



**ARMY & NAVY
ACADEMY**

BE BOLD. BE BRILLIANT. BE YOU.



GET TO KNOW
**YOUR
BENEFITS**

PLAN YEAR :
2026-27

Insurance Terms and Definitions

PPO (PREFERRED PROVIDER ORGANIZATION)

A PPO is a type of insurance network. In this type of network, you may choose to obtain care in or out of your network. If you choose to visit a "Preferred", or "In-Network", provider, your out of pocket expense will be significantly less than if you visit a provider outside your network. The reason for this is the In-Network provider agrees to accept set, contracted rates as payment in full for their services in return for being part of the insurance carrier's Preferred Provider network.

HMO (HEALTH MAINTENANCE ORGANIZATION)

An HMO is a type of insurance network. In this type of network, you must stay in your network to obtain care under your plan. There are no benefits paid out for services obtained outside the network. In some instances, HMO's may require that you have a referral from your primary care physician to obtain services from a specialist.

DEDUCTIBLE

The amount you pay before the insurance carrier starts sharing the expense of your medical care. Major medical expenses apply to the deductible like inpatient/outpatient surgeries, MRI's, CT Scans, etc...

DEDUCTIBLE PERIOD

This is the 12 month time period in which all medical expenses that would apply to your deductible accumulate. Your deductible will reset after this period ends. This time period is important to note, because it does not always align with your plan year

DEDUCTIBLE CREDIT

If your Deductible Period and Plan Year are not the same with your new health insurance carrier, the new carrier will give you "credit" for the portion of the deductible you've satisfied with the old health insurance carrier during the most recent Deductible period. In order to obtain this credit, please supply your Plan Administrator with your most recent Explanation of Benefits (EOB) from the old carrier.

CO-INSURANCE

After you've reached your deductible for the year, the insurance carrier will split the balance of the major medical expense with you. They pay a percentage and you pay a percentage of your medical expense until you've reached your Out of Pocket Maximum

OUT OF POCKET MAXIMUM

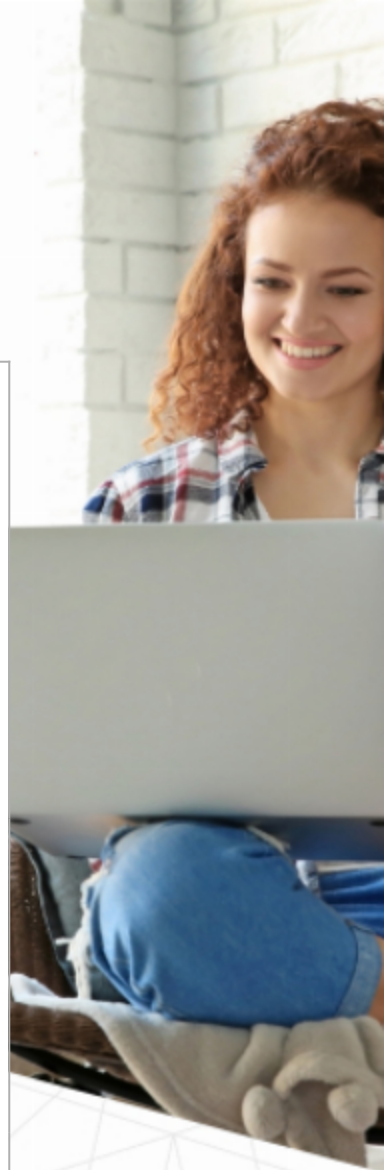
This is the maximum amount you will pay for covered medical expenses during your deductible period

CO-PAYS

This is a set Dollar amount you pay when you receive medical care from a PCP, Specialist, Urgent Care, Emergency Room, or Pharmacy. It's called a CO-pay, because you pay the set dollar amount and your insurance carrier pays the rest of the actual charge from the doctor/facility. Co-pays DO NOT apply to the deductible

EXPLANATION OF BENEFITS

Commonly referred to as an "EOB". The EOB is a very useful document as it explains how the insurance carrier processed your claim. It shows the billed charges from the provider, the network discount applied, and what the resulting Negotiated Rate is. (Provider Charge - Network Discount = Negotiated Rate) It also shows whether the service was applied to your deductible or paid as a co-pay. It is not a bill, but merely an explanation of how the insurance carrier paid your claim.



Important Items to Remember

NEW HIRE WAITING PERIOD

New employees are eligible for company insurance benefits: The 1st day of month after 30 days of continuous full time employment

TERMINATION OF BENEFITS

When your employment with the company is terminated, your benefits will stop: At the end of that month

ELIGIBLE EMPLOYEES

To be eligible for company benefits, you must be a full time employee working an average of 30 hours per week during the year

DEPENDENT CHILDREN

Children under the age of 26 are eligible to be covered under the benefits. They will be taken off of the plan at the end of the month in which they turn 26

OPEN ENROLLMENT

You can make changes to your plans (enroll in coverage, waive coverage, add/drop dependents, etc..) during this time period each year. Open enrollment occurs 30 days prior to your plan renewal. All changes made during this time period will take effect on the renewal date

MAKING PLAN CHANGES DURING THE YEAR

If you've had a major life event (getting married, having a child, getting divorced, losing coverage, becoming eligible for Medicare, etc...) during the year, you're able to make coverage changes to your plan even though it's outside of the Open Enrollment window. Please turn in all paperwork within 30 days of your Qualifying Event to ensure it will be processed timely and any claims incurred will be paid. PLEASE NOTE: If adding a newborn baby to your plan, the baby's social security number will not be available right away. Please submit the paperwork without it, and provide it once it's available

COBRA

PLEASE NOTE: In the event your employment is terminated with the company, you will receive a packet in the mail giving you the opportunity to continue your Medical, Dental and Vision benefits for up to 18 months. This is called COBRA coverage. Your employer DOES NOT contribute to this coverage as they may when you are employed with them. You will be responsible for 102% of the actual cost of the insurance if you wish to continue with it.

STAY IN NETWORK

To obtain the best benefits, it's important to stay in the insurance carrier's network. Always check online or verify over the phone that a doctor or hospital is in network BEFORE your visit. Also, when having a procedure done in a hospital/facility, ask the hospital staff to make sure EVERY doctor/nurse/radiologist/anesthesiologist/etc... is in your network

EXPLANATION OF BENEFITS

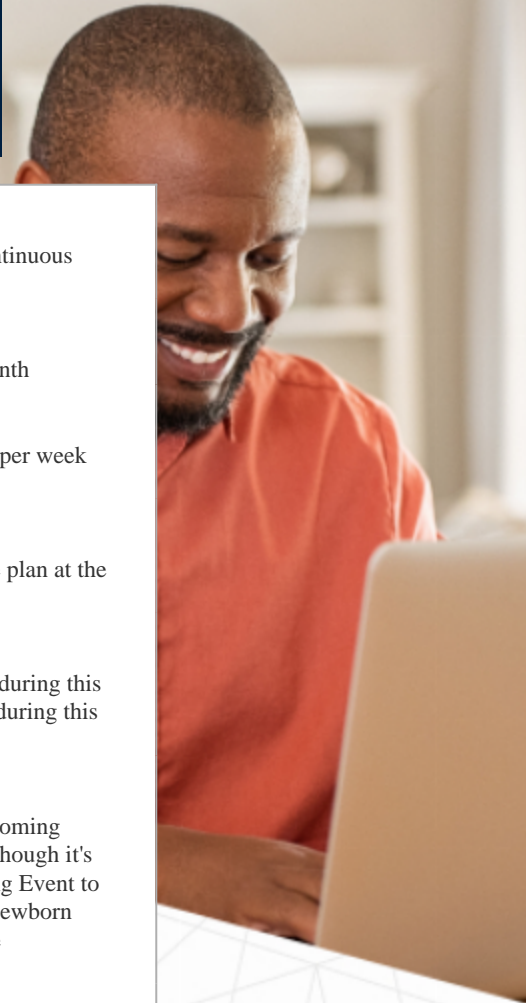
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NEED A NEW ID CARD OR ANOTHER ID CARD FOR A DEPENDENT?

You can register for the insurance carrier's website where you can print out temporary ID cards and order new cards, or you can contact: Maribel Belmonte; maribel@thcsonline.com

HAVE QUESTIONS ABOUT AN INSURANCE CLAIM?

PLEASE HAVE COPIES OF YOUR EXPLANATION OF BENEFITS ALONG WITH A COPY OF YOUR BILL(S) READY & CONTACT: Maribel Belmonte; maribel@thcsonline.com





Medical

Kaiser Permanente

	\$0 Deductible	\$750 Deductible	\$1500 Deductible
DEDUCTIBLE			
	IN-NETWORK	IN-NETWORK	IN-NETWORK
Single	\$0	\$750	\$1,500
Family	\$0	\$1,500	\$3,000
COINSURANCE			
Member %	N/A	20%	30%
OUT OF POCKET MAXIMUM			
Single	\$3,000	\$3,000	\$4,000
Family	\$6,000	\$6,000	\$8,000
COMMONLY USED SERVICES			
Primary Care Physician Office Visit	\$30 / visit	\$30 / visit	\$40 / visit
Specialist Office Visit	\$40 / visit	\$40 / visit	\$50 / visit
Urgent Care	\$30 / visit	\$30 / visit	\$40 / visit
Emergency Room	\$250 / visit	20%	30% coinsurance
PREVENTIVE CARE			
Preventive Services	No Charge	No Charge	No Charge
MAJOR MEDICAL EXPENSES			
Outpatient Surgery	\$250 / procedure	20%	30% coinsurance
Inpatient Hospitalization / Surgery	\$500 / day to \$1,500	20%	30% coinsurance
CT scan, PT scan, MRI	\$100 / procedure	20% up to \$150 / procedure	30% coinsurance up to \$150 / procedure
Hospital Newborn Delivery	\$500 / day to \$1,500	20%	30% coinsurance
PRESCRIPTION DRUG COVERAGE			
Generic (Tier 1)	\$15 / prescription; \$30 / mail order	\$10 / prescription; Mail order: \$20 / prescription	\$10 / prescription; Mail order: \$20 / prescription
Preferred Brand (Tier 2)	\$35 / prescription; \$70 / mail order	\$30 / prescription; Mail order: \$60 / prescription	\$30 / prescription; Mail order: \$60 / prescription
Non-Preferred Brand (Tier 3)	\$35 / prescription; \$70 / mail order	\$30 / prescription; Mail order: \$60 / prescription	\$30 / prescription; Mail order: \$60 / prescription
Specialty (Tier 4)	30% coinsurance up to \$250 / prescription	20% up to \$250 / prescription	20% coinsurance up to \$250 / prescription
Mail Order - 90 day Supply	Tier 1: \$30 / prescription; Tier 2: \$70 / prescription	Tier 1: \$30 / prescription; Tier 2: \$60 / prescription	Tier 1: \$30 / prescription; Tier 2: \$60 / prescription
PLAN INFORMATION			
Plan Year	2026-2027	2026-2027	2026-2027
Deductible Period	Calendar-Year	Calendar-Year	Calendar-Year
Network Type	HMO	HMO	HMO
Network Name	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente
Member Website	kp.org	kp.org	www.kp.org
Customer Service Phone Number	(800) 278-3296	(800) 278-3296	(800) 278-3296



Plan Explanation

An HMO, or Health Maintenance Organization, is a type of health insurance plan that provides coverage through a network of doctors, hospitals, and other healthcare providers, often requiring a primary care physician (PCP) as a "gatekeeper" for referrals to specialists.

Voluntary Accident

Mutual of Omaha | Accident

INJURY	SCHEDULED BENEFIT
Burn - 2nd Degree	up to \$15,000
Burn - 3rd degree	up to \$15,000
Coma	50% of Principal Sum
Concussion	\$150
Dental Injury	up to \$300
Dislocation - Hip	up to \$4,500
Dislocation - Knee	up to \$4,500
Dislocation - Shoulder	up to \$4,500
Fracture - Hip	up to \$3,000
Fracture - Skull	up to \$3,000
Fracture - Arm	up to \$3,000
Fracture - Hand	up to \$3,000
PLAN INFORMATION	
Plan Year	2026-27
Member Website	https://www.mutualofomaha.com/
Customer Service Phone Number	(800) 228-7104



Plan Explanation

Voluntary accident insurance is a supplemental plan, usually offered by employers but paid for by employees, that provides additional financial protection in the event of an accident, covering unexpected costs like medical bills or lost income.

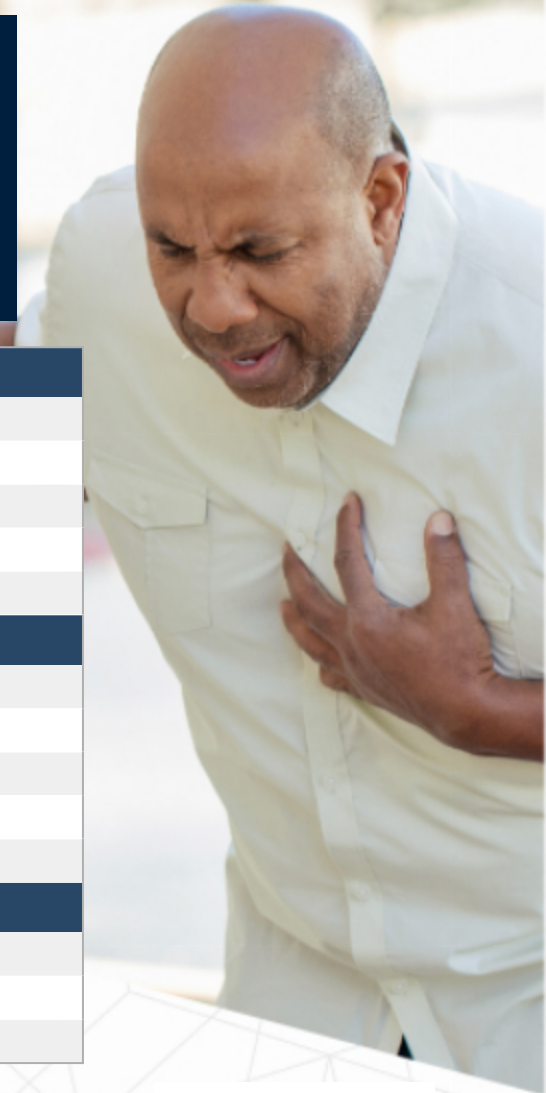
Disclaimer

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Voluntary Critical Illness

Mutual of Omaha | Critical Illness

CRITICAL ILLNESS BENEFIT	
Minimum Benefit	\$5,000
Maximum Benefit	\$40,000
Employee Scheduled Benefit	\$5,000 to \$40,000
Spouse Scheduled Benefit	100% of employee benefit
Child Scheduled Benefit	25% of employee benefit
ILLNESS	% OF SCHEDULE BENEFIT
Cancer	100%
Cancer - Carcinoma in situ	25%
Heart Attack	100%
Major Organ Failure	100%
Stroke	100%
PLAN INFORMATION	
Plan Year	2026-27
Member Website	https://www.mutualofomaha.com/
Customer Service Phone Number	(800) 228-7104



Plan Explanation

Critical illness insurance is a voluntary policy that makes a lump-sum payment to the member following the diagnosis of a serious illness or medical condition that is covered by the plan.

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Dental
Plan

Dental Plans

	HMO Concordia Plus	Elite Plus Dental	
DEDUCTIBLE	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Single	\$0	\$50	\$50
Family	\$0	\$150	\$150
MAXIMUM THE CARRIER WILL PAY			
Annual Maximum	\$0	\$2,500	\$2,500
FREQUENCIES			
Cleaning	1x per 6 month period	1x per 6 month period	
Exam	1x per 6 month period	1x per 6 month period	
DENTAL COVERAGE			
Cleanings	\$0	100%	100%
Exams	\$0	100%	100%
X-Rays	\$0	100%	100%
Sealants	\$0	100%	100%
Fillings	Amalgam Restorations - \$0; Resin-Based Composite Restorations - \$0-\$140	80%	80%
Simple Extractions	\$0-\$40	80%	80%
Root Canal	\$55-\$75	80%	80%
Periodontal Gum Disease	\$0-\$43	80%	80%
Oral Surgery	\$0-40	80%	80%
Crowns	\$50-\$130	80%	80%
Dentures	\$90-\$165	50%	50%
Implants	Not Covered	50%	50%
Orthodontia Lifetime Maximum	\$1500	\$1,500	
	Your insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist, which may result in a balance bill.	Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing).	
PLAN INFORMATION			
Plan Year	2026-27	2026-27	
Network Type	HMO	ElitePlus	
Network Name	Concordia Plus	ElitePlus	
Member Website	www.UnitedConcordia.com	www.UnitedConcordia.com	
Customer Service Phone Number	(800) 332-0366	(800) 332-0366	

United Concordia
dental

Plan Explanation

A Dental HMO (DHMO) is a type of dental insurance plan that focuses on affordable, preventative care through a network of contracted dentists. You're assigned a primary care dentist (PCD) who coordinates your care, including referrals to specialists, within the network.

Disclaimer

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Vision
Plan

Vision Plan

| VSP Vision

VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10	\$45
Single Vision Lens	\$25	\$30
Lined Bi-Focal Lens	\$25	\$50
Lined Tri-Focal Lens	\$25	\$65
Lenticular Lens	\$25	\$100
Contact Lens Allowance	\$150	\$105
Frame Allowance	\$150 (Featured Frames \$170)	\$70
FREQUENCIES		
Exam Frequency	Every 12 months	
Lens Frequency	Every 12 months	
Frame Frequency	Every 24 months	
	You pay the entire cost out of pocket. You will need to submit a claim form for reimbursement.	
PLAN INFORMATION		
Plan Year	2026-27	
Network Name	VSP Choice	
Member Website	vsp.com	
Customer Service Phone Number	(800) 877-7195	



United **Concordia**
dental®

Plan Explanation

A vision PPO (Preferred Provider Organization) is a type of vision insurance that offers discounts on eye care services, including exams, glasses, and contacts, when you use in-network providers.

Disclaimer

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Life &
Disability

Life Insurance

Mutual of Omaha | Basic Life and AD&D

LIFE INSURANCE BENEFITS

Life Insurance Coverage	\$50,000
Accidental Death & Dismemberment	\$50,000
Age Reduction Schedule	At age 65, amounts reduce to 65%; At age 70, amounts reduce to 50%
Accelerated Death Benefit	75% if terminally ill

PLAN INFORMATION

Plan Year	2026-27
Member Website	https://www.mutualofomaha.com/
Customer Service Phone Number	(800) 228-7104



Plan Explanation

Basic life insurance is commonly offered by employers, providing coverage for a specific period of the policyholder's lifetime.

Disclaimer

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Voluntary Term Life

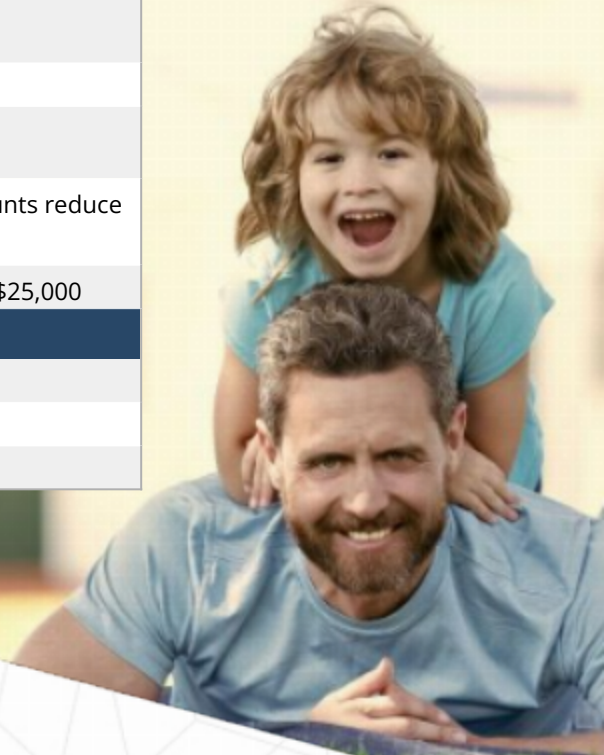
Mutual of Omaha | Voluntary Life and AD&D

LIFE INSURANCE BENEFITS

Employee Life Insurance Coverage	5x annual salary up to \$500,000
Spouse Life Insurance Coverage	100% of Employee up to \$250,000
Child(ren) Life Insurance Coverage	100% of Employee up to \$25,000
Age Reduction Schedule	At age 70, amounts reduce to 65%; At age 75, amounts reduce to 50%
Guaranteed Insurability	Employee - \$100,000; Spouse - \$50,000; Child - \$25,000

PLAN INFORMATION

Plan Year	2026-27
Member Website	https://www.mutualofomaha.com/
Customer Service Phone Number	(800) 228-7104



Plan Explanation

Voluntary life insurance is an optional benefit provided by employers that provides a death benefit to a beneficiary upon the death of an insured employee.

Disclaimer

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Short-Term Disability

Mutual of Omaha | STD

STD INSURANCE BENEFITS

Weekly Benefit	60% up to \$1,000/week
When do benefits start? (Elimination period)	8th day of your injury/illness
How long do my benefits pay out?	25 weeks
Guaranteed Insurability	Yes

PLAN INFORMATION

Plan Year	2026-27
Member Website	https://www.mutualofomaha.com/
Customer Service Phone Number	(800) 228-7104



Plan Explanation

Short-term disability (STD) is an insurance plan that provides temporary income replacement for employees unable to work due to a non-work-related illness or injury, typically for a period of 3 to 6 months.

Disclaimer

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Long Term Disability

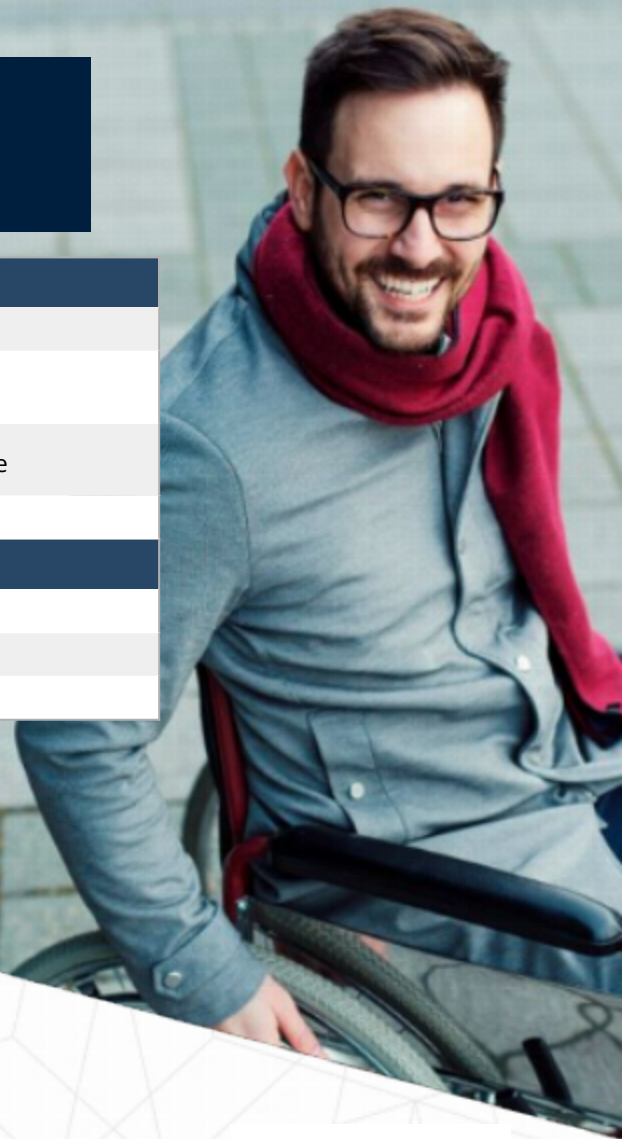
Mutual of Omaha | LTD

LTD INSURANCE BENEFITS

Monthly Benefit	\$6,000
When do benefits start? (Elimination period)	180 days after onset of injury/illness
How long do my benefits pay out?	Social Security Normal Retirement Age
Guaranteed Insurability	Yes

PLAN INFORMATION

Plan Year	2026-27
Member Website	https://www.mutualofomaha.com/
Customer Service Phone Number	(800) 228-7104



Plan Explanation

Long-term disability refers to a condition, often due to illness or injury, that prevents someone from performing their work duties for an extended period, typically a year or more, and potentially for the rest of their working life.

Disclaimer

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Employee
Wellness



You time. Anytime.

Try the Calm app for self-care and better sleep

Calm is an app that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. Adult members can get Calm at kp.org/selfcareapps. Calm is:

- The #1 app for meditation and sleep
- Hand-picked by Kaiser Permanente physicians
- Confidential and easy to use



Adult members can get the Calm app at no cost

Practicing mindfulness with Calm can help you build resilience and support your overall emotional health and wellness. Anyone can benefit from Calm, and the app offers something for everyone:

- A new 10-minute Daily Calm meditation every day
- Guided meditations covering anxiety, stress, gratitude, and more
- Sleep Stories (soothing bedtime tales for grown-ups)
- Music for focus, relaxation, and sleep
- Calm Masterclasses taught by world-renowned experts and celebrities

The Calm app is not available to KP Washington members at this time.

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 601 Union St., Suite 3100, Seattle, WA 98101



Try yoga, cardio, and bootcamp – without leaving home

We're making it easier to exercise from anywhere

Regular workouts can help improve your mood, sharpen your mind, and help you feel healthier and happier overall. That's why we teamed up with fitness industry leader ClassPass to make it easy for you to exercise from the comfort of home.

With this special rate for ClassPass, Kaiser Permanente members can get:



On-demand video workouts at no cost

4,000+ online fitness classes – including cardio, dance, meditation, bootcamp, and more – for \$0/month.



Reduced rates on in-person fitness classes

Free trial plus 20% off a monthly package to reserve in-person fitness classes at some of the top gyms and fitness studios in your area and around the world.

Why ClassPass?

- 4,000 on-demand classes to access anytime
- 40,000 studios and gyms to choose from worldwide
- 22 types of fitness classes to choose from



Get started at kp.org/exercise

ClassPass is not available to Medi-Cal and Medicaid members. ClassPass is not available to Kaiser Permanente Dental-only members. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.

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Affordable Fitness Made Easy

- 1** Find your perfect gym from 12,500+ options nationwide.
- 2** Enroll online in minutes, with **no long-term contracts** or annual fees.
- 3** **Start working out today!** Your membership also includes the option to purchase a membership for your spouse.¹

PLUS

- » **8,500+ Premium Gym Options** at exercise studios, outdoor experiences, and others with **20% – 70% discounts at most locations.**²
- » **Get Fit at Home™ for Free** with 12,000+ on-demand workout videos before you enroll! **Just create an account.**

\$0 Enrollment Fee With Code: STAYSTRONG³

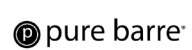
Get Started: kp.org/choosehealthy



Standard
Fitness Network



Premium
Fitness Network



¹ Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees may vary based on fitness center selection.

² Costs for premium exercise studios exceed \$28/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

³ Monthly fees are subject to applicable taxes. \$28 enrollment fee waived for standard gyms only 3/1/24 12:01 a.m. - 6/30/24 11:59 p.m. PT.

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Keep your mind and body in sync

How you feel and think are closely related. So, it's important to take care of your mind as well as your body to help reduce stress and maintain mental health.



Heal your body and mind

Get resources for easing stress, anxiety, depression, and sleep problems. Keeping your mind and body healthy and in sync is a great way to [care for the whole you](#).



Understand the mind-body connection

Learn how health problems affect emotions and how well you [treat, manage, and cope with illness](#). Plus, find out how a positive outlook may help you better handle pain or stress.



Make self-care a priority

See why there is growing interest in self-care, with more than three-quarters of U.S. consumers saying [wellness is more important than ever](#).



Scan the QR code or visit kp.org/mindbody to learn more about mind and body wellness.

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Get quality care whenever you need it

With Kaiser Permanente, you have many options available to get the world-class care you depend on for all your health needs – day or night. Here's how:

Convenient ways to get care



Phone visit

Talk with a clinician over the phone for the same high-quality care as an in-person visit.^{1,2} Schedule an appointment or get fast, personalized support 24/7.



Video visit

Meet face-to-face with a clinician by video from your smartphone, tablet, or computer.^{1,2} Appointments are optional.



24/7 care advice

Talk with a Kaiser Permanente clinician anytime day or night for advice.



E-visit

Fill out a short questionnaire about your symptoms online and get personalized self-care advice from a Kaiser Permanente clinician.



Email

Message your doctor's office with nonurgent health questions anytime through your kp.org account.



Mail-order pharmacy

Get prescriptions sent straight to your door with our mail-order delivery service.³

1. Where appropriate and available. 2. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. Some prescriptions are not available through the mail-order pharmacy. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 10 business days.

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Making an appointment is easy

Go online:

To choose the kind of care you need, visit kp.org/getcare or sign in to the Kaiser Permanente app – and avoid hold times on the phone. For Colorado or Washington members, chat online with a doctor through your kp.org account.

Call us 24/7:

Find your location information below.

California

- Northern California: 1-866-454-8855
- Southern California: 1-833-574-2273

Colorado

303-338-4545 or 1-800-218-1059

Georgia

404-365-0966

Hawaii

- Oahu: 808-432-2000
- Maui: 808-243-6000
- Hawaii Island: 808-334-4400
- Kauai: 808-246-5600

Maryland/Virginia/Washington, D.C.

1-800-777-7904

Oregon/SW Washington

- Portland: 503-813-2000
- All other areas: 1-800-813-2000

Washington

1-800-297-6877

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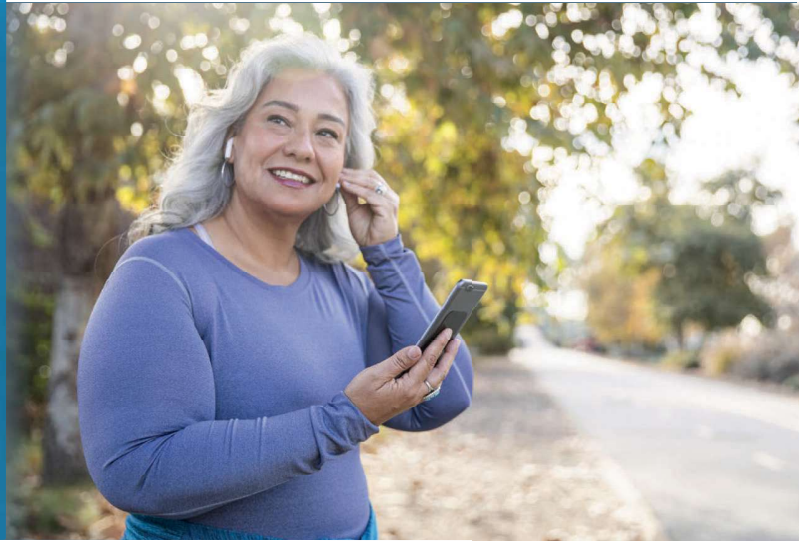
Learn more at kp.org/getcare





Employee Assistance Program (EAP)

Available Services When You Need Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: **1-800-316-2796**

Enhanced EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none"> An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery
Counseling Options	<ul style="list-style-type: none"> Three sessions per year (per household) conducted by either face-to-face* counseling or video telehealth via a secure, HIPAA compliant portal
Exclusive Provider Network	<ul style="list-style-type: none"> National network of more than 10,000 licensed clinical providers Network continually expanding to meet customer needs Flexibility to meet individual client/member needs

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.

Continued on back.



Enhanced EAP Services (continued)

Features	Value to Company and Employees
Access	<ul style="list-style-type: none"> • 1-800 hotline with direct access to a Master's level EAP professional • 24/7/365 services available • Telephone support available in more than 120 languages • Online submission form available for EAP service requests • EAP professionals will help members develop a plan and identify resources to meet their individual needs
Employee Family Legal Services	<ul style="list-style-type: none"> • Valuable resources - legal libraries, tools and forms - available on EAP website • A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney • 25% discount for ongoing legal services for same issue
Employee Family Financial Services	<ul style="list-style-type: none"> • Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health • A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney • 25% discount for ongoing financial services for same issue
Employee Family Work/Life Services	<ul style="list-style-type: none"> • Child care resources and referrals • Elder care resources and referrals
Online Services	<ul style="list-style-type: none"> • An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> • Current events and resources • Family and relationships • Emotional well-being • Financial wellness • Substance abuse and addiction • Legal assistance • Physical well-being • Work and career • Bilingual article library
Employee Communication	<ul style="list-style-type: none"> • All materials available in English and Spanish
Eligibility	<ul style="list-style-type: none"> • Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	<ul style="list-style-type: none"> • EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible



Costs,
Directory, &
Required Notices

AGENCY CONTACTS



The HealthCare Solution

Fred Wiener

fred@thcsonline.com

(818) 227-5650



The HealthCare Solution

Maribel Belmonte

maribel@thcsonline.com

(818) 227-5650

CARRIER CONTACTS



KAISER PERMANENTE

www.kp.org

(800) 278-3296

United **Concordia**
dental[®]

www.UnitedConcordia.com

(800) 332-0366



(800) 228-7104

www.mutualofomaha.com

VENDOR CONTACTS



(800) 580-4505

www.paycomonline.net/v4/ee/web.php/app/login



General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage **MUST PAY** for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

RETIREE COVERAGE ONLY:

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Army and Navy Academy, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Retiree coverage only: Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 Days after the qualifying event occurs. You must provide this notice to: Army and Navy Academy.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified

beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period* to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

* <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Tracy Overton, Director of Human Resources, 760 547-5260, toverton@armyandnavyacademy.com

Important Notice from Army and Navy Academy About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Army and Navy Academy coverage WILL be affected. .

If you do decide to join a Medicare drug plan and drop your current Army and Navy Academy coverage, be aware that you and your dependents WILL be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Army and Navy Academy and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Army and Navy Academy changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 05/01/2026

Name of Entity/Sender: Army and Navy Academy

Contact: Tracy Overton, Director of Human Resources, 760 547-5260, toverton@armyandnavyacademy.com --
Position/Office: Director of Human Resources

Phone Number: 760 547-5260

Address: 2605 Carlsbad Blvd., Carlsbad, CA, 92008

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