

2023 – 2024 Guide

Employee Benefit Program

MEDICAL | DENTAL | VISION | FLEXIBLE SPENDING | WELLBEING | LIFE | DISABILITY | RETIREMENT



**LANDMARK
SCHOOL**



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LANDMARK SCHOOL

Every year, Landmark School conducts a review of our health care benefits to ensure that we are offering our employees robust health care options that meet the needs of our employees and their family members at a reasonable cost.

Landmark School is proud to promote a culture of health and wellbeing. We have established a work environment that fosters living a healthy lifestyle, and decreasing the risk of illness to enhance your quality of life.

This 2023 Benefits Guide is provided to you as a resource: it summarizes your 2023 employee benefits and coverage options. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

As a reminder, you have an opportunity to enroll in benefits as a new hire or annually each spring at open enrollment. If you are interested in adding coverage outside of this period, you must have a qualifying event to do so. An example of a qualifying event may be birth, marriage, divorce, death, or loss of coverage elsewhere. If you are benefits eligible and choose to decline insurance coverage, you must complete the applicable waiver form for the insurance coverage.

We think that an excellent health care benefits package is consistent with our values and an avenue that we can express our appreciation to you as an employee and valued team member. An excellent benefits package is also a very good recruiting tool for attracting and retaining talented team members. We want you and your family to feel comfortable as part of the Landmark School community and to know you are receiving the best benefits package possible. We are proud to offer it.

Eligibility

Employees

To be eligible for Health, Dental, and Vision insurance, all non-faculty employees must work at least 27 hours per week, and faculty members must work at least 20 hours per week. For Short Term Disability, Long Term Disability, and Life Insurance, employees (non-faculty or faculty) must work at least 30 hours per week to be eligible.

Eligible Dependents

Your spouse and your eligible dependent children up to age 26* are eligible for medical, dental, and vision coverages. *Please note that dependents will age off their plan the end of the month in which they turn 26.



When Can You Enroll?

Enrollment is permitted on your date of hire as well as during our annual open enrollment period which takes place during the Spring with an effective date of July 1. During this time you must submit your applicable Carrier Enrollment or Waiver forms to Human Resources for processing . **If you choose not to enroll during the annual open enrollment time frame, you cannot enroll until the next open enrollment period, unless you have a Qualifying Event.**

Qualified Life Event Updates

You are eligible to enroll yourself and your eligible dependents in our group plans when you meet the eligibility requirements. Generally, the coverage you elect for yourself and your dependents may only be changed during the next annual enrollment period, unless you qualify to make a mid-year change in coverage due to a qualifying event prescribed under HIPAA (the Health Insurance Portability & Accountability Act of 1996) and the Internal Revenue Code § 125.

Qualified Life Events include:

- A change in your employment status, or your spouse's employment status that affects eligibility for benefits;
- A change that causes your dependent children to become ineligible;
- A change in your marital status (such as marriage or divorce);
- A change in your spouse's employment status;
- A change in the number of your dependents due to birth, adoption or death;
- Significant cost increases or benefit reductions in this plan, or your spouse's open enrollment (significant increase not necessary); or
- Loss of your coverage or your dependent's coverage under your spouse's plan due to loss of eligibility under that plan.



If you experience a "qualifying event," you have 30 days to notify Landmark School Human Resources and make any desired benefit changes.



Benefits Snapshot

Medical Insurance	Medical plans will continue to be offered through Blue Benefit Administrators. To create an online portal, be sure to visit www.bluebenefitma.com
Flexible Spending Account (FSA)	Both Medical and Dependent care Flexible Spending Accounts are managed by Employee Benefit Plan Administration (EBPA).
Dental Insurance	Landmark School offers two options for Dental coverage through Blue Cross Blue Shield. Both options are PPO plans which provide coverage with BCBS providers across the nation.
Vision Insurance	We will continue offering a vision program through Blue 20/20.
Disability Insurance	Short and Long Term Disability insurance is offered through Mutual of Omaha .
Life and Accidental Death and Dismemberment	Life and AD&D insurance coverage is offered through Mutual of Omaha. <i>Now is a good time to update your beneficiary information with Human Resources.</i>

Detailed information is available throughout this document; however, you should refer to the actual carrier provided summaries for complete and official details on the plans.

Medical Plan

Blue Benefit Administrators

Landmark School participates in a consortium of other schools known as Captivated Health. The below tables summarize your available benefits and highlights the member cost sharing amounts that you must pay for covered benefits under each of our available plans. Please see your Benefit Handbook and Prescription Drug Brochure for detailed information on benefits covered by the plan and the official terms and conditions of coverage. Remember, when you receive care from a In-Network Provider, you'll enjoy the highest level of benefits at the lowest possible cost to you.

PPO Plan	In-Network Benefits	Non-Network Benefits
Deductible (embedded)	\$500 / \$1,000	\$500 / \$1,000
Coinsurance	0%	40%
Out-of-Pocket Maximums (includes deductible)	\$5,450 / \$10,900	\$5,450 / \$10,900

Exams, Office Visits, Labs & Testing, Other services

Preventive Care Office Visits	No charge, covered 100%	\$25 copay then 20%
Sick-care Office Visits	\$25 copay	\$25 copay then 20%
Diagnostic Testing & Hi-Tech Radiology (MRI / PET / CT)	Deductible, then 0%	Deductible then 40%
Inpatient and Outpatient Hospital Care	Deductible, then 0%	Deductible then 40% Inpatient, Deductible then 20% Outpatient
ER Services	\$150 copay, deductible waived	\$150 copay, deductible waived
Retail Rx	\$10 / \$25 / \$45	\$30 / \$60 / \$100
Mail Order Rx	\$10 / \$50 / \$90	N/A

HSA Plan	In-Network Benefits	Non-Network Benefits
Deductible (non-embedded)	\$1,500 / \$3,000	\$4,500 / \$6,550
Coinsurance	0%	20%
Out-of-Pocket Maximums (includes deductible)	\$1,500 / \$3,000	\$9,200 / \$19,550

Office Visits, Labs & Testing, Other services

Preventive Care Office Visits	No charge, covered 100%	20% coinsurance, deductible waived
Sick-care Office Visits	0% after Deductible	20% after Deductible
Diagnostic Testing & Hi-Tech Radiology (MRI / PET / CT)	0% after Deductible	20% after Deductible
Inpatient and Outpatient Hospital Care	0% after Deductible	20% after Deductible
ER Services	0% after Deductible	20% after Deductible
Retail and Mail Order Rx	0% after Deductible	Deductible, then \$30 / 50%

In a Medical Emergency, you should go to the nearest emergency facility or call 911 or other local emergency access number. A Referral from your PCP is not needed. Your emergency room Member Cost Sharing is listed in the table above.

Employee Participation Rates

Listed below are the 2023 Employee Benefit Plan Participation Costs. Please note that these rates are expressed on a per pay period (bi-weekly) basis based on the hours reflected in your annual letter of agreement.

Medical PPO	40 Hours	32 Hours	30 Hours	27 Hours	25 Hours	24 Hours	20 Hours	Both F/T	1 F/T 1 P/T
Individual	\$53.17	\$119.91	\$136.59	\$161.61	\$178.30	\$187.73	\$220.02	N/A	N/A
Dual	\$283.37	\$404.65	\$434.96	\$480.45	\$510.76	\$525.93	\$586.56	\$141.69	\$212.53
Family	\$348.32	\$499.15	\$536.87	\$593.44	\$631.14	\$650.00	\$725.42	\$174.16	\$261.24

Medical HSA	40 Hours	32 Hours	30 Hours	27 Hours	25 Hours	24 Hours	20 Hours	Both F/T	1 F/T 1 P/T
Individual	\$31.83	\$94.54	\$110.22	\$133.74	\$149.42	\$157.26	\$188.61	N/A	N/A
Dual	\$236.05	\$347.72	\$375.64	\$417.52	\$445.44	\$459.40	\$515.23	\$118.03	\$177.04
Family	\$288.56	\$427.73	\$462.52	\$514.70	\$549.50	\$566.47	\$636.47	\$144.28	\$216.42

Dental High	40 Hours	32 Hours	30 Hours	27 Hours	25 Hours	24 Hours	20 Hours	Both F/T	1 F/T 1 P/T
Individual	\$8.02	\$11.46	\$12.32	\$13.60	\$14.46	\$14.89	\$16.61	N/A	N/A
Dual	\$20.88	\$26.36	\$27.73	\$29.78	\$31.15	\$31.84	\$34.57	\$10.44	\$15.66
Family	\$36.12	\$44.29	\$46.33	\$49.40	\$51.44	\$52.46	\$56.55	\$18.06	\$27.09

Dental Low	40 Hours	32 Hours	30 Hours	27 Hours	25 Hours	24 Hours	20 Hours	Both F/T	1 F/T 1 P/T
Individual	\$3.53	\$6.66	\$7.44	\$8.62	\$9.40	\$9.79	\$11.35	N/A	N/A
Dual	\$10.89	\$16.05	\$17.34	\$19.28	\$20.57	\$21.21	\$23.80	\$5.45	\$8.17
Family	\$19.90	\$27.63	\$29.57	\$32.46	\$34.40	\$35.36	\$39.23	\$9.95	\$14.93

Vision	Per Pay
Individual	\$3.55
Dual	\$6.45
Family	\$9.86

Rates are calculated by the Landmark School Human Resources Office and Costs based on the hours reflected in your annual letter of agreement. Please contact Human Resources with any questions.

If you are enrolled in our Blue Benefit Administrators Medical Plan (PPO or HSA), you may be reimbursed for some fees that you pay to participate in fitness programs and/or weight loss programs. Any deductible, copayment, coinsurance, and out-of-pocket maximum provisions do not apply to these wellness benefits.



Fitness Benefit:

The Plan will provide up to a total of \$150 per individual or per family in each calendar year to reimburse fees paid for a health club membership, fitness classes at a health club, or virtual fitness membership fees. The employee can claim this maximum fitness benefit of \$150 for any combination of fees incurred by the employee or their covered dependents. However, this \$150 benefit is the total fitness benefit that is reimbursed during a calendar year. (For a health club membership, each person claiming all or part of the fitness benefit must have paid at least four (4) month's health club fees for that calendar year.) The employee or covered dependents are eligible for the fitness benefit for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities, including individual health clubs and fitness centers, YMCA's, YWCA's, Jewish Community Centers, municipal fitness centers, and fitness studio where you take instructor-led group classes for cardiovascular and strength-training such as yoga, pilates, Zumba, kickboxing, cross-fit and indoor cycling/spinning.

No reimbursement will be provided for any initiation fees or fees or costs you pay for: personal training sessions; country clubs; social clubs (such as ski, tennis, or hiking clubs); sports camps, leagues, or teams; spas; instructional dance studios; pool-only facilities; ski passes; and martial arts schools.

Weight Loss Benefit:

The Plan will provide up to a total of \$150 in each calendar year to reimburse fees paid for a qualified weight loss program is a hospital-based or a non-hospital-based weight loss program that focuses on weight loss by modifying eating and physical activity habits and that requires participation in behavioral/lifestyle counseling with nutritionists, registered dieticians, exercise physiologists or other certified health professionals in multiple sessions throughout enrollment in the program. Program delivery and counseling may be in-person, over the phone, or online. However, this \$150 benefit is the total weight loss program benefit that is reimbursed during a calendar year. No reimbursement will be provided for any fees or costs you pay for: weight loss programs that do not include sessions with a health professional to support progress toward your weight loss goals; individual nutrition counseling sessions; pre-packaged meals; books; videos; scales; or, other weight loss related items or supplies.



Flexible Spending Accounts

EBPA

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay yourself back for eligible health care and dependent care expenses. Through Employee Benefit Plan Administration (EBPA) we offer the following two types of FSAs:

Health Care FSA

For our 2023 plan, you may elect up to the IRS maximum of \$3,050 to receive reimbursement for out-of-pocket health care expenses for you and your family members. These medical, dental, vision or other health care related expenses cannot be eligible for reimbursement through any insurance or other benefit program. Out-of-pocket health care expenses incurred by you and your family are eligible if the service occurred during the plan year and while you are making contributions to the plan. You can be reimbursed up to your full annual election, less any previous reimbursements. 2023-2024 plan year maximum allowable roll over amount is \$610.

Dependent Care FSA

You can elect up to \$5,000 and receive reimbursement to pay for dependent care, which allows you and your spouse to work outside your home, to seek employment or to attend school full-time. Eligible expenses must be incurred during the plan year and while you are making contributions to the plan. When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

Pre-Tax Savings Example		
	Without FSA	With FSA
Gross Pay	\$25,000	\$25,000
Health Care FSA Contribution	\$0	-\$1,000
Taxable Income	\$25,000	\$24,000
Taxes*	-\$6,413	-\$6,156
Take Home Pay after Taxes	\$18,587	\$17,844
Health Care Expenses	-\$1,000	-\$1,000
Available Income	\$17,587	\$16,844
Tax-Free Reimbursement from FSA	\$0	\$1,000
Net Income	\$17,587	\$17,844



That's a savings of \$257 for the year!

*Assumes federal withholding of 15%, state withholding equal to 20% of federal and social security withholding of 7.65%. For illustrative purposes only. Actual dollar amounts and savings may vary.



Important things to remember regarding your FSA

- Elections cannot be changed during the plan year, unless you have a qualified change in family status (change in marital status, number of dependents, employment status, or change of dependent eligibility status). Please plan carefully.

Effective in July for employees on our health insurance plan, Rightway is a better way to do healthcare — before, during, and after you see a doctor. Rightway simplifies your healthcare benefits, getting you to the highest-quality care without overpaying. They provide you with unlimited access to a live health guide, a trusted advocate who can answer your medical questions and take care of actions for you.

Need healthcare help?

Our healthcare experts have your specific benefits information and know how to get you the highest quality care at the best price!

Rightway Healthcare Navigation can help with:

- Find you the best doctor and book your appointment.
- Create tailored care plans and figure out next steps.
- Explain your bill and dispute it for you if something is off.
- Understand what a service or procedure will cost.
- Find cost-effective places to fill prescriptions.
- Answer your healthcare-related questions.

To get started:

Step 1: Download the Rightway app “Rightway Healthcare” from either the Apple App Store or Google Play Store!

Step 2: Register & Activate your account by following the directions online or in the app.

Having issues? Call 833-689-0448 for assistance!

CONNECT WITH YOUR HEALTH GUIDE

Tap the “Compose New Message” button or the phone icon.

VIEW INSURANCE COVERAGE

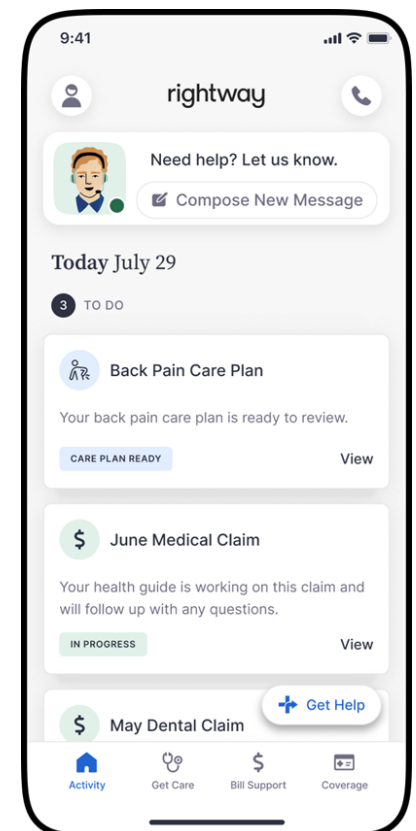
View a breakdown of your benefits, including your co-pays. If you have questions about your coverage or about the price of a service, your health guide can answer them.

GET A CARE PLAN

Your health guide can put together a plan with options for high-quality, in-network doctors. Select one and your health guide will schedule an appointment at a convenient time.

REVIEW OR DISPUTE A BILL

Take a picture of your bill and send it to your health guide. They will answer your billing questions and explain your charges. If something



Dental Plan

BCBS of Massachusetts

Insured by Blue Cross Blue Shield of Massachusetts, your dual option dental plan allows for both in-network and out-of-network services. Both options are PPO plans which provide coverage with BCBS. providers across the nation (also with limited out of network benefits, as well). Below is a brief reference of frequently used in-network services and respective coverage levels. Refer to your carrier Plan Summary for complete plan details.

How do I find an in-network dental provider?

You receive the highest level of benefits under your dental plan when you obtain covered services from in-network dental providers. You also have access to out-of-network providers, but the coverage for these services are less. To find an in-network dental provider:

- Look up a dental provider in the BCBS Provider Directory (www.bluecrossma.com/findadoctor). The Health Plan Network should be set to "Dental Blue PPO".

In-Network Covered Services	Low Program 1	High Program 1
Calendar Year Deductible (waived for Type 1 / Preventive Services)	\$50 individual / \$150 family	\$50 individual / \$150 family
Calendar Year Maximum (per covered individual)	\$1,000	\$2,000
Type 1, Preventive Services		
Diagnostic & Preventive Services	Full Coverage	Full Coverage
Type 2, Basic Services		
Restorative, Oral Surgery, Endodontics	80% Coverage	80% Coverage
Type 3, Major Services		
Prosthodontics, Major Restorative	Not Covered	50% Coverage
Orthodontics		
Orthodontic coverage for members up to age 19	Not Covered	50% Coverage
Orthodontia Lifetime Benefit Maximum	Not Covered	\$2,000

Accumulated Maximum Rollover

This benefit allows you to roll over a portion of your unused dental benefits from year to year, which in turn will help offset higher out-of-pocket costs for complex procedures. This benefit applies to you automatically if you:

- Receive at least one service during the benefit period
- Remain a member of the plan throughout the benefit period
- Do not exceed the claim payment threshold in the benefit period

Dental Annual Maximum	If your total claims don't exceed this amount for the benefit period	BCBS will roll over this amount for you to use next year and beyond	Rollover totals will be capped at this amount
\$1,000	\$500	\$350	\$1,000
\$2,000	\$800	\$600	\$1,500

Voluntary Vision Plan

Blue 20/20

You have the ability to purchase voluntary (employee paid) vision insurance for you and your family that offers a full range of vision care services provided through **Blue 20/20**. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form for reimbursement. Blue 20/20 is administered by EyeMed Vision Care, an independent company.



Exam-Plus Vision Plan: Access Network	In-network member cost	Out-of-network reimbursement
Comprehensive Exam	\$10 copay	Up to \$50
Contact lens fit and follow-up <ul style="list-style-type: none"> Standard Premium 	Up to \$55 10% off retail price	n/a n/a
Frames	\$150 allowance, then additional 20% off balance	Up to \$90
Standard plastic lenses <ul style="list-style-type: none"> Single vision Bifocal Trifocal Lenticular Standard progressive lens Premium progressive lens 	\$25 copay \$25 copay \$25 copay \$25 copay \$90 copay \$90 copay, then 80% of charge less \$120 allowance	up to \$42 up to \$78 up to \$130 up to \$130 up to \$140 up to \$196
Lens options <ul style="list-style-type: none"> UV treatment Tint (solid and gradient) Standard plastic scratch coating Standard polycarbonate Standard polycarbonate for covered dependents under age 19 Standard anti-reflective coating Photochromic/Transitions Plastic Polarized Other add-ons 	\$15 \$15 \$15 \$40 Paid in full \$45 20% off retail 20% off retail 20% off retail	n/a n/a n/a n/a up to \$26 n/a n/a n/a n/a
Contact lenses <ul style="list-style-type: none"> Conventional Disposable Medically necessary 	\$150 allowance, then additional 15% off balance \$150 allowance Paid in full	up to \$120 up to \$120 up to \$210
Laser vision correction <ul style="list-style-type: none"> LASIK or PRK from U.S. Laser Network 	15% off retail price or 5% off promotional price	n/a
Frequency <ul style="list-style-type: none"> Exam Lenses or contact lenses Frames 	once every 12 months once every 12 months once every 24 months	

Please see your official plan document for full details regarding this vision plan.

Disability Insurance helps replace a major portion of your income when you are sick or injured and unable to work. Some people think of it as “paycheck protection.” Others view it as a way to protect their home since a mortgage payment is often a family’s most significant monthly expense. Having disability insurance can provide a sense of security, knowing that if the unexpected should happen, you’ll still receive a monthly income.

Short Term Disability	
Eligibility	All benefit eligible employees regularly working at least 30 hours per week are eligible for coverage.
Waiting Period	Before collecting benefits, you must satisfy a benefit waiting period of 7 days if your disability is due to a sickness and you are unable work. There is a 0 day waiting period if your disability is due to an accident.
% of Weekly Benefit	Your Short Term Disability benefit is equal to 60% of your pre-disability earnings, to a maximum weekly benefit of \$9,999.
Benefit Duration	Short Term Disability benefits are payable for up to 13 weeks in total duration.
Benefit Cost	This benefit is 100% paid for by Landmark School and you are enrolled automatically.

Long Term Disability	
Eligibility	All benefit eligible employees regularly working at least 30 hours per week are eligible for coverage.
Waiting Period	Before collecting benefits, you must satisfy a benefit waiting period of 90 days of continuous disability following your date of disability.
% of Monthly Benefit	Your Long Term Disability benefit is equal to 60% of your pre-disability earnings, to a maximum monthly benefit of \$6,000.
Benefit Duration	You are covered to your Social Security Normal Retirement Age (SSNRA)
Benefit Cost	This benefit is 100% paid for by Landmark School and you are enrolled automatically.

Life Insurance	
Eligibility	All benefit eligible employees regularly working at least 30 hours per week are eligible for coverage.
Benefit	Your life insurance benefit is equal to one times your annual salary to a maximum of \$200,000.
Age Reduction	At age 70 your benefit amount will reduce by 50%.
Benefit Cost	This benefit is 100% paid for by Landmark School. This benefit is 100% paid for by Landmark School and you are enrolled automatically.

Contacts

If you have questions about your benefits, here's who you can contact. In addition to the carriers below, you may contact Sue Madden, HR Director, via the contact methods below.

Plan / Carrier	Contact	Website
Landmark School	Sue Madden, HR Director smadden@landmarkschool.org Heather Karp, Payroll/HR Manager hkarp@landmarkschool.org	
Medical Insurance Blue Benefit Administrators	877-707-2583	www.bluebenefitma.com
Dental Blue Cross Blue Shield of MA	800-262-2583	www.bluecrossma.com
Vision Blue 20/20	855-875-6948	www.blue2020ma.com
Flexible Spending Accounts Employee Benefit Plan Administration (EBPA)	888-678-3457	www.ebpabenefits.com
Care Navigation Rightway	Download the app "Rightway Healthcare" from either the Apple App Store or Google Play Store! Having issues? Call 833-689-0448 for assistance!	
Disability and Life Insurance Mutual of Omaha	800-775-6000	www.mutualofomaha.com
403(b) Retirement Empower Lawrence Karle, <i>Registered Investment Advisor</i>	Larry: 888-650-8600 larry@newwealthmanagement.com Empower, Participant Services: 855-756-4735 participant_services@empower.com	

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INSURANCE

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