Employee Orientation

Global Community Charter School - 70226798

PAYCHEX®
HR | Payroll | Benefits | Insurance

Welcome

- Your company is working with Paychex to provide Employee Benefits, Payroll Administration, and Human Resources services to you.
- Paychex, a national Professional Employer Organization (PEO) and an industry leader, takes care of many Human Resource-related administrative tasks and also provides increased access to employee programs and services, including:
    - Direct Deposit
    - Discount Programs
    - Webinars and eLearning

2025 Benefits & Onboarding

- This guide summarizes the benefits plan options available for **2025** with additional information on plan notices, disclosures, and legal requirements. **Please review this information** as well as the Summary of Benefits from each of the insurance providers so you can make the most informed decisions for you and your family.
- Open Enrollment begins on **5/27/2025** and ends on **6/13/2025** Coverage for the plan year will take effect on **7/01/2025.** You will not be able to enroll or change your coverage after this until the next Open Enrollment period or unless you experience a qualified event.
- To be eligible for coverage, employees must be actively employed and work 30 or more hours each week. Eligible dependents are defined as the spouse of the employee or the children of the employee, up to a specific age, as defined by the carrier*. If cover domestic partnerships: Please complete the Domestic Partnership (DP) setup form in order for your DP to be enrolled.*
- If you're a newly hired employee, you'll be able to enroll for coverage outside of the standard Open Enrollment period. After enrolling, your coverage will take effect the first of the following month after eligibility.
- If you have questions, please contact the appropriate health insurance carrier (see Insurance Provider Contact Information on the last page) or the **Benefits Department at 1-800-741-6277 opt 4 then opt 3 and or email : peo_benefitsteam@paychex.com.**
- *(Medical is subject to Final Underwriting)*

Note: This booklet is intended to provide only the highlights of your benefits; see your plan documents or contact the insurance carriers for full details. If any conflict ever arises between this booklet and the actual plan document, the terms of the plan document will govern in all cases. Your company reserves the right to change, modify, or terminate the benefit plans at any time. This booklet is not a contract for purposes of employment or payment of benefits.

Benefits

Effective Date **07/01/2025**

Paychex offers a variety of plan options so you can choose the one that best fits your needs and those of your family.*

*You must meet established eligibility requirements

PAYCHEX®
HR | Payroll | Benefits | Insurance

Health Insurance Options

Effective Date July 1, 2025 Plan Name	UHC Oxford Oxford Gold FRDM	UHC Oxford Oxford Silver LBTY 40/80	UHC Oxford Oxford Silver FRDM 40/80
In Network			
Preventive Care	No charge	No charge	No charge
Deductible (individual/Family)	$1,000/$2,000	$3,250/$6,500	$3,250/$6,500
Coinsurance	10%	40%	60%
Out-of-Pocket Max (Individual/Family)	$6,700/$13,400	$9,200/$18,400	$9,200/$18,400
Primary Care Physician	Member pays $50	Member pays $40	Member pays $40
Virtual/Telemedicine Copay	No charge	No charge	No charge
Specialist	Member pays $50	Member pays $80	Member pays $80
Urgent Care	$75 copay	$100 copay	$100 copay
Emergency Room Copay	$500 copay	50% coinsurance	50% coinsurance
In Patient Hospital	$250 copay max $2,500	40% coinsurance	40% coinsurance
Outpatient Surgery - Facility	$50 copay	$80 copay	$80 copay
Diagnostic X-Ray Lab	$50-$150 copay 50% coinsurance	$40-$80 copay 50% coinsurance	$40-$80 copay 50% coinsurance
Prescription Deductible	$150	$200	$200
Rx Copay Generic	$10-$25	$10-$25	$10-$25
Rx Brand Name	$40-$100/prescription after drug deductible	$50-$125/prescription after drug deductible	$50-$125/prescription after drug deductible
Rx Specialty	$80-$200/prescription after drug deductible	$90-$225/prescription after drug deductible	$90-$225/prescription after drug deductible
Out of Network			
Deductible (Individual/Family)	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A
Out of Pocket Max (Individual/Family)	N/A	N/A	N/A

Comparison

Effective Date June 1, 2025 Plan Name	Anthem Anthem Gold EPO 1000 9TUF	UHC Oxford Oxford Gold FRDM	Anthem Anthem Silver BA 3250 9Y7E	UHC Oxford Oxford Silver LBTY 40/80	Anthem Anthem Silver EPO 3250 A2TG	UHC Oxford Oxford Silver FRDM 40/80
In Network						
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge
Deductible (individual/Family)	$1,000/$2,000	$1,000/$2,000	$3,250/$6,500	$3,250/$6,500	$3,250/$6,500	$3,250/$6,500
Coinsurance	10%	10%	50%	40%	50%	60%
Out-of-Pocket Max (Individual/Family)	$7,000/$14,000	$6,700/$13,400	$9,450/$18,900	$9,200/$18,400	$9,450/$18,900	$9,200/$18,400
Primary Care Physician	Member pays $50	Member pays $50	Member pays $40	Member pays $40	Member pays $40	Member pays $40
Virtual/Telemedicine Copay	available	No charge	available	No charge	available	No charge
Specialist	Member pays $55	Member pays $50	Member pays $80	Member pays $80	Member pays $80	Member pays $80
Urgent Care	$60/visit	$75 copay	$80/visit	$100 copay	$80/visit	$100 copay
Emergency Room Copay	$500/visit	$500 copay	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
In Patient Hospital	10% coinsurance	$250 copay max $2,500	50% coinsurance	40% coinsurance	50% coinsurance	40% coinsurance
Outpatient Surgery - Facility	$300/visit	$50 copay	50% coinsurance	$80 copay	$40/visit	$80 copay
Diagnostic X-Ray Lab	$50/visit	$50-$150 copay 50% coinsurance	Lab $20/visit X-ray $75/visit	$40-$80 copay 50% coinsurance	Lab $20/visit X-ray $75/visit	$40-$80 copay 50% coinsurance
Prescription Deductible	$150/person or $300/family	$150	$200/person or $400/family	$200	$200/person or $400/family	$200
Rx Copay Generic	$10-$25/prescription	$10-$25	$25-$63/prescription	$10-$25	$25-$63	$10-$25
Rx Brand Name	$40-$100/prescription after drug deductible	$40-$100/prescription after drug deductible	$75-$188/prescription after drug deductible	$50-$125/prescription after drug deductible	$75-$188/prescription after drug deductible	$50-$125/prescription after drug deductible
Rx Specialty	$80-$200/prescription after drug deductible	$80-$200/prescription after drug deductible	$90-$225/prescription after drug deductible	$90-$225/prescription after drug deductible	$90-$225/prescription after drug deductible	$90-$225/prescription after drug deductible
Out of Network						
Deductible (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max (Individual/Family)	N/A	N/A	N/A	N/A	N/A	N/A

Get rewarded for exercising

With the Oxford Sweat Equity® program you may earn up to $200 in 6 months for meeting the program exercise requirements.

What it is

It's our goal to help people live healthier lives. Making exercise a part of your routine may be one of the most important steps you take toward being the healthiest "you." To help you on your way, we've created the Sweat Equity physical fitness reimbursement program.

The program offers a variety of exercises to choose from and the option to combine your fitness facility visits with your physical fitness classes and events to help you reach the required 50 workouts in a 6-month period.[1]

50 gym visits + **6** months = **$200** reimbursed

How it works

As an eligible Oxford subscriber, you may get reimbursed up to $200 in a 6-month period.[2] You can apply for reimbursement under the program as long as you:

- Are an active subscriber of an eligible Oxford plan
- Have gone to the gym and/or exercise classes, as described below, 50 times in 6 months

Your reimbursement period begins on the date of your first fitness facility visit, class or event and ends 6 months later. You can start a new reimbursement period 1 day after your previous reimbursement period ends.

Rewards for participation

Subscribers: May earn up to $200 in a 6-month period;[2] up to $400 in a plan year when you participate for 2 consecutive 6-month periods.

Spouses/partners and dependent children ages 13 and older:* May earn up to $100 in a 6-month period;[2] up to $200 in a plan year when they participate for 2 consecutive 6-month periods.

*For the spouse, domestic partner or dependent children to be eligible for this benefit, they must also be enrolled members of your Oxford health plan.

continued

United Healthcare Oxford

Flexible, accessible health options for employees

Half of U.S. consumers report wellness as a top priority in their daily lives.[1] One Pass Select™ is designed to help make it easier for your employees to prioritize their health and wellness through a lower-cost, extensive nationwide gym network – including digital fitness. Best of all, your employees have the freedom to choose the option that fits their needs and lifestyle.

See the benefits of One Pass Select

Potential increased productivity
Studies show that healthier employees are typically more productive[2]

No cost to you, low cost to your employees
Allows you to offer various fitness pricing options and competitive, flexible health options so employees can choose what's best for them

A simple digital experience
Easy access through UnitedHealthcare Rewards on the **UnitedHealthcare® app** or **myuhc.com®** to browse membership options, a fitness directory and more

UHC Rewards integration
Employees can redeem UHC Rewards dollars to use toward a One Pass Select subscription

20%
average retail gym membership savings with One Pass Select[3]

76%
of employees who signed up for One Pass Select were actively engaged in the program[4]

continued

United Healthcare Oxford

Get in on UHC Rewards

Good news—your health plan comes with a way to earn up to $300. UnitedHealthcare Rewards is included in your health plan at no additional cost.

There's so much good to get

With UHC Rewards, a variety of actions—including things you may already be doing, like tracking your steps or sleep—lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	$25
Take a health survey	$15
Get an annual checkup	$25
Get a biometric screening	$50

Visit UHC Rewards for the full list of rewardable activities that are available to you—and look for new ways of earning rewards to be added throughout the year.

Earn up to $300

United Healthcare Oxford

continued

A simpler employee experience that helps reduce the total cost of care

Half of U.S. adults have trouble affording health care costs and 40% have delayed or gone without medical care in the last year due to costs.[1] To help Oxford-covered employees and their covered family members pay for certain health care costs and encourage them to use quality care, we offer Care Cash®. This preloaded debit card can be used for UnitedHealth Premium® primary care and specialist provider visits* as well as network primary care provider visits, 24/7 Virtual Visits, urgent care visits, outpatient behavioral health visits and lab visits.

Helping to remove barriers to care

Through Care Cash, employees may:

- ✔ **Save money** – Care Cash helps them pay their portion** of certain eligible health care costs
- ✔ **Stay healthier** – Care Cash helps them consider quality care and may help reduce delays in getting care
- ✔ **Take ownership of their health** – Care Cash is designed to educate employees on how to use their benefits effectively

Spending power

Care Cash is designed to give employees:

$200 for the year for individual coverage, or

$500 for family coverage

The card is reloadable, with any remaining balance rolling over each year toward a $2,000 max.***

*Tier 1 medical plans should look for network primary care providers and specialists (not Premium Care Physicians). Care Cash medical plan eligibility must be maintained.

**Cost sharing (copays, deductibles and coinsurance).

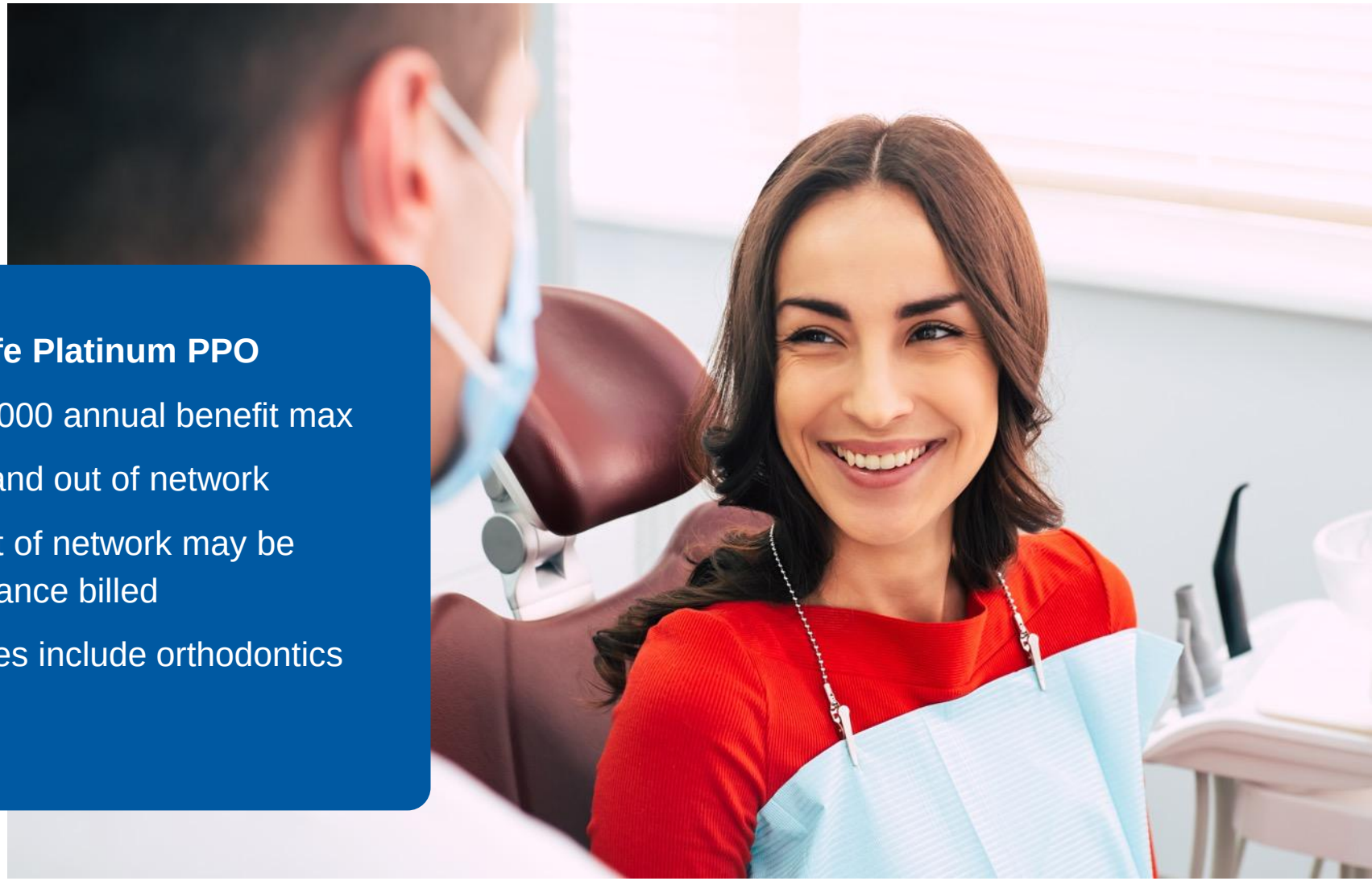
***Care Cash medical plan eligibility must be maintained.

continued

United Healthcare Oxford

MetLife Dental

Insurance Plan Option



MetLife Your Choice PPO

- $1,000 annual benefit max
- In and out of network
- Out of network may be balance billed
- Does not include orthodontics

MetLife Platinum PPO

- $5,000 annual benefit max
- In and out of network
- Out of network may be balance billed
- Does include orthodontics

Website: Metlife.com **Member services:** 800-942-0854

Paychex MetLife Dental

Website:
Metlife.com

Member services:
800-942-0854

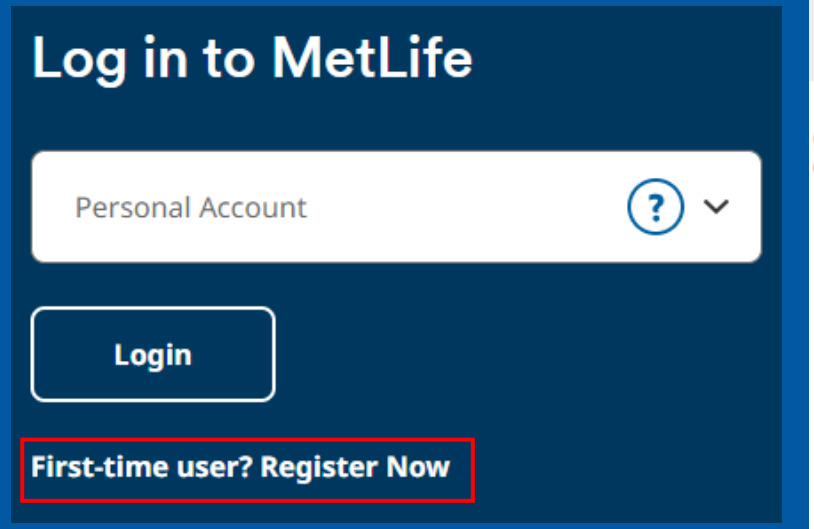
*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated Fee fees are subject to change.

**R&C Fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

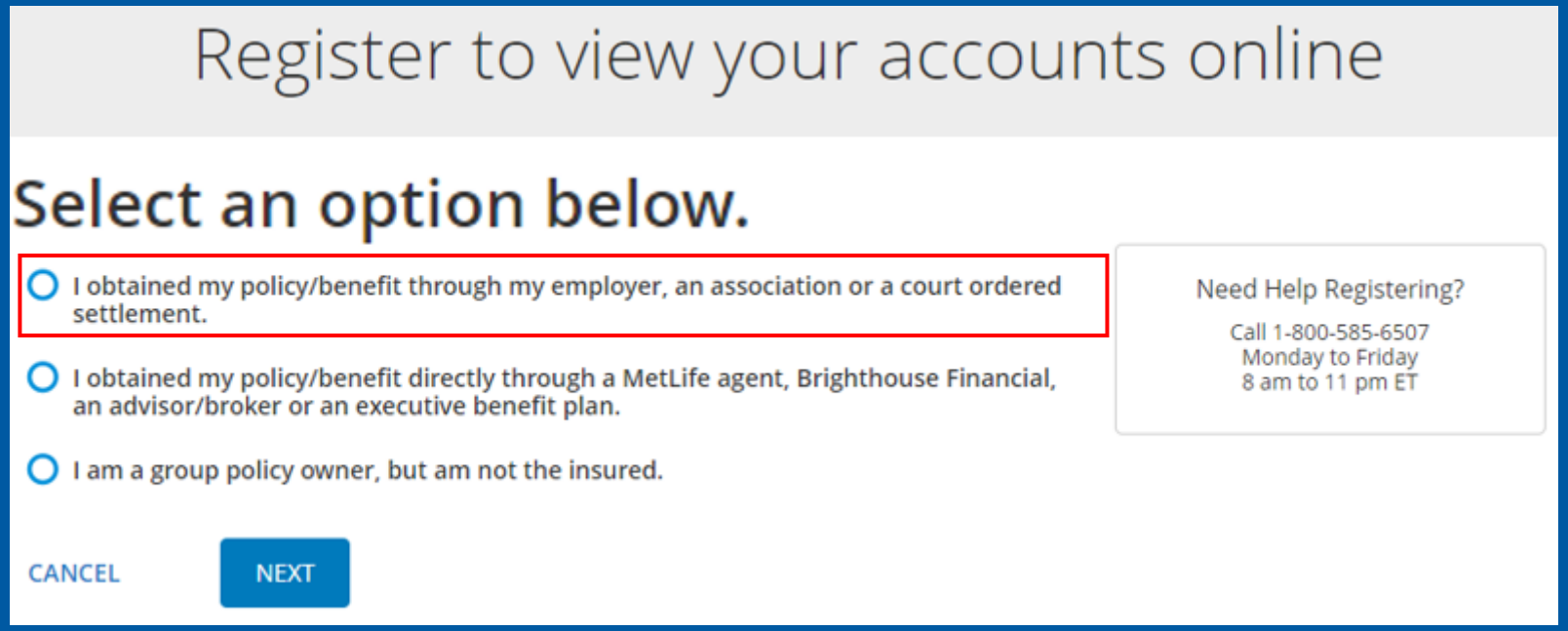
Benefits & Services	MetLife Choice PPO	MetLife Platinum PPO
Individual Deductible	$50	$50
Family Deductible	$150	$150
Deductible Waived for Preventive	Not Applicable	Not Applicable
Annual Maximum	$1,000	$5,000
Preventive Services	**Type A**	**Type A**
Office Visit	100%	100%
Oral Exam	100%	100%
Prophylaxis	100%	100%
Bitewings	100%	100%
Sealants	Not Covered	Not Covered
Flouride	100%	100%
Basic Services	**Type B**	**Type B**
Amalgams	50%	80%
Endodontics - Root canal therapy, x-rays	50%	80%
Periodontics - scaling, root planning, maintenance	50%	80%
Simple Extractions	50%	80%
Major Services	**Type C**	**Type C**
Crowns	50%	50%
Bridge	50%	50%
Dentures	50%	50%
Endodontics - Molar root canal therapy, x-rays	50%	50%
Orthodontic Services		
Dependent Child Age	Not Covered	to age 19
Adults	Not Covered	Covered
Ortho Benefit	Not Covered	50%
Lifetime Max	Not Covered	$1,000
Deductible (in addition to the individual deductible)	Not Covered	None

MetLife - How to Print Your ID Card

1. From MetLife.com click on Login



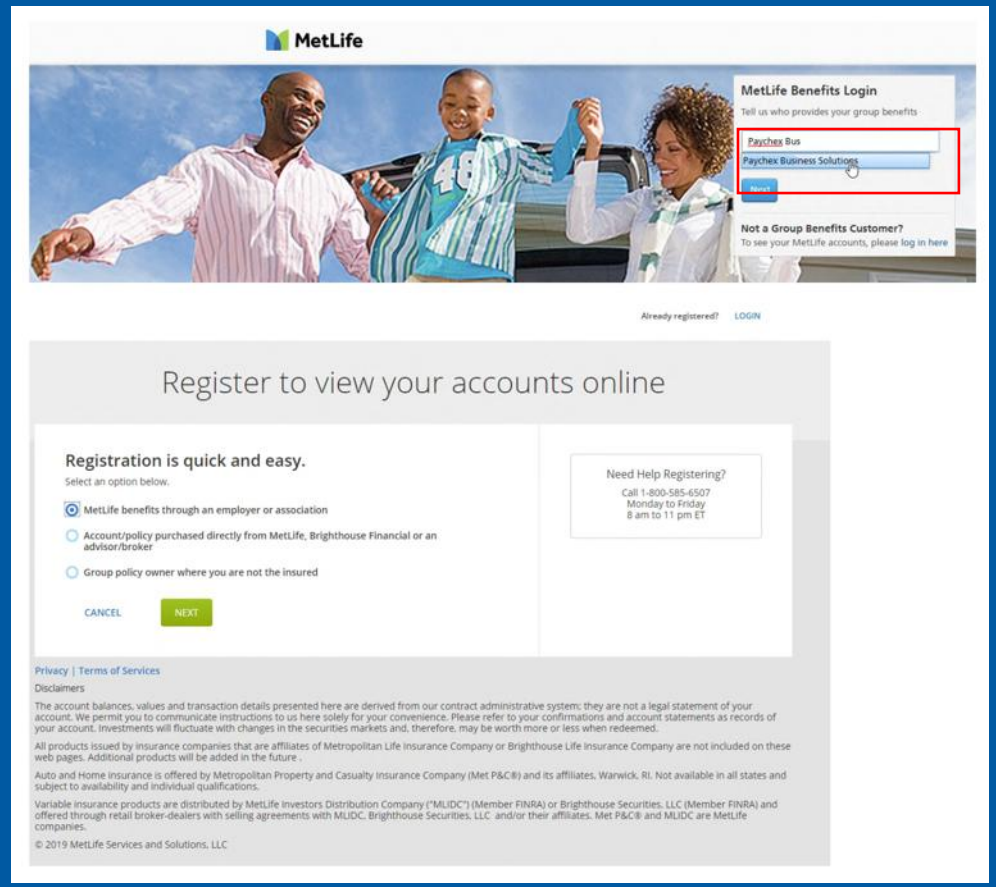
2. Select Register Now



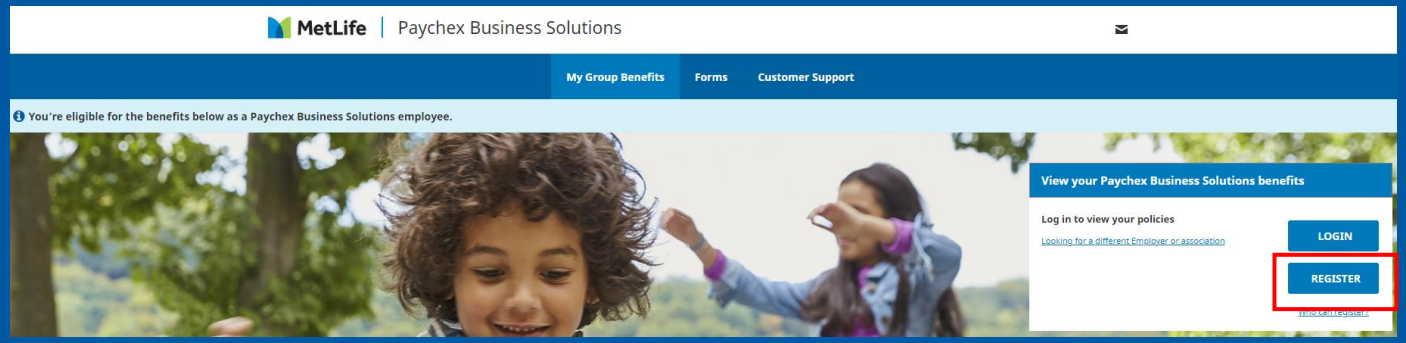
3. Select MetLife benefits through an employer or association

MetLife - How to Print Your ID Card

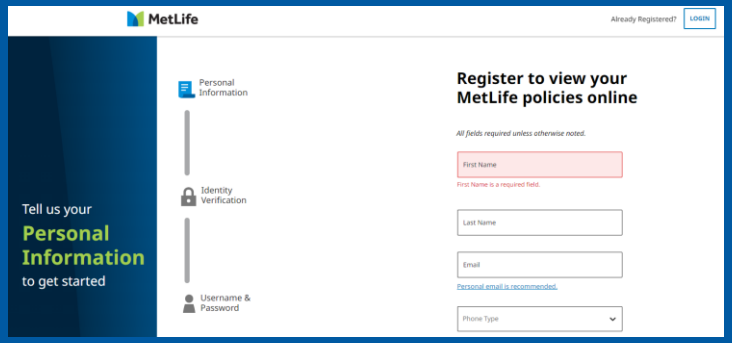
4. Type Paychex Business Solutions in the search bar



5. On the MetLife Paychex Business Solutions page, select Register



6. Complete registration information



MetLife - How to Lookup a Dentist

Find a Dental Provider

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.

HOW TO LOCATE A MetLife Dental Network Provider

STEP 1: Go to www.metlife.com

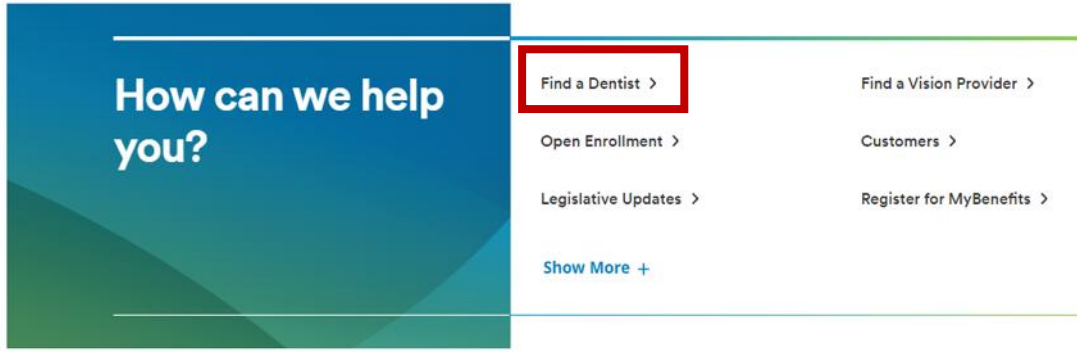
STEP 2: Click on "Find a Dentist"

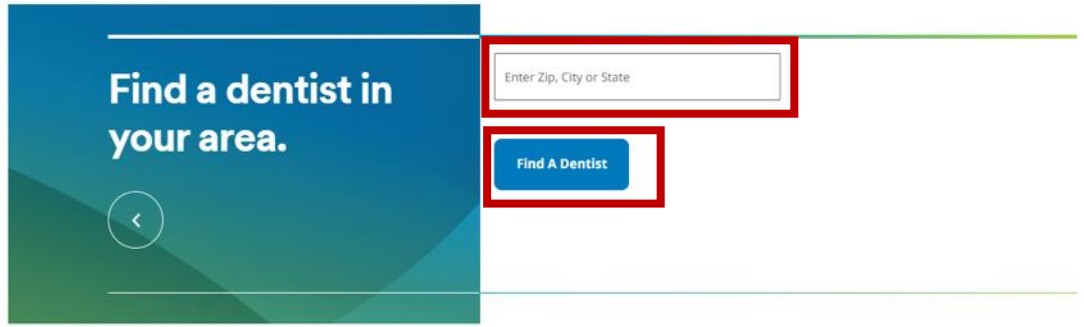
STEP 3: Under Plan Type click on "PDP Plus

STEP 4: Enter Zip code

STEP 5: Click o **Find a Dentist**

For detailed information about the METLIFE plans and a list of network providers, you may contact MetLife at (866) 832-5756 or visit www.metlife.com.





Aetna Vision Care

Insurance Plan Option

- Large national network
- Eye exam covered once every 12 months
- Allowances for contacts and frames
- Out-of-network reimbursement available
- Additional discounts available

Website: Aetnavison.com. **Member services:** 877-973-3238

Vision Insurance Comparison

Aetna Core Vision		
Vision Care Services	**Member Cost**	**Out-of-Network Reimbursement**
Exam Options		
Routine/ Comprehensive Eye Exam	$0 Copay; once every 12 months	Up to $35
Standard Contact Lens Fit and Follow-Up	$55	N/A
Premium Contact Lens Fit and Follow-up	10% off retail price	N/A
Frames	$110 allowance, 20% off balance over allowance; once every 24 months	Up to $40
Contact Lenses	$100 allowance, 15% off balance over allowance; once every 12 months	Up to $50

Aetna Plus Vision		
Vision Care Services	**Member Cost**	**Out-of-Network Reimbursement**
Exam Options		
Routine/ Comprehensive Eye Exam	$0 Copay; once every 12 months	Up to $35
Standard Contact Lens Fit and Follow-up	$0 Copay	Up to $40
Premium Contact Lens Fit and Follow-up	10% off retail price, then apply $55 allowance	Up to $40
Frames	$160 allowance, 20% off balance over allowance; once every 12 months	Up to $80
Contact Lenses	$160 allowance, 15% off balance over allowance; once every 12 months	Up to $128

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Aetna Vision℠ Preferred

www.aetnavision.com

Summary of Benefits for Paychex Core Plan

Effective Date: 01/01/2021
External Plan ID: 1018025101
Line Value: 364
Frequency: 12/12/24

	In Network	Out of Network*
Exam	**Aetna Access Network**	
Use your Exam coverage once every rolling 12 months		
Eye Exam with Dilation as Necessary	**$0 Copay**	$35 Reimbursement
Standard Contact Lens Fit/Follow Up[1]	**Member pays discounted fee up to $55**	Not Covered
Premium Contact Lens Fit/Follow-Up	**Member pays 90% of retail**	Not Covered
Eyeglass Lenses / Lens options		
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR contact lenses		
Standard Plastic Single Vision Lenses	**$10 Copay**	$20 Reimbursement
Standard Plastic Bifocal Vision Lenses	**$10 Copay**	$30 Reimbursement
Standard Plastic Trifocal Vision Lenses	**$10 Copay**	$55 Reimbursement
Standard Plastic Lenticular Vision Lenses	**$10 Copay**	$55 Reimbursement
Standard Progressive Vision Lenses (copay includes bifocal cost)	**$75 Copay**	$30 Reimbursement
Premium Progressive Vision Lenses[1]	**20% Discount off retail minus $120 plan allowance plus $75 Copay = member out-of-pocket**	$30 Reimbursement
UV Treatment	**Member pays discounted fee of $15**	Not Covered
Tint (Solid and Gradient)	**Member pays discounted fee of $15**	Not Covered
Standard Plastic Scratch Coating	**$0 Copay**	$8 Reimbursement
Standard Polycarbonate Lenses - Adult	**Member pays discounted fee up to $40**	Not Covered
Standard Polycarbonate Lenses - Child to age 19	**Member pays discounted fee up to $40**	Not Covered
Standard Anti-Reflective Coating	**Member pays discounted fee of $45**	Not Covered
Photochromic/Transitions Plastic	**Member pays 80% of retail**	Not Covered
Polarized and Other Lens Add Ons	**Member pays 80% of retail**	Not Covered
Contact Lenses (contact lens allowance includes materials only)		
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses or contact lenses		
Conventional Contact Lenses	**$100 Allowance** Additional 15% off balance over the allowance**	$50 Reimbursement
Disposable Contact Lenses	**$100 Allowance**	$50 Reimbursement
Medically Necessary Contact Lenses	**$0 Copay**	$200 Reimbursement
Frames		
Use your Frame coverage once every rolling 24 months		
Any Frame available, including frames for prescription sunglasses	**$110 Allowance** Additional 20% off balance over the allowance.**	$40 Reimbursement

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Aetna Vision℠ Preferred

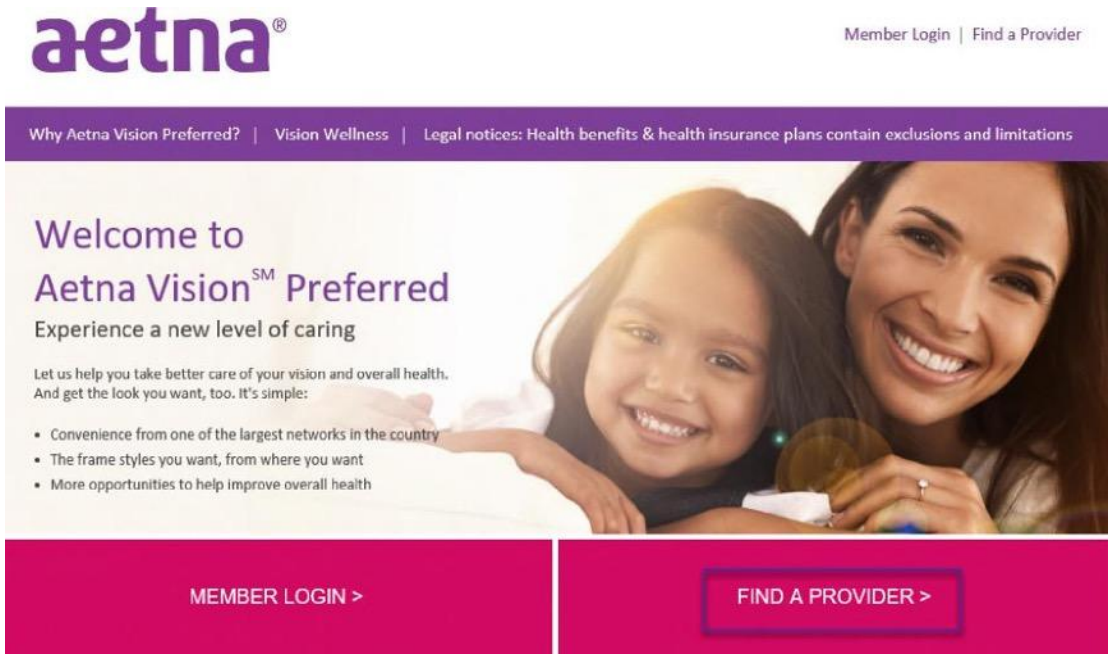
www.aetnavision.com

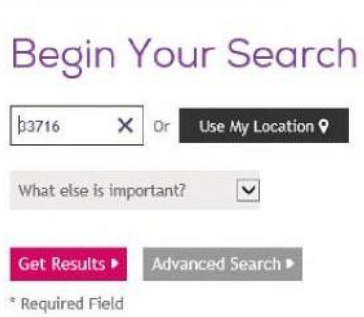
Summary of Benefits for Paychex Plus Plan

Effective Date: 01/01/2021
External Plan ID: 1018026101
Line Value: 365
Frequency: 12/12/12

	In Network	Out of Network*
Exam	**Aetna Access Network**	
Use your Exam coverage once every rolling 12 months		
Eye Exam with Dilation as Necessary	**$0 Copay**	$35 Reimbursement
Standard Contact Lens Fit/Follow Up[1]	**$0 Copay**	$40 Reimbursement
Premium Contact Lens Fit/Follow-Up	**Member pays 90% of retail, less $55**	$40 Reimbursement
Eyeglass Lenses / Lens options		
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses		
Standard Plastic Single Vision Lenses	**$10 Copay**	$20 Reimbursement
Standard Plastic Bifocal Vision Lenses	**$10 Copay**	$30 Reimbursement
Standard Plastic Trifocal Vision Lenses	**$10 Copay**	$55 Reimbursement
Standard Plastic Lenticular Vision Lenses	**$10 Copay**	$55 Reimbursement
Standard Progressive Vision Lenses (copay includes bifocal cost)	**$75 Copay**	$55 Reimbursement
Premium Progressive Vision Lenses[1]	**20% Discount off retail minus $120 plan allowance plus $10 Copay = member out-of-pocket**	$55 Reimbursement
UV Treatment	**$0 Copay**	$8 Reimbursement
Tint (Solid and Gradient)	**$0 Copay**	$8 Reimbursement
Standard Plastic Scratch Coating	**$0 Copay**	$8 Reimbursement
Standard Polycarbonate Lenses - Adult	**$0 Copay**	$20 Reimbursement
Standard Polycarbonate Lenses - Child to age 19	**$0 Copay**	$20 Reimbursement
Standard Anti-Reflective Coating	**$0 Copay**	$23 Reimbursement
Photochromic/Transitions Plastic	**Member pays 80% of retail**	Not Covered
Polarized and Other Lens Add Ons	**Member pays 80% of retail**	Not Covered
Contact Lenses (contact lens allowance includes materials only)		
Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses or contact lenses		
Conventional Contact Lenses	**$160 Allowance** Additional 15% off balance over the allowance**	$128 Reimbursement
Disposable Contact Lenses	**$160 Allowance**	$128 Reimbursement
Medically Necessary Contact Lenses	**$0 Copay**	$210 Reimbursement
Frames		
Use your Frame coverage once every rolling 12 months		
Any Frame available, including frames for prescription sunglasses	**$160 Allowance** Additional 20% off balance over the allowance.**	$80 Reimbursement

Aetna - How To Lookup Vision Providers





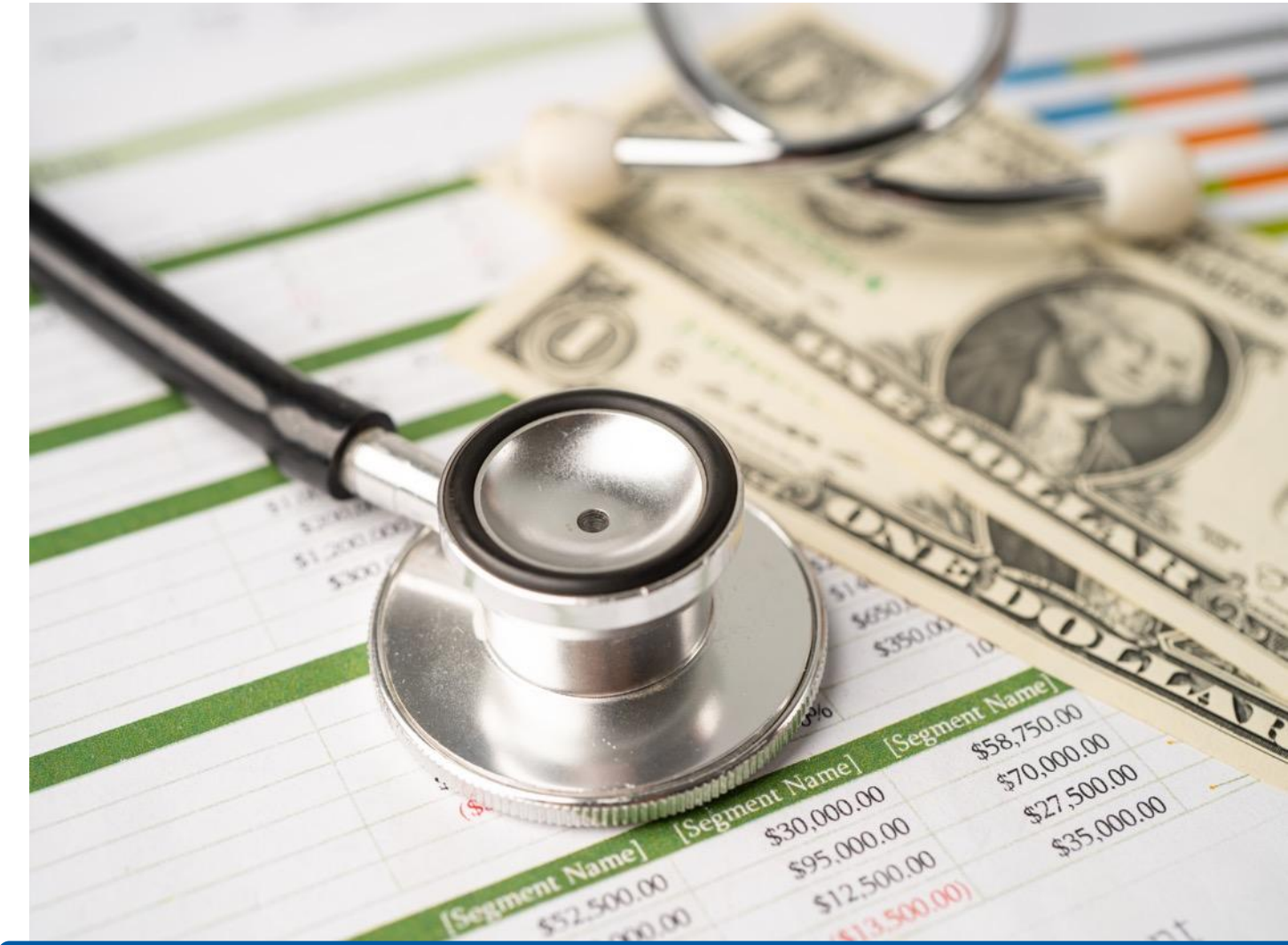
1. Go to AetnaVision.com. A login is not needed.
   Simply click Find a Provider

2. Enter your zip code. You can also limit your search by commonly used criteria **(what else is important?)**
   Click **Get Results** to see in-network vision providers in your area.

FSA | Medical Expenses

A Flexible Spending Account (FSA) allows eligible employees to use pretax dollars to pay for eligible medical, dental, vision, hearing, and prescription drug expenses for you, your spouse, and your eligible tax dependents.

- There is an annual maximum dollar amount of **$3,300 for 2025,** which is prorated if you join the plan midyear
- Participants can be reimbursed up to their annual election, regardless of their available account balance.
- Debit card is available.
- Use it or Lose it – Funds must be used by 12/31
- Up to $550 in unused funds can roll over into the next year, automatically.
- FSAstore.com is a great resource to purchase FSA-eligible items at a discount.



Maximum contribution for 2025: **$1,650**

Plan start: **7/01/2025**

FSA | Dependent Care Account (DCA)

A Flexible Spending Account (FSA) DCA allows eligible employees to use pretax dollars to pay for eligible elderly care expenses or child expenses such as daycare, before and after school care, nursery school, preschool and summer day camps.

The annual maximum per household is $5,000 for childcare and elderly care expenses.

- Participants must provide receipts and will be reimbursed up to their available FSA account balance.
- Money cannot be moved or used for medical expenses.
- No debit card available.
- Children under 13 years old
- Use it or Lose it – Funds must be used by 12/31

Short-term and Long-term Disability

Short-term Disability (STD)

A type of insurance benefit that can replace up to 60% of an eligible employee’s income when they are disabled and unable to work due to illness or an accident.

Long-term Disability (LTD)

A type of insurance benefit that can replace up to 60% of an eligible employee’s income when they are disabled and unable to work due to illness or an accident, after STD has been exhausted.

Employer Paid Disability

Maximum Benefit	Duration of Benefit	Waiting Period
Short-term Disability		
$1500 per week	13 Weeks	7-days

Employee Paid Disability

Maximum Benefit	Duration of Benefit	Waiting Period
Long-term Disability		
$3,000 through $10,000 monthly	Through disability period, up to retirement	90 or 180 days or end of STD maximum benefit period

Life Insurance/Accidental Death and Dismemberment (AD&D)

MetLife Insurance Company

Company Paid

1 X Salary

Voluntary Life Insurance

- $10,000 increments up to the lesser of 5 times salary or $1,000,000
- Guaranteed issue up to 5x salary or $400,000, whichever is less

Spouse Life Insurance

- $10,000 increments up to $100,000 (maximum of 50% of employee life insurance)
- Guaranteed issue up to $50,000

Dependent Children Life Insurance

- $10,000 per child (employee must have $20,000 minimum life insurance)

Evidence of Insurability (EOI) is required for elections above guarantee issued amount.

Age Reduction: Reduced to 65% at age 65, 40% at age 70, and 25% at age 75.

Age range	Price per month per $1,000
< 24	$0.06
25-29	$0.07
30-34	$0.08
35-39	$0.09
40-44	$0.10
45-49	$0.14
50-54	$0.20
55-59	$0.36
60-64	$0.54
65-69	$0.93
70 >	$1.57

Example:

A 43-year-old wants to elect $40,000 in life insurance

$40,000 divided by $1,000 = **$40**

$40 X $0.10 = **$4.00 per month**

MetLife Voluntary Insurance

Accident Insurance

Accident insurance can help you be better prepared.

Accidents happen frequently and can be very costly. Even the best medical plans may leave you with extra out-of-pocket expenses when dealing with accidents.

This plan provides a lump-sum payment for over 150 different covered events, such as:

Fractures, dislocations, second and third degree burns, skin grafts, torn knee cartliage, ruptured disc, concussions, cuts, lacerations, eye injuries, coma, broken teeth

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

Ambulance, emergency care, inpatient surgery, outpatient surgery, medical testing benefits (X-rays, MRI, CT scans), physician follow-up visits, transportation, home medications, therapy services

Includes Accidental Death & Dismemberment benefits.

Age reduction: Reduced to 75% at age 65, 50% at age 70.

(Low and high plans available)

Critical Illness Insurance

Help protect your family and your budget from the impact of a **critical illness.**

A lump-sum payment is made directly to you to use any way you see fit, whether it's for everyday living expenses or out-of-pocket medical costs like copays and deductibles.

Coverage includes conditions such as **heart attack, cancer*, stroke**, kidney failure, or Alzheimer's.**

100% of Initial Benefit is **$15,000** (low plan) and **$30,000** (high plan).

Total benefit may be 3 times the amount of your initial benefit (initial + 2 recurrences).

22 Listed conditions will pay 25% of the initial benefit amount.

Health Screening Benefit pays out **$50** (low plan) or **$100** (high plan) per calendar year (after 30 days of coverage). N/A in NH

(Low and high plans available)

Hospital Insurance

Hospital visits and stays are costly and often unexpected.

If you are out of work unexpectedly, you may have trouble meeting household expenses such as **your mortgage and car payment**, on top of any medical expenses that you are obligated to cover like **deductibles, copays and out-of-pocket care or treatments.**

With **Hospital Indemnity Insurance**, you receive a lump-sum payment to help cover costs that result from a hospitalization.

Examples – Low plan or High plan:

Admission: $500 or $1,000

ICU Admission: $1,000 or $2,000

Confinement: $100/day or $200/day, up to 365 days

ICU Confinement: $200/day or $400/day, up to 30 days

Health Screening Benefit pays out **$50** (low plan) or **$100** (high plan) per calendar year (after 30 days of coverage). N/A in all states

(Low and high plans available)

Refer to the plan summaries for all details

MetLife Voluntary Insurance (continued)

Whole Life + Long Term Care Rider

Increments of $10,000 up to $100,000

Guaranteed issue for first year

Plan cost locked in at initial enrollment and builds value over time

Ability to take loans on face value; no age reduction throughout the life of the policy

Accelerated death benefit for terminal illness rider – plan will pay up to 80% of the death benefit

Accelerated long-term care rider – plan will pay up to 80% of life insurance proceeds

- Employee is enrolled in $100,000
- Employee will be paid $4,000 a month for up to 20 months (until they reach $80,000 paid)

Legal Insurance

Legal coverage means added peace of mind.

MetLaw provides you access to legal advice and representation on a wide range of matters, including wills, real estate matters, traffic offenses, adoptions and much more.*

Once enrolled, you'll have a nationwide network of more than 14,000 participating plan attorneys to choose from.

Know the facts: 70% of us have at least one ongoing legal issue annually.±

*There's a low monthly cost for unlimited use.

Have Questions?

Please call MetLife directly at **1-800-GET-MET8** (1-800-438-6388).

For more detailed plan information and rates, please visit: **paychexflex.com**

EXAMPLES:

Money Matters: Debt collection defense, Identity theft defense, Personal bankruptcy

Home & Real Estate: Mortgages, Foreclosure, Refinancing

Estate Planning: Wills, Trusts, Power of Attorney

Family & Personal: Adoption, Name change, Demand letters, Immigration assistance

Civil Lawsuits: Administrative hearings, Small claims assistance, Pet liabilities

Elder-Care Issues: Consultation & Document Review for parents

Vehicle & Driving: Defense of traffic tickets, Driving privileges restoration

Cancer Advocate Plus

A Benefit Designed to Help Save Lives

- Cash Benefits begin upon diagnosis
- Spouse Benefits (50% of the employee)
- Cancer Screening, Cancer Recovery, Cancer Management based on your DNA
  - Welcome email is sent with a link to create your account and order your **hereditary cancer risk screening test kit**
- Education & Resources
- Portable

Cancer Advocate Plus Pays Cash Benefits	
Payment Upon Diagnosis of Cancer	$5,000
Recovery Payment (6 Months After Diagnosis)	$5,000
Recovery Payment (12 Months After Diagnosis)	$5,000
Total Cash Payment	**$15,000**

Cancer diagnosis must be on or after effective date for the benefits to be payable.
This example is solely to illustrate a situation that can result in benefits payable for a claim.
It is not based on an actual claim.

Cancer Advocate Plus

A personalized approach to cancer management

Unfortunately, 1 in 3 women and 1 in 2 men will get cancer.[1] What if you could do more to help prepare yourself for a potential diagnosis? Chubb and healthÔme have partnered to introduce a first-of-its-kind cancer insurance with genetic benefits, designed to provide genetic information to help you proactively manage cancer risk and provide a personal, precise, proactive, and confidential way for you to manage your health.

A Benefit Designed to Help Save Lives

Cancer Advocate Plus is insurance that lasts a lifetime, offering personal and precise cancer management based on your DNA.

Cancer Advocate Plus features the following:

- Proactive Cancer Screening
- Genetic Counseling & Cancer Advocacy
- Pharmacogenetic Drug Response Testing
- Clinical Trial Identification & Enrollment Assistance
- Genetic Tumor Testing
- Expert Medical Review
- Precision Treatment Recommendation Report
- Dedicated Cancer Nurse Advocates
- Cash Benefits
- Cancer Recovery Support
- Recurrence Monitoring

Cash Benefits

- Diagnosis Cancer Benefit: $5,000 Employee ($2,500 for Spouse)
- Cancer Recovery First Payment: $5,000 Employee ($2,500 for Spouse)
- Cancer Recovery Second Payment: $5,000 Employee ($2,500 for Spouse)

Coverage Features

- Guaranteed Issue with no health questions
- Automatically renewed as long as the insured is an eligible employee, premiums are paid and the policy is in force
- Employee and spouse coverage available
- Portability allows you to keep this coverage if you change employers or retire while the Policy is in force

Spouse Benefits

- Spouses are eligible for all of the Cancer Services and Tests
- Spouses' Cash Benefits are 50% of the employee and equal three payments of $2,500

What's Next?

PAYCHEX®
HR | Payroll | Benefits | Insurance

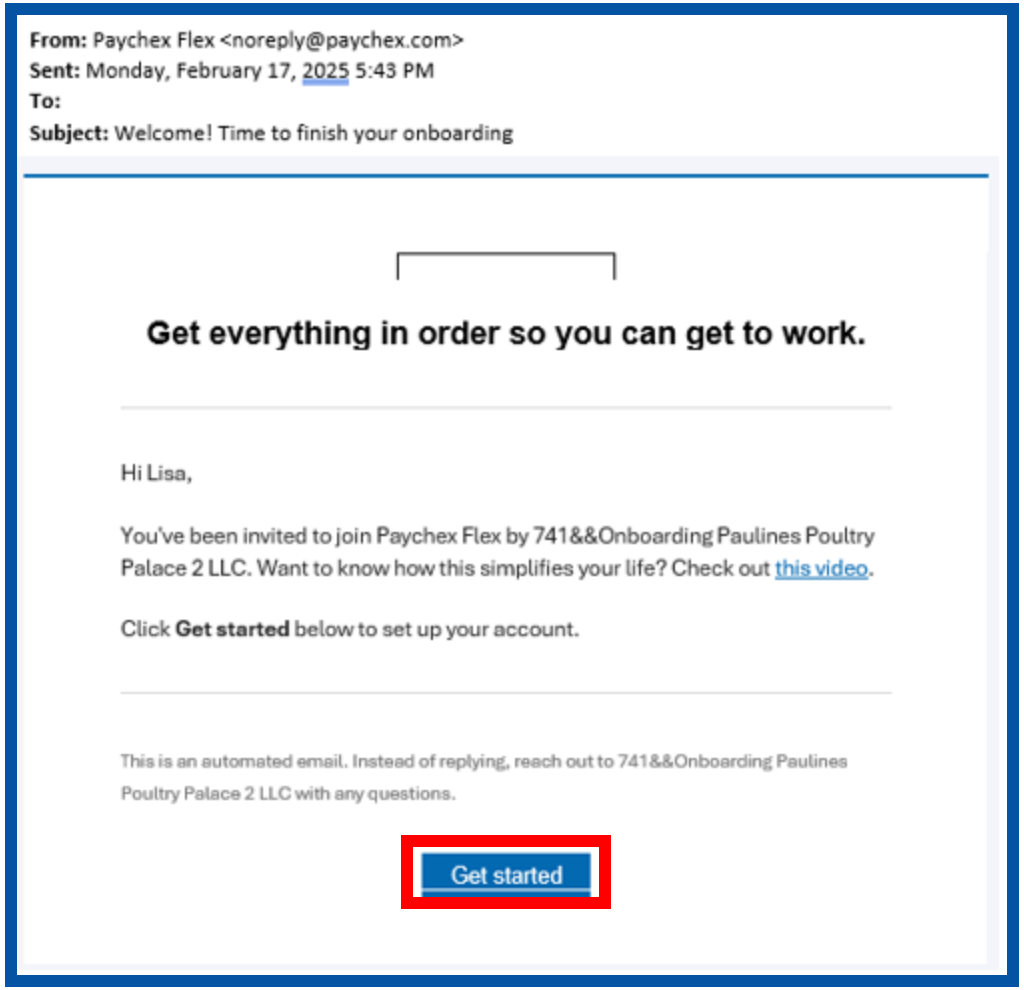
Paychex Flex

You will receive an email to your personal email address.

You will need to click on **“Get Started”** in the body of the email to start the process.

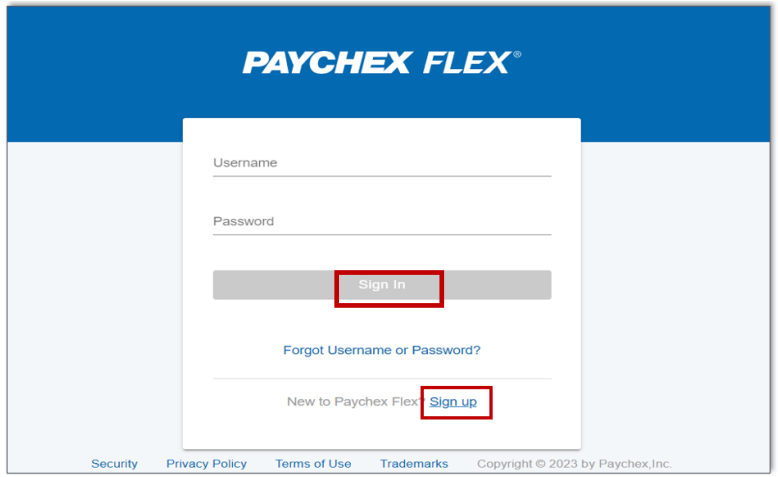
If you have an existing PaychexFlex.com account, simply login!

If you don’t have an existing account but can’t find the Welcome Email in your inbox, please let your employer know.

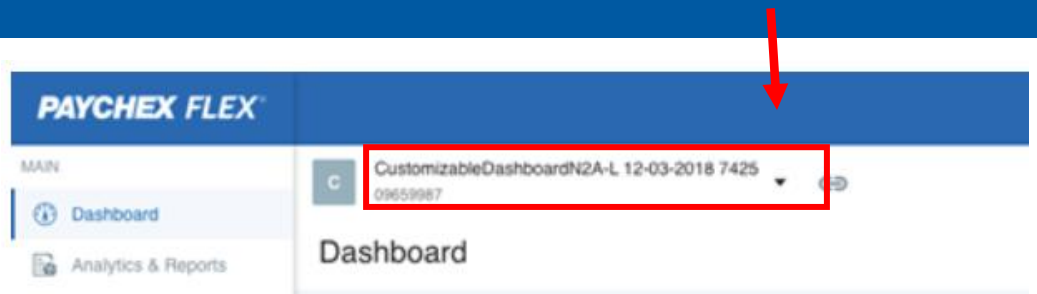


Go to PaychexFlex.com

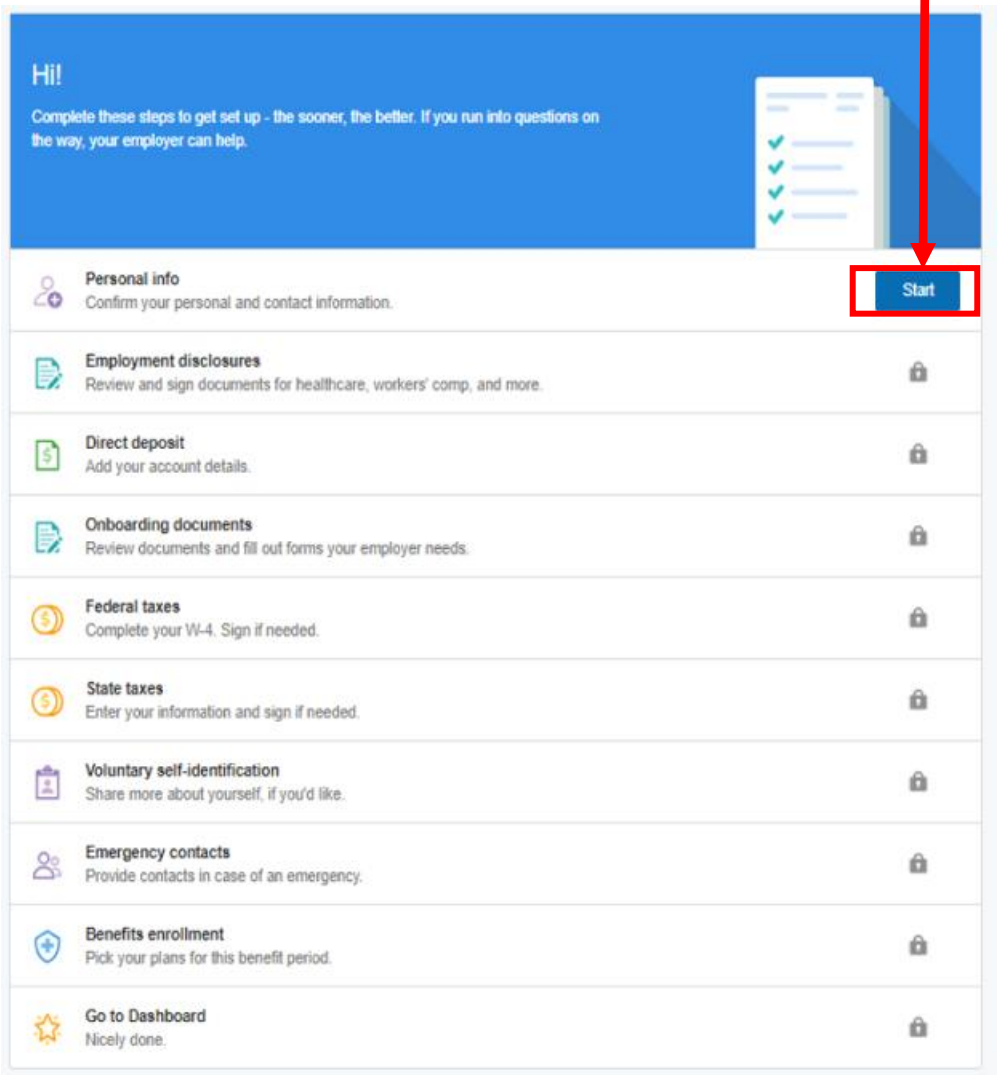
1) Sign In OR Sign Up



2) If you have a **Paychex Flex Account**, Click on the drop-down menu to toggle to your new Client # :70226798 – Global Community Charter School



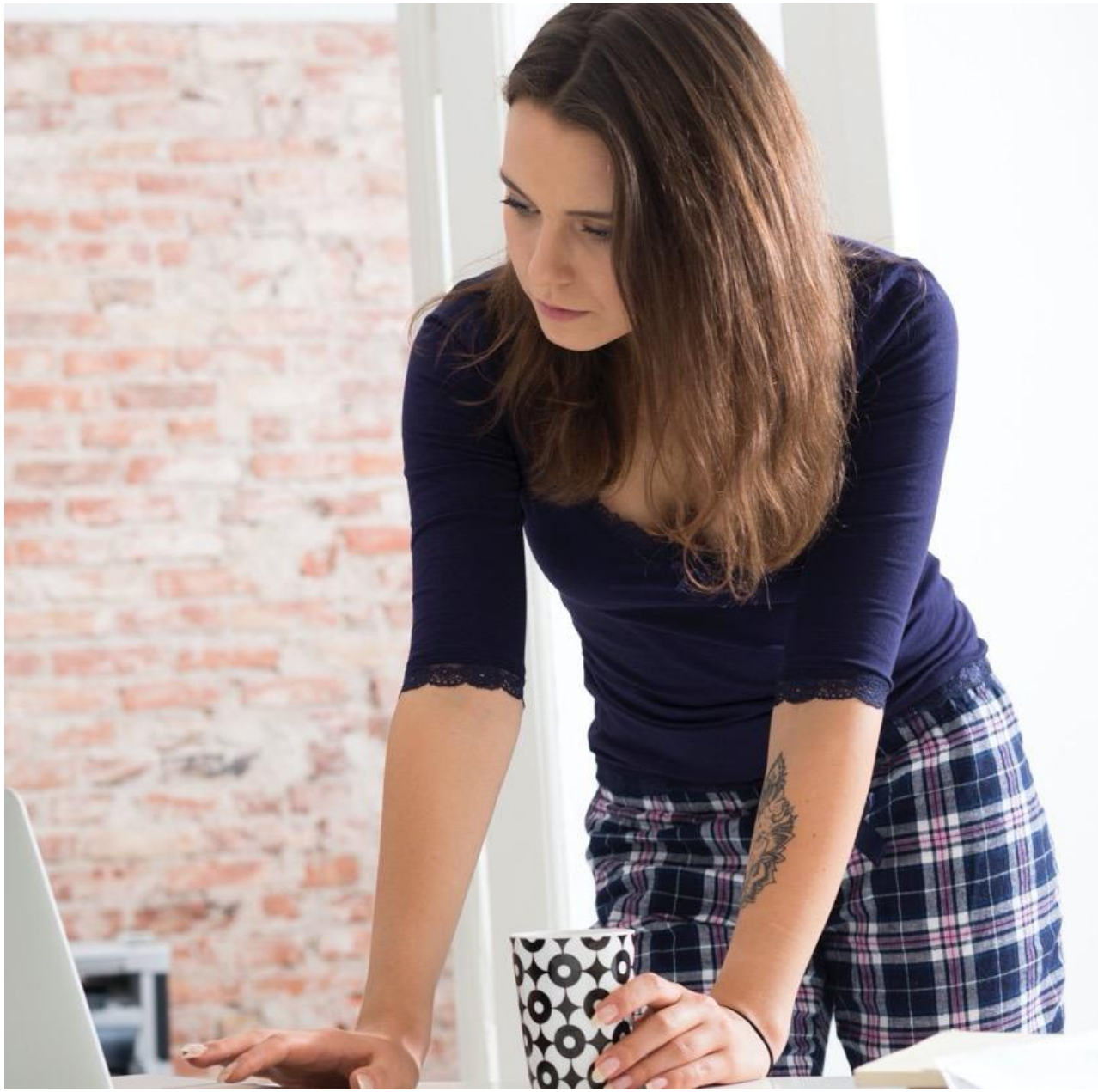
3) Click “Start” to begin completing all Payroll forms and Benefit elections



Onboarding Dashboard

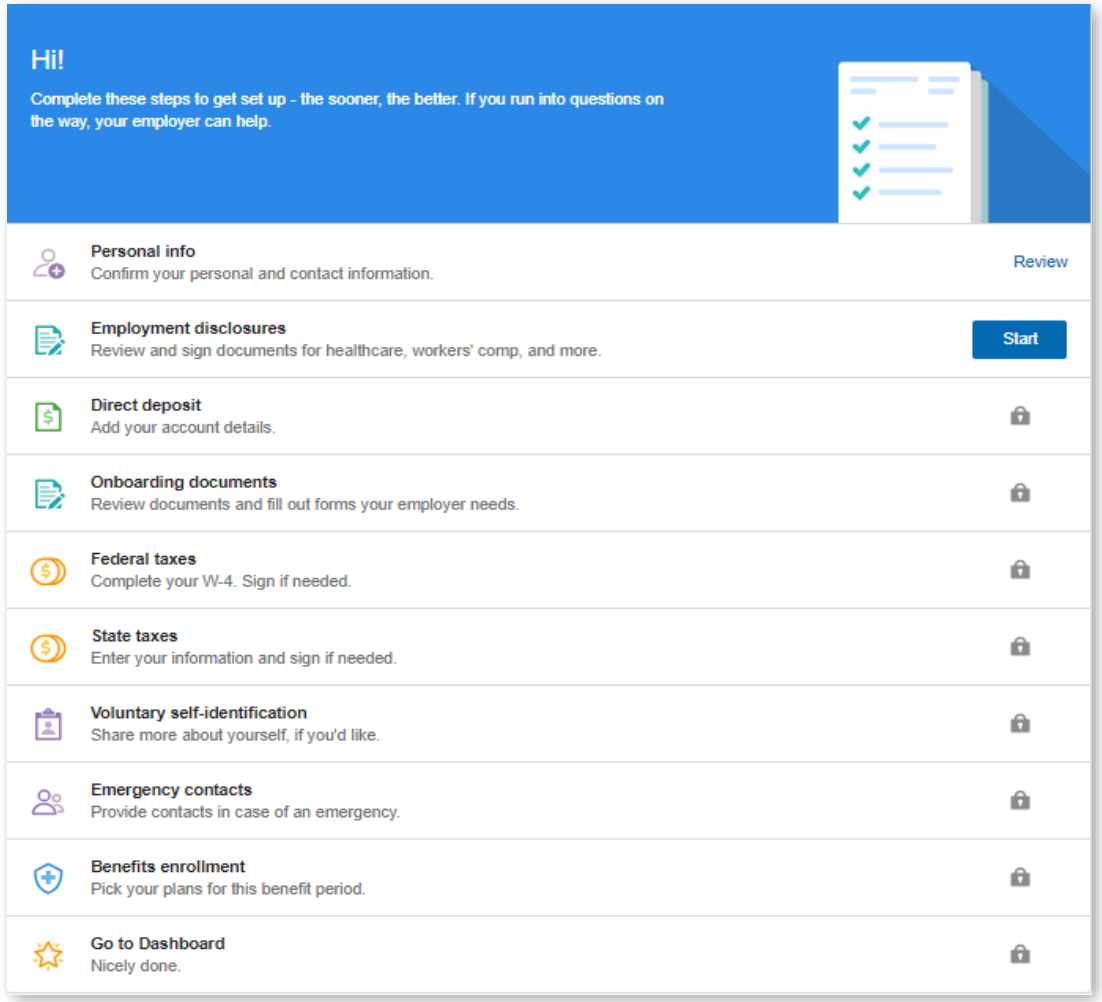
Your Onboarding Dashboard will display several new hire tasks for you to complete:

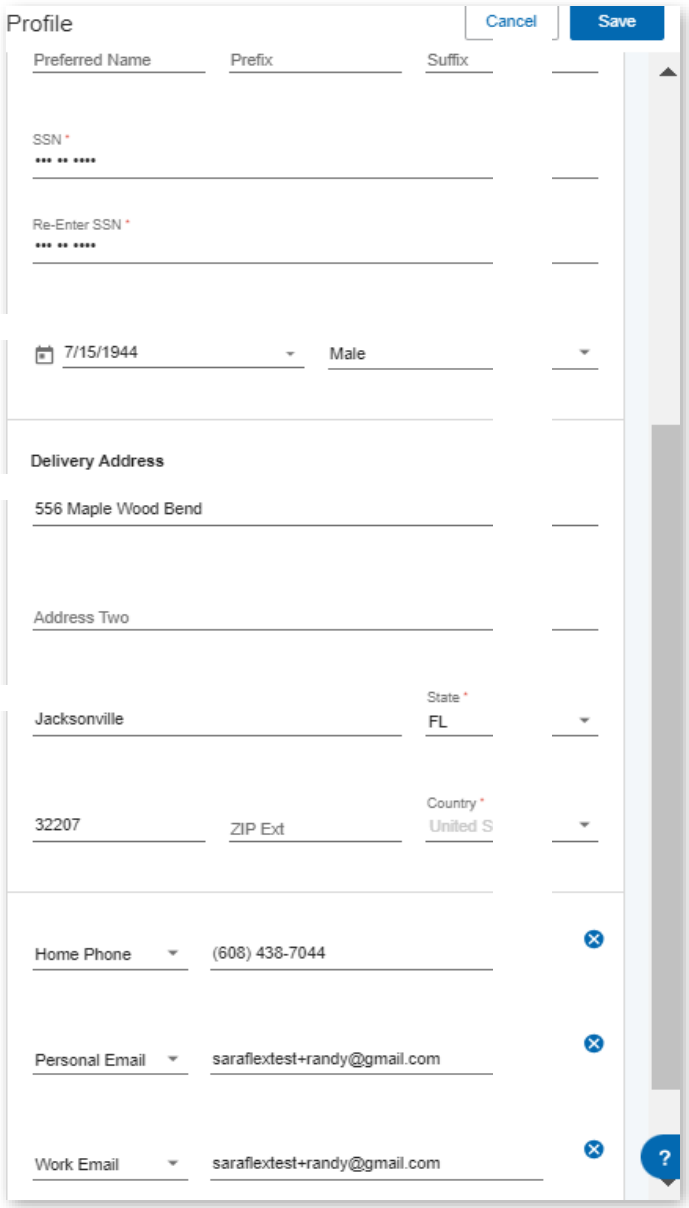
- Personal information
- Employment disclosures
- Direct Deposit
- Federal taxes
- State taxes (as applicable)
- Voluntary Self Identification (EEO)
- Emergency Contacts



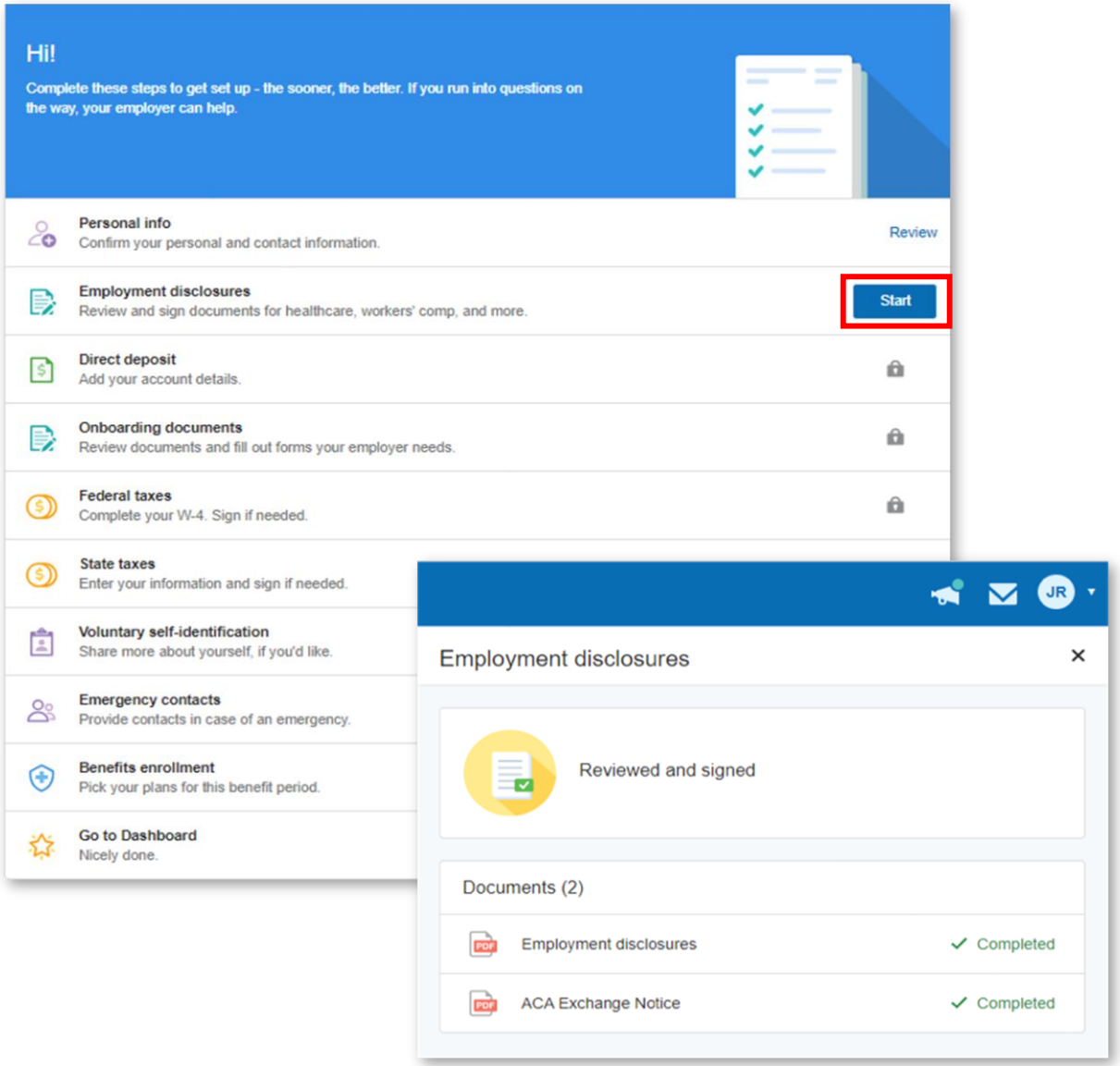
Personal Information

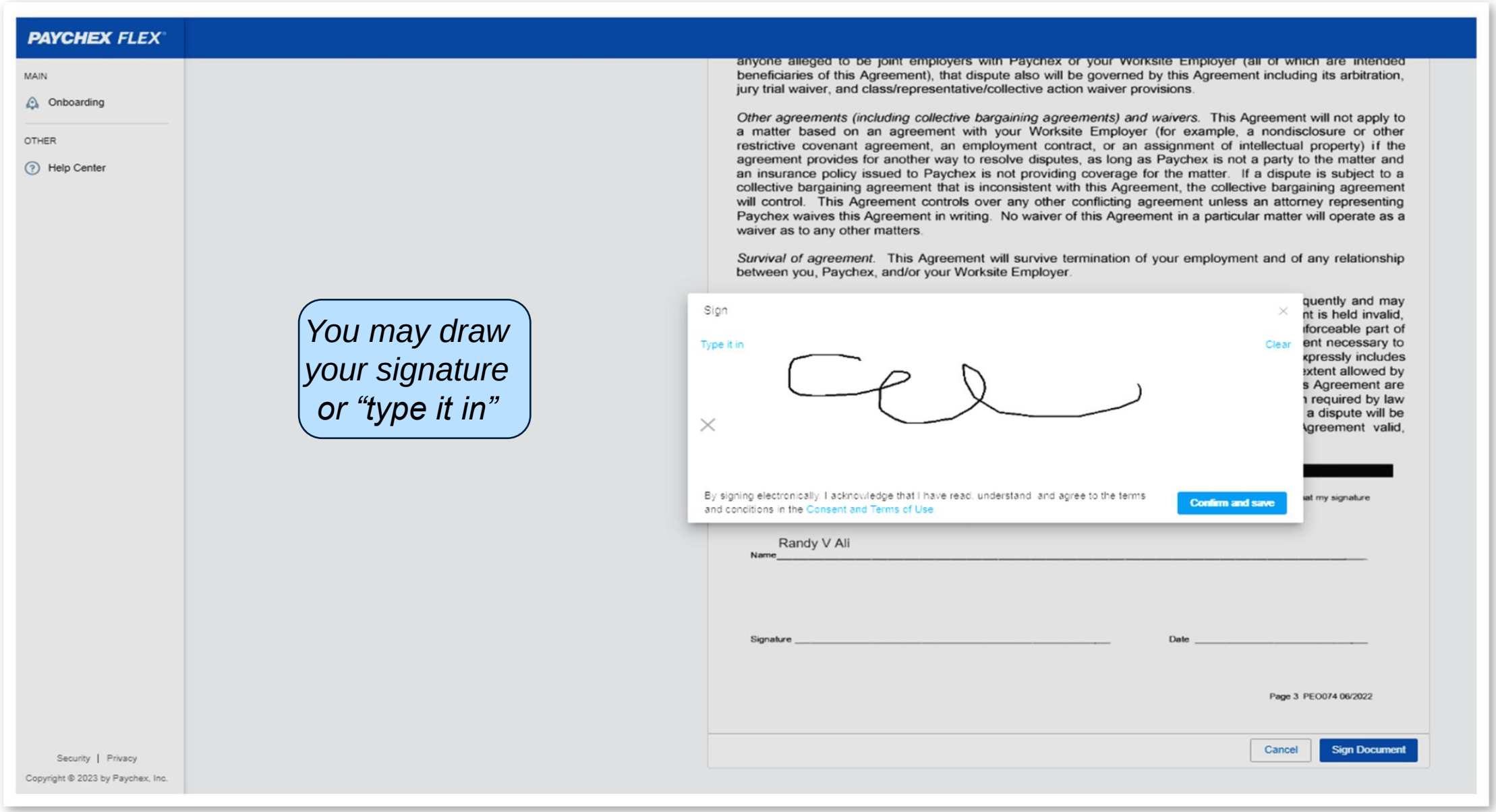
Information must match information provided by your employer





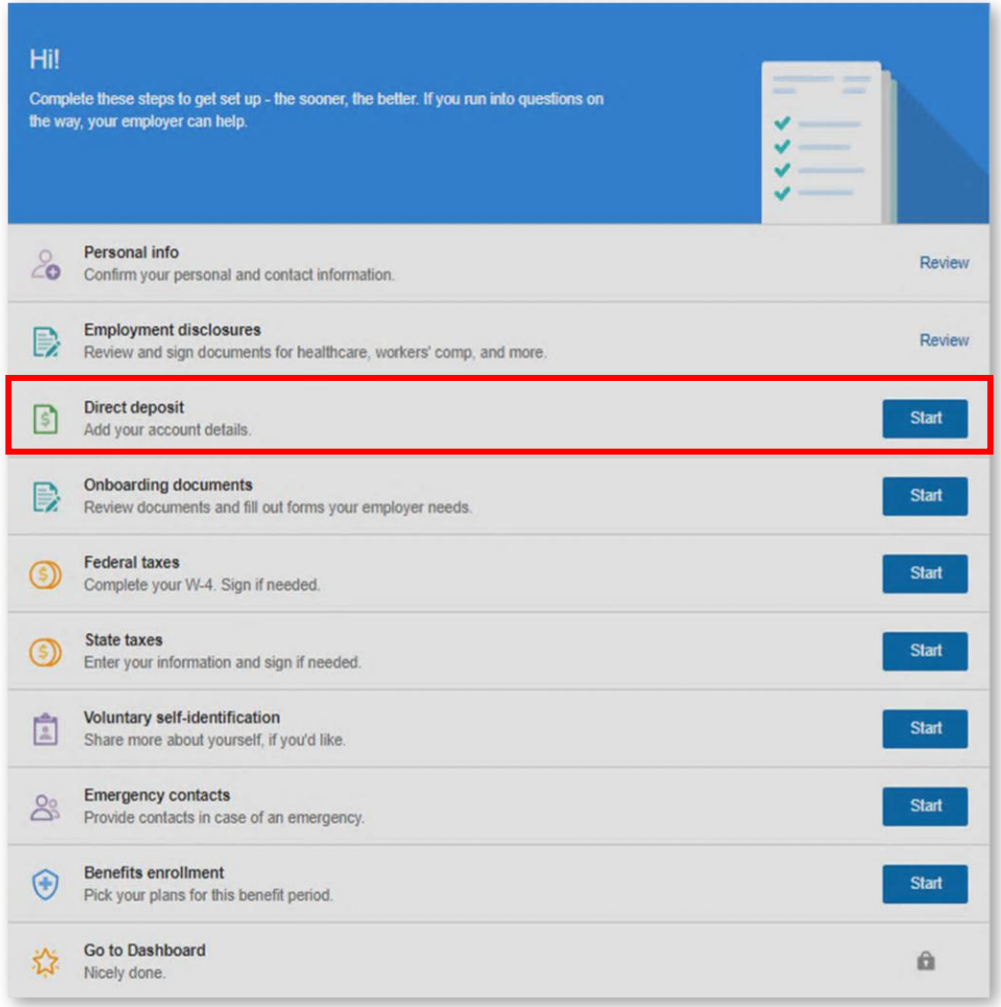
Employment Disclosures

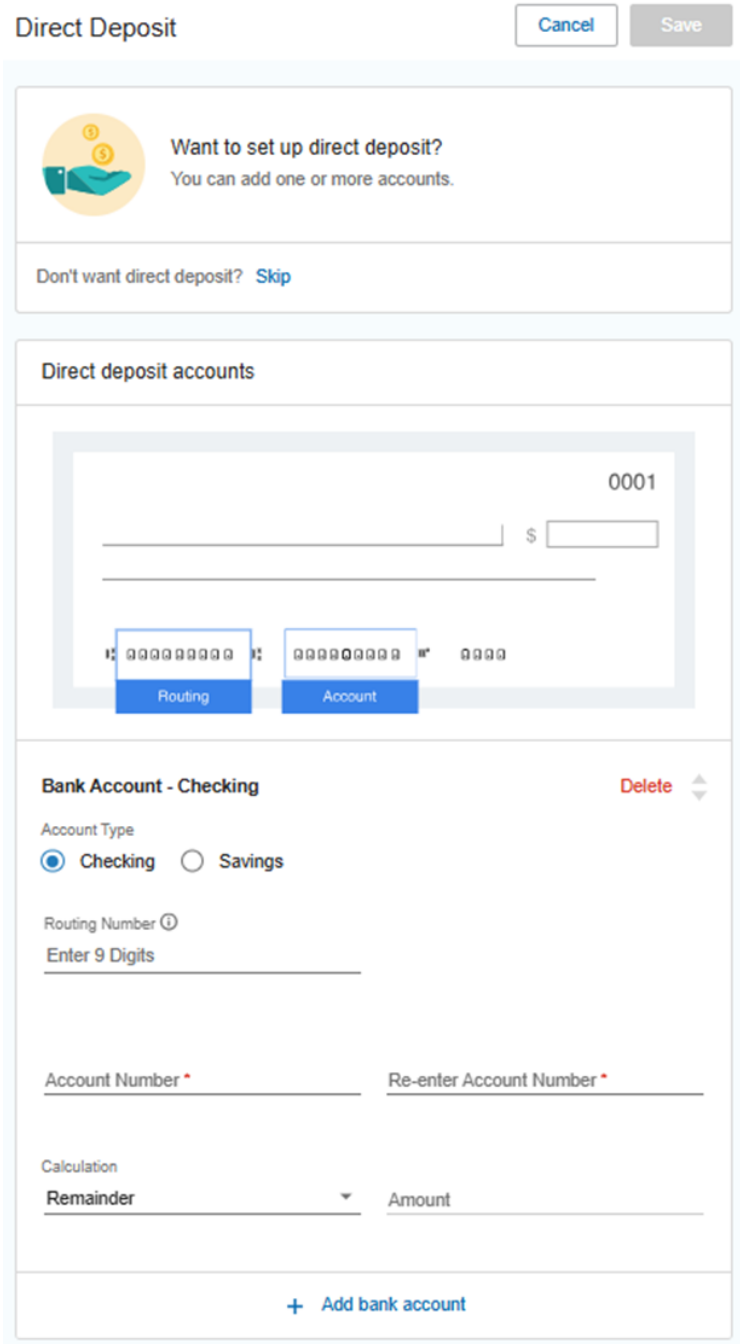




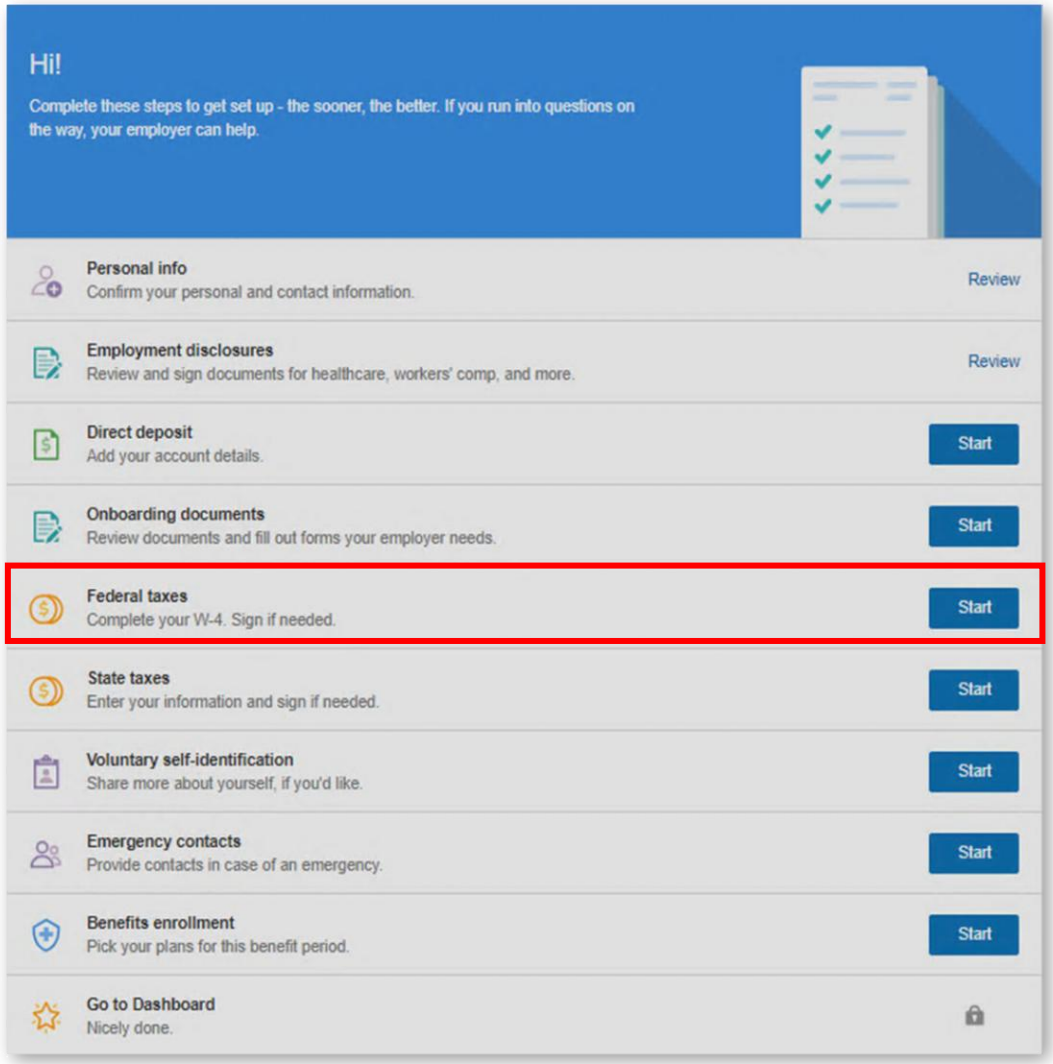
You may draw your signature or "type it in"

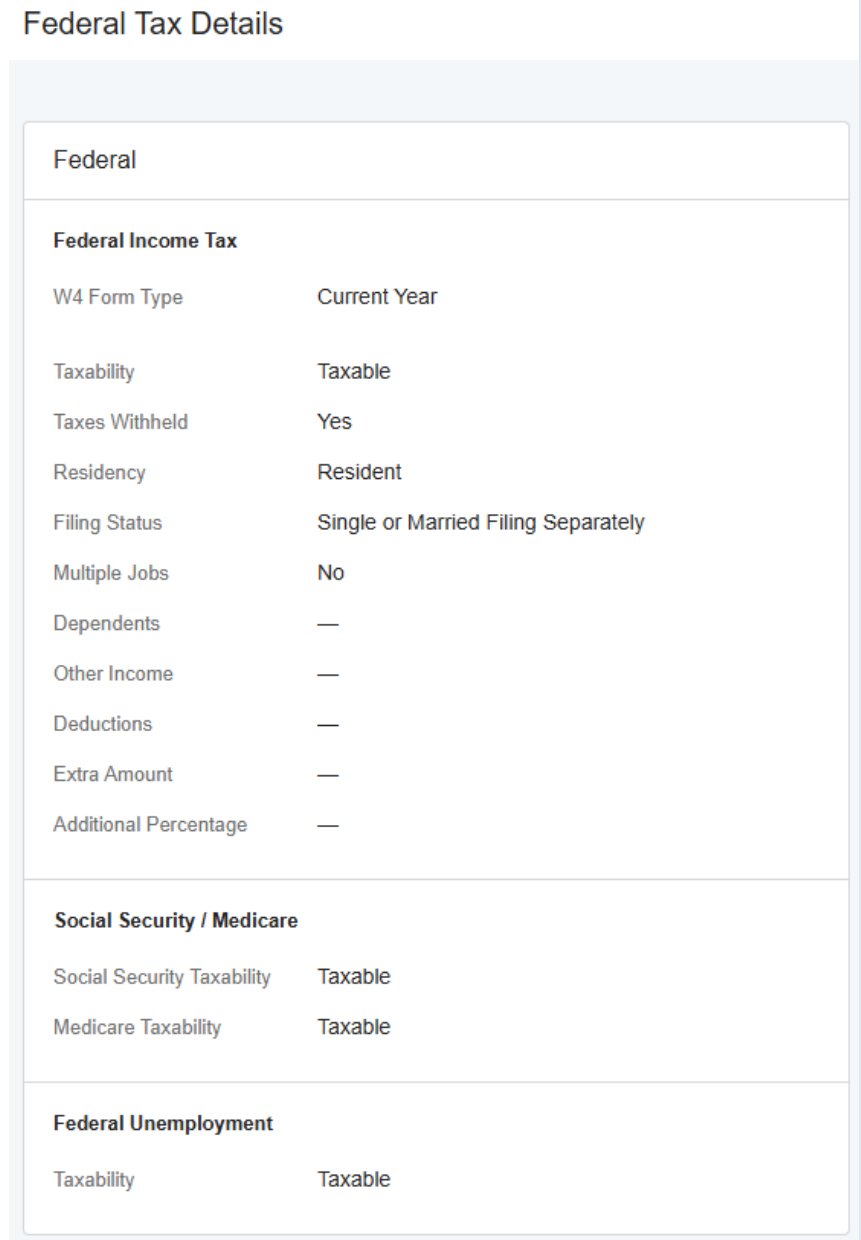
Direct Deposit Form



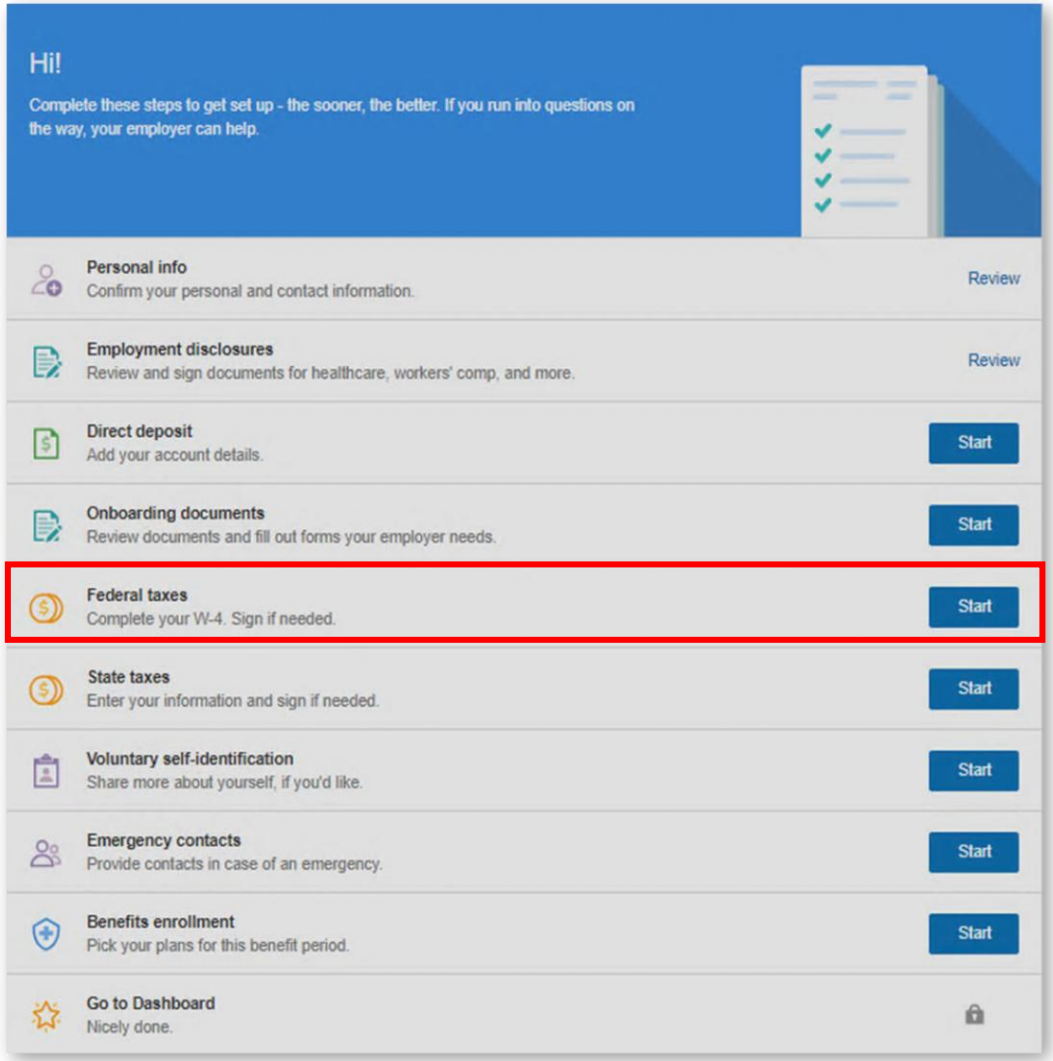


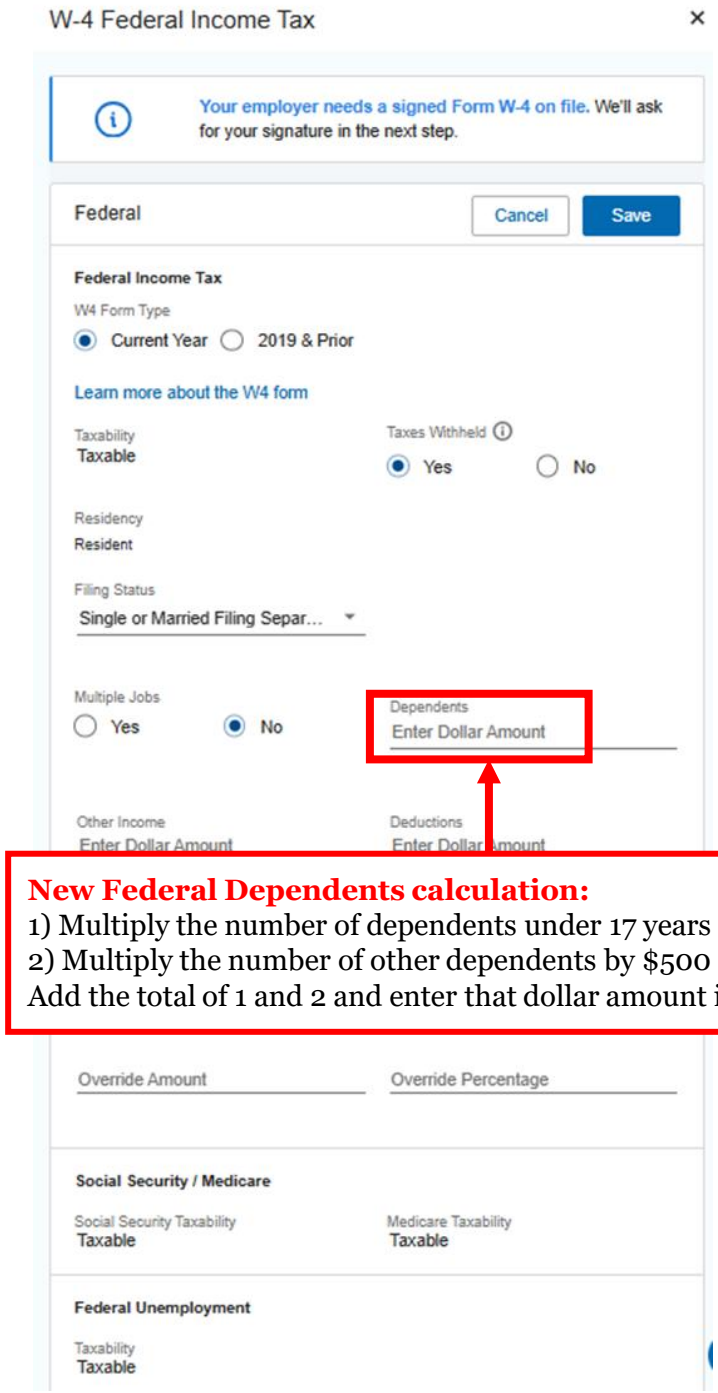
Federal W-4 Form





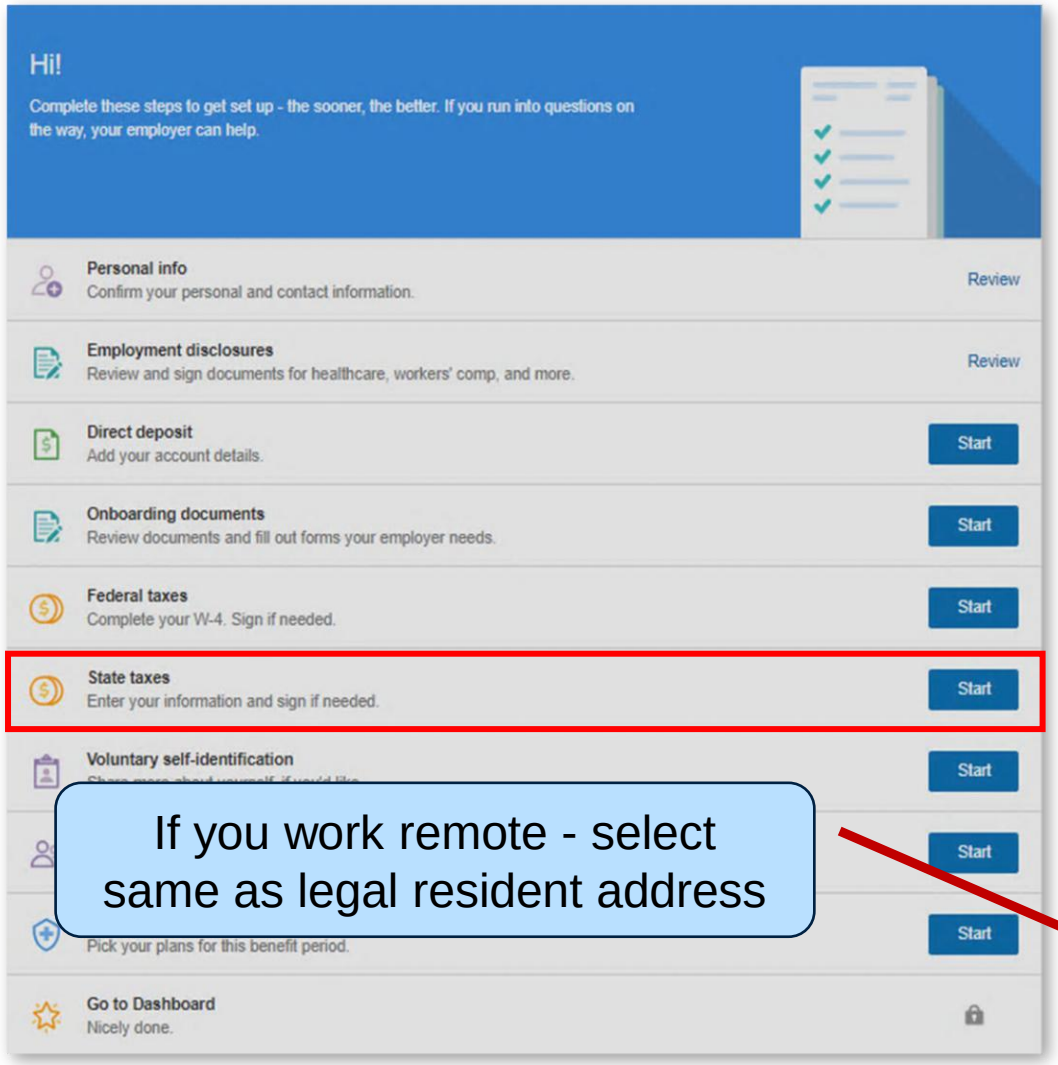
Updating Federal W-4 Form



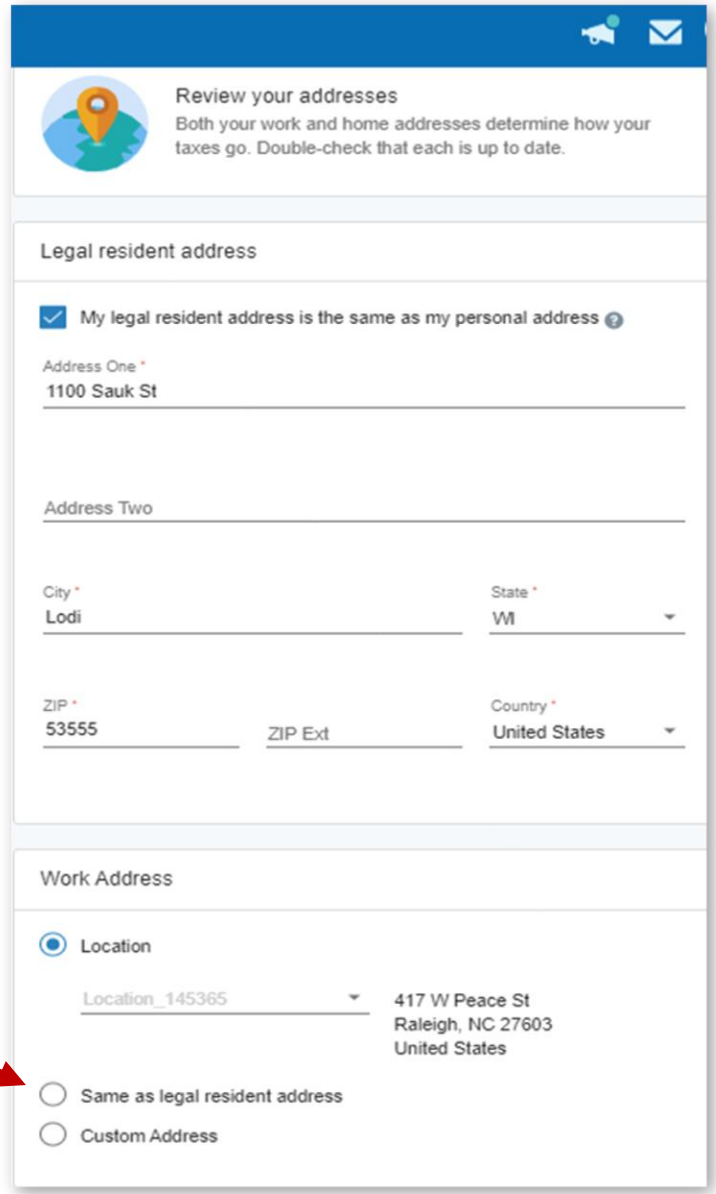


New Federal Dependents calculation:
1) Multiply the number of dependents under 17 years old by $2000
2) Multiply the number of other dependents by $500
Add the total of 1 and 2 and enter that dollar amount in the dependents box

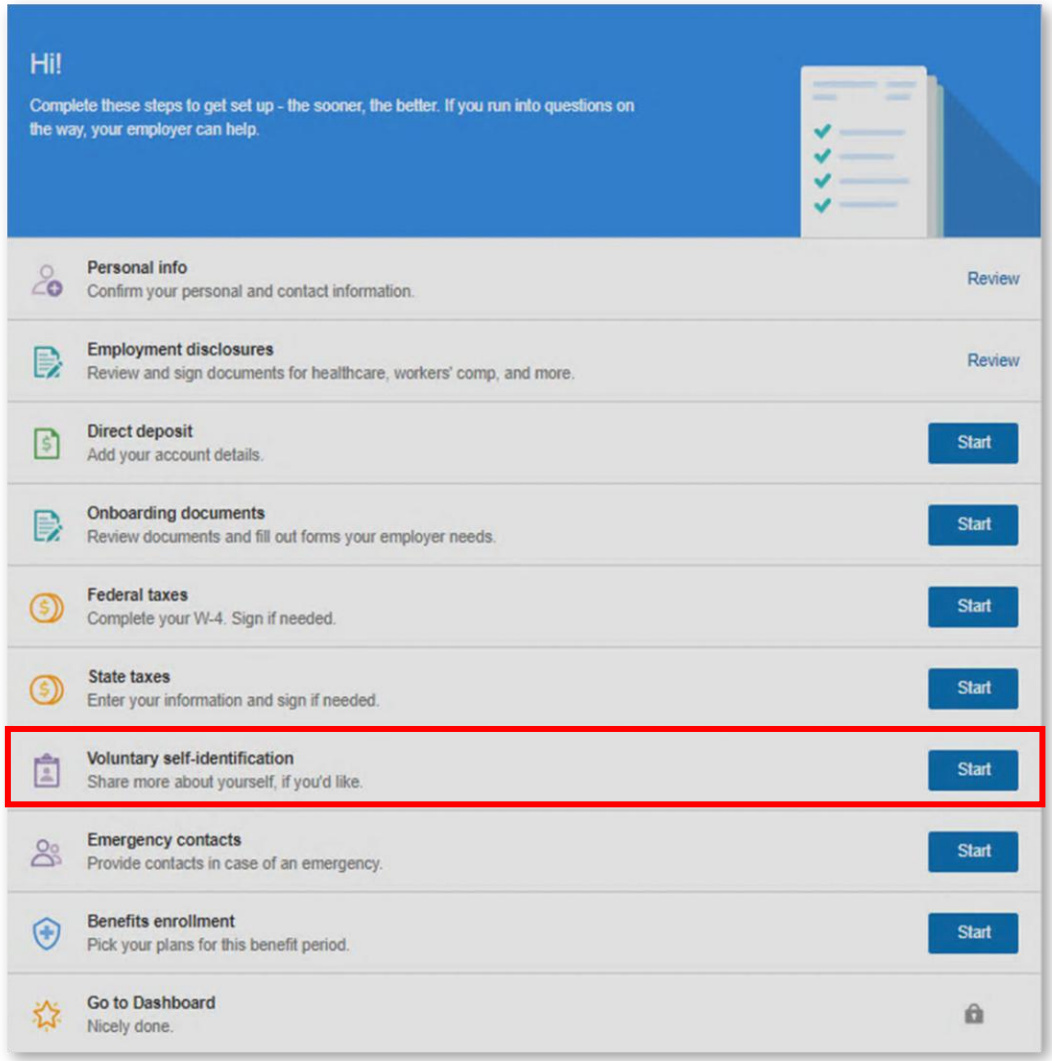
State W-4 Form

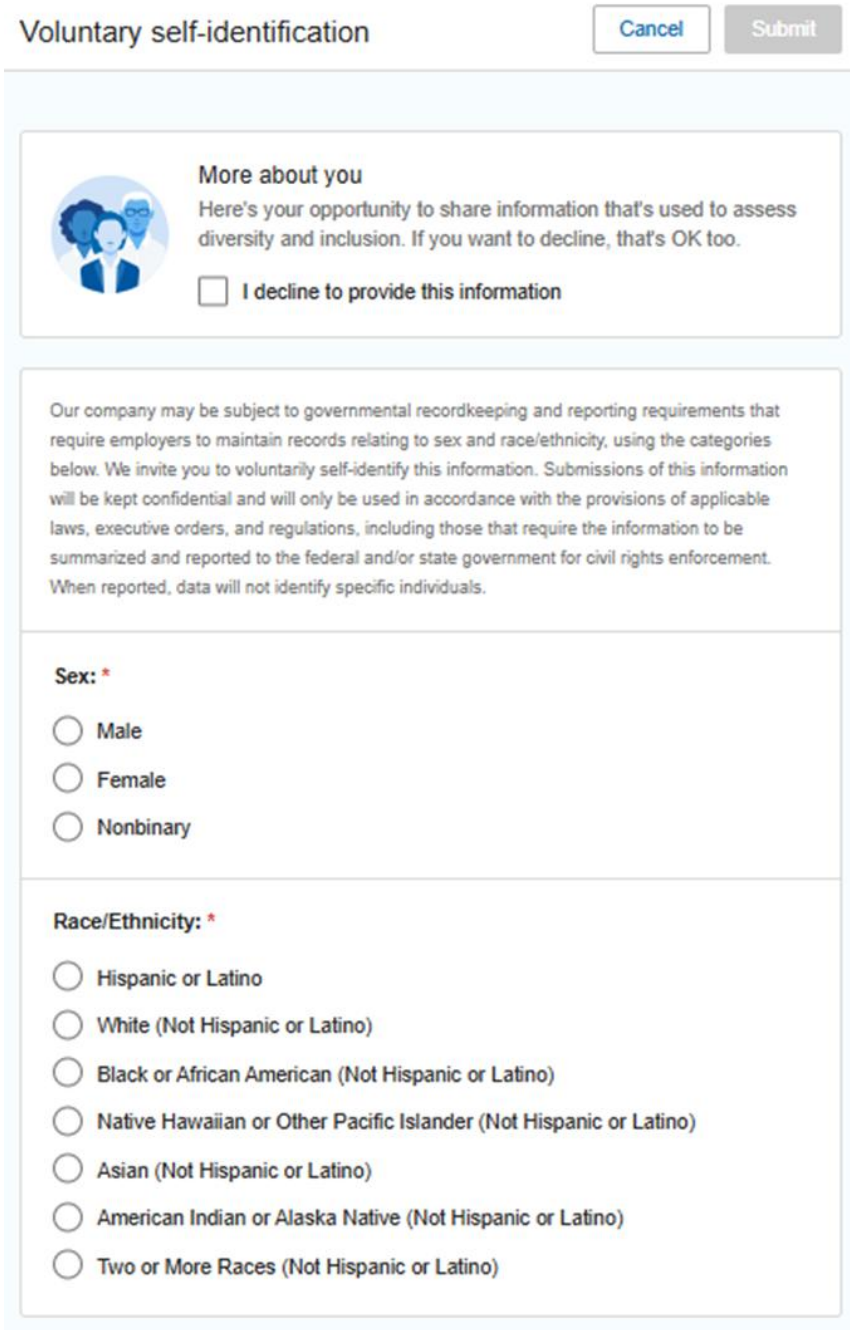


If you work remote - select same as legal resident address

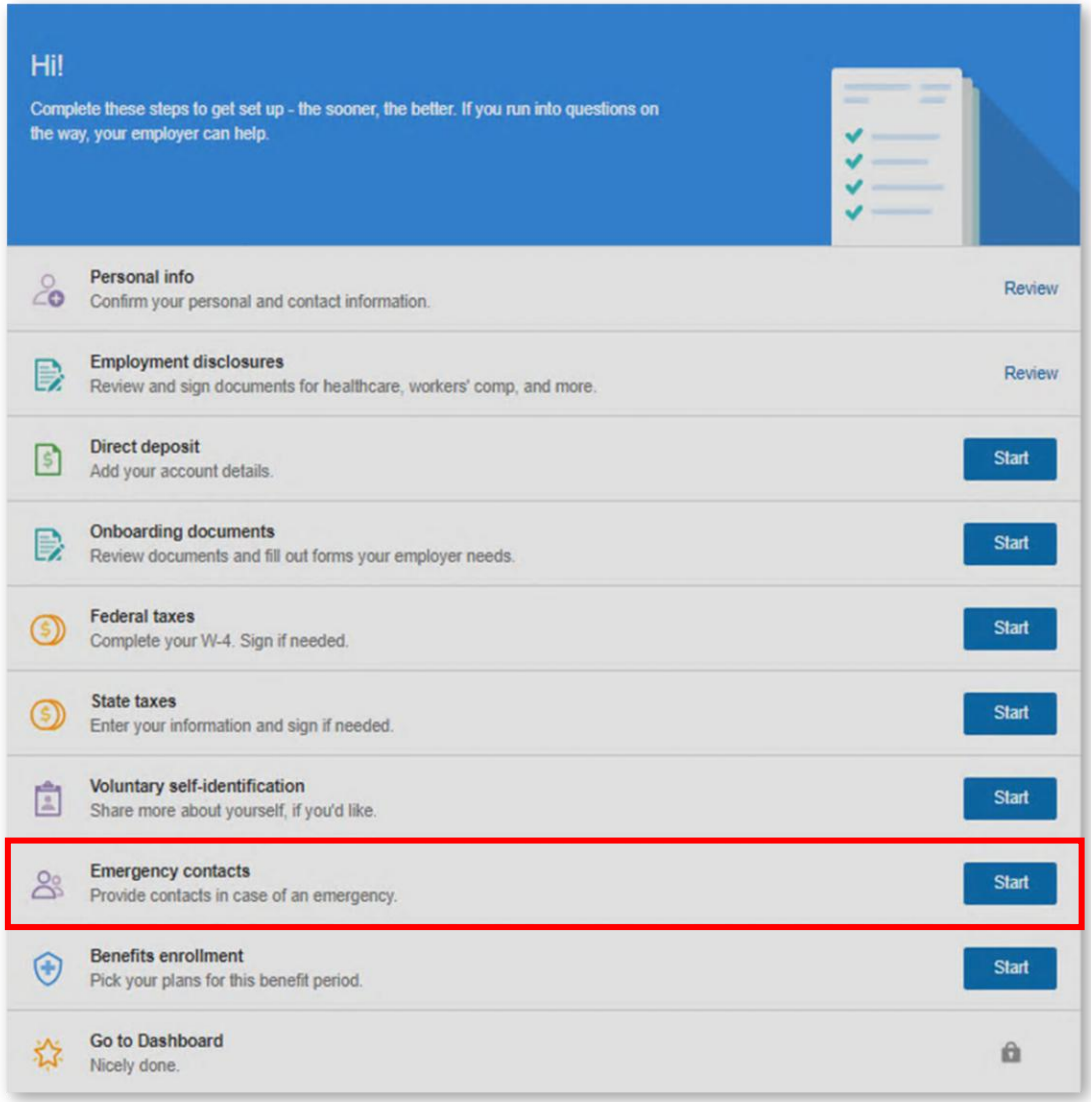


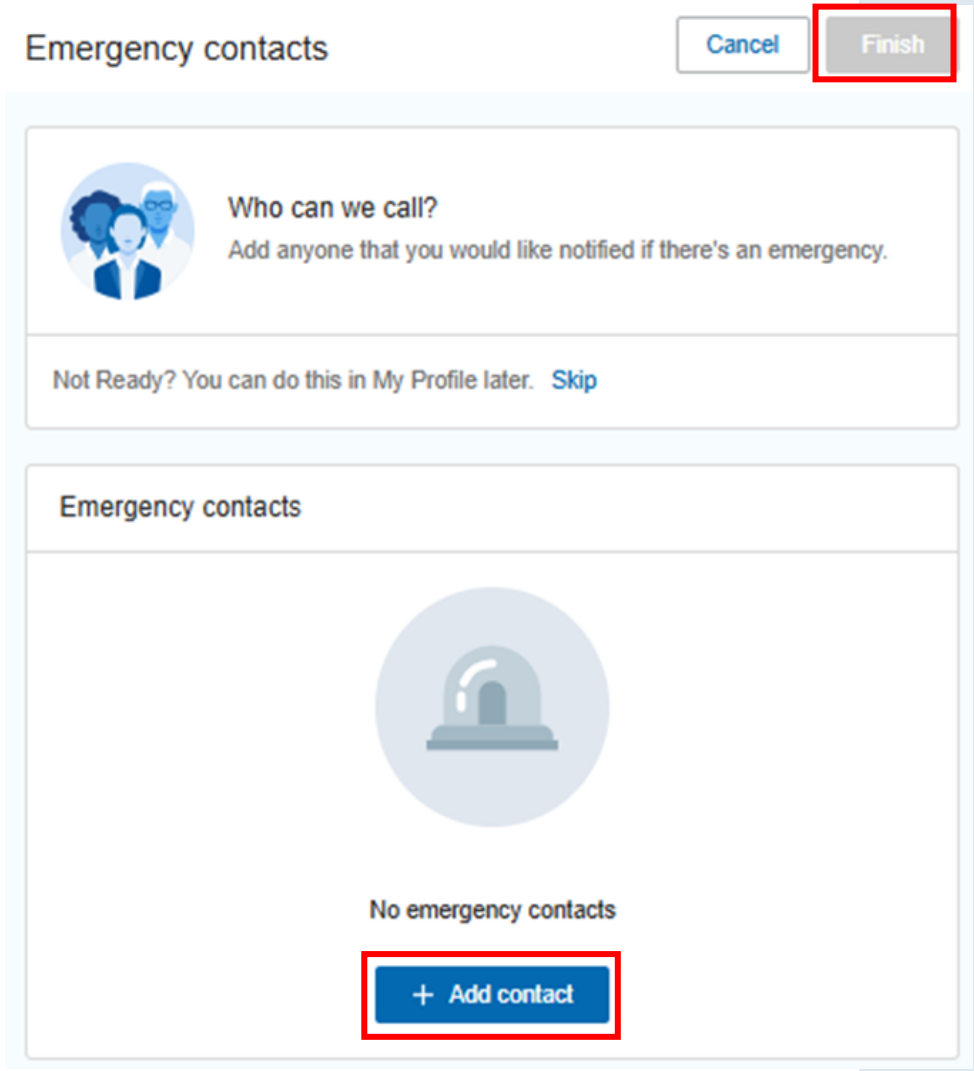
Voluntary Self-Identification Form





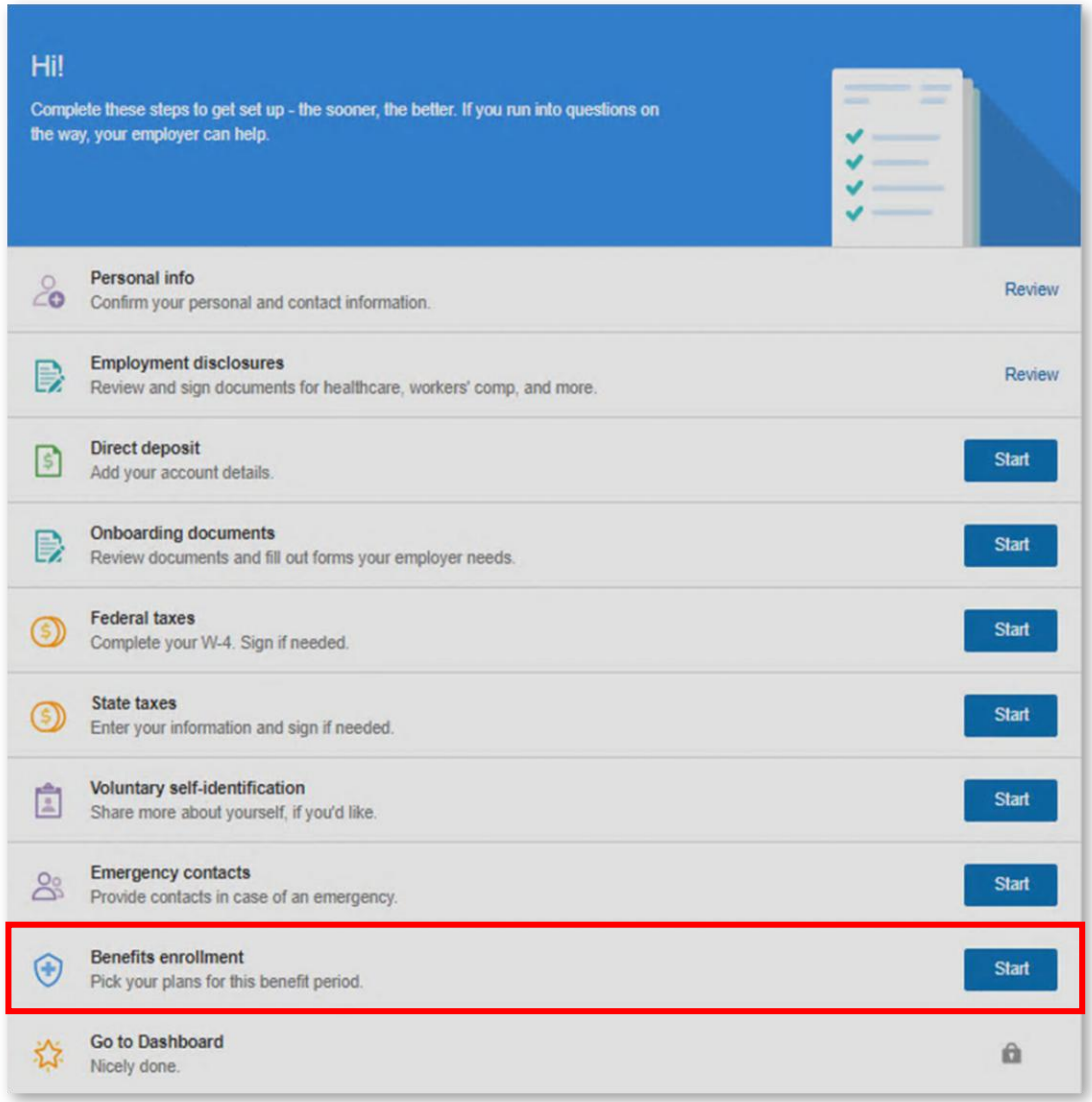
Emergency Contacts





Benefit Enrollment

Ensure all forms are Complete before selecting "Start" to elect benefits



Benefits Elections - Online Enrollment

Getting started

- All eligible employees must complete online enrollment
- Policy information is required if covered under another plan
- Dates of birth and social security numbers are required for employee and dependents
- Select plan type and level of coverage

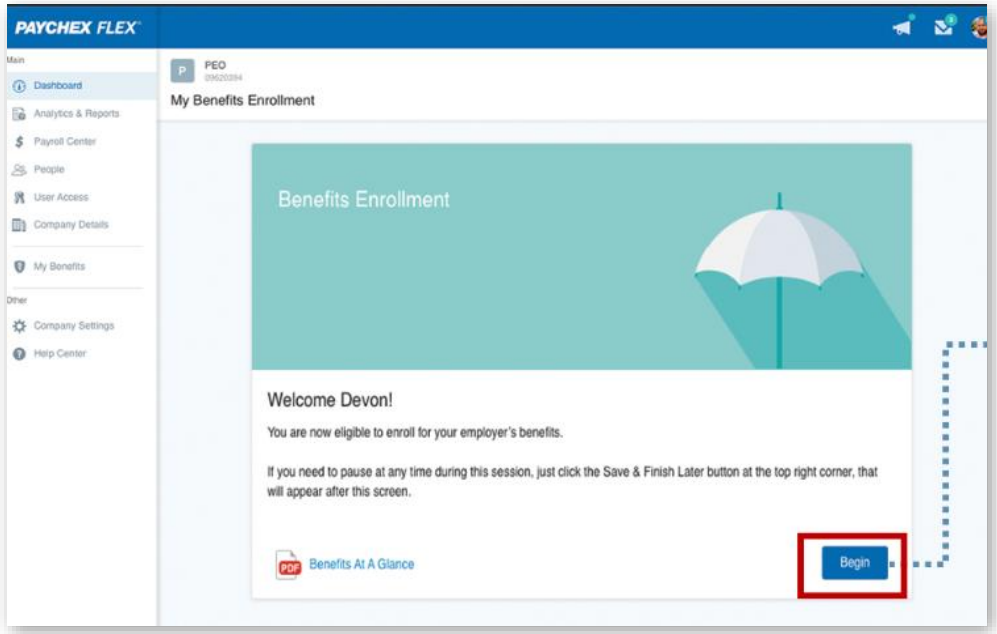
Change in Status that triggers a HIPAA Special Enrollment Event

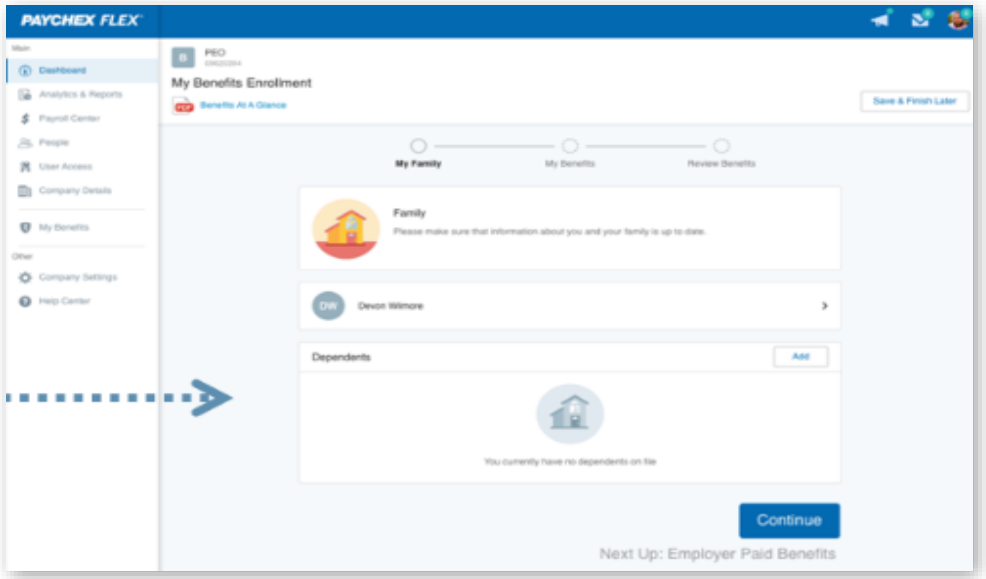
You will not be able to make changes to your plan midyear unless you experience a change in status.

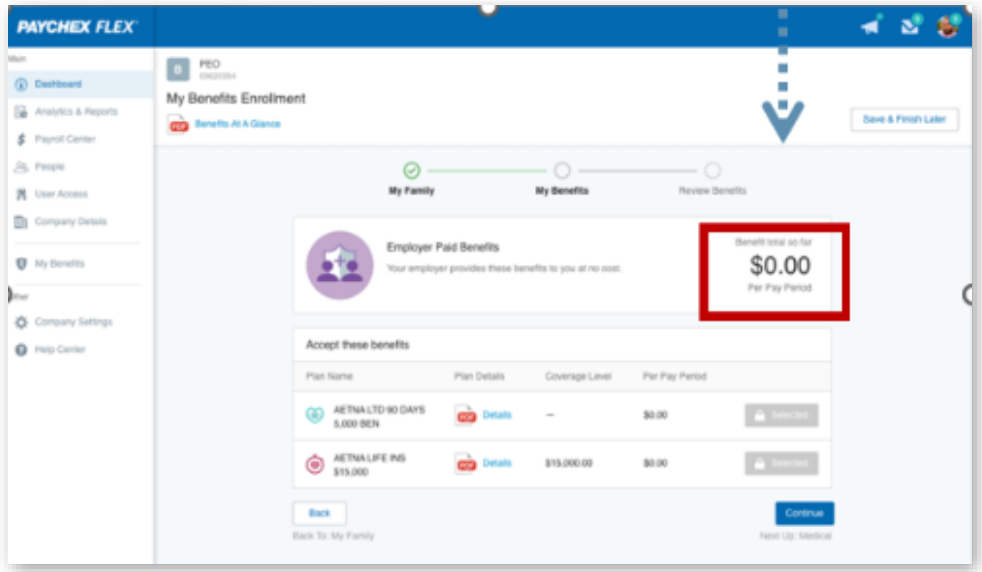
- Marriage
- Divorce
- Birth or Adoption of a child
- Loss or gain of other group coverage
- Entitlement to Medicare
- Losing or gaining eligibility under Medicaid or a State Children’s Health Insurance Program (SCHIP)

- If an employee does experience a change in status, they have **30 days** to report that event online and make the appropriate changes to their plan. Otherwise, the plans that employees enroll in will remain in effect until December 31.
- The next opportunity to make a change to benefits is during annual enrollment in the fall.

Select Benefits







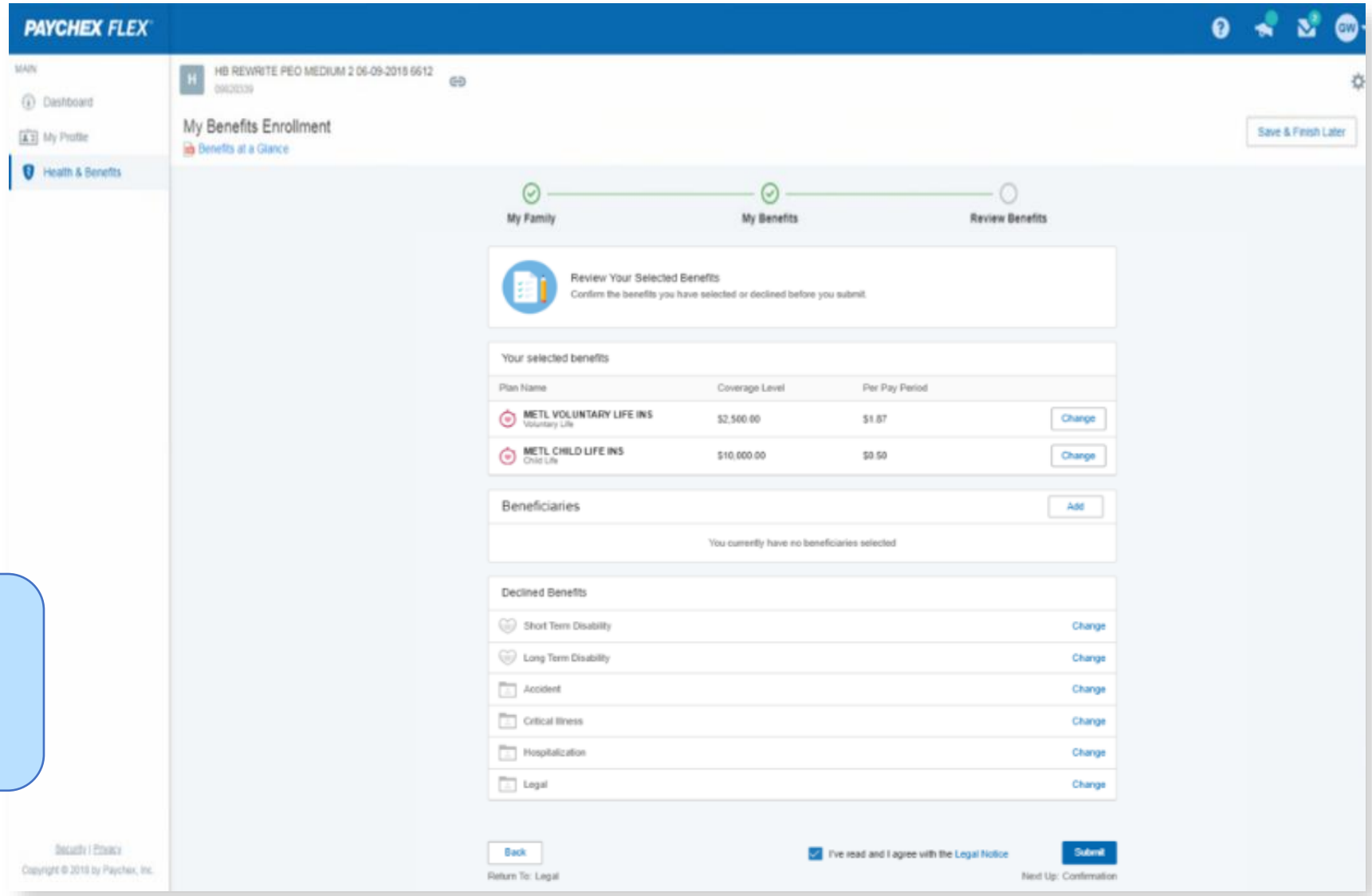
- Click on **"Begin"** to start the process
- Go through all of the screens to elect or waive benefits
- The system will keep a running total of the cost per paycheck

Tip: When adding a dependent and/or beneficiary – if zip code adds a 4-digit extension – ***please remove it***

Select Benefits

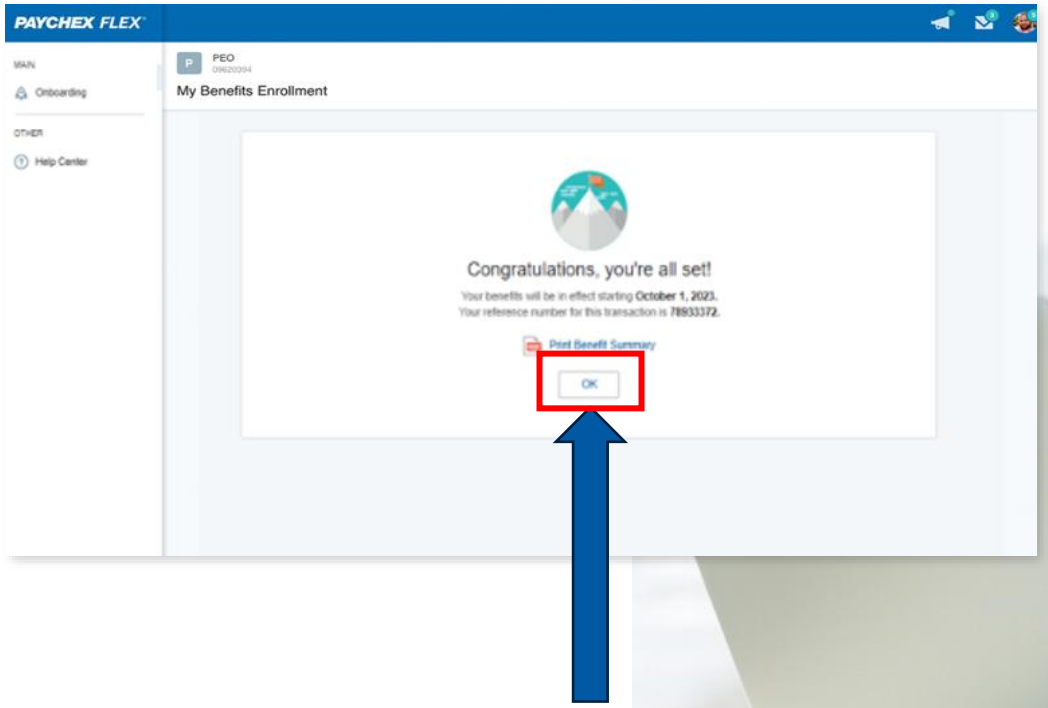
- **Review** your benefit selections to make sure they are correct.
- Click “**Submit**” to complete the benefit enrollment section.

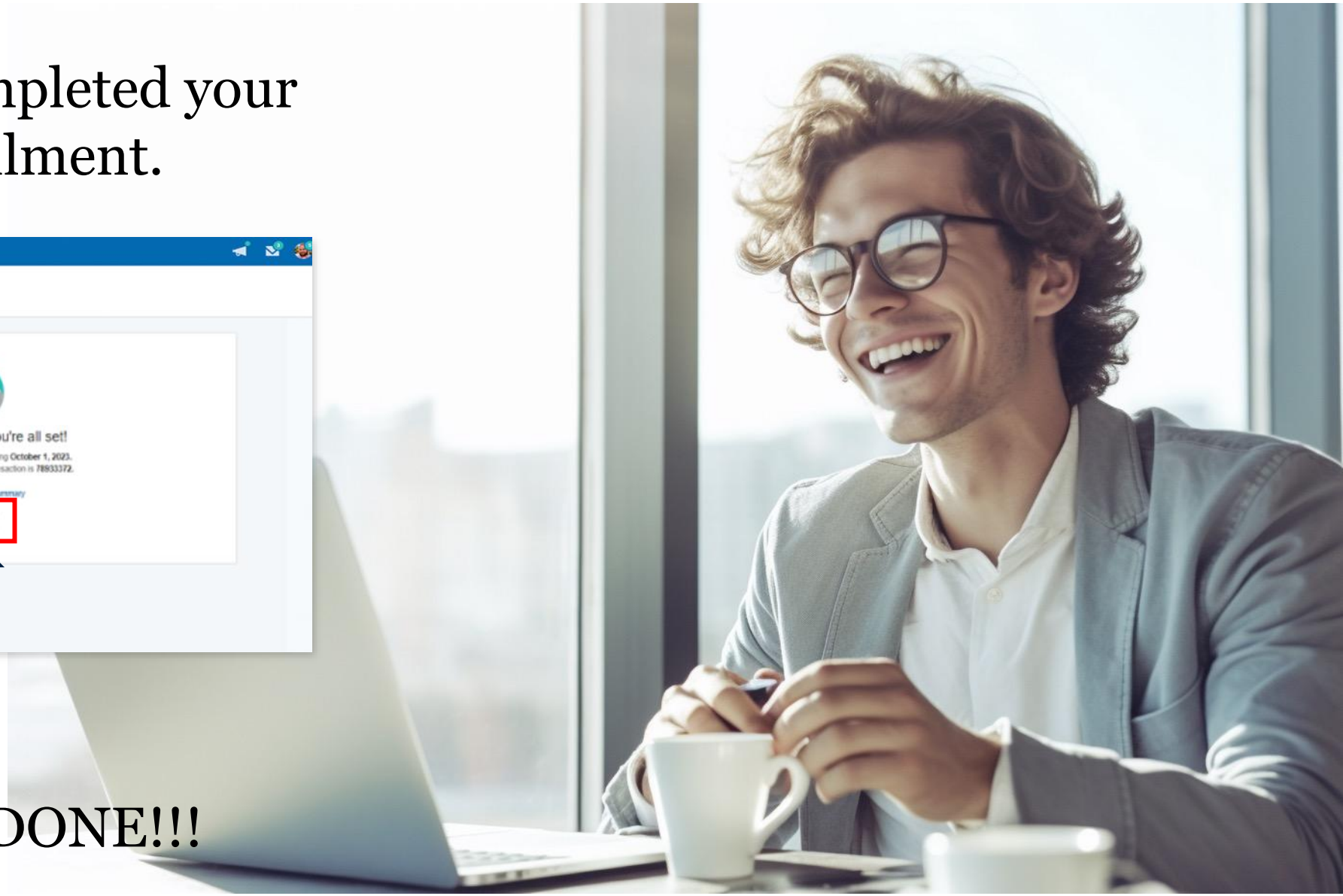
*When adding a dependent and/or beneficiary, if their 4-digit zip code extension is listed, **please REMOVE IT***



PAYCHEX

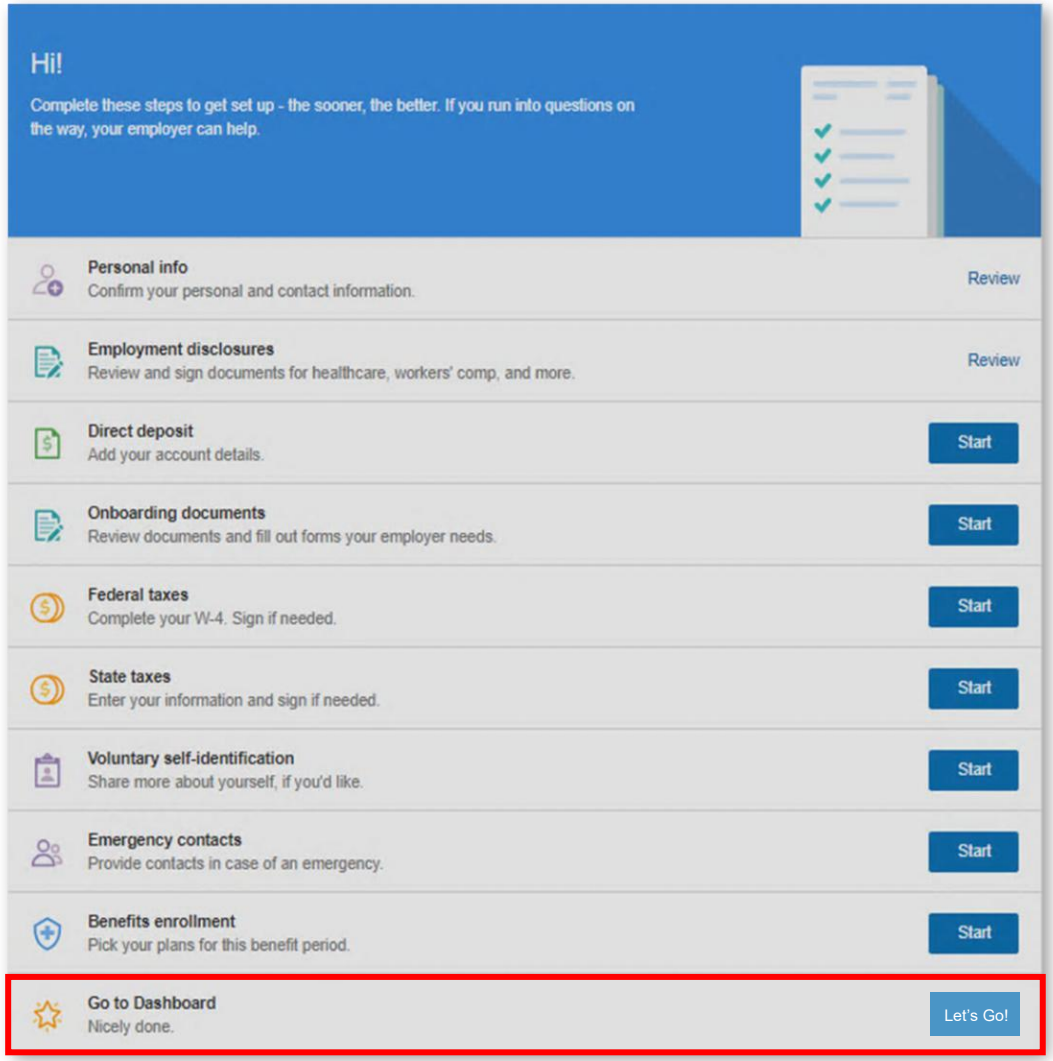
You now have completed your benefit enrollment.

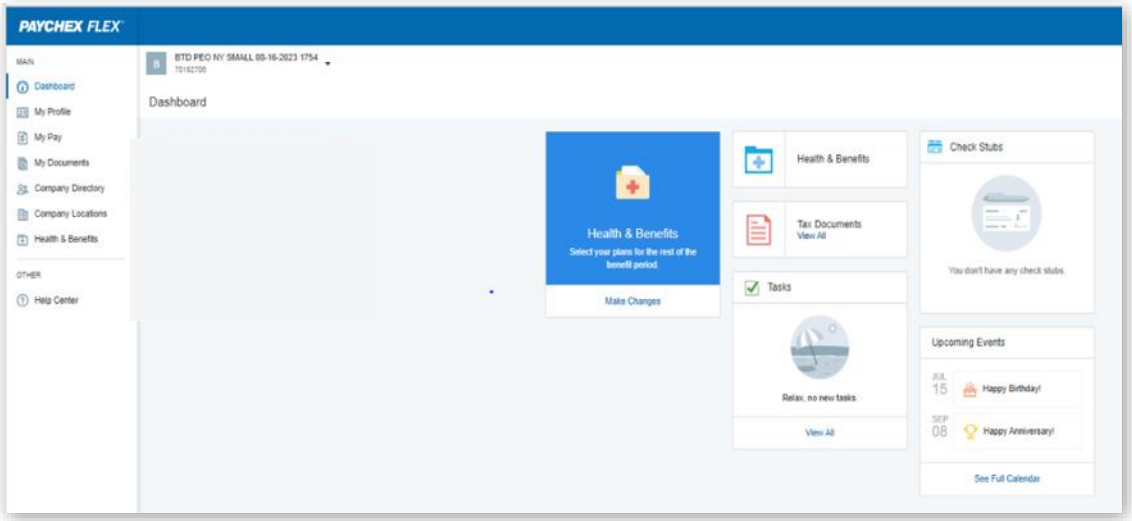




You are NOT DONE!!!

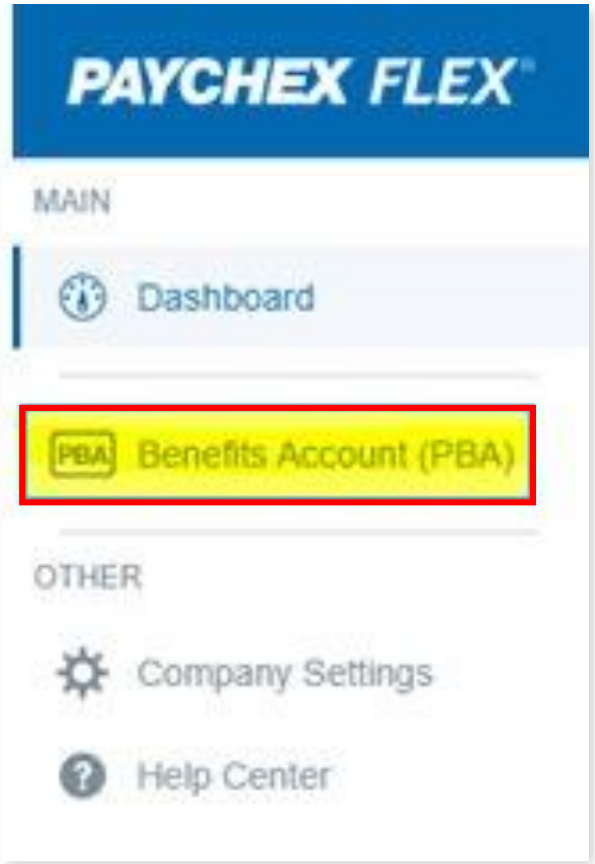
FINAL STEP: Clicking “Let’s Go!” will bring you to the Employee Dashboard





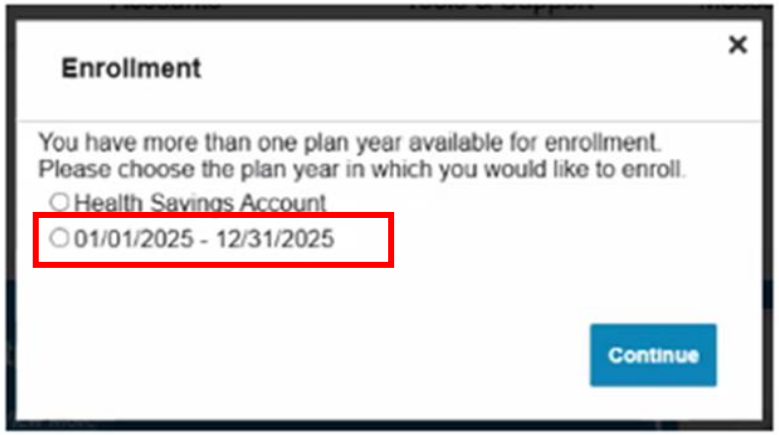
FINAL STEP

Enrolling in FSA – main page of the Flex Portal



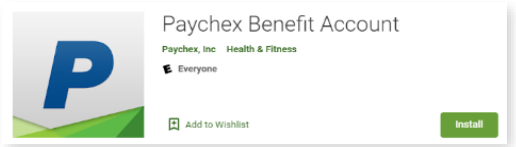
- Go to Paychexflex.com
- Select Benefits Account (PBA)

- 01/01/2025 - 12/31/2025 = FSA



Online FSA enrollment deadline **6/30/2025**

Enroll online via the Flex portal – then download the **Paychex Benefit Account mobile app** from Google Play or the App Store to track expenses.



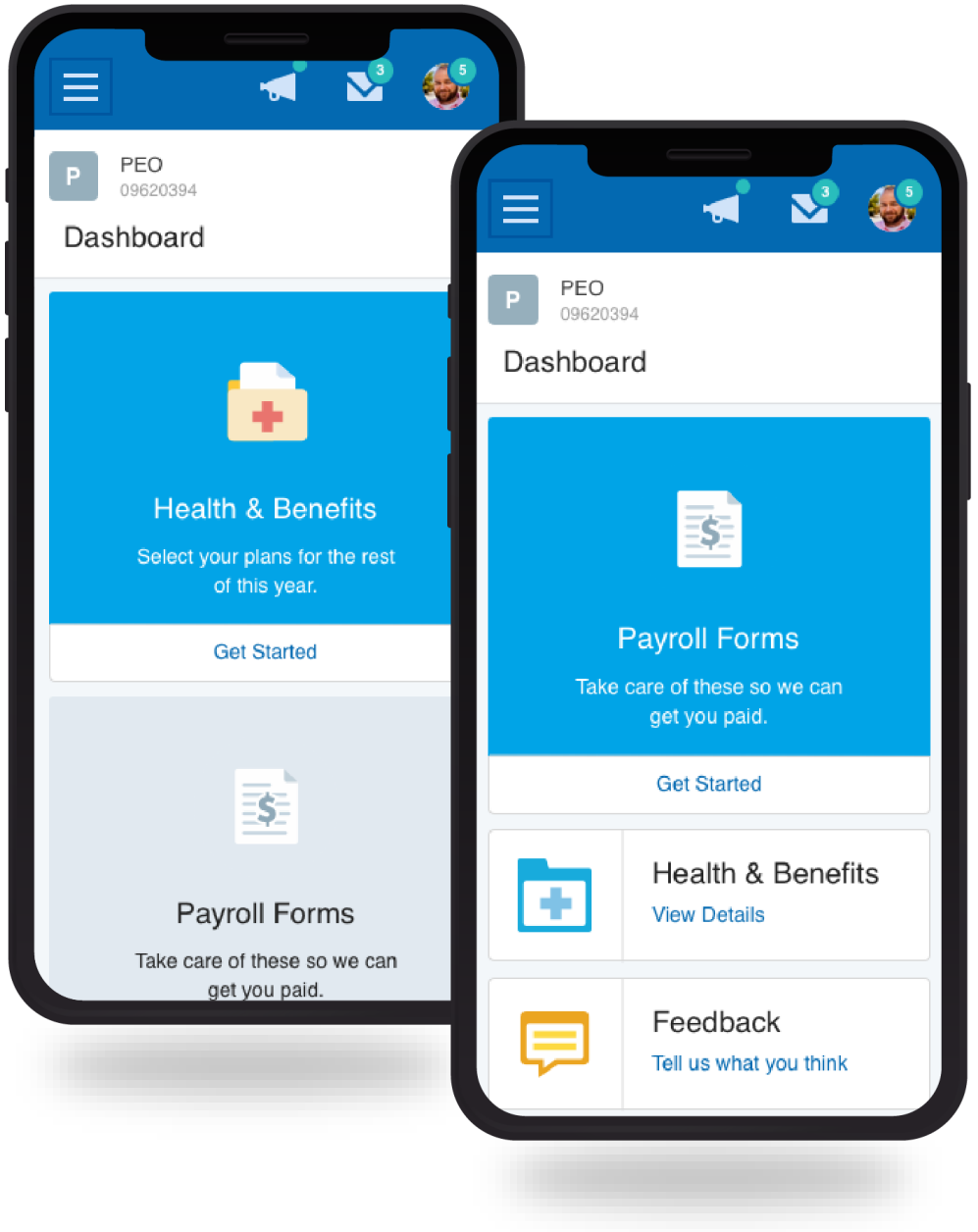
Paychex Flex® App

Paychex makes it easy to select your health plans and manage your benefits and payroll information through the Paychex Flex App.

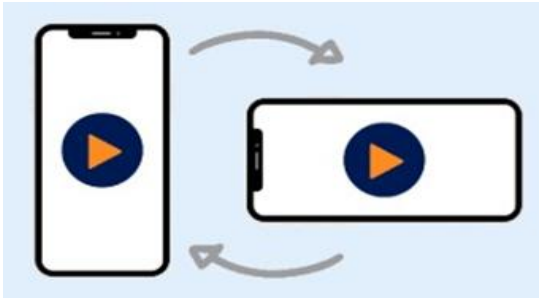
ANDROID APP ON Google play

Available on the App Store

Download the Paychex Flex app on your mobile phone from Google Play or the App Store.



"Portrait Orientation" must be enabled so you can sign the payroll forms.



Employee Assistance Program

The Employee Assistance Program is employer-provided, **free** for you and your dependents, and available to full-time and part-time employees.

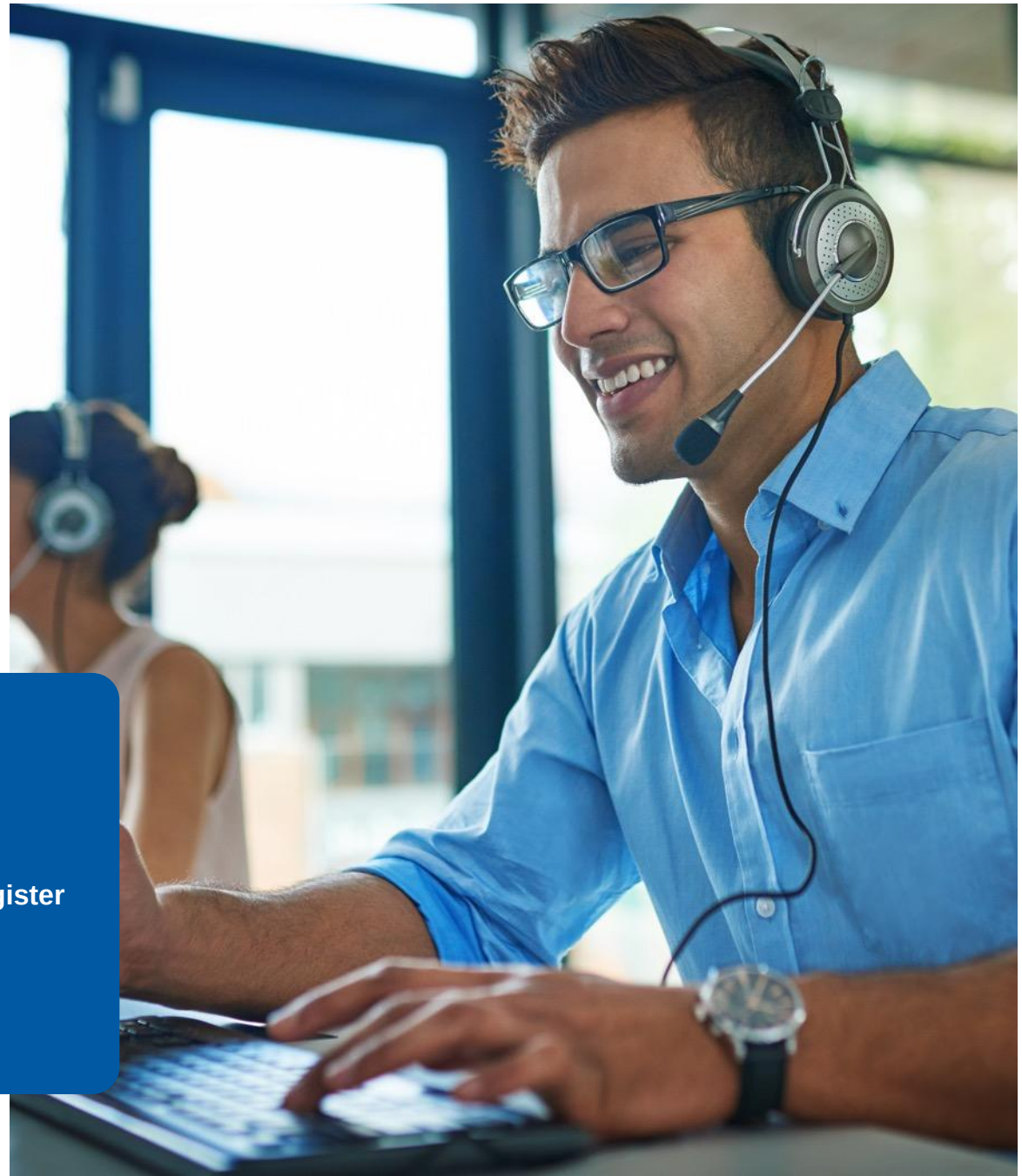
Services include:

- Virtual Concierge Services: Travel coordination, child and elder care referral services, and much more!
- Personal online profile with work and life resources and training courses
- Total Well Being Program
- 30-minute legal consultation and referral
- Access to coordination of confidential counseling referrals available 24/7
- Up to three sessions with a personal wellness coordinator

To access EAP, Personal Assistant, Wellness or Work/Life Services:

Call 1-800-960-5371 or go to www.nexgeneap.com

- **Click on Member Log-In**
- Enter user name and password if a returning user, or if a new user, **click on Register**
- **Enter Company ID: PBS220**
  Enter 1st Name and Last Name
- **Click on Next** and then continue to follow prompts



Financial Health Advocacy Services

FinFit®

FinFit at a glance:

- Personalized financial wellness assessment
- Online education, tools, and credit resources
- Short-term employee loans for emergencies and the unexpected
- A smarter alternative to 401(k) loans, payday loans, and payroll advances

Have Questions?

If you have any questions about FinFit works
or need help creating your membership, please contact:
Customer Support team 888-928-7248

Enrolling is Easy!

Only 3 Simple Steps:

1. Go to: MyFinFit.com

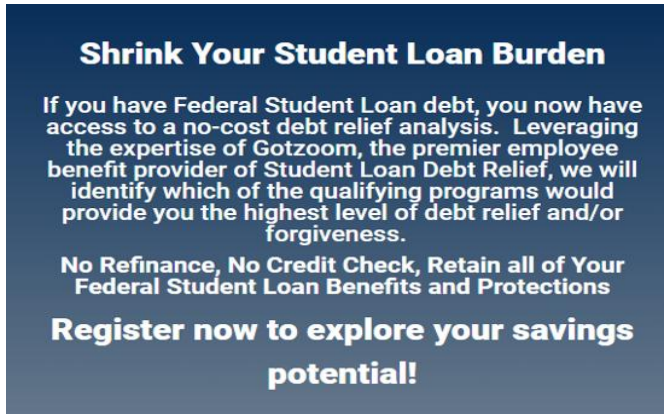
2. Click Get Started Here!

3. Enter Your Contact Information and Company

That's it! You'll have immediate access to the FinFit platform.

Federal Student Loan Service

- Specializes in federal student loan debt relief
- Works with the Department of Education to identify and maximize loan repayment and forgiveness programs available
- Provides a no-obligation benefit analysis for student loans
- Average annual savings of $5,616



Working Advantage Employee Discount Program

working ADVANTAGE

Full-time and part-time employees save on:

- Shopping
- Entertainment
- Theater and events
- Travel

Preferred Access

Get in-demand tickets

Rental Cars

Up to 25% off your journey

Electronics

Up to 55% off the latest tech

Register for your FREE account today!

- Go to workingadvantage.com
- Select the **Register button** at the top of the page
- Enter the requested information for **"Sign Up to Become a Member"** using **Company ID #710961959**
- Call **1-800-565-3712**

Employee Support

PEO Onboarding Support Team:

800-741-6277

Option 4 then option 3

Monday – Friday from 8 a.m. – 8 p.m. EST

Email: **PEOOnboardingSupport@paychex.com**

Employee Contact Card

Paychex Contacts	
Name	Susan Malek
Phone	813-495-7398
Email	smalek@paychex.com
Employee Online Website	www.paychexflex.com
Employee Support (Onboarding/Benefits)	(800) 741-6277, Option 4, Option 3

Carrier Contacts		
MetLife Dental	(800) 942-0854	www.metlife.com
Aetna Vision	(877) 973-3238	www.aetnavision.com
MetLife Voluntary Plans	(800) 438-6388	www.metlife.com
CHUBB	(800) 544-9382	www.chubb.com
Employee Assistance Program (EAP)	(800) 960-5371	www.nexgeneap.com
Working Advantage	(800) 565-3712	workingadvantage.com

Next Steps on Paychexflex.com

All completed forms are due no later than **06/13/2025**

- You will receive an email with a link to complete your enrollment electronically
- Complete onboarding via desktop PC, laptop, tablet, or mobile web browser

✓ Step 1 - Paychex Flex registration
✓ Step 2 - Complete your payroll information
✓ Step 3 - Elect your benefits

Online FSA enrollment deadline **6/30/2025**