reimbursed by another plan.

Annual Cost Estimate	
Medical Plan	
Office Visits Copays	
Prescription Drugs	
Medical Deductible	
Anticipated Surgery	
Dental Plan	
Deductible	
Basic and Major Services	
Vision Plan	
Frames/Contacts	
Corrective Surgery	
Total Annual Cost	
Divide by 24 Pay Period	
Per Paycheck Deduction	

WageWorks Spending Account (CHSA) Mobile App

Download the free WageWorks Spending Account App to manage all your spending account benefits. Login to check your balances, submit claims, snap and submit photos of receipts – all on the go!

Use the same login credentials you use for the Spending Accounts by WageWorks website.



Don't forget to save your receipts.
You are required to submit substantiation of claims upon request.
If required documentation is not submitted, your card may be locked for further use!

Dental—MetLife

Dental coverage is an important part of your benefit package and key to your overall health. The dental plan promotes and encourages preventive dental care and provides benefits for preventive, basic, and major services. KIPP offers two Dental Plan options that work very differently. The dental PPO Plan offers both in and out-of-network services. Please keep in mind that with this dental plan, you are free to see any dentist you choose. You are not required to use a network dentist; however, additional discounts may apply by doing so. Eligible benefits are paid subject to reasonable and customary charges for non-network providers. This means that you may be billed for charges over what is considered reasonable and customary when utilizing an out-of-network provider.

The dental HMO does not cover out-of-network providers at all. It is very important that you confirm your provider is in-network prior to enrolling in this plan, or select an in-network provider going forward. Under the DHMO Plan, you enjoy negotiated discounts from in-network dentists. You pay a fixed copay for each covered service. To view a full list of the services covered under this plan, please refer to the full Benefits Summary.

PPO Plan - PDP Plus Network	
Policy Numbers	179560 - MEPDP Plus
Deductible: Individual / Family	\$50 / \$150
Annual Maximum	\$1,500
Preventive Services	100%
Basic Services	80% after deductible
Major Services	50% after deductible
Orthodontia	50% after deductible, up to age 19
Orthodontia Lifetime Max	\$1,500
Out of Network Benefits	90th % of Usual and Customary Benefits are reimbursed based on In-network allowed amount. You will be balanced billed for any amount not covered by the plan

PPO Monthly Contributions	
Employee Only	\$26.77
Employee + Spouse	\$49.25
Employee + Child(ren)	\$61.73
Employee + Family	\$82.95

Dental HMO Plan - Manage Care Network	
Policy Numbers	179560 - MET245-X
Deductible: Individual/Family	\$0
Annual Maximum	Unlimited
Periodic Oral Maximum	\$0
X-Rays	\$0
Crown	\$245
Root Canal	\$300 Osseous; \$50 Scaling \$40 Periodontal Maintenance
Orthodontics (Child and Adult)	Refer to DHMO schedule for copay amounts *Coverage based on SVC copays
Out of Network Benefits	None There is no coverage or reimbursements under the Dental HMO Plan

DHMO Monthly Contributions	
Employee Only	\$12.91
Employee + Spouse	\$24.53
Employee + Child(ren)	\$25.84
Employee + Family	\$40.05

Vision—VSP

Why enroll in the VSP Vision Care Plan? You will like what you see with VSP:

- **Personalized Care** . The doctors take the time to get to know you and your eyes. They will look for vision problems and signs of other health conditions too.
- **Doctor Network** . You will find the VSP doctor who's right for you at vsp.com/choice or by calling their Customer Service Department at the number listed above.
- **Value and Savings** . You will get great savings on your eye exam and eyewear, and discount on laser vision correction.

Once you have enrolled, simply tell your VSP doctor you're a member. You may be asked to provide your Social Security Number as an identifier.

VSP Vision	
Exam Copay (includes dilation) – every 12 months	\$15 copay
Lenses Types – every 12 months	
Single/Bifocal/Trifocal	\$15 copay
Frames – every 24 months	
Retail Allowance (after copay)	Up to \$150
Medically Necessary Contacts	Paid in Full
Elective Contacts	Up to \$130

Vision Rates	Monthly
Employee Only	\$6.34
Employee + Spouse	\$12.67
Employee + Child(ren)	\$13.55
Employee + Family	\$21.69

Basic Life and AD&D—MetLife

Employer-paid life insurance is an important working benefit. It provides your loved ones with a little additional income when they need it most. KIPP Texas automatically enrolls all eligible employees \$30,000 of Basic Life and AD&D insurance free of charge.

Life insurance coverage offers you and your family financial protection in the event you pass away.

Accidental Death & Dismemberment (AD&D) also pays a benefit if your death is the result of an accident. If you suffer an injury, such as the loss of a limb or an eye, you would also receive a portion of your AD&D benefit.

MetLife	Provided at no cost
Employee	\$30,000
Age Reduction Formula	35% at age 65 50% at age 70

Voluntary Life and AD&D—MetLife

Employers also have the opportunity to purchase additional Life and AD&D coverage for you, your spouse and child(ren). You must select voluntary insurance for yourself to elect coverage for your spouse and/or child(ren).

If you waived this coverage when you were initially eligible you will be considered a Late Entrant. As a result, you will be required to complete and provide a Statement of Health Form to MetLife for approval regardless of the amount of coverage you elect. If you are electing to increase your coverage, you must also complete the Statement of Health.

Coverage is not effective until approved by MetLife. You pay the full cost of the Voluntary Life/AD&D coverage(s).

You are required to name a beneficiary for your Life and AD&D insurance coverage. When you name a beneficiary, your beneficiary will not change unless you complete a new beneficiary designation online at the Employee Portal.

Voluntary Life and AD&D		Voluntary Life Rates per \$1,000	Employee/Spouse
Employee	Increments of \$10,000, not to exceed the lesser of five times annual earnings or \$500,000	<25 – 29	\$0.045
	New Hire Guarantee Issue: Lesser of \$200,000 up to 3X Annual Salary	30 – 34	\$0.061
Spouse	Increments of \$5,000, not to exceed the lesser of \$100,000 or 100% of employee's amount New Hire Spouse Guarantee Issue: \$50,000	35 – 39	\$0.077
		40 – 44	\$0.109
		45 – 49	\$0.161
		50 – 54	\$0.241
		55 – 59	\$0.381
		60 – 64	\$0.501
		65 – 69	\$0.797
Child(ren)	Birth to 6 months \$1,000 6 months to age 26 Options of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 not to exceed the spouse's benefit amount.	70+	\$1.389
		Child	\$0.203
		AD&D Rates per \$1,000	
		Child	\$0.203

Voluntary Short-Term Disability—MetLife

Short-Term Disability (STD) insurance will help protect your family’s financial security in the event you are unable to work due to illness or a non-occupational injury. The STD plan is designed to replace a portion of your income in the event you become disabled.

If you waived this coverage when you were initially eligible and wish to enroll as a Late Entrant, you must complete and submit a Statement of Health Form for MetLife to review and approve prior to being approved for coverage.

Short Term Disability	
Benefit Amount	60% Weekly Earnings; Excludes Other Extra Compensation
Elimination Period Injury/Sickness	14 Days
Maximum Weekly Benefit	\$1,500
Duration of Benefits	13 Weeks *includes elimination period
Voluntary STD	
Age Table	Monthly Rates Per \$10 (Covered Weekly Benefit)
<29	\$0.247
30-34	\$0.261
35-39	\$0.236
40-44	\$0.254
45-49	\$0.310
50-54	\$0.385
55-59	\$0.472
60-64	\$0.558
65+	\$0.670

Voluntary Long-Term Disability—MetLife

It is easy to take good health and our ability to work for granted. If you were not able to work due to a non work-related disability, your income could be dramatically reduced and your financial security could be threatened. A Long-Term Disability plan is available to the employees of KIPP and is designed to help replace a portion of your income.

You are eligible for Long-Term disability coverage if you are an active employee working at least 30 hours per week on a regularly scheduled basis.

Long Term Disability			
Benefit Amount	60% of Monthly Earnings; Excludes Other Extra Compensation		
Elimination Period	90 Days		
Mental, Substance, Self-Report Limitation	24 Months		
Definition of Disability	24 Months: Own Occupation		
After 24 Months: Any Occupation	\$5,000		
Maximum Monthly Benefit	\$10,000		
Duration of Benefits	SSNRA		
Preexisting Condition Limitation	3/12		
Voluntary LTD Monthly Rates Per \$100			
Age		Age	
<29	\$0.083	50-54	\$0.355
30-34	\$0.083	55-59	\$0.402
35-39	\$0.137	60-64	\$0.547
40-44	\$0.200	65+	\$0.305
45-49	\$0.263		

Additional Voluntary Benefits Available through MetLife

MetLife offers additional voluntary plans to help cover the cost of accidents and illnesses. All Plans are available at low discounted group rates. For your convenience, premiums will be automatically deducted from your paycheck.

Group Accident: Over 150 covered events and services, such as fractures, dislocations, and medical treatments or tests. You and your eligible family members are guaranteed coverage. No medical exam and no hassle. Lump-sum payment helps cover unexpected costs that result from an accident.

Critical Illness: Over 20 covered critical illnesses, such as Cancer, Heart Attack, Stroke, and Kidney Failure. You and your eligible family members are guaranteed coverage. No medical exam and no hassle. Lump-sum payment helps cover unexpected costs that result from a covered critical illness.

Hospital Indemnity coverage: You and your eligible family members are guaranteed coverage. No medical exam and no hassle. Lump-sum payment can be used to help cover unexpected costs that result from hospitalization.

Legal Plan: The MetLaw Legal Plan allows you and your eligible dependents to receive certain personal legal services. The available benefits are very comprehensive, but there are limitations and other conditions that must be met. All benefits are available to you, your spouse and dependents. ITS SMART, SIMPLE, AND AFFORDABLE.

Please refer to your Benefits Guide for additional information.

White Coat can see you at your home or office Monday through Friday. Same day appointments available! Get examined by a physician, physician assistant or nurse practitioner, diagnosed treatments recommended and prescriptions written or most acute care generic medications provided all for a co-pay of \$25.00. Availability in your city varies on region. Please see your large benefit guide for more detailed information.

Getting Started is EASY as 1-2-3!

1. Go to www.redimd.com
Click “Register” and select “First time user”
Use your registration code— **Houston: KIPP, San Antonio: KIPPSa, Austin: KIPPA, Dallas: KIPPd**
2. Follow the step by step process to register your email and create a password.
You must complete the patient profile
3. FINISHED!
Now you’re ready to Schedule an appointment and only pay a **\$25 copay!**

Call now!

866.989.2873

Benefits & Features:

- Available to all employees (regardless of medical elections)
- Covers dependents 2 and up
- Fast and convenient
- Easy to use
- Visits available at home or work
- No need to leave the house

Important Carrier Contact Information

Benefit	Administrator	Phone	Website/Email	Policy Number
KIPP Benefit Advocate Center	Gallagher Benefit Services	877.749.0341	benefits@kipptexas.org	–
Medical	Blue Cross and Blue Shield of Texas	800.521.2227	www.bcbstx.com	240279
Prescription Drugs	Express Scripts	800.282.2881	express-scripts.com/members/	–
Health Savings Account	HSA Bank	800.357.6246	www.hsabank.com	–
Flexible Spending Accounts	WageWorks	877.924.3967	www.wageworks.com	–
Dental	MetLife	800.438.6388 Prompt “Dental” then #2 > then #1	www.metlife.com	179560
Vision	VSP	800.877.7195	www.vsp.com	30084126
Life and AD&D	MetLife	800.638.6420 Prompt #2	www.metlife.com	179560
Voluntary Short-Term Disability	MetLife	866.729.9201	www.metlife.com	179560
Voluntary Long-Term Disability	MetLife	866.729.9201	www.metlife.com	179560
White Coat	RediMD	866.989.2873	www.redimd.com	–
Grief Counseling	MetLife Advantages	888.319.7819	metlifegc.lifeworks.com Username: metlifeassist Password: support	–
Employee Assistance Program	Compsych	800.851.1714	www.compsych.com	–
MetLaw® Legal Service Plan	A MetLife Company	800.821.6400	www.legalplans.com Online Access Code: 6090187 or GETLAW	–
Voluntary Critical Illness, Accident, and Hospital Indemnity	MetLife	800.438.6388	www.metlife.com	179560
KIPP Public Schools	Human Resources	-	www.mykipptexas.com benefits@kipptexas.org	–