



TWO RIVERS PUBLIC CHARTER SCHOOL

Employee Benefits Guide

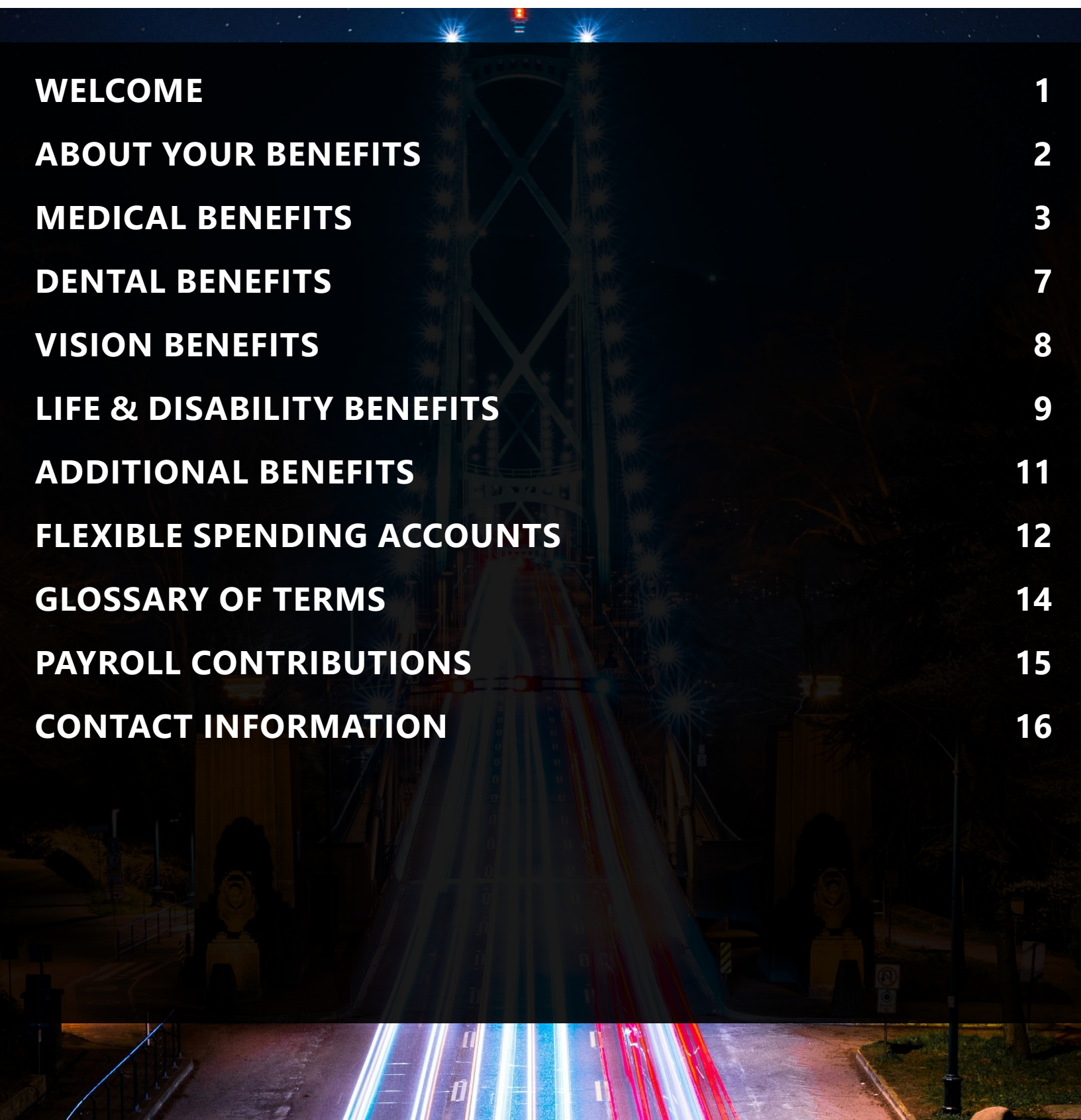
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Prepared by



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WELCOME

At Two Rivers Public Charter School, we appreciate your commitment and contributions to our company's success. Each year, we strive to offer benefit plans to our employees that not only reward you for your hard work but offer you and your family comprehensive and affordable health and wellness protection. We are confident that you will find our benefit offerings to be of excellent value to you and to your dependents.

In the following pages, you will find a summary of our benefit plans for the coming year. Please read this guidebook carefully as you prepare to make your elections to ensure that you select the coverage that is right for you.

ABOUT THIS GUIDEBOOK

This Benefits Guidebook describes the highlights of the Two Rivers Public Charter School Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guidebook.

If there is any discrepancy between the descriptions of the program elements contained within this Benefits Guidebook and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified in the future to meet Internal Revenue Service rules, or otherwise as determined by Two Rivers Public Charter School.



ABOUT YOUR BENEFITS

PLAN YEAR

Two Rivers Public Charter School' benefit plan year begins on December 1 and ends on November 30. This benefit guide outlines the benefits that apply for the 2025-2026 plan year.

EMPLOYEE ELIGIBILITY

- ▶ All active regular, full-time employees working 30 or more hours per week are eligible to enroll in the Two Rivers Public Charter School benefits program.
- ▶ Coverage is effective on your date of hire.

DEPENDENT ELIGIBILITY

Your eligible dependents may include:

- ▶ Your legal spouse or domestic partner. Domestic Partner benefits and coverage for his or her children are taxable unless they qualify as your tax dependent(s).
- ▶ Your child(ren) up to age 26 including natural children, legally adopted children, and stepchildren.
- ▶ Your child(ren) over age 26 who are not able to support themselves due to a physical or mental disability.

Please Note: enrolling someone who is not qualified as a dependent is considered insurance fraud.

WHEN CAN I CHANGE MY COVERAGE?

The elections you make during your enrollment period will remain in place for the entire plan year, unless you experience one of the following Qualifying Life Events:

- ▶ Changes to legal marital status – marriage, divorce, death, legal separation or annulment.
- ▶ Change in number of tax dependents – birth, adoption, placement of a foster child, death.
- ▶ Changes in employment status for either employee or spouse.
- ▶ Changes in work schedule of either employee or spouse, including reduction/increase in work hours.
- ▶ Dependents becoming ineligible.
- ▶ Change in residence or worksite for you, your spouse, or dependent.
- ▶ Entitlement to Medicare, Medicaid or CHIP.

For a list of Life Events along with things to think about and actions to take visit: <http://mybenefits.nfp.com/Life-Events>.

If you qualify for a change in your benefits, please notify Two Rivers Public Charter School within 30 days of the change in status. You will need to provide proof of the change.

If you are a new hire, you will have 30 days from the date you are eligible to enroll in your benefits.

MEDICAL BENEFITS

KAISER PERMANENTE MEDICAL PLANS

Two Rivers Public Charter School offers comprehensive medical coverage through Kaiser Permanente. You may choose between three options. A summary of each plan is on the following two pages. All of the plans include prescription drugs and routine eye exams with vision service discounts.

Please refer to the charts on the next two pages for a summary of the medical plan. Click or Scan the QR code below to view the full benefit summary and additional Kaiser Permanente member resources.

The Kaiser Signature Plan

Offers staff members living in MD, DC or Northern VA a comprehensive medical and prescription drug coverage, all under one roof, with a low deductible and low co-pays. This plan is designed for you to have access to the Signature network with more than 1,000 Mid Atlantic Kaiser Permanente physicians who care exclusively for Kaiser Permanente members with 29 multi-specialty medical centers, with the ability to receive a lab test or an X-ray and pick up your medications—all without leaving the building. You must choose a Signature provider for you and your family members. You can change your provider anytime online and/or through customer service.

Care received outside of your Kaiser Signature provider will not be covered, unless there is an emergency situation; if there is a service that Kaiser cannot provide, you will be referred to a non-Kaiser doctor.

The Kaiser Select Plan

Offers the same advantages of the HMO Signature plan, but you also have access to network physicians who are in private practices through the Select network.

The Kaiser Flexible Choice Plan

Provides you with the most freedom with three provider options:

- ▶ **Option 1:** Access to 1,000 Mid Atlantic Kaiser Permanente physicians, 29 multi-specialty medical centers, pharmacies and network hospitals
- ▶ **Option 2:** Multi-Plan and/or PHCS PPO network physicians, pharmacies and network hospitals
- ▶ **Option 3:** Out-of-network physicians

With Flexible Choice, you do not have to stay with one physician option. You have the flexibility to move among three physician options at any time. Please Note: Your benefits and the amount you pay will depend on the physician option you select and where you choose to receive care.

If you use an Out-of-Network provider, you may be required to pay the provider at the time of service, and you will incur higher out-of-network costs, including charges over the maximum allowable charge.



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.

MEDICAL BENEFITS

Any deductibles and copays shown in the chart below are amounts for which you are responsible. Coinsurance percentages listed are the amounts paid by the plan after satisfying the Annual Deductible. Deductibles, coinsurance and copays accumulate toward the out-of-pocket maximums.

BENEFIT DESCRIPTION	Signature Plan		Select Plan	
NETWORK	In-Network Signature		In-Network Select	
Annual Deductible Individual / Family	\$0 / \$0		\$0 / \$0	
Out-of-Pocket Maximum Individual / Family	\$1,300 / \$2,600		\$1,300 / \$2,600	
Coinsurance Plan Pays / You Pay	80% / 20%		80% / 20%	
Physician Services Primary Care Physician Specialist Preventive Services	\$20 Copay \$30 Copay No Charge		\$20 Copay \$30 Copay No Charge	
Lab and X-Ray & Diagnostics Lab, Tests & X-Rays Major Diagnostics (CT, PET, MRI)	No Charge No Charge		No Charge No Charge	
Hospital Services Emergency Room Urgent Care Inpatient Hospitalization Outpatient Services	\$100 Copay \$30 Copay No Charge No Charge		\$100 Copay \$30 Copay No Charge No Charge	
PHARMACY				
Rx Annual Deductible Individual / Family	N/A		N/A	
Rx Out-of-Pocket Maximum Individual / Family	Combined w/ medical		Combined w/ medical	
Retail (Up to 30-day supply) Generic Brand Preferred Brand Non-Preferred	Kaiser Plan Pharmacy \$10 Copay \$20 Copay \$35 Copay	Participating Pharmacy \$20 Copay \$40 Copay \$55 Copay	Kaiser Plan Pharmacy \$10 Copay \$20 Copay \$35 Copay	Participating Pharmacy \$20 Copay \$40 Copay \$55 Copay
Mail Order (90-day supply) Generic Brand Preferred Brand Non-Preferred	Kaiser Plan Pharmacy \$20 Copay \$40 Copay \$70 Copay	Participating Pharmacy \$40 Copay \$80 Copay \$110 Copay	Kaiser Plan Pharmacy \$20 Copay \$40 Copay \$70 Copay	Participating Pharmacy \$40 Copay \$80 Copay \$110 Copay
NETWORK	Out-of-Network		Out-of-Network	
Annual Deductible Individual / Family	N/A		N/A	
Out-of-Pocket Maximum Individual / Family	N/A		N/A	
Coinsurance Plan Pays / You Pay	N/A		N/A	

MEDICAL BENEFITS

Any deductibles and copays shown in the chart below are amounts for which you are responsible. Coinsurance percentages listed are the amounts paid by the plan after satisfying the Annual Deductible. Deductibles, coinsurance and copays accumulate toward the out-of-pocket maximums.

BENEFIT DESCRIPTION	Flexible Choice Plan		
	IN-NETWORK Kaiser Provider	IN-NETWORK Participating Provider	OUT-OF-NETWORK
Annual Deductible Individual / Family	\$0 / \$0	\$0 / \$0	\$600 / \$1,200
Out-of-Pocket Maximum Individual / Family	\$2,250 / \$4,500	\$3,000 / \$6,000	\$6,000 / \$12,000
Coinsurance Plan Pays / You Pay	100% / 0%	90% / 10%	70% / 30%
Physician Services Primary Care Physician Specialist Preventive Services	\$15 Copay \$25 Copay No Charge	\$30 Copay \$40 Copay No Charge	Deductible, then 30% Coinsurance Deductible, then 30% Coinsurance Deductible, then 30% Coinsurance
Lab and X-Ray & Diagnostics Lab, Tests & X-Rays Major Diagnostics (CT, PET, MRI)	No Charge \$100 Copay	Deductible, then 10% Coinsurance Deductible, then 10% Coinsurance	Deductible, then 30% Coinsurance Deductible, then 30% Coinsurance
Hospital Services Emergency Room Urgent Care Inpatient Hospitalization Outpatient Services	\$100 Copay \$25 Copay No Charge \$50 Copay	\$100 Copay \$45 Copay Deductible, then 10% Coinsurance Deductible, then 10% Coinsurance	\$100 Copay \$65 Copay Deductible, then 30% Coinsurance Deductible, then 30% Coinsurance
PHARMACY			
Rx Annual Deductible Individual	N/A	N/A	N/A
Rx Out-of-Pocket Maximum Individual / Family	Combined w/ medical	Combined w/ medical	Combined w/ medical
Retail (Up to 30-day supply) Generic Brand Preferred Brand Non-Preferred	\$15 Copay \$35 Copay \$60 Copay	\$30 Copay \$50 Copay \$80 Copay	\$35 Copay \$55 Copay \$65 Copay
Mail Order (90-day supply) Generic Brand Preferred Brand Non-Preferred	\$30 Copay \$70 Copay \$120 Copay	\$60 Copay \$100 Copay \$160 Copay	N/A

MEDICAL BENEFITS

KAISER PERMANENTE MEMBERS ACCOUNT

When you register at [kp.org](https://www.kp.org), you get the most out of your membership and can manage your health anytime, anywhere. You can register online at [kp.org](https://www.kp.org) or on the Kaiser Permanente mobile app. Just follow the sign-on instructions. You'll need your health/medical record number, which you can find on your Kaiser Permanente ID card. When you register for an online account, you can access many time-saving tools and tips for healthy living.

KAISER PERMANENTE VIRTUAL CARE

Kaiser Permanente's health care team can meet you when and where you need care most. There are many ways to get high-quality care over the phone, by video, and online at no additional cost! The Kaiser Care Team is available over Video or Phone Appointment in addition to the symptom checker tool, 24/7 advice line, and email (for non-urgent health concerns). Visit www.kp.org for more information.

KAISER PERMANENTE WELLNESS

Take advantage of these convenient perks — from personal health coaching to reduced rates on alternative medical therapies.

Wellness Resources

With our wellness resources, you'll get tools, tips, and information to help you create positive changes in your life. Our complimentary resources can help you:

- ▶ Lose weight
- ▶ Eat healthier
- ▶ Quit smoking
- ▶ Reduce stress
- ▶ Manage ongoing conditions like diabetes or depression

Visit [kp.org/health-wellness](https://www.kp.org/health-wellness) for more information

Wellness Coaching

If you need more support, we offer Wellness Coaching by Phone at no cost. You'll work one-on-one with your personal coach to make a plan to help you reach your health goals. For more information go to [kp.org/wellnesscoach](https://www.kp.org/wellnesscoach).

Managing Stress Resources

Manage stress, improve your mood, sleep better, and more with the help of wellness apps, available at no cost to adult members. For more information go to [kp.org/selfcareapps](https://www.kp.org/selfcareapps).

ONLINE TOOLS FOR YOU

My Message Center allows you to exchange e-mail with your doctor's office. You can also contact Member Services and Web Manager by using the My Message Center feature.

The Appointment Center allows you to use the interactive symptom checker to assist you with deciding if you need to schedule an appointment. You can schedule your appointment online by going to www.kp.org and clicking on Appointment Center.

My Medical Record allows you to view your past visit information, get your latest test results, immunizations, health care reminders, and more!

The Pharmacy Center allows you to manage your prescriptions and learn about specific medications with the Drug Encyclopedia. Access the Drug Encyclopedia for more information about prescription drugs, including how to use, precautions, drug interactions, side effects, and other important information.

Get more information about your plan and benefits with the My Plan and Coverage feature.

If you are enrolled in the Flexible Choice Plan and need to locate an Option 2 physician participating in the PHCS and/or Multi-Plan networks, visit online at www.multiplan.com/kpmas.

DENTAL BENEFITS

When you enroll in the Dental plan, you may visit any dentist you choose, but in-network providers offer larger discounts and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate. The amount you pay for your coverage is based on who you cover and which plan you choose.

Search for a participating provider by visiting www.guardianlife.com/find-a-provider.

Benefit Description	Guardian Dental Plan	
	In-Network	Out-of-Network*
Annual Deductible Individual / Family	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit	\$1,000 per Person	\$1,000 per Person
Preventive Services	Plan pays 100% No Deductible	Plan pays 100% No Deductible
Basic Services	Plan pays 70% After Deductible	Plan pays 70% After Deductible
Major Services	Plan pays 40% After Deductible	Plan pays 40% After Deductible
Orthodontics Services Adult & Children	Plan pays 40% No Deductible	Plan pays 40% No Deductible
Lifetime Orthodontia Maximum	\$1,000 per Person	\$1,000 per Person

* If you receive services Out of Network, you may be required to file the claim yourself, you will be reimbursed at the usual and customary rates, and you may be balanced billed.

ANNUAL MAXIMUM ROLLOVER CREDIT

The Rollover Benefit provision allows you and your dependents to save your dental benefit dollars for when you need them most. With this provision, Guardian will "roll over" up to **\$350** of the Policy Year Maximum Benefit for each insured person in a given calendar year, increasing the following Policy Year maximum for that insured person (subject to certain conditions-see plan summary for additional details). Rollover calculations are determined based on In-Network provisions



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.

VISION BENEFITS

You may elect vision care coverage, which provides affordable, quality vision care nationwide. Although vision care services and supplies are covered in-network and out-of-network, your benefits are generally greater when you use in-network providers. Your costs are based on the family members you choose to cover. Your vision plan is Benefit Year (Benefits will reset every 12 months (24 months for frames) from your date of service).

Search for a participating provider by visiting www.guardianlife.com and click on "Find a Vision Provider" then select "Davis Vision".

Benefit Description	Guardian Vision Plan	
	In-Network Davis Vision	Out-of-Network
Exam (Once Every 12 Months)	\$10 Copay	Reimbursement up to \$50
Frames (Once Every 24 Months)	\$130 Allowance+ 20% off remaining balance	Reimbursement up to \$48
Lenses (Once Ever 12 Months) Single Bifocal Trifocal Lenticular	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	Reimbursement up to \$48 Reimbursement up to \$67 Reimbursement up to \$86 Reimbursement up to \$126
Contact Lenses (Once Every 12 Months) Medically Necessary Elective	Covered in Full \$130 Allowance+ 15% off remaining balance	Reimbursement up to \$210 Reimbursement up to \$105

Please Note: If you are receiving services out of network, you will be required to file the claim yourself for reimbursement.

EXTRA IN-NETWORK DISCOUNTED SAVINGS

Additional Pair of Frames & Lenses

- ▶ 50% at Visionworks and 30% at other in network providers.

Laser Vision Correction

- ▶ Savings of 20% - 35% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.

LIFE & DISABILITY BENEFITS

The disability benefits provided by Two Rivers Public Charter School through Principal work together to help you pay your household expenses if you become disabled and cannot work. The disability benefit also works with other sources of coverage to replace a certain percentage of your earnings. As a result, the disability payments you receive from our plan will be reduced by any benefits you are eligible to receive from Social Security, Workers' Compensation, Retirement Benefits or any other disability coverage to which you are entitled. **These benefits are 100% employer paid.**

SHORT-TERM DISABILITY (STD)

Short-Term Disability Coverage Features	
Employee Benefit	60% of your weekly salary up to \$1,000
When Benefit Begins	1st day of injury / 8th day of sickness
Maximum Benefit Period	Up to 13 Weeks

LONG-TERM DISABILITY (LTD)

Long-Term Disability Coverage Features	
Employee Benefit	60% of your monthly salary up to \$5,000
When Benefit Begins	After 90 Days
Maximum Benefit Period	To Social Security Normal Retirement Age (SSNRA)



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.

LIFE & DISABILITY BENEFITS

Two Rivers Public Charter School offers Voluntary Life and AD&D insurance to all eligible employees. Employees must elect voluntary coverage in order to elect coverage for dependents. Only newly eligible employees during initial enrollment are eligible for the guarantee issue amount without having to provide evidence of insurability (EOI). If you do not elect any coverage, you are considered a late entrant and are subject to an EOI. An EOI is required for amounts over guaranteed issue or if you enroll after your initial eligibility period. An EOI is not required for child life insurance. If an EOI is required, it must be approved by the insurance company before you purchase coverage. Voluntary Life and AD&D Insurance is provided by Principal. **This benefit is 100% employee paid.** Please see the chart below for details.

VOLUNTARY LIFE AND AD&D INSURANCE

Voluntary Life and AD&D Insurance Coverage Features	
Employee Benefit	Increments of \$10,000 up to a maximum of \$500,000
Spouse Benefit	Increments of \$5,000 up to a maximum of \$250,000, not to exceed 50% of employees amount
Child Benefit	\$2,000, \$4,000, \$5,000 or \$10,000
Guaranteed Issue*	Employee (Under age 70): \$200,000 Employee (age 70+): \$10,000 Spouse (under age 70): \$20,000 Spouse (under age 70): \$10,000 Child: \$10,000
Benefits Reductions	At age 65: coverage amount is reduced to 65% of original amount At age 70: coverage amount is reduced to 50% of original amount
*The Guarantee issue amount is only available at the time of initial eligibility (as a new hire). If you are a late entrant, then you will be required to complete Evidence of Insurability.	

	Employee Life and AD&D Rate Per \$10,000 (Semi-Monthly)	Spouse Life and AD&D Rate* Per \$5,000 (Semi-Monthly)	Child Life and AD&D Rate (Semi-Monthly)	
Age Range	Employee Rate	Spouse Rate	Child Rate	
Under 29	\$0.28	\$0.14	\$2,000	\$0.20
30-34	\$0.31	\$0.16	\$4,000	\$0.40
35-39	\$0.42	\$0.21	\$5,000	\$0.50
40-44	\$0.58	\$0.29	\$10,000	\$1.00
45-49	\$0.83	\$0.42		
50-54	\$1.23	\$0.62		
55-59	\$2.23	\$1.12		
60-64	\$3.38	\$1.69		
65-69	\$4.06	\$2.03		
70+	\$5.19	\$2.60		
* Spouse age based on employee's age				



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.

ADDITIONAL BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

This plan is offered at no cost to you through Principal. Sometimes balancing work and family creates stress that's hard to handle on your own. The EAP is a CONFIDENTIAL service, free of charge to you and your family and designed to help with personal, job and family concerns. Anyone in your household is eligible, even if you are not related or covered on the insurance programs such as medical, dental or vision. Three face to face counseling sessions per issue, per year are available through the EAP for personal and professional needs such as:

- ▶ Stress, Anxiety, Depression
- ▶ Grief & Loss
- ▶ Work-Life counseling
- ▶ Divorce/Separation
- ▶ Substance abuse
- ▶ Legal/Financial consultations

You can contact a EAP counselor by telephone toll at **800-450-1327** or by visiting member.magellanhealthcare.com and use the program name: **Principal Core**.

TRAVEL ASSISTANCE PROGRAM

Travel assistance can help you avoid unexpected bumps in the road anywhere in the world For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home. You will have access to Pre-trip assistance, medical assistance, and emergency travel support services. Travel Assistance automatically includes Identity Theft Assistance, whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity. Brought to you by Principal, services provided through AXA Assistance USA.

- ▶ Referrals to English speaking medical providers
- ▶ Recovery of lost or stolen luggage/personal possessions
- ▶ Emergency medical evacuation
- ▶ Legal/interpreter referrals and more

For more information call **888-647-2611 (U.S.)** or **630-766-7696 (Outside U.S.)** or by visiting principal.com/travelassistance.

WILL PREPARATION SERVICES

If you're like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you're not able to. Especially since life can be so unpredictable. That's why it's important to be proactive and make a plan to help protect your family and finances. With your group term or voluntary term life insurance through Principal, you can do just that with access to resources from the Will & Legal Document Center provided by ARAG.

Having the proper documents in place can help ensure you're still in control in case something happens to you. With ARAG's online resources, you and/or your spouse can prepare these documents and view resources:

- ▶ Standard & Living Will
- ▶ Authorization for a Minor's Medical Treatment
- ▶ Health care power of attorney
- ▶ HIPAA authorization
- ▶ Durable power of attorney
- ▶ Estate planning education, tools, and resources

For more information call **866-539-1728** or visit principal.araglegal.com.



Need more information about your benefits? Scan or click on the QR code to view a list of benefit summaries and resources available to you.

FLEXIBLE SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNTS (FSA)

Two Rivers Public Charter School lets you redirect a portion of your pay, through payroll deductions, into Flexible Spending Accounts (FSAs) through iSolved. The money that goes into an FSA is deducted from your pay on a pre-tax basis (before Federal and Social Security taxes are calculated). Because you do not pay these taxes on money that goes into an FSA, you decrease your taxable income and potentially increase your spendable income. your spendable income. For more information on FSAs visit www.isolvedbenefitservices.com.

HEALTH CARE FSA

A Health Care FSA provides you with the ability to save money on a pre-tax basis for any IRS-allowed health expenses not covered by your medical benefits plan. The maximum annual amount you can contribute to a Health Care FSA in 2025 is **\$3,300** and in 2026 is **\$3,400**. The full annual amount elected is available to be used for reimbursement on day one of the plan year.

Qualified expenses include:

- ▶ Out-of-pocket medical, dental, & vision costs
- ▶ Prescription drug copayments & OTC medicine

DEPENDENT CARE FSA

A Dependent Care FSA provides you with the ability to set aside money on a pre-tax basis for day care expenses for your eligible dependent. The funds must be contributed to your account before reimbursement is available. The maximum annual amount you can contribute to a Dependent care FSA is **\$7,500 (or \$3,750 if married filing separately)**.

Eligible Dependents:

- ▶ Your children, under the age of 13, for whom you are entitled to a personal exemption on your federal income tax return; and/or
- ▶ Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care.

Qualified expenses include:

- ▶ Preschool or nursery school expenses
- ▶ Expenses for a babysitter
- ▶ Day care center
- ▶ Summer day camp
- ▶ After-school care
- ▶ Adult day care center or in-home care for an adult dependent

IMPORTANT FSA FEATURES

It is very important that you only elect to contribute an amount to the FSA that you can reasonably expect to spend in the plan year. Before you elect to contribute to a FSA, please note the following important features of these plans.

- ▶ The amount you elect may not be changed during the plan year unless you experience a QLE.
- ▶ You may not transfer funds between FSA accounts
- ▶ Your participation in an FSA will end on the date of your termination of employment
- ▶ An FSA plan may be continued under COBRA
- ▶ 90 day run-out period to submit claims incurred during the plan year

USE IT OR LOSE IT

The **Health Care FSA** allows you to carryover up to **\$680** in account balances from one year to the next. You must elect to contribute to the FSA in the following year in order to receive the rollover funds

The **Dependent Care FSA** does not allow a carryover. Participants have a 90 day run-out period to submit claims incurred during the plan year for reimbursement.

FLEXIBLE SPENDING ACCOUNTS

COMMUTER BENEFITS

A Parking or Transit FSA allows you to set aside pre-tax funds in separate accounts to pay for qualified mass transit and parking expenses associated with your commute to work. Contributions to a commuter account are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can save an average of 30% on your eligible transit and parking expenses. For additional information on go to www.isolvedbenefitservices.com.

Monthly limits are set by the IRS. 2026 pre-tax contributions are limited to **\$340** per month for parking and **\$340** per month for transit (**\$680** in total). Any monthly expenses above these limits cannot be exempt from taxes and cannot be applied to future months. You can make adjustments to your contribution, join, or terminate plan participation at any time. The funds to the commuter debit card will continue to roll over month to month, year to year, as long as you're still at the company and participate in the plan. The Commuter FSA is provided by iSolved.

Qualified expenses include:

- ▶ Transit passes
- ▶ Tokens
- ▶ Fare cards
- ▶ Vouchers
- ▶ Bus
- ▶ Metro/Subway/Train
- ▶ Ferry
- ▶ Mass Transit
- ▶ Parking fees
- ▶ Parking meters
- ▶ Garages
- ▶ Parking at or near work or public transportation to get to work
- ▶ Car/Van Pool (seating capacity of 6 or more adults at least half full)

Non- Qualified expenses include:

- ▶ Parking at or near your home
- ▶ Tolls, Gas or Other personal driving commuting expenses
- ▶ EZ Pass
- ▶ Airline Flights
- ▶ Bicycle Related Expenses
- ▶ Parking for business/client meetings
- ▶ Expenses incurred in traveling from an office to business/client meeting

GLOSSARY OF TERMS

BALANCE BILLING

An out-of-network healthcare provider billing a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

COINSURANCE

The percentage of costs of a covered health care service you pay after you've paid your deductible. For example, if you pay 5 percent of an in-network covered charge, the plan pays 95 percent.

CO-PAYMENT

A fixed amount you pay for a covered health care service after you've paid your deductible.

DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay.

Embedded deductible means that any member of a family will not have to pay more than the individual deductible before he/she begins to pay coinsurance.

Non-embedded deductible means that the entire family deductible must be satisfied before any member of the family begins to pay coinsurance.

EMERGENCY SERVICES

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

FORMULARY

A list of prescription drugs that are covered by your health insurance plan. The formulary is separated into cost levels called tiers, which affects how much you pay for each drug. Also known as a Prescription Drug List (PDL).

NON-PREFERRED PROVIDER

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance has a tiered network and you must pay extra to see some providers.

OUT-OF-POCKET MAXIMUM

The most you could pay during a plan year for your share of the costs of covered services. After you meet this limit the plan will pay 100% of the allowed amount. There are separate in- and out-of-network out-of-pocket maximums. All copays, deductibles, and coinsurance accrue to the out-of-pocket maximums. Your out-of-pocket maximum is on a contract year basis. Refer to your healthcare plan summaries for more information.

PRE-AUTHORIZATION

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug is medically necessary.

PREMIUM

The amount that must be paid for your health insurance or plan each month. This amount is shared by you and your employer.

PRIMARY CARE PHYSICIAN

A physician who directly provides or coordinates a range of health care services for a patient.

SPECIALIST

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

UCR

(USUAL, CUSTOMARY AND REASONABLE)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical services. The UCR amount sometimes is used to determine the allowed amount.

PAYROLL CONTRIBUTIONS

Semi-Monthly Employee Payroll Contributions				
Coverage Level	Employee	Employee + Spouse	Employee + Child(ren)	Family
Medical Plans				
Kaiser Signature HMO Plan	\$37.00	\$149.50	\$109.50	\$149.50
Kaiser Select HMO Plan	\$37.00	\$162.00	\$119.50	\$174.50
Kaiser Flexible Choice Plan	\$87.00	\$257.00	\$207.00	\$287.00
Dental Plan				
Guardian Dental Plan	\$11.64	\$23.62	\$33.88	\$49.29
Vision Plan				
Guardian Vision Plan	\$2.95	\$5.59	\$5.69	\$9.01
Ancillary Plans				
Principal Short-Term Disability	100% Employer Paid			
Principal Long-Term Disability	100% Employer Paid			
Principal Voluntary Life and AD&D Insurance	100% Employee Paid Based on Age Rate			



CONTACT INFORMATION

HAVE QUESTIONS, PROBLEMS, OR CONCERNS?

Should you need any personal assistance understanding your benefits, claims or other insurance related information, the following are your carrier contact numbers and websites. There is a wealth of information regarding your plans, claims and other resources online. If you have questions on your coverage or claims-related questions, please call the insurance carrier. For claims related questions, you may need your ID number or Social Security Number along with the date of service and provider name (when applicable). If you require further assistance, please reach out to Human Resources.

PLAN	CONTACT NUMBER	WEBSITE EMAIL
Medical and Rx Kaiser Permanente	301-468-6000 (Local Area) 800-777-7902 (Outside of Local Area)	www.kp.org
Dental Guardian	800-541-7846	www.guardianlife.com
Vision Guardian Davis Vision	877-393-7363	www.guardianlife.com
Life & Disability Insurance Principal	800-986-3343	www.principal.com
Employee Assistance Program (EAP) Principal	800-450-1327	member.magellanhealthcare.com
Travel Assistance Program Principal	888-647-2611 (U.S.) 630-766-7696 (Outside U.S.)	principal.com/travelassistance
Will Preparation Services Principal	866-539-1728	principal.araglegal.com
Flexible Spending Accounts iSolved	866-370-3040	www.isolvedbenefitservices.com
Two Rivers Public Charter School Mary Gornick, Human Resources	202-810-5517	Email: mgornick@tworiverspcs.org
NFP Steven Navratil, AVP, Consultant	980-875-0174	Email: steven.navratil@nfp.com
NFP Jonathan Smith, Account Executive	803-984-9294	Email: jonathan.smith@nfp.com
NFP Lynn Kessler, Client Advocate	301-628-4032	Email: lynn.kessler@nfp.com

This benefit brochure is only intended as a brief summary of your benefits. Please note that all Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts of the carriers. If this summary conflicts in any way with the carrier Certificate of Coverage (COC), Riders and/or Amendments, those documents shall prevail. It is highly recommended that you review the carrier COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.