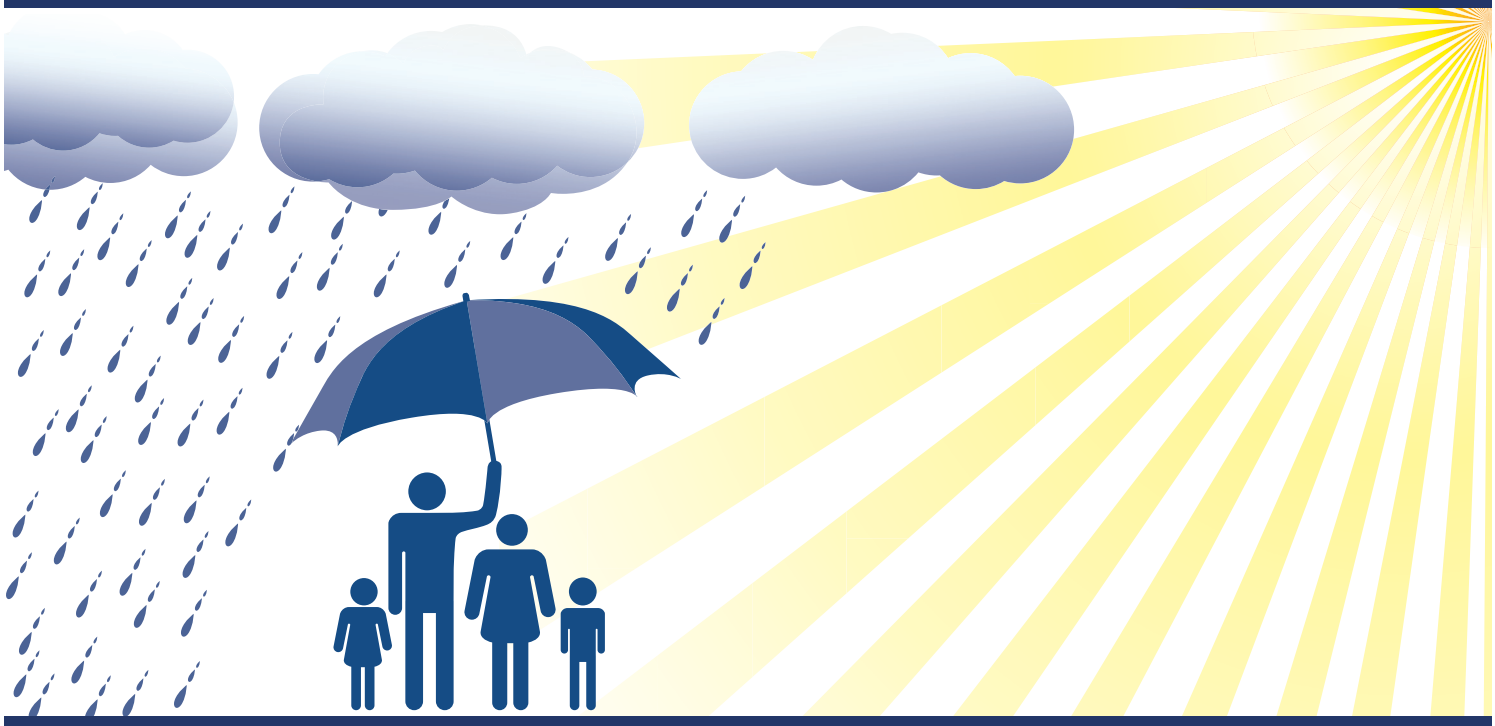
INNOVATIVE
ARTS ACADEMY

2021 - 2022 EMPLOYEE BENEFITS GUIDE



inside

Innovative Arts Academy Charter School is pleased to introduce our employee health insurance plan offerings, designed specifically to benefit you, effective October 1, 2021.

Each year, Innovative Arts Academy Charter School makes a significant investment in providing our employees with a comprehensive benefit plan which is key in our overall compensation program.

The purpose of this guide is to provide you an overview of the benefit options being offered to you and inform you of ways to access them. We encourage you to read through and familiarize yourself with these benefits. We want you to get the most out of your benefit plan.

Benefits that...
Benefit You

Important Information

PLEASE NOTE:

This enrollment guide is a summary of some of the benefits provided to eligible employees. Innovative Arts Academy Charter School reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason without prior notification. The plans described in this bulletin are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make explanations of the plans in this bulletin as accurately as possible. However, should there be any discrepancy between this bulletin and the provisions of the insurance contract or plan documents, the provision of the insurance contract or plan documents will govern.

THE WRITTEN DESCRIPTIONS IN THE INSURANCE CONTRACTS OR PLAN DOCUMENTS WILL ALWAYS GOVERN.

Introduction and Eligibility

The Employee Benefit Guide is intended to outline the benefit options that are available and inform you of the important plan changes for the upcoming 2021-2022 plan year. All benefits start on October 1, 2021.

Innovative Arts Academy Charter School offers eligible employees a number of great benefits to all full-time active employees who work over 30 hours or more.

The following information provides an overview of the benefits offered by Innovative Arts Academy Charter School. Should you have any questions, please reach out to the Human Resource Department, or contact our broker, Tim Kelly, at 610-283-2966, or TKelly@OfficialKellyBenefits.com.

Benefit Information

BENEFIT INFORMATION

The Internal Revenue Service (IRS) states that the eligible employees may only make elections to the plan once a year during Open Enrollment. All of the benefits are binding from October 1, 2021 - September 30, 2022. The following circumstances are the most common reasons you may change your benefits at a time other than Open Enrollment:

- Marriage
- Birth & Adoption of a dependent child
- Divorce
- Loss of spouse's job where coverage is maintained through a spouse's plan
- Death of a spouse or dependent
- Loss of dependent status

These special circumstances, often referred to as Qualified Life Event changes, will allow you to make plan changes at any time during the year in which they occur.

For any allowable changes, you must inform the Human Resources Department within **30 days of the event** to avoid a lapse in coverage. All other changes are deferred to Open Enrollment.

NOTICE OF OPPORTUNITY TO ENROLL IN CONNECTION WITH EXTENSION OF DEPENDENT COVERAGE TO AGE 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the Innovative Arts Academy Charter School's medical plan. Individuals may request coverage for such children during our 2021-2022 open enrollment period. Enrollment will be effective October 1, 2021.

AFFORDABLE CARE ACT (ACA)

Under the terms of the Affordable Care Act (ACA), the coverage provided through Innovative Arts Academy Charter School meets the minimum value requirements. You have the right to the exchange to purchase coverage. If you do, please be aware that you will lose the current contribution that the company makes to your health plan. While your current contribution for health insurance is made using pre-tax dollars and payroll deducted, you must pay for any coverage purchased through the Health Insurance marketplace on a post-tax basis through individual billing (not payroll deducted). Also through the Marketplace, you can see if you or your family qualify for Medicaid, based on the Federal Poverty limits.

For more information about the Marketplace and ACA visit **www.HealthCare.gov**.

Medical

MEDICAL: PPO

Capital BLUE

CapitalBlueCross.com

Document Assistant
Ask Alexa "Open my Cap BlueCross" and follow instructions

BENEFIT HIGHLIGHTS

PPO 1000/0/25 Rx 0

This information is not a contract, but highlights some of the benefits available to you and is not intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Benefits Booklet (also known as "Certificate of Coverage"). Refer to your Benefits Booklet for complete details.

YOUR MEDICAL PLAN SUMMARY OF COST SHARING		
	Member Responsibilities	
	If provider is in-network	**If provider is out-of-network**
Deductible (per benefit period)	$1,000 per member $2,000 per family	$5,000 per member $10,000 per family
Coinsurance (percentage you pay after your deductible is met)	No member coinsurance	50% coinsurance
Out-of-Pocket Maximum (The most you pay per benefit period, after which benefits are paid at 100%. This includes deductible, copayments and coinsurance for medical including ER and prescription drug, for in-network providers only.)	$8,550 per member $17,100 per family	$10,000 per member $20,000 per family
Office Visit / Urgent Care / Emergency Room Copayments		
Virtual Care (non-specialist) Visits – delivered via the Capital BlueCross Virtual Care platform	$5 copayment per visit	Not covered
Office Visits and Consultations (In-person & Telehealth) - performed by a family practitioner, general practitioner, internist, pediatrician or in-network retail clinic	$25 copayment per visit	50% coinsurance
Specialist Office Visits (In-person, Telehealth & via the Capital BlueCross Virtual Care platform)	$50 copayment per visit	50% coinsurance Virtual Care - Not covered
Urgent Care Services	$75 copayment per visit	
Emergency Room	$200 copayment per visit, waived if admitted	
Preventive Care		
Pediatric and Adult Preventive Care	No charge	50% coinsurance after deductible
Screening Gynecological Exam and Pap Smear (one per benefit period)	No charge	50% coinsurance, waive deductible
Screening Mammogram (one per benefit period)	No charge	50% coinsurance, waive deductible
Diagnostic Mammogram	No charge after deductible	50% coinsurance after deductible
Facility / Surgical Services		
Inpatient Hospital Room and Board	No charge after deductible	50% coinsurance after deductible
Acute Inpatient Rehabilitation (60 days per benefit period)	No charge after deductible	50% coinsurance after deductible
Skilled Nursing Facility (120 days per benefit period)	No charge after deductible	50% coinsurance after deductible
Maternity Services and Newborn Care	No charge after deductible	50% coinsurance after deductible
Surgical Procedure and Anesthesia (professional charges)	No charge after deductible	50% coinsurance after deductible
Outpatient Surgery at Ambulatory Surgical Center (facility charge only)	No charge after deductible	Not covered
Outpatient Surgery at Acute Care Hospital (facility charge only)	No charge after deductible	50% coinsurance after deductible
Diagnostic Services		
High Tech Imaging (such as MRI, CT, PET)	$250 copayment after deductible	50% coinsurance after deductible
Radiology (other than high tech imaging)	No charge after deductible	50% coinsurance after deductible
Independent Laboratory	$25 copayment, waive deductible	50% coinsurance after deductible
Facility-owned Laboratory (i.e. Health System owned)	$50 copayment after deductible	50% coinsurance after deductible
Therapy Services (Rehabilitative and Habilitative Services)		
Physical Therapy and Occupational Therapy (rehabilitative and habilitative, 60 visits combined per benefit period)	$50 copayment per visit	50% coinsurance after deductible
Speech Therapy (rehabilitative and habilitative, 60 visits per benefit period)	$50 copayment per visit	50% coinsurance after deductible
Respiratory/Pulmonary Therapy (20 rehabilitative visits per benefit period)	$50 copayment per visit	50% coinsurance after deductible
Manipulation Therapy (20 visits per benefit period)	$50 copayment per visit	50% coinsurance after deductible
Acupuncture (15 visits per benefit period)	$50 copayment per visit	50% coinsurance after deductible
Mental Health (MH) and Substance Use Disorder Services (SUD)		
MH Inpatient Services	No charge after deductible	50% coinsurance after deductible
MH Outpatient Services	$50 copayment per visit	50% coinsurance after deductible
SUD Detoxification Inpatient	No charge after deductible	50% coinsurance after deductible
SUD Rehabilitation Outpatient	$50 copayment per visit	50% coinsurance after deductible
Additional Services		
Home Health Care Services (60 visits per benefit period)	No charge after deductible	50% coinsurance after deductible
Durable Medical Equipment and Supplies	No charge after deductible	50% coinsurance after deductible
Prosthetic Appliances	No charge after deductible	50% coinsurance after deductible
Orthotic Devices	No charge after deductible	50% coinsurance after deductible

Benefits are underwritten by Capital Advantage Assurance Company®, a subsidiary of Capital BlueCross. An independent licensee of the BlueCross BlueShield Association.

MEDICAL: PPO *continued*

COST SHARING FOR PRESCRIPTION DRUGS DOES NOT APPLY TO THE MEDICAL DEDUCTIBLE SHOWN ON PAGE 1			
YOUR PRESCRIPTION DRUG SUMMARY OF COST SHARING			
	Member Responsibilities		
	If provider is in-network		**If provider is out-of-network**
Deductible (per benefit period)	No member deductible		No member deductible
	Retail Pharmacy (up to a 30 day supply)	Home Delivery (up to a 90 day supply)	Specialty Pharmacy (up to a 30 day supply)
Prescription Drug Tier			
Generic Preferred	$4 copayment	$8 copayment	$95 copayment
Generic Nonpreferred	$15 copayment	$30 copayment	20% coinsurance up to $350 per fill
Brand Preferred	$45 copayment	$90 copayment	$95 copayment
Brand Nonpreferred	$70 copayment	$140 copayment	20% coinsurance up to $350 per fill
Contraceptives* (self-administered)			
Generic	$0 copayment	$0 copayment	Not covered
Select Brands (no generic equivalent available)	$0 copayment	$0 copayment	Not covered
Brand Preferred	$45 copayment	$90 copayment	Not covered
Brand Nonpreferred	$70 copayment	$140 copayment	Not covered
Additional Pharmacy Benefits/Details			
Network (for Specialty Pharmacy information please refer to the Guide to Rx Benefits at CapitalBlueCross.com)	Broad Plus		
Formulary	Advantage		
$0 Preventive Rx Coverage	No charge		
Generic Substitution Program	Restrictive Generic Substitution – In addition to the coinsurance/ copayment, the member pays the difference between the brand and generic drug price (when there is a generic alternative) unless the physician requests the brand be dispensed.		
Extended Supply Network	Members have the ability to obtain covered drugs for up to a 90 day supply at in-network retail pharmacies.		

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments required under any other health benefits coverage you may have.
*Certain preventive contraceptives are required to be covered at no cost to you when filled at an in-network pharmacy with a valid prescription in accordance with Preventive Health Guidelines.

In-network providers and pharmacies agree to accept our allowance as payment in full—often less than their normal charge. If you visit an out-of-network provider or pharmacy, you are responsible for paying the deductible, coinsurance and the difference between the out-of-network provider's or out-of-network pharmacy's charges and the allowed amount. Out-of-network providers may balance bill the member. Some out-of-network facility providers are not covered. Deductibles, any differences paid between brand drug and generic drug prices, and any balances paid to out-of-network pharmacies are not applied to the out-of-pocket maximum. In certain situations, a facility fee may be associated with an outpatient visit to a professional provider. Members should consult with the provider of the services to determine whether a facility fee may apply to that provider. An additional cost-sharing amount may apply to the facility fee.

Voice activated paper.

Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

Capital BLUE

2021 Schedule of Preventive Care Services

This information highlights the preventive care services available under this *coverage* and lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. It is reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force (USPSTF); Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, and other applicable laws and regulations. Accordingly, the content of this schedule is subject to change.

Your specific needs for preventive services may vary according to your personal risk factors. It is not intended to be a complete list or complete description of available services. In-network preventive services are provided at no Member Cost-share. Additional diagnostic studies may be covered if *medically necessary* for a particular diagnosis or procedure; if applicable, these diagnostic services may be subject to cost-sharing. Members may refer to the benefit contract for specific information on available *benefits or contact Customer Service at the number listed on their ID card.*

Schedule for Adults: Age 19+

GENERAL HEALTHCARE*		
For Routine History and Physical Examination, including pertinent patient education. Adult counseling and patient education include:		
Women		
• Breast Cancer chemoprevention • Contraceptive methods/counseling[1] • Folic Acid (childbearing age)	• Hormone Replacement Therapy (HRT) – risk vs. benefits • Urinary Incontinence Assessment	At least annually
Men and Women		
• Aspirin prophylaxis (high risk) • Calcium/vitamin D intake • Drug use • Family Planning • Fall Prevention (age 65 and older)	• Physical Activity/Exercise • Seat Belt use • Statin Medication (high risk) • Unintentional Injuries	At least annually

SCREENINGS/PROCEDURES*	
Women (Preventive care for pregnant women, see Maternity section.)	
Bone Mineral Density (BMD) test	Testing every 2 years for women age 19-64 at increased risk for Osteoporosis. Once every 2 years for women over age 65 and older.
BRCA screening/genetic counseling/ testing	For women at risk, including those not previously diagnosed with BRCA-related cancer but who have a personal or family history of cancer.
Chlamydia and Gonorrhea test	Test all sexually active women from age 19-24 years; women at increased risk at age 25 years and older, as recommended by your healthcare provider. Suggested testing is every 1-3 years.
Domestic/Interpersonal/Partner Violence screening/counseling	At least annually for women age 19 and older; provide or refer services as determined by your healthcare provider.
Mammogram (2D or 3D)	Beginning at age 40, every 1-2 years.
Pelvic Exam/Pap Smear/HPV DNA	Pelvic Exam/Pap Smear: Age 21-65: every 3 years; HPV DNA: Age 30-65, every 5 years.
Men	
Abdominal Duplex Ultrasound	One-time screening for abdominal aortic aneurysm in men age 65-75 who have ever smoked.
Prostate Cancer screening	Beginning at age 19 for high risk males. Beginning at age 50, annually.
Prostate Specific Antigen	Beginning at age 50, annually.
Men and Women	
Alcohol use screening/counseling	Behavioral counseling interventions for adults age 19 and older who are engaged in risky or hazardous drinking.
CT Colonography[2]	Beginning at age 50, every 5 years.
Colonoscopy[3]	Beginning at age 50, every 10 years.
Depression screening	Age 19 and older: Annually or as determined by your healthcare provider.
Diabetes (type 2)/Abnormal Blood Glucose Screening	Test all adults age 40-70 who are overweight or obese; if normal, rescreen every 3 years. If abnormal, offer Intensive Behavioral Therapy (IBT) counseling to promote a healthful diet and physical activity.
Fasting Lipid Profile	Beginning at age 20, every 5 years.
Fecal Occult Blood test (gFOBT/FIT)[4]	Beginning at age 50, annually.
FIT-DNA Test	Beginning at age 50, every 3 years.
Flexible Sigmoidoscopy[3]	Beginning at age 50, every 5 years.
Hepatitis B test	For adults age 19 and older who have not been vaccinated for hepatitis B virus (HBV) infection and other high risk adults; Periodic repeat testing of adults with continued high risk for HBV infection.
Hepatitis C test	Offer one-time testing for adults age 18-79. Periodic repeat testing of adults with continued high risk for HCV infection.
High Blood Pressure (HBP)	Every 3-5 years for adults age 19-39 with BP<130/85 who have no other risk factors. Annually for adults age 40 and older, and annually for all adults at increased risk for HBP.

HIV test	Routine one-time testing of adults age 19-65 at unknown risk for HIV infection. Periodic repeat testing (at least annually) of all high risk adults age 19 and older.
Latent Tuberculosis (TB) Infection Test	At least one-time testing of adults age 19 and older at high risk. Periodic repeat testing of adults with continued high risk for TB infection.
Low-dose CT Scan for Lung Cancer	Annual testing until smoke-free for 15 years for high risk adults 55-80 years of age.
Obesity	Age 19 and older: Every visit (BMI of 30 or greater: Intensive Multicomponent Behavioral Therapy (IBT) counseling available).
Obesity/Overweight + Cardiovascular Risk Factor combination	Age 19 and older for high risk adults: BMI of 25 or greater, Intensive Behavioral Therapy (IBT) counseling available to promote a healthful diet and physical activity.
STI counseling	Age 19 and older for high risk adults: Moderate and Intensive Behavioral Therapy (IBT) counseling available.
Sun/UV (ultraviolet) Radiation Skin Exposure; Skin Cancer counseling	Counseling to minimize exposure to UV radiation for adults age 19-24 with fair skin.
Syphilis test	Test all high risk adults age 19 and older; suggested testing is every 1-3 years.
Tobacco use assessment/counseling and cessation interventions	Age 19 and older: 2 cessation attempts per year (each attempt includes a maximum of 4 counseling visits of at least 10 minutes per session); FDA-approved tobacco cessation medications[5]; individualize risk in pregnant women.
IMMUNIZATIONS**	
Haemophilus Influenza type b (Hib)	Age 19 and older: Based on individual risk or healthcare provider recommendation, one or three doses
Hepatitis A (HepA)	Age 19 and older: Based on individual risk or healthcare provider recommendation, two or three doses
Hepatitis B (HepB)	Age 19 and older: Based on individual risk or healthcare provider recommendation, two or three doses
Human Papillomavirus (9vHPV)	Age 19-26: Two or three doses, depending on age at series initiation
Influenza	Age 19 and older: One dose annually during influenza season
Measles/Mumps/Rubella (MMR)	Age 19 and older: Based on indication (born 1957 or later) or healthcare provider recommendation, one or two doses
Meningococcal (conjugate) (MenACWY)	Age 19 and older: Based on individual risk or healthcare provider recommendation: One or two doses depending on indication, then booster every 5 years if risk remains
Meningococcal B (MenB)	Age 19 and older: Based on individual risk or healthcare provider recommendation: Two or three doses depending on indication, then booster every 2-3 years if risk remains
Pneumococcal (conjugate) (PCV13)	Age 19-64: One dose (high risk; serial administration with PPSV23 may be indicated)
Pneumococcal (polysaccharide) (PPSV23)	Age 19-64: One or two doses Age 65 and older: Based on individual risk or healthcare provider recommendation: One dose at least 5 years after PPSV23
Tetanus/diphtheria/pertussis (Td or Tdap)	Age 19 and older: One dose of Tdap, then Td or Tdap booster every 10 years.
Varicella (Chickenpox)	Beginning at age 19; two doses, as necessary based upon past immunization or medical history
Zoster (Shingles)	Beginning at age 50; two doses, regardless of prior zoster episodes

[1] Coverage is provided without cost-share for all FDA-approved generic contraceptive methods and all FDA-approved contraceptives without a generic equivalent. See the Rx Preventive Coverage List at capbluecross.com for details. Coverage includes clinical services, including patient education and counseling, needed for provision of the contraceptive method. If an individual's provider recommends a particular service or FDA-approved item based on a determination of medical necessity with respect to that individual, the service or item is covered without cost-sharing.

[2] CT Colonography is listed as an alternative to a flexible sigmoidoscopy and colonoscopy, with the same schedule overlap prohibition as found in footnote #3.

[3] Only one endoscopic procedure is covered at a time, without overlap of the recommended schedules.

[4] For guaiac-based testing (gFOBT), six stool samples are obtained (2 samples on each of 3 consecutive stools, while on appropriate diet, collected at home). For immunoassay testing (FIT), specific manufacturer's instructions are followed.

[5] Refer to the most recent Formulary located on the Capital BlueCross web site at capbluecross.com.

Schedule for Maternity

SCREENINGS/PROCEDURES*

The recommended services listed below are considered preventive care (including prenatal visits) for pregnant women. You may receive the following screenings and procedures at no member cost share:

- Anemia screening (CBC)
- Breastfeeding support/counseling/supplies
- Depression screening (prenatal/ postpartum)
- Gestational Diabetes screening (prenatal/postpartum)
- Hepatitis B screening at the first prenatal visit
- HIV screening
- Low-dose aspirin after 12 weeks of gestation for preeclampsia in high risk women
- Preeclampsia screening
- Rh blood typing
- Rh antibody testing for Rh-negative women
- Rubella Titer
- Syphilis screening
- Tobacco Use Assessment, Counseling and Cessation Interventions
- Asymptomatic Urine Bacteria Screening
- Other preventive services may be available as determined by your healthcare provider

* Services that need to be performed more frequently than stated due to specific health needs of the member and that would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. If a clinician determines that a patient requires more than one well-woman visit annually to obtain all necessary recommended preventive services, the additional visits will be provided without cost-sharing. Occupational, school and other "administrative" exams are not covered.

** Refer to the guidelines set forth by the Centers for Disease Control and Prevention (CDC) for additional immunization information.

Schedule for Children: Birth through the end of the month Child turns 19

GENERAL HEALTHCARE

Routine History and Physical Examination – Recommended Initial/Interval of Service:
Newborn, 3-5 days, by 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and 30 months; and 3 years to 19 years annually.

Exams may include:

- Blood pressure (risk assessment up to 2½ years)
- Body mass index (BMI; beginning at 2 years of age)
- Developmental milestones surveillance (except at time of developmental screening)
- Head circumference (through 24 months)
- Height/length and weight
- Newborn evaluation (including gonorrhea prophylactic topical eye medication)
- Weight for length (through 18 months)
- Anticipatory guidance for age-appropriate issues including:
  - Growth and development, breastfeeding/nutrition/support/counseling/supplies, obesity prevention, physical activity and psychosocial/behavioral healt
  - Safety, unintentional injuries, firearms, poisoning, media access
  - Contraceptive methods/counseling (females)
  - Tobacco products, use/education
  - Oral health risk assessment/dental care/fluoride supplementation (> 6 months)[1]
  - Fluoride varnish painting of primary teeth (to age 5 years)
  - Folic Acid (childbearing age)

	Newborn	9-12 months	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	
SCREENINGS/PROCEDURES*																					
Alcohol, tobacco and drug use assessment (CRAFFT)													✔	✔	✔	✔	✔	✔	✔	✔	✔
Alcohol use screening/counseling																				✔	✔
Anemia screening			✔	Assess risk at all other well child visits																	
Autism spectrum disorder screening	At 18 months			✔																	
Chlamydia test	For sexually active females: suggested testing interval is 1-3 years.																				
Depression screening (PHQ-2)														✔	✔	✔	✔	✔	✔	✔	✔
Developmental screening		✔	✔	✔	At 9 months, 18 months and 2½ years																
Domestic/Interpersonal/Intimate Partner Violence	At least annually for adolescents of childbearing age, 11 years of age and older; provide or refer services as determined by your healthcare provider.																				
Gonorrhea test	For sexually active females: suggested testing interval is 1-3 years.																				
Hearing screening/risk assessment	Between 3-5 days through 3 years; repeat at 7 and 9																				
Hearing test (objective method)	✔					✔	✔	✔		✔		✔	Once between ages 11-14, 15-17 and 18+								
Hepatitis B test	Beginning at 11 years (children who have not been vaccinated for hepatitis B virus (HBV) infection/other high risk); Periodic repeat testing of children with continued high risk for HBV infection.																				
High blood pressure (HBP)					✔	Beginning at 3 years or younger for at risk: at every well-child visit. Confirm HBP outsid office by Ambulatory Blood Pressure Monitoring (ABPM) before treating.															
HIV screening/risk assessment	Annually beginning at 11 years																				
HIV test	Routine one-time testing between 15-18 years old. If indicated by high risk assessment testing may begin earlier. Periodic repeat testing (at least annually) of all high risk children.																				
Lead screening test/risk assessment	Screening Test: 12 to 24 months (at risk)[2]; Risk Assessment at 6, 9, 12, 18, 24 months and 3-6 years.																				
Lipid screening/risk assessment				✔		✔		✔		✔				✔	✔	✔	✔	✔	✔		
Lipid test	Once between 9-11 years (younger if risk is assessed as high) and once between 17-19 years.																				
Maternal depression screening	By 1 month, 2 month, 4 month and 6 months																				
Newborn bilirubin screening	✔																				
Newborn blood screen *(as mandated by the PA Department of Health)*	✔																				
Newborn critical congenital heart defect screening	✔																				

MEDICAL: PPO *continued*

	Newborn	9-12 months	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years
Obesity								✔	Beginning at 6 years: at every well-child visit. Offer/refer to intensive counseling and behavioral interventions.												
STI counseling	Beginning at 11 years (at risk, sexually active): offer Intensive Behavioral Therapy (IBT) counseling												✔								
STI screening													✔	✔	✔	✔	✔	✔	✔	✔	✔
Sun/UV (ultraviolet) radiation skin exposure; skin cancer counseling	Beginning at 6 months, counseling to minimize exposure to UV radiation for children with fair skin.																				
Syphilis test	For high risk children; suggested testing interval is 1-3 years.																				
Tobacco smoking screening and cessation	Beginning at age 18: two (2) cessation attempts per year (each attempt includes a maximum of 4 counseling visits); FDA-approved tobacco cessation medications[3]																			✔	✔
Tuberculin test	Assess risk at every well child visit.																				
Vision risk assessment	Up to 2½ years								✔		✔		✔		✔	✔		✔	✔	✔	✔
Vision test (objective method)					✔	✔	✔	✔		✔		✔		✔			✔				
	Optional annual instrument-based testing may be used between 1-5 years of age and between 6-19 years of age in uncooperative children.																				

IMMUNIZATIONS**	
Diphtheria/Tetanus/Pertussis (DTaP)	2 months, 4 months, 6 months, 15–18 months, 4–6 years
Haemophilus influenza type b (Hib)	2 months, 4 months, 6 months (4 dose), 12–15 months, (catch-up through age 5) for specific vaccines and 5–18 years for those at high risk, as indicated
Hepatitis A (HepA)	12–23 months (2 doses) (catch-up through age 18)
Hepatitis B (HepB)	Birth, 1–2 months, 6–18 months (catch-up through age 18)
Human papillomavirus (HPV)	11–12 years (2 doses) (catch-up through age 18: 2 or 3 doses) and 9–10 years for those at high risk or individualization for non-high risk
Influenza[4]	6 months–18 years; annually during flu season
Measles/Mumps/Rubella (MMR)	12–15 months, 4-6 years (catch-up through age 12)
Meningococcal (MenACWY-D/MenACWY-CRM)	11–12 years, 16 years (catch-up through age 18); 2 months–18 years for those at high risk
Meningococcal B (MenB)	16–18 years for individuals not at high risk; 10–18 years for those at high risk
Pneumococcal conjugate (PCV13)	2 months, 4 months, 6 months, 12–15 months (catch up through age 5) and 5–18 years for those at high risk
Pneumococcal polysaccharide (PPSV23)	2–18 years (1 or 2 doses) for those at high risk
Polio (IPV)	2 months, 4 months, 6–18 months, 4–6 years (catch-up through age 17)
Rotavirus (RV)	2 months, 4 months, 6 months (3 doses) for specific vaccines
Tetanus/reduced Diphtheria/Pertussis (Tdap)	11–12 years (catch-up through age 18)
Varicella/Chickenpox (VAR)	12–15 months, 4–6 years (catch-up through age 18)

[1] Fluoride supplementation pertains only to children who reside in communities with inadequate water fluoride.
[2] Encourage all PA-CHIP Members to undergo blood lead level testing before age 2 years.
[3] Refer to the most recent Formulary located on the Capital BlueCross web site at capbluecross.com.
[4] Children aged 6 months to 8 years who are receiving influenza vaccines for the first time should receive 2 separate doses (> 4 weeks apart), both of which are covered.

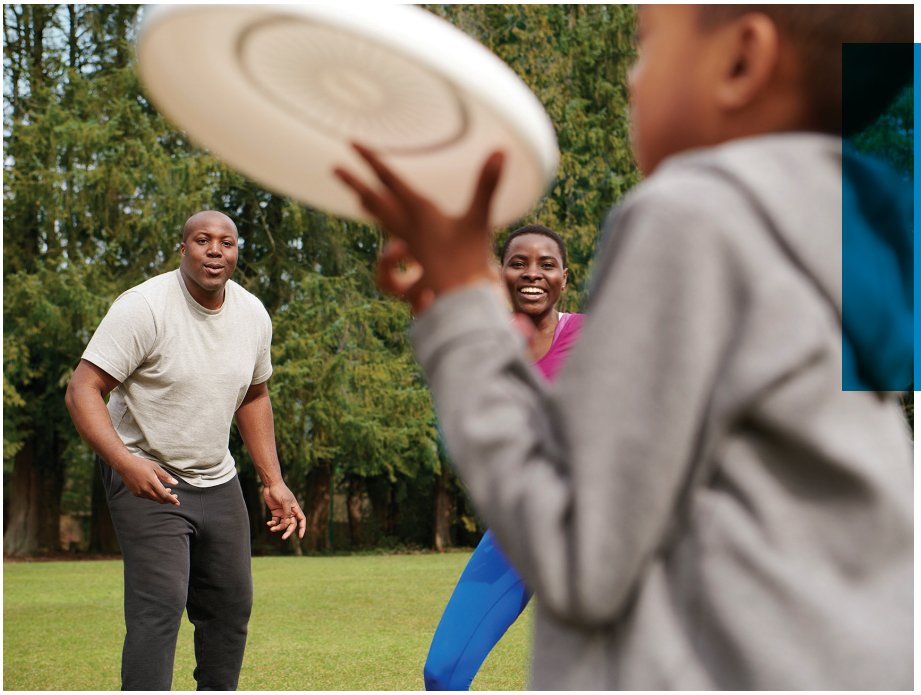
* Services that need to be performed more frequently than stated due to specific health needs of the member and that would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. If a clinician determines that a patient requires more than one well-woman visit annually to obtain all necessary recommended preventive services, the additional visits will be provided without cost-sharing. Occupational, school and other "administrative" exams are not covered.

** Refer to the guidelines set forth by the Centers for Disease Control and Prevention (CDC) for additional immunization information.

This preventive schedule is periodically updated to reflect current recommendations from the U.S. Preventive Services Task Force (USPSTF); Health Resources and Services Administration (HRSA), National Institutes of Health (NIH); NIH Consensus Development Conference Statement, March 27–29, 2000; Advisory Committee on Immunization Practices (ACIP); Centers for Disease Control and Prevention (CDC); American Diabetes Association (ADA); American Cancer Society (ACS); Eighth Joint National Committee (JNC 8); U.S. Food and Drug Administration (FDA), American Academy of Pediatrics (AAP), Women's Preventive Services Initiative (WPSI)

Capital BLUE

capbluecross.com



More than health insurance

As a Capital BlueCross member, you are protected by a name trusted for over 80 years and the card accepted by top doctors and specialists.

Resources for Healthy Living

Visit **capbluecross.com** to get started.

Secure Account

Find all of the information you need to manage your plan by registering for or logging in to your secure account. There you can check the status of your claims, search health and wellness topics, view or request your member ID card, and access your plan documents.

Health Assessment

- Complete an online questionnaire to track your health goals—free and confidential
- Receive a personalized report, summarizing your current health status
- Identify strengths, improvement opportunities, and potential risk factors

Digital Health Tools

- Access articles, quizzes, how-to guides, and healthy recipes
- Learn healthy behaviors through free, interactive programs
- Incorporate healthy habits into your daily lifestyle

Convenience and Savings

Check out these great tools and resources that give you more choice, more convenience, and more ways to save money.

Blue365®

Enjoy exclusive health and wellness deals to help keep you healthy every day of the year. Register now at **blue365deals.com**.

Capital BlueCross Loop

Get tips on how to save money and live healthy sent right to your phone. It's easy to enroll! Call **855.939.5426** or text **capbluecross** to **73529**.

Find a Doctor

Find in-network doctors, hospitals, pharmacies, and labs. Plus, compare treatment costs to help you save money on your healthcare. To access, log in to your secure account at **capbluecross.com**.

Virtual Care*

Welcome to a whole new way to see a doctor by live video using a smartphone, tablet, or computer. Get treatment for common conditions, such as sinus infections, flu, and pink eye. You can also make appointments with behavioral health professionals, and registered dietitians or nutritionists for nutrition counseling.

Special Support Programs

Regardless of where you are on your health journey, we'll help you every step of the way.

Case Management Programs

- Assistance finding medical, family, and community resources
- Help with making informed choices, managing care, and maintaining your quality of life
- Support from a case manager—a specially trained nurse—who works with you and your doctors to help you understand your diagnosis, care options, and treatment plan

Condition Management Programs

- Personalized one-on-one phone support and education
- Help to manage asthma, coronary artery disease, depression, diabetes, and heart failure

Healthy Blue Rewards*

- Take charge of your health with a program designed to achieve results
- Make meaningful progress toward wellness goals
- Earn rewards for healthy behaviors

Nurse Line — 800.452.BLUE (TTY: 711)

Speak or chat with a registered nurse.

- Advice for any health concern
- Available 24/7 at no charge

Precious Baby Prints®

- Educational materials and advice for expecting mothers
- Support during pregnancy, delivery, and follow-up care

Capital BLUE

capbluecross.com

* If offered through your plan.

The programs discussed in this document are not a substitute for services performed by your healthcare providers who are the only ones that can diagnose and treat your individual medical conditions. Capital BlueCross believes these programs provide useful information but does not assume any liability associated with their use.

The Blue365® program is brought to you by the BlueCross BlueShield Association. The BlueCross BlueShield Association is an association of independent, locally operated BlueCross and/or BlueShield Companies. Blue365 offers access to savings on health and wellness products and services and other interesting items that members may purchase from independent vendors, which are different from covered benefits under your policies with Capital BlueCross and its family of companies, its contracts with Medicare, or any other applicable federal healthcare program.

By signing up for the Capital BlueCross Loop, I authorize Capital BlueCross, its affiliates, subsidiaries and/or agents to text me for informational, transactional (e.g., billing), or marketing purposes including, without limitation, texts sent using an automatic dialing system. I understand that the provision of my phone number is not a condition of purchasing any goods or services, and I may opt out at any time. Message and data rates may apply. Please check with your wireless provider.

Nurse Line is not intended to be a substitute for services or advice received from your healthcare Providers who are the only ones that can diagnose or treat your individual medical conditions. Capital BlueCross and its affiliated companies believe this service to be useful for general information or support but do not assume any liability associated with its use.

Healthcare benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

C-528 (09/12/19)

THE DOCTOR WILL SEE YOU NOW. LITERALLY.

See a doctor anytime, anywhere, with Capital BlueCross Virtual Care.

With Capital BlueCross Virtual Care, doctors can diagnose common illnesses and send prescriptions straight to your pharmacy. Capital BlueCross Virtual Care is a covered benefit on most health plans from the Capital BlueCross family of companies*, and it even includes behavioral health services and nutrition counseling.

Why use Capital BlueCross Virtual Care?

- ✓ Convenient and easy
- ✓ Can be less costly than a trip to an urgent care center or emergency room
- ✓ Helpful when:
  - You become sick while traveling within the United States
  - You feel too sick to leave the house
  - You need personalized nutrition advice
  - You need to see a doctor, but can't fit it into your schedule
  - Your doctor's office is closed

Capital BLUE VIRTUAL CARE

*Virtual visits may not be covered under all benefit plans. Refer to your Certificate of Coverage for benefit details. Copays and deductibles may apply.

Convenient care — everywhere

From your phone, tablet, or computer, make an appointment to meet with a dietitian, or get treatment from a Capital BlueCross Virtual Care doctor or behavioral health specialist within minutes. And be sure to share your visit summary with your Primary Care Physician (PCP).

	Medical	Counseling	Psychiatry	Nutrition Counseling
Doctors and Counselors	Capital BlueCross Virtual Care providers are licensed doctors that have an average of 15 years of experience.	Capital BlueCross Virtual Care counseling services are provided by licensed psychologists and master's level counselors.	Capital BlueCross Virtual Care psychiatry services are provided by board-certified psychiatrists and neurologists, who provide a thorough assessment and follow-up visits for medication management.	Capital BlueCross Virtual Care nutrition counseling services are provided by dietitians certified in telehealth, who provide nutrition advice and diet plans based on personal health needs.
Treatment for conditions, such as:	• Abdominal pain • Bronchitis and other respiratory infections • Flu • Pink eye • Strep throat	• Anxiety • Bereavement and grief • Depression • LGBTQ counseling • Trauma	• Anxiety disorders • Anorexia/bulimia • Bipolar disorder • Obsessive compulsive disorder • Post traumatic stress disorder	• Diabetes • Digestive disorders • Food allergies • High cholesterol • Meal planning • Pregnancy diets • Weight loss
Availability	24/7 (including weekends and holidays) through the mobile app or website. No appointment necessary.	7 a.m. – 11 p.m. ET, 7 days a week, by appointment only (same day appointment is possible).	Patients can typically get appointments within 14 days, and a psychiatrist will schedule follow-up visits as needed.	Patients can schedule an appointment with their provider of choice. Appointments are available 7 days a week, including evenings. Follow-up appointments are available as necessary.

Two ways to sign up:

1. Download the free Capital BlueCross Virtual Care app

Download on the App Store · VIRTUAL CARE · GET IT ON Google Play

2. Visit **virtualcarecbc.com**

Learn More

Visit **virtualcarecbc.com** to learn more about virtual visits and how to find local network doctors.

Questions

Virtual Care and website: Call **833.433.5914**

Health plan benefits: Call the number on your member ID card

Capital BLUE VIRTUAL CARE

virtualcarecbc.com

On behalf of Capital BlueCross, American Well Corp. provides this online healthcare tool. American Well is an independent company.

C-638 (04/25/19)

Dental

DENTAL:

unum

Unum Dental℠

A smile-worthy dental plan

Innovative Arts Academy Charter School Incorporated

Effective date: 10/1/2021

Plan features:

- 100% coverage for preventive services
- See any dentist or maximize your benefits by utilizing our national network of more than 323,000+ dental access points[1] with discounted fees for in-network services
- **Find an in-network provider at unumdentalcare.com**
- Manage benefits online with AlwaysAssist.com and on-the-go with the AlwaysAssist mobile app.

AlwaysAssist.com
Online benefits management

AlwaysAssist App
Available on the App Store | GET IT ON Google play

Overview:

Deductible: Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.	$50 per calendar year		
Coinsurance: The plan pays the following percentages of maximum allowable charges for each class:	Class A	Preventive	100%
	Class B	Basic	80%
	Class C	Major	50%
Benefit Maximums: (Class A, B, and C benefits).	$1500 per calendar year		
Carryover Benefit:	N/A		

Covered procedures and waiting periods:

Preventive Services (Class A):
No waiting period
- Routine exams (2 per 12 months)
- Prophylaxis (2 per 12 months)
  - (1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy)
- Bitewing x-rays (maximum of 4 films; 1 per 12 months)
- Fluoride treatment for children up to age 16 (1 per 12 months)
- Sealants for children up to age 16 (permanent molars 1 per 36 months)
- Space maintainers for children up to age 16 (1 per 24 months)
- Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for age 40+)
- Full mouth / panoramic x-rays (1 per 24 months)

Basic Services (Class B):
No waiting period
- Simple restorative services (fillings; Benefit allowed for amalgam restorations on posterior teeth)
- Simple extractions
- Emergency treatment (1 per 12 months)
- Posterior composite restorations

Major Services (Class C):
No waiting period
- Inlays and onlays
- Oral surgery (extractions and impacted teeth)
- Anesthesia (subject to review, covered with complex oral surgery)
- Repair of crown, denture, or bridge
- Periodontics
- Endodontics (root canals)
- Crowns, bridges, dentures and endosteal implants (in lieu of an approved 3-unit bridge)

DENTAL: *continued*

Dental carryover benefit

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! If an Insured submits qualifying claims for covered expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's threshold limit, the insured will be credited a carryover benefit. Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year. If an insured reaches his or her certificate year maximum benefit, we will pay a benefit from the insured's carryover account up to the amount stored in the insured's carryover account. The accrued carryover benefits stored in the carryover account may not be greater than the carryover account limit.

The limits for this policy/certificate are: Carryover benefit **$00**, threshold limit **$00**, carryover account Limit **$00**.

Other specifications:

- An insured's carryover account will be eliminated, and the accrued carryover benefits lost, if the insured has a break in coverage of any length of time, for any reason.
- Eligibility for a carryover benefit will be established or reestablished at the time the first qualifying claim in a benefit year is received for covered expenses incurred during that benefit year.
- In order to be eligible to accumulate the carryover benefit, an insured must be enrolled in the plan at least four months prior to the start of the new policy year. Example: If the plan effective date is January 1st, the insured must be enrolled by September 1st.
- Only claims incurred on or after the start of the next policy year will count toward the threshold Limit.
- Carryover benefits will not be applied to an insured's carryover account until the policy year that starts one year from the date the rider first applies.
- If charges for Class C services are not payable for an insured due to a benefit waiting period for certain covered procedures, this rider will not apply to the insured until the end of such waiting period. And, if the waiting period ends within the three months prior to the start of this plan's next benefit year, this rider will not apply to the insured until the next benefit year.
- Carryover benefits will not be applied to an insured's carryover account until the benefit year that starts one year from the date the rider first applies.

Definitions:

- "Benefit year" means calendar year or policy year, according to the type of plan applicable under the policy/certificate to which this rider is attached.
- "Carryover account" means the amount of an insured's accrued carryover benefits.
- "Carryover account limit" means the maximum amount of cumulative Carryover benefits that an insured can store in his or her carryover account.
- "Carryover benefit" means the dollar amount, which will be added to an insured's carryover account when he or she receives benefits in a benefit year that do not exceed the threshold limit.
- Qualifying claim means a claim under procedure classes A, B, C, and must include 1 exam & 1 cleaning.
- "Threshold limit" means the maximum amount of benefits for all procedure classes A, B, C and D that an insured can receive during a benefit year and still be entitled to receive the carryover benefit.

Dependent children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (888) 400-9304.

Services not listed: If you expect to require a dental or vision service not included on this brochure, it may still be covered. Please contact customer service at (888) 400-9304 to confirm your exact benefits.

Alternate treatment: Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

Exclusions/limitations:

Unum members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered.

The following dental services are not covered:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- the correction of congenital malformations;
- the replacement of lost, discarded, or stolen appliances;
- replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than [5] years old and cannot be made serviceable;
- appliances, services or procedures relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fraction; (v) bite registration; or (vi) bite analysis;
- services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- multiple x-rays done on same date of service will be combined to a full-mouth x-ray;
- cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.

Takeover benefits:

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us.

Application of takeover benefits is subject to Underwriting review and approval.

New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, certificate of creditable coverage, etc.).

Late entrants: Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with Unum will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying.

The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental – DN2002 and DN2007 or contact your Unum Dental representative.

1. Netminder data (September 2016)

Starmount Life Insurance Company
8485 Goodwood Boulevard • Baton Rouge, LA 70806
PH: (888) 400-9304
Policy Forms: Dental – DN2002 and DN2007

Dental plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

(06-18)

Life & Disability

BENEFITS-AT-A-GLANCE

Better benefits at work.

Innovative Arts Academy Charter School Incorporated

Term Life with Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

How does it work?

You keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which can pay a benefit if you survive an accident but have certain serious injuries. It can pay an additional amount if you die from a covered accident.

Why choose Unum?

Your employer is offering you this coverage at no cost to you. Unum is the leading provider of employee benefits, with more than 165 years of experience.[1] We'll be there to back our benefits and provide you with the support you need.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you can receive coverage for:

You:	You can receive a benefit amount of $25,000. You can get up to $25,000 with no health questions.

What else is included?

A "Living" Benefit

If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to $750,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	You can receive an AD&D benefit amount of $25,000.

No questions or health exams required for AD&D coverage.

1 Unum internal data, 2017

Term Life Insurance with Accidental Death & Dismemberment (AD&D)

Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Age reduction

Coverage amounts for Life and AD&D Insurance for you will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

Better benefits at work.

Innovative Arts Academy Charter School Incorporated

Short Term Disability Insurance
pays you a weekly benefit if you have a covered disability that keeps you from working.

How does it work?
If a covered illness or injury keeps you from working, this employer-paid Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?
Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

What's covered?
This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:[1]

- Normal pregnancy
- Injuries, excluding back
- Joint disorders
- Cancer
- Digestive disorders

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week. **Coverage amounts** Cover 60% of your weekly income, up to a maximum benefit of $500 per week. *See the Legal Disclosures for more information.

The weekly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

! Innovative Arts Academy Charter School Incorporated is paying the cost of this coverage. Coverage is guaranteed so you don't have to answer medical questions.

Elimination period (EP)
This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

Benefit duration (BD)
The maximum number of weeks you can receive benefits while you're disabled. You have a 11 week benefit duration.

1 Unum internal data, 2018. **Note:** Causes are listed in ranked order.

Short Term Disability Insurance

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Innovative Arts Academy Charter School Incorporated for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings.

You must be under the regular care of a physician in order to be considered disabled.
The loss of a professional or occupational license or certification does not, in itself, constitute disability.
'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Motor vehicle insurance policy or plan
- The amount that you receive as disability income payments under the Pennsylvania Motor Vehicle Financial Responsibility Law
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

UNUM
Better benefits at work.

Innovative Arts Academy Charter School Incorporated

Long Term Disability Insurance

can replace part of your income if a disability keeps you out of work for a long period of time.

How does it work?

This employer-paid coverage pays a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week. **Coverage amounts** Cover 60% of your monthly income, up to a maximum payment of $5,000. *See the Legal Disclosures for more information.

The monthly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

! Innovative Arts Academy Charter School Incorporated is paying the cost of this coverage. Coverage is guaranteed so you don't have to answer medical questions.

Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age.

What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for long term disability claims:[1]

- Cancer
- Back disorders
- Injuries
- Cardiovascular
- Joint disorders

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

What else is included?

Work-life balance EAP
Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance
One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

Survivor benefit
If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium
If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

1 Unum internal data, 2018. Note: Causes are listed in ranked order.

Long Term Disability Insurance

Exclusions and limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Innovative Arts Academy Charter School Incorporated for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Benefit Duration (BD)

The duration of your benefit payments is based on your age when your disability occurs. Your Long Term Disability benefits are payable while you continue to meet the definition of disability. Please refer to your plan document for the duration of benefits under this policy.

Definition of disability

You are considered disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury

After 24 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability."Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Pre-existing conditions

You have a pre-existing condition if:

- you received medical treatment, medical advice, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage and
- the disability begins in the first 12 months after your effective date of coverage

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation laws
- The amount that you receive as disability income payments under the Pennsylvania Motor Vehicle Financial Responsibility Law
- Third-party settlements
- Other group insurance plans
- A group plan sponsored by your employer
- Governmental retirement system
- Salary continuation or sick leave plans - if included
- Retirement payments
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- War, declared or undeclared or any act of war;
- Commission of a crime for which you have been convicted;
- Loss of professional license, occupational license or certification; or
- Pre-existing conditions (See the disclosure section to learn more).

The loss of a professional or occupational license does not, in itself, constitute disability.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Disabilities based primarily on self-reported symptoms are limited to 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

Social Security advocacy services are provided by GENEX Services, Inc. or The Advocator Group, LLC. Referral to one of our advocacy partners is determined by Unum.

Worldwide emergency travel assistance services are provided by Assist America, Inc.
Work-life balance employee assistance program services are provided by HealthAdvocate.
Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al. or contact your Unum representative.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

VISION

VISION: VBA

Expert Solutions. Exceptional Service.

Innovative Arts Academy Charter School

VBA# 4141
Effective: 10/1/20 – 9/30/22
$0 Exam / $0 Materials Copay

FREQUENCY OF SERVICE: Last Date of Service — **DEPENDENT AGE: 26**

	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

BENEFITS: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit (Zero Copayment)	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam (Glasses or Contacts)	100%	$40
Clear Standard Lenses (Pair):		
Single Vision	100%	$40
Bifocal	100%	$60
Blended Bifocal	100%	$60
Trifocal	100%	$80
Progressives	Partially Covered[A]	$80
Lenticular	100%	$120
Polycarbonate	100%[B]	N/A
Scratch Coat-1 Yr	100%	N/A
Frame	100%[C]	$50
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	$110[D]	$110
Fitting Fee	15% off UCR[A]	N/A
-OR-		
Medically Necessary Contacts	100%[E]	$320
Low Vision Aids (Per 24 Months. No Lifetime Max)	$650	$650
-AND-		
Lasik Surgery (once every 8 years)	N/A	$125

A Participation may vary by location. Check with your Provider for details.
B Available In-Network at no charge for children under age 19.
C Up to the program's $50 wholesale allowance.
D The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.
E Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

VBA Vision makes using your bene its simple and easy.

Step 1

Go to **www.vbaplans.com**, log in to your account then click on "Am I Eligible."

Step 2

If you are eligible, click on "Find A Doctor" at the top of the page. From there you can fill in your zip code and find a doctor close to you.

Step 3

Go to your appointment and let your doctor know that you have a VBA Vision plan. During your appointment, your doctor will give you an exam, order your materials, make sure your lenses are made correctly, and dispense your prescription.

Step 4

Relax—we've got you covered! VBA Vision will pay your doctor for covered exams, lenses, and frames.

If your doctor is not within the VBA network, requesting reimbursement is simple.

To request reimbursement for services provided by an out-of-network provider, go to **www.vbaplans.com**, download and complete a reimbursement form, attach all receipts and mail or fax to the address below.

This sheet is for information only and does not guarantee benefits.

300 Weyman Road, Suite 400
Pittsburgh, PA 15236
1-800-432-4966
fax: 412-881-4898
www.vbaplans.com

V_M_HowTo_Eng. Rev: 01/05/16

CHIP Notice

Children's Health Insurance Program (CHIP)

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	**INDIANA – Medicaid**
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

Children's Health Insurance Program (CHIP) *continued*

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

Children's Health Insurance Program (CHIP) *continued*

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

Notifications

WCHRA

INNOVATIVE
ARTS ACADEMY

WHCRA Annual Notice

Please know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call your Plan Administrator at 1-800-962-2241 for more information.

Notifications

WCHRA *continued*

INNOVATIVE
ARTS ACADEMY

WHCRA Enrollment Notice

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, all deductibles and coinsurances apply to the PPO plan you select.

If you would like more information on WHCRA benefits, call your Plan Administrator at 1-800-962-2241.

Notes:

Notes:

Notes:

Benefits Contacts

Medical Insurance

Capital Blue Cross — www.capbcbs.com

- Finding a participating provider — 1-800-962-2241
- Mail Order Pharmacy
  Alliance Walgreens Prime

Dental Insurance

Unum — www.Unum.com

- Find a Provider — 1-800-ASK-UNUM

Life & Disability

Unum — www.Unum.com

- Find a Provider — 1-800-ASK-UNUM

Vision Insurance

Vision Benefits of America — www.VBAPlans.com
1-800-432-4966