KIPP TEXAS PUBLIC SCHOOLS

2021
Employee Benefits

Dear Big KIPPster:

Thank you for everything you do to help our Little KIPPsters climb the mountain to and through college! Your hard work and dedication is making the difference in countless children's lives across the state.

You have a commitment to our for the KIPPsters, and KIPP Texas is equally committed to you. We provide you and your family with health, wellness, and financial security to give your peace of mind. As one example, our medical provider, Blue Cross Blue Shield of Texas, serves more than five million members and has the largest network of doctors in the Lone Star State. They, and the other hand-picked providers, are great partners to KIPP Texas and our Team & Family.

I am proud of the benefits we offer, outlined in this Guidebook. They include

- The best medical plans in the industry, with either better coverage, cheaper premiums, or both. I encourage you to check out the competition!
- A medical plan that is ***100% free*** to you for your individual coverage;
- Concierge medical service through WhiteCoat/RediMD, where you, or a covered member of your family, can see a doctor 24/7 via a computer, or have a Nurse Practitioner come to you, wherever you are during business hours – all for a $25 co-pay; and
- A wide variety of extra's, like a legal plan, LifeLock, indemnity plans that pay you cash for certain occurrences (you are hospitalized, have an accident, or become critically ill), or even insurance for your four-legged family members.

We also offer amazing ***Perks*** for the Team & Family. Did you know that we offer up to **eight weeks** of **paid** time off for a birth or adoption? Or, that we will continue part of your pay if you have a serious medical issue and run out of leave time (restrictions apply). These perks also include student loan assistance, a generous match to your 457 retirement plan, and amazing discounts on so many things, including hotels, gyms and cars. Check out the amazing perks at the ***Perks Place*** website, www.kipptexasperks.org.

Sincerely,

Chuck Fimble
Deputy Chief of Human Resources

Inside This Guide

If you (and/or dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal Law gives you more choices about your prescription drug coverage. Please see page 37 for more details.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

2021 Benefits Enrollment

Passive Enrollment

Please use this time to review and update your beneficiary information for the Life and AD&D insurance products. This is recommended even if you are not making any changes.

What Changes Can I Make During Open Enrollment?

» Add or drop coverage for myself and dependents.

» Change coverage to other plan options (i.e., PPO to EPO, DHMO to DPPO).

» Enroll in, increase, or decrease contributions to the Flexible Spending Accounts and Health Savings Account.

» Change coverage in the Voluntary STD, LTD, or Voluntary Life/AD&D products.

Think about your choices carefully as this is your only opportunity to make elections for the upcoming plan year. Unless you have a family status change, your benefit elections will remain in force for the remainder of the plan year through December 31, 2021.

Required Forms

Statement of Dependency
If you are going to cover any eligible dependents under the Medical, Dental, or Vision, then you MUST complete and return the Statement of Dependency form to the Human Resources Department.

Statement of Health
A Statement of Health must be completed and forwarded to MetLife for review and approval for the following:

» You had previously waived coverage when initially eligible and are enrolling for the first time in the Voluntary Life/AD&D, Spouse Life/AD&D, STD or LTD.

» You or your Spouse are enrolling in the Voluntary Life/AD&D and are electing coverage in excess of the Guarantee Issue amount.

» You or your Spouse are increasing coverage amounts in the Voluntary Life/AD&D plans.

Coverage will not become effective until first of the month following approval by MetLife.

Participation Guidelines

Who is Eligible for Coverage?

Regular, full-time employees scheduled to work at least 30 hours per week are eligible for benefits. Coverage will begin the first of the month following the date of hire. For more detailed information, please see Human Resources.

Dependent Eligibility

Your eligible dependents include:

» Your legal spouse.

» Domestic Partner (certification form available in ADP).

» Married or Unmarried dependents who are:

- Your natural, adopted, legal guardianship and/or stepchildren from birth until the end of the month in which he or she reaches the age of 26, regardless if they are eligible for another group health plan as an employee.
- Your grandchild for whom you have legal guardianship and who resides in your household.
- Any age, if physically or mentally handicapped and claimed as a dependent on your federal income tax return.
- Any child for whom the plan is required, by Qualified Medical Child Support Order, to provide coverage.

If You and Your Spouse Both Work for KIPP Texas

If you and your spouse are both employees of the company, only one of you may cover your dependent children. Additionally, you cannot be covered as both an employee and a dependent. You must each enroll either individually or together with one as an employee and one as a dependent.

Making Changes to Your Benefits

In most cases, your benefit elections remain in effect for the year (Jan 1 - Dec 31, 2021). During each open enrollment period you will have the opportunity to review your benefit elections and make changes for the coming year.

Certain coverages allow limited changes to elections during the year. These benefits include the Medical, Dental, and Vision plans and the Medical and Dependent Care Flexible Spending Accounts. Under these benefits, you may only make changes to your elections during the year if you have a change in family status and your benefit change is consistent with your change in family status.

Family status changes include, but are not limited to:

» Marriage, divorce, or death of a spouse.

» Birth, adoption, placement for adoption, death, custody, reaching the dependent age limit, and marriage of a child or dependent.

» A change in your or your spouse's employment that affects your benefits eligibility (starting a new job, leaving a job, starting or returning from an unpaid leave of absence or changing from part-time to full-time status, etc.).

» Change in your spouse's benefit coverage with another employer that affects eligibility.

» Change in cost of care or provider (Dependent Care FSA only).

Pretax Payroll Deductions:

To help offset your contributions for the medical, dental, and vision plans, we offer these benefits on a pretax basis through the Section 125 (or "cafeteria") plan.

By making your contributions for these benefits on a pretax basis, premium is withheld from your pay before federal, state, and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck.

YOU HAVE 30 DAYS FROM THE DATE OF A FAMILY STATUS CHANGE TO COMPLETE THE CHANGE ONLINE!

If you do not make your change in the system and provide the supporting documentation to the Human Resources Department within 30 days, you and/or your dependents must wait until the next open enrollment period to make a change to your benefit elections.

KIPP Benefit Advocate Center

Using and understanding your insurance just got easier.

The Benefit Advocate Center is here to help you understand and use your insurance.

With the phone number and email address below, we are ready and waiting to help answer your questions and provide guidance for any insurance questions you may have.

An experienced and friendly Insurance Advocate is available to answer all of your questions. You can count on us.

The Benefit Advocate Center is here to help with:

- Explaining your Benefit Options
- Helping with Eligibility requirements – waiting periods, dependent verification, etc.
- Providing resolution to claim problems

In addition, the Benefit Advocate Center assists with:

- Assistance with bundling bills after a major medical event
- Understand Explanation of Benefits (EOB) and Provider Billings
- Order ID Cards
- Helping you select in-network providers
- Plus much more!

Give us a call at:

877.749.0341

Benefits@KIPPTexas.org

7:00 a.m. – 6:00 p.m. CST

Spanish bilingual advocates available

Monday – Friday

Medical Benefits

Plan Name: $3,000 EPO Base

Carrier: Blue Cross Blue Shield of Texas
Network: BlueChoice
Phone: 800.521.2227
Website: www.bcbstx.com
Policy Number: 227977

Carrier: Express Scripts
Phone: 855.667.8634
Website: www.express-scripts.com

For participation in the EPO you are not required to select a Primary Care Physician (PCP). Out-of-Network services are not covered.

	EPO Plan In-Network Only
Lifetime Benefit Maximum	Unlimited
Calendar Year Deductible–Embedded	$3,000 individual $6,000 family
Annual Out-of-Pocket Maximum–Embedded (includes deductible and copays)	$6,000 individual $12,000 family
DOCTOR'S OFFICE	
Primary Care Office Visit	$35 copay
Specialist Office Visit	$45 copay
Preventive Care	100%, no copay
HOSPITAL SERVICES	
Emergency Room Physician's Expenses	$300 copay 30% coinsurance
Urgent Care Services (excludes Diagnostic and Surgical Procedures)	$75 copay per visit
Inpatient	30% after deductible
Outpatient Surgery	30% after deductible
Outpatient Diagnostic X-Ray and Laboratory Facility	100%, no copay
Complex Labs and Imaging	30% coinsurance
MENTAL HEALTH SERVICES	
Hospital	30% coinsurance
Physician Office Visit	$35 Office Visit; deductible does not apply
SUBSTANCE ABUSE SERVICES	
Hospital	30% coinsurance
Physician Office Visit	$35 Office Visit; deductible does not apply

	ESI Plan In-Network Only
PRESCRIPTION DRUGS*	
Retail—Generic (up to 30-day supply)	$15.00
Retail—Preferred Brand (up to 30-day supply)	$75.00
Retail—Nonpreferred Brand (31 to 90-day supply)	$150.00
Mail Order— (31 to 90-day supply)	2.5x retail

Notes:

*Specialty drug benefits are only available when filled through an ESI Pharmacy and are limited to a 30-day supply.

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

KIPP TEXAS PUBLIC SCHOOLS

Medical Benefits

Zero Deductible EPO Plan

Carrier: Blue Cross Blue Shield of Texas
Network: BlueChoice
Policy Number: 226342
Phone: 800.521.2227
Website: www.bcbstx.com

Carrier: Express Scripts
Phone: 855.667.8634
Website: www.express-scripts.com

For participation in the EPO you are not required to select a Primary Care Physician (PCP). Out-of-Network services are not covered.

	EPO Plan In-Network Only
Lifetime Benefit Maximum	Unlimited
Calendar Year Deductible–Embedded	N/A (individual / family)
Annual Out-of-Pocket Maximum–Embedded (includes deductible and copays)	$3,000 individual $6,000 family
DOCTOR'S OFFICE	
Primary Care Office Visit	$25 copay
Specialist Office Visit	$25 copay
Preventive Care	100%, no copay
HOSPITAL & OTHER SERVICES	
Emergency Room Physician's Expenses	$250 copay per visit 100%, no copay
Urgent Care Services (excludes Diagnostic and Surgical Procedures)	$75 copay per visit
Inpatient	$500 copay per day
Outpatient Surgery	$400 copay per day
Outpatient Diagnostic X-Ray and Laboratory Facility	100%, no copay
Complex Labs and Imaging	100%, no copay
MENTAL HEALTH SERVICES	
Hospital	100%, no copay
Physician Office Visit	$25 copay/office visit; deductible does not apply
SUBSTANCE ABUSE SERVICES	
Hospital	100%, no copay
Physician Office Visit	$25 copay/office visit; deductible does not apply

	ESI Plan In-Network Only
PRESCRIPTION DRUGS*	
Retail—Generic (up to 30-day supply)	$15.00
Retail—Preferred Brand (up to 30-day supply)	$45.00
Retail—Nonpreferred Brand (up to 30-day supply)	$75.00
Mail Order— (31 to 90-day supply)	2.5x retail

Notes:

*Specialty drug benefits are only available when filled through an ESI Pharmacy and are limited to a 30-day supply.

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

Medical Benefits

PPO Plan

Carrier: Blue Cross Blue Shield of Texas
Network: BlueChoice
Policy Number: 240279
Phone: 800.521.2227
Website: www.bcbstx.com

Carrier: Express Scripts
Phone: 855.667.8634
Website: www.express-scripts.com

	PPO Plan	
	In-Network	**Out-of-Network***
Lifetime Benefit Maximum	Unlimited	
Calendar Year Deductible–Embedded	$500 individual $1,000 family	$1,000 individual $2,000 family
Annual Out-of-Pocket Maximum–Embedded (includes deductible and copays)	$2,000 individual $4,000 family	$4,000 individual $8,000 family
DOCTOR'S OFFICE		
Primary Care Office Visit	$25 copay	30% after deductible
Specialist Office Visit	$35 copay	30% after deductible
Preventive Care	100%, no copay	30% after deductible
HOSPITAL SERVICES		
Emergency Room Physician's Expenses	$150 copay + 20% after deductible 20% coinsurance	
Urgent Care Services (excludes Diagnostic and Surgical Procedures)	$75 copay	30% after deductible
Inpatient	20% after deductible	$500 per admit copay 40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Outpatient Diagnostic X-Ray and Laboratory Facility	20% after deductible	40% after deductible
Complex Labs and Imaging	20% after deductible	40% after deductible
MENTAL HEALTH SERVICES		
Hospital	20% after deductible	40% after deductible
Physician Office Visit	$25 Primary Care copay $35 Specialist copay	30% after deductible
SUBSTANCE ABUSE SERVICES		
Hospital	20% after deductible	40% after deductible
Physician Office Visit	$25 Primary Care copay $35 Specialist copay	30% after deductible

	ESI Plan	
	In-Network	**Out-of-Network***
PRESCRIPTION DRUGS**		
Retail—Generic (up to 30-day supply)	$15.00	20% plus In-Network copay
Retail—Preferred Brand (up to 30-day supply)	$45.00	
Retail—Nonpreferred Brand (up to 30-day supply)	$75.00	
Mail Order—Generic (31 to 90-day supply)	2.5x retail	Not covered

Notes:

*If you select an out-of-network provider, you may be responsible for the difference between the allowed amount and the amount billed. BCBSTX reimburses providers at a rate of 150% of Medicare.

**Specialty drug benefits are only available when filled through an ESI and are limited to a 30-day supply.

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

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Medical Benefits

High Deductible Health Plan with HSA

Carrier: Blue Cross Blue Shield of Texas
Network: BlueChoice
Policy Number: 240280
Phone: 800.521.2227
Website: www.bcbstx.com

Carrier: Express Scripts
Phone: 855.667.8634
Website: www.express-scripts.com

	High Deductible Health Plan KIPP contributes $600 - Individual, $1,200 - Family Plans to each HSA account	
	In-Network	**Out-of-Network***
Lifetime Benefit Maximum	Unlimited	
Calendar Year Deductible–Aggregate	$1,500 individual $3,000 family	$3,000 individual $6,000 family
Annual Out-of-Pocket Maximum–Aggregate (includes deductible and copays)	$3,000 individual $6,000 family	$6,000 individual $12,000 family
DOCTOR'S OFFICE		
Primary Care Office Visit	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible
Preventive Care	No charge	60% after deductible
HOSPITAL SERVICES		
Emergency Room Physician's Expenses	20% after deductible	20% after deductible
Urgent Care Services (excludes Diagnostic and Surgical Procedures)	20% after deductible	40% after deductible
Inpatient	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Outpatient Diagnostic X-Ray and Laboratory Facility	20% after deductible	40% after deductible
Complex Labs and Imaging	20% after deductible	40% after deductible
MENTAL HEALTH SERVICES		
Hospital	20% after deductible	40% after deductible
Physician Office Visit	20% after deductible	40% after deductible
SUBSTANCE ABUSE SERVICES		
Hospital	20% after deductible	40% after deductible
Physician Office Visit	20% after deductible	40% after deductible

	ESI Plan	
	In-Network	**Out-of-Network***
PRESCRIPTION DRUGS**		
Retail—Generic (up to 30-day supply)	20% after deductible	
Retail—Preferred Brand (up to 30-day supply)		
Retail—Nonpreferred Brand (up to 30-day supply)		
Mail Order— (31 to 90-day supply)	20% after deductible	

Notes:

*If you select an out-of-network provider, you may be responsible for the difference between the allowed amount and the amount billed. BCBSTX reimburses providers at a rate of 150% of Medicare.

**Specialty drug benefits are only available when filled through an ESI Pharmacy and are limited to a 30-day supply.

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

Medical Benefits

Health Savings Account

Carrier: HSA Bank
Website: www.hsabank.com

The HSA, available to those enrolled in the High Deductible Plan, is an interest-bearing bank account that can help offset current and future healthcare expenses. That's because the tax-free dollars in an HSA roll over from year to year. The money contributed to an HSA can be used to pay for eligible out-of-pocket healthcare expenses such as deductibles, prescription drugs, vision or dental expenses you have to pay throughout the year. HSA withdrawals are not taxed as long as you use the funds to pay for eligible healthcare expenses.

Advantages

» Your contributions and the interest you earn on your account are tax-free.

» There are no "use it or lose it" rules.

» The money can be used for all eligible healthcare expenses including copays, prescriptions, dental care, vision care and much more.

» As long as you are an employee of KIPP Texas, monthly administration fees will be paid by KIPP.

» **Over the course of the year, you will receive a $600/$1,200 contribution from KIPP Texas when your HSA is opened—deposits are made each pay period.**

Limitations

» You or your spouse cannot be enrolled in a traditional medical FSA and also participate in an HSA.

» You or your dependents cannot be enrolled in a traditional medical plan (for example a PPO plan) and also participate in an HSA.

» You cannot be enrolled in Medicare, Medicaid, Tricare, or similar non-eligible insurance plans.

» Until you turn 65 you must use the money on qualifying medical expenses.

» You are limited by the IRS on how much you can contribute each year.

» Contribution limits include any employer contributions.

Contribution Limits

» Employee Only

- Age 55 and under: $3,600
- Over Age 55: $4,600

» All Other Coverage Tiers

- Age 55 and under: $7,200
- Over Age 55: $8,200

If you enroll in the High Deductible Health Plan (HDHP), a Health Savings Account (HSA) that allows you to set aside pretax dollars to pay for eligible healthcare expenses throughout the year will automatically be opened.

MetLife Worksite Benefits

Group Accident Insurance

Carrier: MetLife
Policy Number: 0179560
Phone: 800.438.6388
Website: www.metlife.com

What you need to know about Metlife's Accident coverage:

» 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.

» For your convenience, premiums will be automatically deducted from your paycheck.

How it works

Kathy's daughter, Molly, plays soccer. During a recent game, Molly collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He also ordered a CT scan. After thorough evaluation, Molly was released to her primary care physician for her follow-up treatment, and her dentist repaired her broken tooth with a crown.

Covered Event[2]	Benefit Amount[3]
Ambulance (ground)	$100
Emergency Care	$100
Physician Follow-Up ($50 x 2)	$100
Medical Testing	$100
Concussion	$200
Broken Tooth (repaired by crown)	$100

Luckily Kathy has accident insurance! She would get a lump-sum payment totaling

$700

You'll receive a lump-sum payment when you have covered medical services/ treatments:

» Ambulance
» Emergency care
» Inpatient surgery
» Outpatient surgery
» Medical Testing Benefits (including X-rays, MRIs, CT scans)
» Physician follow-up visits
» Transportation
» Home modifications
» Therapy services (including physical and occupational therapy

This plan provides protection for covered events experienced while off the job only. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details on your coverage.

Scan the QR code for more information on MetLife Worksite Benefits

KIPP TEXAS PUBLIC SCHOOLS

MetLife Worksite Benefits

Critical Illness Insurance

Carrier: MetLife
Policy Number: 0179560
Phone: 800.438.6388
Website: www.metlife.com

What you need to know about MetLife's Critical Illness coverage:

» Over 20 covered critical illnesses, such as Cancer, Heart Attack, Stroke, and Kidney Failure.

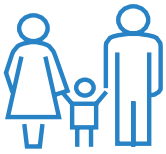
» You and your eligible family members are guaranteed coverage. No medical exam and no hassle.

» Lump-sum payment helps cover unexpected costs that result from a covered critical illness.

» For your convenience, premiums will be automatically deducted from your paycheck.

How it works:
This illustration is based on a $20,000 initial Benefit Amount plan.

Eligible Individual	Payment	Total Benefit Remaining
Heart Attack — 1st diagnosis	Initial Benefit payment of $20,000 or 100%	200% ($40,000)
Heart Attack — 2nd diagnosis (2 years later)	Recurrence Benefit payment of $20,000 or 100%	100% ($20,000)
Kidney Failure — 1st diagnosis (3 years later)	Initial Benefit payment of $20,000 or 100%	0% ($0)



Metlife Critical Illness Insurance:

$20,000

Initial Benefit Amount

In this example, the covered person would get several lump-sum payments totaling

$60,000

As long as you or your loved one meets the policy and certificate requirements, the following medical conditions are covered:

» Full Benefit Cancer
» Partial Benefit Cancer
» Heart Attack
» Stroke
» Coronary Artery Bypass Graft
» Kidney Failure
» Alzheimer's Disease
» Major Organ Transplant
» +22 Listed Conditions

Your plan pays a recurrence benefit if a medical condition occurs again for the following conditions: heart attack, stroke, coronary artery bypass graft, full benefit cancer, partial benefit cancer. A recurrence benefit is only available if initial benefit of a covered condition has been paid. And, there is a benefit suspension period (waiting period) between recurrences.

Scan the QR code for more information on MetLife Worksite Benefits

KIPP TEXAS PUBLIC SCHOOLS

MetLife Worksite Benefits

Hospital Indemnity Insurance

Carrier: MetLife
Policy Number: 0179560
Phone: 800.438.6388
Website: www.metlife.com

What you need to know about Metlife's 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.

» For your convenience, premiums will be automatically deducted from your paycheck.

How it works

On his way to work, Bill's car is hit by a large truck on Highway 101. Due to the severity of the impact, the car is totaled and Bill is injured. When police and medics arrive at the scene of the accident, they call for an ambulance. Bill is immediately taken to the emergency room at a local hospital. Upon evaluation by the attending doctor, Bill is admitted to the Intensive Care Unit for close observation of trauma to his head and a fractured disk in his neck. After spending two days in the Intensive Care Unit he is moved to a standard room and stays there for five more days until he is released to go home.

Covered Event[2]	Benefit Amount[3]
ICU Admission	$2,000
ICU Confinement for 2 days	$800
Hospital Confinement for 5 days	$1,000

Luckily Bill has hospital indemnity insurance!

He would get a lump-sum payment totaling

$3,800

Scan the QR code for more information on MetLife Worksite Benefits

MetLife Worksite benefit examples are for illustration only. Please review plan documents for actual benefit levels on all policies. All policies are not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. Some plans are subject to benefit reductions depending on age. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX, GPNP13-HI, GPNP16-HI or GPNP12-AX-PASG, or contact MetLife.

Medicaid recipients are NOT recommended to participate in coverage.

Medical Benefits

Finding a Provider

KIPP offers a Preferred Provider Organization (PPO), two Exclusive Provider Organization (EPO) plans, and a High Deductible Health Plan (HDHP). These plans do not require you to select a Primary Care Physician, so you may use any physician within the BCBS network. With the PPO and HDHP plans you may also choose providers who are not in the Blue Choice network, but you will pay a larger share of the cost. **If you participate in a EPO plan you MUST utilize the network physicians. If you do not, the services are not eligible for benefit consideration and will be excluded.**

REMINDER FOR PPO AND HDHP PARTICIPANTS

If you do not use participating Blue Cross and Blue Shield providers, you will need to pay the out-of-network charges at the time services are received and submit a claim for reimbursement. Additionally, you will only be reimbursed the BCBS allowable expense, less any copayment or coinsurance.

Finding A Provider

For the most up-to-date listing of in-network doctors, hospitals and other healthcare providers, go to www.bcbstx.com 24 hours a day, 7 days a week and click on "MEMBERS" at the top of the page. Then follow the steps below:

- Click on "Provider Finder" which can be found in the banner across the top of the page.
- **If you are in Texas,** choose the Blue Choice PPO Plan under "Select a Health Plan/Network." Move forward with your search, following each of the prompts shown.
- If you are outside of Texas, go to the right hand side of the screen and click on "Find Providers Outside of Texas."
- Select "Guest"' highlighted in blue in the middle of the page.
- For Product Type, select "PPO" and then click "Find Providers." Enter your search criteria to find a doctor.
- **If you are outside of the U.S.,** go to the right hand side of the screen and click on "Find Providers Outside the U.S." You will be redirected to the home page for "Blue Card Worldwide."
- Enter a check in the box to accept Terms & Conditions. In addition, you may enter your Unique ID that you will receive once enrolled, or simply type the word "Guest" in the box and click "Login." You will then be transferred to the Blue Card International Home Screen. From here follow the prompts to locate a doctor.

BCBS's Provider Finder site makes it easier and faster to find providers within the United States with these capabilities:

- **Search by Name**—Find a doctor, hospital or other healthcare professional.
- **Search by Health Plan/Network**—Search for doctors, hospitals and other healthcare professionals in your health plan/network.
- **Search by Provider Type**—Find providers from specialists to general practitioners.
- **Frequently Asked Questions**—Answer common inquiries associated with the Provider Finder and how the tool functions.
- **Specialist Glossary**—View definitions for terms used to describe specialists.
- **Spanish Version**—Click on the "en Espanol" link to view the Provider Finder in Spanish.

Medical Benefits

Prescription Drug Benefits

As a participant in the medical plan, your prescription drug coverage is provided through Express Scripts. Under the plan you may purchase up to a 30-day supply of prescription drugs at a retail pharmacy or up to a 90-day supply through the mail order pharmacy.

Even with medical benefits, prescription drugs can be a costly expense — especially for people who use medications regularly. Lower-priced generic drugs can reduce your overall costs and offer access to powerful medications that are as safe and effective as their brand-name counterparts.

IMPORTANT

Most prescription medications with over-the-counter (OTC) equivalents are excluded from coverage.

For members who purchase a Preferred/ Non-Preferred Brand Name Drugs, if "Dispensed as Written" is not indicated on the prescription when a GENERIC drug is available, you will be required to pay the difference between the cost of the Generic plus, the Preferred Brand Name copayment amount.

What are generic medications?

» Generic medications have been approved by the Food and Drug Administration (FDA) as safe and effective.

» They contain the same active ingredients in the same amounts as the brand-name products, although generics may be a different color, shape, or size.

» Your pharmacist can substitute a generic medication for a brand-name medication when filling your prescription, where substitution is permitted by law and by your doctor. To ensure the most cost-effective medication, ask your physician for a "Generic Substitution" for all your prescriptions.

What is a formulary? (Preferred Drug List)

» A formulary is simply a list of preferred drugs. Both brand-name and generic medications are on ESI's formulary, also referenced as the "preferred list."

» Medications on the formulary drug list have been approved by the FDA as safe and effective and are considered cost effective by ESI.

» Visit www.express-scripts.com/NATPLSNATPREF14 for the most current formulary information.

Your pharmacy benefit also covers many medications that are not on the formulary drug list. These drugs are considered nonpreferred drugs.

Express Scripts Customer Service number: 855.667.8634

Express-Scripts' program: SaveonSP

SaveonSP helps you save money on certain specialty medications. If you participate in this program, select specialty medications will be free of charge!

If you are currently taking or will be taking a medication on the Non-Essential Health Benefit Specialty Drug List, you are eligible to participate in the SaveonSP program.

To enroll, simply call SaveonSP at 800.683.1074. Enrollment in the program is voluntary. If you choose not to participate, you will be responsible for the copays on your plan. Keep in mind that the copay will not count towards your deductible or out-of-pocket maximums.

BlueCross BlueShield of Texas
Experience. Wellness. Everywhere.℠

Jump Start Your Health Benefits

Follow these quick steps now and make your life easier!

Whether you're new to Blue Cross and Blue Shield of Texas or you've been with us awhile, here are three quick steps to take now. This way, when you need to use your benefits, you'll be ready to go.

Step 1. Put your BCBSTX health advocate phone number in your contact list.
You can reach a health advocate by calling 866.762.2177. Health advocates can answer questions about your health insurance and health care. Put this number in your phone contact list now!

Step 2. Tell us how you want to stay in touch.
Be sure to add or update contact preferences now. This way we know how to reach you with important benefits and health information.

Step 3. Download the BCBSTX app Download on the App Store GET IT ON Google Play

Additional programs available to you through the HAS

Coaching Topics
Stress Management
Improve Fitness
Improve Nutrition
Tobacco cessation
Improve Blood Pressure
Improve Cholesterol
Weight Reduction
Maintain Tobacco-Free
Maintain Weight

Digital Self-Management Programs
Cholesterol
Tobacco Free Maintenance
Weight Maintenance
Musculoskeletal Disorders
Asthma
Chronic Obstructive Pulmonary (COPD)
Congestive Heart Failure (CHF)
Coronary Artery Disease (CAD)
Maternity Health
Financial Wellbeing
Stress Management
Tobacco Cessation
Weight Management
Improve Nutrition
Improve Physical Fitness
Improve Blood Pressure
Dental Health
Metabolic Syndrome
Sleep Health
Diabetes Prevention / Management
Preventive Health

Additional Benefits with BCBS

Blue Cross Blue Shield, along with offering the largest network in the nation, also provides multiple services at little or no cost to you. A few services available to you through BCBS are:

- Blue Access for Members
- Cost Comparison Tool
- Personal Health Manager
- Special Beginnings
- 24/7 Nurseline
- Audio Health Library

You can find all of these services and more by visiting **www.bcbstx.com** or downloading the BCBSTX App for your mobile device. You can download this from the Apple App Store or Android Google Play store, or text BCBSTX APP to 33633.

progyny
Smarter Fertility Benefits

Bringing New Life to Fertility Benefits

Patient Care Advocate

Fertility treatments can be overwhelming. But our commitment to support and guidance can make it more comfortable for you. Each of our members have their very own Patient Care Advocate (PCA). Your PCA acts as a private resource for discussing all things fertility. From coordinating appointments and helping you find a clinic that's right for you, to treatment questions and emotional support, your PCA will help Premier Fertility Specialist Network

Premier Fertility Specialist Network

Our rigorous provider inclusion standards connect you to the highest quality fertility specialists across the US. With 600 locations across the nation, Progyny offers the largest national fertility provider network in the industry. Every one of our fertility specialists uses the latest advancements in science and technology to increase the chances of a healthy and successful pregnancy. Progyny is here to help you through every step of your fertility journey.

Smarter Fertility Benefits for Every Path to Parenthood

Progyny's fertility benefits solution ensures employers receive the most value from their fertility benefit by enabling members and physicians to focus on outcomes, rather than cost. This allows them to pursue the most effective treatment — the first time — without risk of exhausting coverage mid-way through. And our Patient Care Advocates provide critical emotional support and clinical guidance, both of which are essential to success.

Please note that the individual seeking benefits through Progyny must be enrolled in a BCBS medical plan provided through KIPP Texas.

Please note that the individual seeking benefits through Progyny must be enrolled in a BCBS medical plan provided through KIPP Texas.

Terms You Need To Know

To understand your medical benefits, you should know these coverage terms, many of which you will find on the Benefit Summary:

AGGREGATE DEDUCTIBLE/OUT-OF-POCKET MAXIMUM

An aggregate deductible is when the individual deductible and out-of-pocket maximum do not apply under family coverage. Under an aggregate deductible, one individual can meet the full family amount, or all members can meet a portion of the deductible. Once the full family amount is met, all services are covered under coinsurance.

BALANCE BILLING

This occurs when the fee charged by the doctor is larger than the payment offered by the insurer. When a patient with insurance still receives a bill from a physician, it is known as balance billing.

COINSURANCE

The percentage of eligible expenses you and the plan share. The exact coinsurance level depends on if your providers are participating or nonparticipating providers.

COPAYMENT

The fixed, up-front dollar amount you pay for certain covered expenses. Copayment amounts do not apply toward your deductible or coinsurance and they do not accumulate toward the out-of-pocket maximum.

DEDUCTIBLE

The initial amount you must pay each plan year for covered services before the plan begins to provide benefits (this does not include copayments).

EMBEDDED DEDUCTIBLE/OUT-OF-POCKET MAXIMUM

An embedded deductible is when an individual deductible and out-of-pocket maximum apply under family coverage. Once a member of the family has reached the individual deductible limit, that individual will go into coinsurance. Once the family deductible is met, the whole family will be covered under coinsurance. The same would apply to the out-of-pocket maximum.

FAMILY DEDUCTIBLE

A family deductible is a deductible that applies to the total costs incurred by all members on the policy.

IN-NETWORK CARE

Care that you receive from in-network physicians, specialists, hospitals, rehabilitation centers, labs and other healthcare providers that have signed an agreement with the BCBS PPO plan. In-network providers accept the allowable charge as payment in full. They also file claims for you. In-network care is paid at a higher benefit level.

INDIVIDUAL DEDUCTIBLE

An individual deductible is a deductible that applies to only one person on the policy. This amount does not include any of your other family member's medical bills.

NEGOTIATED RATE

An agreed upon rate offer sent from the carrier to the agent or another supplier.

OUT-OF-NETWORK CARE

Care that you receive from healthcare providers that are not in the network. This care is covered at the lower out-of-network level when it is determined to be medically necessary and appropriate.

OUT-OF-POCKET MAXIMUM

The amount you pay out-of-pocket for eligible healthcare expenses before the plan begins to pay for additional eligible expenses. The out-of-pocket limit includes copayments, deductibles, mental health/substance abuse expenses, etc.

PREFERRED PROVIDER ORGANIZATION (PPO) PROGRAM

A program that does not require the selection of a primary care physician, but is based on a provider network made up of physicians, specialists, hospitals and other healthcare facilities. Using this provider network helps assure that members receive the highest level of benefits.

REASONABLE AND CUSTOMARY (R&C)

Charge for healthcare service consistent with the going rate of charge in a given geographical area for identical or similar services.

White Coat

White Coat services provides direct access to a Physician, Physician Assistant, or a Nurse Practitioner right to your front door!

1.866.989.2873 Option 3

RediMD can diagnose, recommend treatments and prescribe online via web cam, smart phone, or by telephone from the convenience of your home or office seven days a week and 24 hours a day for a copay of $25.00. For a Telemedicine or phone visit pick the provider with (Telemedicine) next to their name.

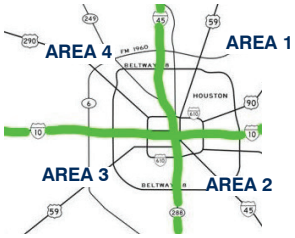
White Coat can see you at your home or office Monday through Friday. Same day appointments available! Get examined by a physician, physician assistant or nurse practitioner, diagnosed treatments recommended and prescriptions written or most acute care generic medications provided all for a co-pay of $25.00.

BOTH SERVICES are available to you and your eligible house hold members beginning at age 2. (Enrollment in a KIPP Texas Health Plan is not required in order to participate in this program).

Redi MD can treat minor items such as:

- » Cold
- » Allergies
- » Diabetes
- » Cough
- » Skin Issues
- » Sinus Infection
- » Flu
- » Blood Pressure
- » Stress Problems
- » Sore Throat
- » Headaches
- » Stomach Problems

Houston

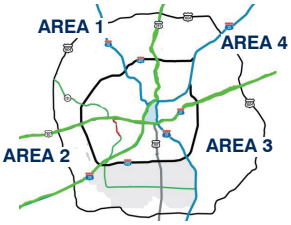


NE Area I 8am-10am
SE Area II 10am-12pm
SW Area III 1pm-3pm
NW Area IV 3pm-5pm

Austin

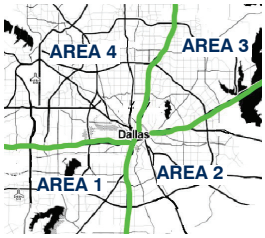
NE Area I 8am-10am
SE Area II 10am-12pm
SW Area III 1pm-3pm
NW Area IV 3pm-5pm

San Antonio



NW Area I 8am-10am
SW Area II 10am-12pm
SE Area III 1pm-3pm
NE Area IV 3pm-5pm

Dallas



SW Area I 8am-10am
SE Area II 10am-12pm
NE Area III 1pm-3pm
NW Area IV 3pm-5pm

Getting Started is EASY as 1-2-3!

1. Go to www.redimd.com.

Click "Register" and select "First time user".

Your code to register is: **Houston: KIPP, Austin: KIPPa, Dallas: KIPPd, San Antonio: KIPPsa**

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**!

White Coat

Code to register = kipp

To use RediMD White Coat as a first-time user

1. **Register***
   - Go to www.redimd.com.
   - Click “register”.
   - Select “register “ or “First Time User”.
   - Enter code listed on the prior page and click “next”.
   - Follow registration directions, enter your email and create a password.
   - Complete profiles and registration directions.
2. **Schedule**
   - Make appointment.
   - Select provider, date,and time.
   - $25 copay or payment required
3. **Consult**
   - Take vitals. Or put 1 in each box if vitals are not taken.
   - Consult with your provider (see options below).

*Registration is a one-time process and can be done without having to schedule an appointment.

To use RediMD White Coat as a return user

1. **Log In**

   From any internet connected computer or smart phone.
   - Log in at www.redimd.com.
   - Enter your email and password.
2. **Schedule**
   - Make appointment.
   - Select provider, date, and time.
   - $25 copay or payment required.
3. **Consult**
   - Take vitals or put 1 in each box if vitals are not taken.
   - Consult with your provider (see options below).

Consult with your RediMD provider

A your HOME Computer: To see a provider for your online consult.

- Pick the provider with (telemedicine) next to their name.
- Go to your home computer for the online consult 10 minutes before your appointment time.
- Have your photo ID available.
- Go to www.redimd.com, log in to your account and go to your appointment.
- Take your blood pressure, pulse and temperature and enter your vital readings as prompted, and follow the directions, **or put 1 in each box if vitals are not taken**.
- The provider will appear at the appointment time to consult with you about the medical information you provided and give you a diagnosis and recommend treatment.

On a smart phone: To see the provider for your online consult

- Go to your smart phone app store and download skype (free). Set up an account.
- 10 minutes before your appointment time, go to www.redimd.com, log in to your account and go to your appointment.
- Have your photo ID available.
- Put 1 in each box if the vitals: blood pressure, pulse, etc are not taken and follow the directions.
- Press the skype button and the provider will appear at the appointment time to consult with you about the medical information you provided and give you a diagnosis and recommend treatment.

For a provider to come to your home

- Pick the provider with (home visit) next to their name.

For help, call RediMD at 866.989.2873, option 3

Dental Plans

Dental PPO Plan

Carrier: MetLife
Plan: Dental PPO
Network PDP Plus
Policy Number: 179560
Phone: 800.438.6388 Prompt “Dental” then #2 then #1
Website: www.metlife.com

Dental coverage is an important part of your KIPP 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. The plan allows for one office visit and one oral exam every six months. Below is a summary of your dental benefits.

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.

	In-Network	Out-of-Network*
Annual Deductible	$50 individual $150 family	$50 individual $150 family
Annual Benefit Maximum	$1,500 per person	$1,500 per person
Preventive Dental Services (oral examinations, bitewing x-rays, sealants, prophylaxis-cleanings)	100%, no deductible	100%, no deductible
Basic Dental Services (full-mouth x-rays, oral surgery (simple extractions), fillings)	80% after deductible	80% after deductible
Major Dental Services (prosthetics (bridges, dentures), crowns, inlays and onlays, root canals, periodontics and periodontal surgery)	50% after deductible	50% after deductible
Orthodontia Services (covered to age 19)	50% after deductible ($1,500 Lifetime Max)	50% after deductible ($1,500 Lifetime Max)

*Out-of-Network plan payments are based on the reasonable and customary charge, and in many cases will not be the same as the amount billed by your dentist. You may be required to pay the difference between the R&C change and the billed amount.

The Importance of Good Oral Care

Preventive dental care often catches minor problems before they become major and expensive to treat. Research continues to link periodontal (gum) disease, a bacterial infection, to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis, and other health issues. Enrolled members have access to two oral exams per year, one every six months. Please speak to your dental provider to confirm eligibility for services.

Dental Plans

Dental HMO Plan

Carrier: MetLife (SafeGuard)
Plan: MET245-TX
Network: Dental HMO/Managed Care
Policy Number: 179560
Phone: 800.438.6388 Prompt “Dental” then #2 then #1
Website: www.metlife.com

With your dental HMO plan you enjoy negotiated discounts from network dentists. You pay a fixed copayment for each covered service. Out-of-network visits are not covered.

To view a full list of the services covered under this plan, please refer to the covered Dental services and patient charges through MetLife’s website.

	DHMO Plan
Annual Deductible	$0 individual $0 family
Annual Benefit Maximum	Unlimited
Periodic Oral Evaluation (General)	$0
X-Rays (complete series, bitewings, panoramic film)	$0
Crown (porcelain fused to high noble metal)	$245
Periodontics	$300 Osseous Surgery $50 Scaling and Root Planing $40 Periodontal Maintenance
Orthodontics (Children and Adult)	Refer to the DHMO Schedule for copay amounts.

*All services are covered at a pre-negotiated copay. Please refer to the DHMO Benefit Summary for a full detailed list.

Vision Plan

VSP Choice

Carrier: VSP
Policy Number: 30084126
Phone: 800.877.7195
Website: www.vsp.com

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

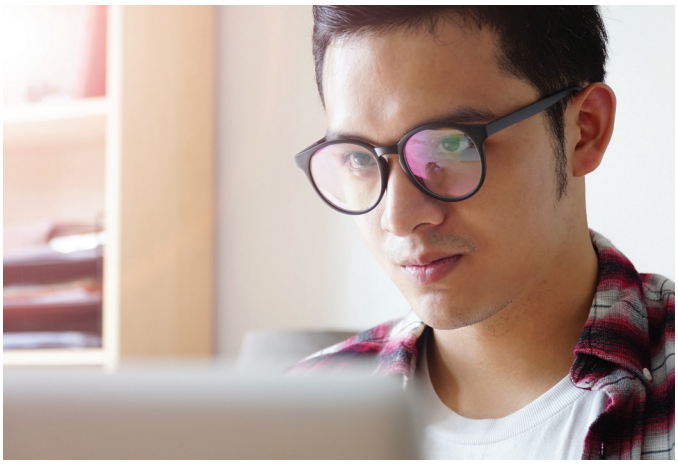
» **Personalized Care.** The doctors take the time to get to know you and your eyes. They will look for vision problems and signs of other health conditions too.

» **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. Below is a brief summary of your vision benefits.

	In-Network	Out-of-Network
Eye Exam once every 12 months	$15	Up to $45 Reimbursement
Lenses — once every 12 months		
Single Vision Lenses	$15	Up to $30 Reimbursement
Lined Bifocal Lenses	$15	Up to $50 Reimbursement
Lined Trifocal Lenses	$15	Up to $65 Reimbursement
Frames once every 24 months	$150 Selection Frames $170 Feature Frames	Up to $70 Reimbursement
Contact Lenses — once every 12 months in lieu of glasses		
Contact Lens Fitting	Up to $60	Included below
Medically Necessary Contacts	Paid In Full	Up to $210 Reimbursement
Elective Contacts	$130 Allowance	Up to $105 Reimbursement



Life and AD&D Insurance

Carrier: MetLife
Policy Number: 179560
Phone: 800.275.4638, Prompt #1, then #3
Website: www.metlife.com

Basic Life/AD&D

KIPP Texas automatically enrolls all eligible employees in $30,000 of Basic Life and AD&D Insurance free of charge. Life insurance offers you and your family financial protection if you die. 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.

REMINDER

If you are newly hired or newly eligible and elect voluntary life insurance coverage within your initial 30-calendar-day eligibility period, you do not need to complete a Statement of Health form if you elect lesser of $200,000 and 3X annual salary.

If you elect voluntary coverage after your initial 30-calendar-day eligibility period has elapsed, you must complete a Statement of Health form for all voluntary coverage amounts.

Voluntary Life/AD&D

You 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).

BENEFIT PROVISIONS	Basic Life and AD&D[1]
Employee	$30,000
Age Reduction Formula	35% at age 65 50% at age 70
	VOLUNTARY LIFE AND AD&D[2,3]
Employee	Increments of $10,000, not to exceed the lesser of five times annual earnings or $500,000 **New Hire Guarantee Issue[2]: Lesser of $200,000 and 3X Annual Salary**
Spouse	Increments of $5,000, not to exceed the lesser of $100,000 or 100% of employee's amount **New Hire Spouse Guarantee Issue[2]: $50,000**
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.

[1] 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.

[2] New Hire Guarantee Issue (GI) is the amount of Life insurance available to you without completing a Statement of Health Form. A Statement of Health Form is required for amounts over Guarantee Issue of $200,000 at initial eligibility.

[3] If you waived coverage when initially eligible, you are considered a Late Entrant and must complete a Statement of Health for any amount of coverage being elected for you or your spouse. In addition, if you are currently enrolled and want to increase your coverage amount, you must complete a Statement of Health. **Coverage will be effective first of the month following MetLife's approval.** Terminated employees can port and convert coverage.

Voluntary Short-Term Disability (STD)

Carrier: MetLife
Policy Number: 179560
Phone: 866.729.9201
Website: www.metlife.com

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 nonoccupational 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.

You will pay the full cost of the Voluntary STD Plan.

Below is a brief overview of the benefits provided by the plan. Please contact the KIPP Benefit Advocate Center for additional information.

BENEFIT PROVISIONS	Short-Term Disability
Benefit Percentage	60% of your predisability average weekly earnings
Maximum Weekly Benefit	$1,500
Elimination Period	Illness: 14 days Injury: 14 days
Maximum Benefit Period	13 weeks (includes elimination period)
Preexisting Condition	If you receive medical treatment, consultation, care, or services (including prescription medication) for a sickness or injury in three months prior to your effective date, you must remain covered under the plan for 12 consecutive months before MetLife will pay benefits for a disability resulting from a preexisting condition.

Voluntary Long-Term Disability (LTD)

Carrier: MetLife
Policy Number: 179560
Phone: 866.729.9201
Website: www.metlife.com

It is easy to take good health and our ability to work for granted. If you were not able to work due to a nonwork-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.

You will pay the full cost of the Voluntary LTD Plan.

Below is a brief overview of the benefits provided by the plan. Please contact the KIPP Benefit Advocate Center for additional information.

BENEFIT PROVISIONS	Long-Term Disability
Benefit Percentage	60% of your predisability earnings
Maximum Monthly Benefit	$10,000
Elimination Period	90 days
Maximum Benefit Period	Up to normal Social Security Retirement Age—If your disability occurs on or after age 60, benefit will be paid for a reduced period of time.
Preexisting Condition	If you receive medical treatment, consultation, care, or services (including prescription medication) for a sickness or injury in three months prior to your effective date, you must remain covered under the plan for 12 consecutive months before MetLife will pay benefits for a disability resulting from a preexisting condition.

REMEMBER

Newly hired or newly eligible employees can elect voluntary STD or LTD insurance coverage within your 30-calendar-day eligibility period, without having to provide evidence of insurability.

If you elect voluntary coverage after your 30-calendar-day eligibility period has elapsed, you must submit evidence of insurability to MetLife.

Coverage will not be effective until first of the month following the approval by MetLife.

Flexible Spending Accounts

Carrier: WageWorks

Website: https://myspendingaccount.wageworks.com

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.

There are two types of FSAs available:

» Healthcare

» Dependent Care

Healthcare FSA

Using pre-tax payroll contributions, you can receive reimbursement from your Healthcare FSA for eligible medical, dental and vision expenses incurred by you or an eligible dependent, as long as the expenses are not covered or reimbursed by other plans.

Overview of Healthcare FSA

» **You may NOT participate if you are enrolled in the High Deductible Health Plan.**

» **Each employee is able to elect up to $2,750 for 2021.**

» Some eligible expenses include:

- Office visit and prescription drug copays
- Medical and dental deductibles and copays
- Vision care including prescription glasses, contact lenses and solution, non-prescription glasses if for vision correction, and LASIK

» Funds may be used for expenses incurred by you or any eligible dependent regardless if you are on KIPP's medical insurance.

» You cannot use FSA funds to pay for cosmetic services.

» You may use your entire annual election at any time during the year.

» You cannot stop or change your contribution amount during the year unless you have a qualifying status change and the change is consistent with the event.

» Certain purchases may require substantiation (receipts to prove that they are valid expenses payable under the plan). A notice will be sent to the address on file should receipts be required.

Over-The-Counter (OTC) Items

All OTC medicines and drugs (other than insulin) must be prescribed by an authorized healthcare provider to be eligible for reimbursement from an FSA account. Prescriptions for OTC medicines and drugs must meet the same requirements as any prescription medicine or drug for the state in which the expense is incurred.

Flexible Spending Accounts

Healthcare Tax Deduction

A healthcare tax deduction is available on your federal income tax return if you have expenses that are more than 7.5% of you and your spouse's taxable pay. Most people do not have medical expenses of more than 7.5% of income. If you think your expenses will be more than 7.5%, you should consult your tax advisor before using this account because you may not use the Healthcare FSA and the tax deduction for the same expenses.

Dependent Care FSA

KIPP offers an opportunity for you to save money on day care and elder care for eligible dependents through the Dependent Care Flexible Spending Account. **You decide how much to contribute, up to $5,000 per year, per household.**

» Expenses must be for a qualified child care provider (someone who is claiming this income on their tax return)

» You may only claim against funds that are in the account

» Some dependent criteria:

- Dependent children through to 13
- Both spouses must be working or attending school full-time

Child Care Tax Credit

A child care tax credit is available on your federal income tax return. The amount you contribute to the Dependent Care FSA reduces the tax credit you may claim. If your combined household income is less than $25,000, you may benefit more by using the federal tax credit. Ask your tax advisor which is better for you.

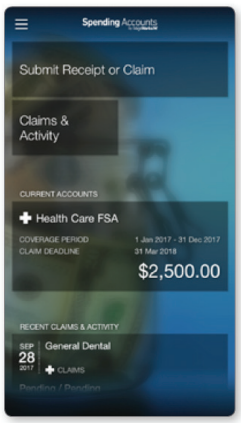
How To Use FSAs

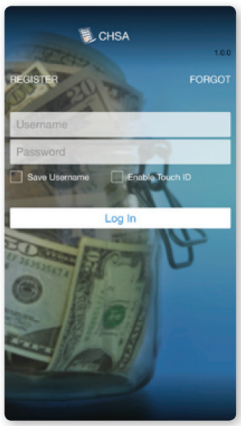
1. Estimate medical and/or child care expenses you will incur from January 1 through December 31. These should be known expenses.
2. Divide that amount by the number of paychecks you will receive between January 1 and December 31 (24 for the entire year). This will provide you with the per paycheck deduction.
3. Save receipts for all eligible expenses incurred—even if you use the HSA Visa!

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.





KIPP TEXAS PUBLIC SCHOOLS

Flexible Spending Accounts

Tax Saving Example

Your FSA accounts offer tax savings by allowing you to pay for qualified out-of-pocket expenses with pretax dollars. Without an FSA account, you would still pay for these expenses, but you would do so using money remaining in your paycheck after taxes are deducted.

For example:

	With FSA	Without FSA
Gross Salary	$30,000	$30,000
Health/Day Care Expenses (before-tax)	$5,600	N/A
Taxable Income	$24,400	$30,000
Tax (15%)	$3,660	$4,500
Net Salary	$20,740	$25,500
Health/Day Care Expenses (after-tax)	N/A	$5,600
Take-Home Pay	$20,740	$19,900
YOUR TAX SAVINGS	**$840**	**$0**

Estimated Annual Expense Worksheet

Use the worksheet below to help estimate the eligible healthcare expenses that you and your eligible dependents may incur during the plan year (July 1 – June 31) and can be reimbursed through the Healthcare Spending Account. Please note for these expenses to be eligible under the Healthcare FSA, they cannot be reimbursed by another plan.

Eligible Expenses	Estimated Annual Expenses
MEDICAL PLAN	
Medical Deductibles	
Office Visit Copayments	
Prescription Drugs	
Anticipated Surgeries	
DENTAL PLAN	
Dental Plan Deductible	
Basic Services or Major Services	
VISION PLAN	
Frames, new lenses, or contacts	
LASIK or other corrective surgery	
Total Annual Estimated Healthcare Expenses	
Divide by 24 Payroll Periods	
= Per Paycheck Deduction Amount	

Why bother? 2,000 reasons

Mike doesn't think he has time to deal with an FSA. He has enough to worry about—a stressful job, a son just starting school, twin girls age two , and a wife busy with her career. Why should he bother enrolling in a Healthcare FSA? That's when his wife, Jenny, steps in. "Why? Well, I have about 2,000 reasons—all with George Washington's face on them."

For Jenny, it's a no-brainer. With what they pay for two girls in day care and considering their tax bracket, they save a few thousand dollars each year. She'll gladly spend a few minutes estimating her expenses and making a 2021 election to save that much money for her family.

IF YOU HAVE DAY CARE EXPENSES, TAKE THE TIME TO PLAN AHEAD AND PAY FOR THESE EXPENSES WITH TAX-FREE FSA DOLLARS. IT CAN REALLY PAY OFF FOR YOUR FAMILY.

Did You Know? You should only contribute for known expenses. If you do not use your FSA funds, you will lose them!

Employee Assistance Program

No-Cost, Confidential Solutions

ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 844.314.9867
TDD: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant℠, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com
App: GuidanceResources® Now
Web ID: **KIPPTEXAS**

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

Contact Your GuidanceResources® Program

844.314.9867
TDD: 800.697.0353

guidanceresources.com

App: GuidanceResources® Now
Web ID: KIPPTEXAS

24/7 Support, Resources and Information

Confidential Emotional Support

Highly trained clinicians available to listen to concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions

GuidanceResources® specialists provide qualified referrals and resources, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance

Attorneys available for practical assistance with your most pressing legal issues, including:

- Divorce
- Adoption
- Family law
- Wills
- Trusts
- And more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Financial experts can assist with a wide range of issues.

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support.

Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Note: You may receive up to five counseling sessions per issue, per individual, per year (the standard is usually 3). For Legal, Childcare/Elder Care, Financial Guidance, you are able to receive unlimited online and telephonic support. You will be referred out if in person assistance is needed (such as a lawyer).

MetLaw® (Hyatt Legal Plans)

Carrier: MetLaw®
Phone: 800.821.6400
Website: www.metlife.com
Online Access Code: 6090187 or GETLAW

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. Please take time to read the description of benefits carefully. All benefits are available to you, your spouse and dependents. **ITS SMART. SIMPLE, AFFORDABLE.**

TELEPHONE AND OFFICE CONSULTATIONS

MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course for action.

LEGAL REPRESENTATION

Trials for covered matters are covered from beginning to end, regardless of length, when using a network attorney.

Estate Planning Documents	Financial Matters	Real Estate Matters	Defense of Civil Lawsuits
• Simple and complex wills • Trusts (revocable and irrevocable) • Powers of attorney (healthcare, financial, childcare) • Healthcare proxies • Living wills • Codicils	• Foreclosures, repossession and garnishment defense • Negotiations with creditors • Debt collection defense • Personal bankruptcy • Identity theft defense • Tax audit representation (municipal, state or federal) • Tax collection defense	• Sale, purchase or refinancing of your primary, second and vacation home • Tenant negotiations • Eviction defense • Security deposit assistance • Boundary or title disputes • Property tax assessments • Zoning applications • Home equity loans (for primary or second and vacation home)	• Administrative hearings • Civil litigation defense • Incompetency defense • School hearings • Pet liabilities
Family Law	**Traffic Offenses**	**Document Preparation**	**Immigration Assistance**
• Adoption • Guardianship and conservatorship • Name change • Prenuptial agreement • Protection from domestic violence	• Defense of any traffic ticket (excludes DUI) • Driving privileges restoration (includes license suspension due to DUI)	• Affidavits • Deeds • Demand letters • Mortgages • Notes • Documentation review of any personal legal document	• Advice and consultation • Review of immigration documents • Preparation of affidavits and powers of attorney
Juvenile Matters	**Consumer Protection**	**Elderlaw Matters**	**Personal Property Protection**
• Juvenile court defense, including criminal matters • Parental responsibility matters	• Disputes over consumer goods and services • Small claims assistance	• Consultations and document review for issues related to your parents, including Medicare, Medicaid, prescription plans, nursing home agreements, leases, notes, deeds, wills and powers of attorney as they affect participant	• Consultations and document review for personal property issues • Assistance for disputes over goods and services

ADDITIONAL FEATURES

E-Services	Family Matters™	Reduced Fees
• Attorney locator • Law Firm E-Panel® • Life Guide • Free downloadable legal documents • Links to resources for financial planning, insurance ad work/life matters	• Available for an additional fee • Separate plan for parents of participants for estate planning documents	• Network attorneys provide representation for personal injury, probate and estate administration matters at reduced fees.

MetLife Advantages (Grief Counseling)

Carrier: MetLife
Phone: 888.319.7819
Website: Metlifegc.lifeworks.com
Username:metlifeassist
Password: support

Comfort for you and your family

The one predictable thing about life is that it's unpredictable. And when times get hard, we seek comfort, encouragement and hope for our loved ones. But grief comes in many forms and affects us in different ways. That's why grief counseling services are offered with your life insurance coverage. Whether it's help coping with a loss or a major life change, the professional counselors and services we offer through LifeWorks US Inc. is ready to support you and your family to move forward at no extra cost.

Confidential support 24/7
Making sure you receive professional and confidential support during life's difficult times is our priority. It could be that:

» A loved one has died

» You've finalized a divorce

» You've received a serious medical diagnosis or critical illness

» You've lost your job.

These counseling sessions are tailored to you and your individual needs*. You can meet in person or over the phone with one of LifeWorks' network of licensed counselors.

*If you feel you'd like extra sessions on top of what's covered in your plan, counselors can help you find professional services that fit your specific needs, preferences, finances and health insurance coverage.

Confidential Legal and Financial Consultation

» Access to a LifeWorks' in-house attorney for a 30 minute consultation to assist you on making informed decisions as it pertains to a loss.

» One-hour consultation with a certified financial planner to assist with education, strategies and options.

Easy-to-Access Resources
Sometimes you just need a little guidance. LifeWorks offers self-help resources online to help you through the grieving process, giving the level of support you need at your own pace. Support covers:

» End-of-life issues

» What to do after the death of a loved one

» Grieving well and getting better

» Funeral and memorial planning

» Adult care for surviving elders

» Single parenting

Funeral Assistance Services
Through private sessions, counselors can help you, your loved ones and your beneficiaries with customizing funeral arrangements. They can provide referrals and provide helpful information, like:

» Nearby funeral homes and cemetery options

» Funeral cost estimates from local providers

» Other service providers such as florists, caterers and hotels

» Back-up care for children or elderly

» Notifying the Social Security Administration, banks and utilities

» Local support groups

LifeLock Identity Protection

Enroll in LifeLock Proactive Identity Theft Protection

Comprehensive identity theft protection from LifeLock helps safeguard your finances, credit and good name. In today's always-connected world, that's more important than ever. You're at risk every time you bank online, search, shop, text or tweet. LifeLock helps stop identity fraud before the damage can be done, and if you do become a victim, we know exactly what to do. In fact, LifeLock protects you in ways that you can't protect yourself.

The Impact of Identity Theft

With just a few pieces of key information, identity thieves can commit many kinds of fraud.

THERE WAS A VICTIM OF IDENTITY THEFT EVERY 2 SECONDS IN 2017[1]

$15 BILLION

NEARLY 15 BILLION DOLLARS WERE STOLEN FROM IDENTITY THEFT VICTIMS IN 2017[2]

NEARLY 60 MILLION AMERICANS HAVE BEEN AFFECTED BY IDENTITY THEFT[1]

Service Features	LifeLock Benefit Elite	LifeLock Ultimate Plus
LifeLock Identity Alert™ System	✓	✓
Dark Web Monitoring	✓	✓
LifeLock Privacy Monitor™	✓	✓
Address Change Verification	✓	✓
Lost Wallet Protection	✓	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Fictitious Identity Monitoring	✓	✓
Court Records Scanning	✓	✓
Data Breach Notifications	✓	✓
Credit, Checking & Savings Account Activity Alerts	✓	✓
Checking and Savings Account Application Alerts		✓
Bank Account Takeover Alerts		✓
Investment Account Activity Alerts	✓	✓
Three-Bureau Credit Monitoring		✓
Three-Bureau Annual Credit Reports & Credit Scores The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit score and are likely to use a different type of credit score to assess your creditworthiness.		✓
One-Bureau Monthly Credit Score Tracking The credit scores provided are VantageScore 3.0 credit scores based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority Live Member Support		✓
U.S.-Based Identity Restoration Specialists	✓	✓
Stolen Funds Reimbursement	Up to $1 Million	Up to $1 Million
Personal Expense Compensation	Up to $1 Million	Up to $1 Million
Coverage for Lawyers and Experts	Up to $1 Million	Up to $1 Million

KIPP Texas' Pocketpal Mobile App

To download The Pocketpal, go to the Apple App Store or the Google Play Store, and search for "The Pocketpal" and look for this logo:

THE NEW POCKETPAL

After The Pocketpal is downloaded, you will need this information:

» Name and Email Address

» List of the 2021 benefits you are enrolled in

» Your ID Card

To Set up KIPP Texas' Pocketpal mobile app, follow these steps:

1. Click Create Account and Company ID: **kipptx** then, click Next.
2. Read and accept the disclaimer by scrolling down and clicking the box next to I agree to the terms and conditions. Click Next.
3. Select your current employment status. If you are currently employed by KIPP Texas or you are the dependent of an employee, click Yes.
4. Then Enter your Name and Email address and Click Save.
5. Identify Your Class by selecting Big KIPPsters, then click Next.
6. Select the benefits you would like to be able to view on The Pocketpal and click Next.
7. Load your ID cards into The Pocketpal. Follow the directions in the app, and click Continue Setup when finished (or to skip this step). ID Cards can be added at any time.
8. When you are ready, click Finalize Account and read the welcome message. Click Pocketpal Home Screen and you are in the app!

The Pocketpal APP is a ground breaking benefit education tool. It delivers information when you need it – at the point of care (and on a device Americans look at over 200 times each day).

Highlights include:

» Easy access to benefit details, ID cards, and information about your personal doctor, hospital, and pharmacy

» A place to track prescriptions and take notes

» A messaging center that gives employers an easy way to educate a new generation of benefit consumers

» An inexpensive way to share SPDs and SBCs and maintain legal compliance

Legal Notices

Important Notice From KIPP Texas Public Schools About Your Prescription Drug Coverage And Medicare For The All Of The Plans

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with KIPP Texas Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. KIPP Texas has determined that the prescription drug coverage offered by the EPO Plans, the PPO plan, and the HDHP, is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current KIPP Texas coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current KIPP Texas coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with KIPP Texas and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:
Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through KIPP Texas changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

Legal Notices

For More Information About Medicare Prescription Drug Coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800.772.1213 (TTY 800.325.0778).

Date:	1/1/2021
Name of Entity/Sender:	KIPP Texas Public Schools
Contact	Human Resources
Phone Number:	832.328.1051

HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the KIPP Texas Group Health Plan (to actually participate, you must enroll in the plan and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources.

HIPAA Notice of Privacy Practices Reminder

KIPP Texas Public Schools is committed to the privacy of your health information. The administrators of the KIPP Texas Group Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

Legal Notices

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under KIPP Texas group health plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if, on the day before the medically necessary leave of absence begins, your child is covered under KIPP Texas group health plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan. The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26. If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact Human Resources at 832.328.1051.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

Therefore, the following deductibles and coinsurance apply: EPO1 $3,000/$6,000, 70% EPO2 $0/$0, 100%. PPO $500/$1,000, 80%. HDHP $1,500/$3,000, 80%.

If you would like more information on WHCRA benefits, call your plan administrator at 832.328.1051.

Legal Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ | 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx 916.440.5676
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 | State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 | State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid
https://medicaid.georgia.gov/ health-insurance-premium-payment-program-hipp 678.564.1162, ext. 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ | 877.438.4479 All other Medicaid http://www.indianamedicaid.com | 800.403.0864
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members | 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki | 800.257.8563
KANSAS – Medicaid
http://www.kdheks.gov/hcf/default.htm 800.792.4884
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 | KIHIPP.PROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx | 877.524.4718 Medicaid: https://chfs.ky.gov
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: http://www.maine.gov/dhhs/ofi/public-assistance/index.html 800.442.6003 | TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 | TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
http://www.mass.gov/eohhs/gov/departments/masshealth 800.862.4840

Legal Notices

MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/oii/hipp.htm 603.271.5218 | Toll-Free:800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075

PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx 800.692.7462
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/hipp/ Medicaid: 800.432.5924 CHIP: 855.242.8282
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
http://mywvhipp.com/ 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

KIPP TEXAS PUBLIC SCHOOLS

Insurance Exchange Notice

PART A: General Information

Key parts of the health care law went into effect in 2014 resulting in a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact KIPP Texas Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **healthcare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1]An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

Insurance Exchange Notice

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name KIPP Texas Public Schools	**4. Employer Identification Number (EIN)** 01-0639602	
5. Employer Address 10711 KIPP Way	**6. Employer Phone Number** 832.328.1051	
7. City Houston	**8. State** TX	**9. ZIP Code** 77099
10. Who can we contact about employee health coverage at this job? Human Resources		
11. Phone Number (if different from above)	**12. Email Address**	

Here is some basic information about health coverage offered by this employer:

» **As your employer, we offer a health plan to:**

- Some employees. Eligible employees are:
  - Full-time employees working a minimum of 30 hours per week.

» **With respect to dependents:**

- We do offer coverage. Eligible dependents are:
  - Your legal spouse;
    Married or Unmarried dependents who are:
    Your natural, adopted, legal guardianship and/or stepchildren from birth until the end of the month in which he or she reaches the age of 26, regardless if they are eligible for another group health plan as an employee. Your grandchild for which you have legal guardianship and whom resides in your household. Any age, if physically or mentally handicapped and claimed as a dependent on your federal income tax return. Any child for whom the plan is required, by Qualified Medical Child Support Order, to provide coverage.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Note: Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, healthcare.gov will guide you through the process. Here's the employer information you'll enter when you visit healthcare.gov to find out if you can get a tax credit to lower your monthly premiums.

2021 Employee Monthly Contributions

MEDICAL/RX PLAN	EPO Base Plan	EPO Plan	PPO Plan	HDHP
Employee	$0.00	$78.00	$110.00	$30.00
Employee + Spouse	$225.00	$656.00	$782.00	$558.00
Employee + Child(ren)	$60.00	$436.00	$536.00	$294.00
Family	$300.00	$842.00	$900.00	$650.00

DENTAL PLAN	DHMO Plan	DPPO Plan
Employee	$12.91	$26.77
Employee + Spouse	$24.53	$49.25
Employee + Child(ren)	$25.84	$61.73
Family	$40.05	$82.95

VISION PLAN	
Employee	$6.34
Employee + Spouse	$12.67
Employee + Child(ren)	$13.55
Family	$21.69

METLAW® PLAN	
Employee Monthly Cost	$19.50

VOLUNTARY LIFE AND AD&D	MONTHLY RATE PER $1,000
Age Table	**(Employee and Spouse)**
< 25	$0.045
25–29	$0.045
30–34	$0.061
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
70–74	$1.389
75+	$1.389
Child(ren) Life and AD&D Rate per $1,000	$0.203

VOLUNTARY STD	MONTHLY RATE PER $10
Age Table	**(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
65–69	$0.670
70+	$0.670

VOLUNTARY LTD	MONTHLY RATE PER $100
Age Table	
< 29	$0.083
30–-34	$0.083
35–39	$0.137
40–44	$0.200
45–49	$0.263
50–54	$0.355
55–59	$0.402
60–64	$0.547
65–69	$0.305
70+	$0.305

2021 Employee Monthly Contributions

CRITICAL ILLNESS	Rates per $1,000			
Attained Age	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Spouse/Children**
< 25	$0.30	$0.50	$0.53	$0.73
25–29	$0.32	$0.54	$0.55	$0.77
30–34	$0.44	$0.73	$0.67	$0.96
35–39	$0.61	$1.02	$0.84	$1.25
40–44	$0.95	$1.55	$1.18	$1.78
45–49	$1.36	$2.25	$1.60	$2.48
50–54	$1.89	$3.18	$2.13	$3.41
55–59	$2.59	$4.43	$2.83	$4.66
60–64	$3.62	$6.27	$3.85	$6.50
65–69	$5.21	$9.01	$5.44	$9.24
70+	$7.71	$12.94	$7.94	$13.17

**Multiply the per $1,000 rates shown above by the benefit amount divided by $1,000 (e.g., 15 for $15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per $1,000 rates are only applicable to the benefit amounts shown.*

GROUP ACCIDENT			
Employee Only	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
$5.14	$10.66	$10.62	$13.31

HOSPITAL INDEMNITY			
Employee Only	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
$22.32	$38.26	$35.98	$51.92

LIFELOCK IDENTITY THEFT PROTECTION		
Monthly Service Plan Options	**LifeLock Benefit Elite**	**LifeLock Ultimate Plus™**
Employee Only (18 and over)	$7.99	$23.99
Employee + Family	$15.98	$47.98

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

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	855.667.8634	express-scripts.com/members/	–
Health Savings Account	HSA Bank	800.357.6246	www.hsabank.com	–
Flexible Spending Accounts	WageWorks	877.924.3967	www.myspendingaccount.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	866.989.2879	www.redimd.com	–
Grief Counseling	MetLife Advantages	888.319.7819	metlifegc.lifeworks.com Username: metlifeassist Password: support	–
Employee Assistance Program	ComPsych	844.314.9867 TDD: 800.697.0353	guidanceresources.com WebID: KIPPTEXAS	–
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	–

Notes

This benefit summary prepared by

Gallagher

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