2025

OPEN ENROLLMENT GUIDE

For the coverage period beginning on November 1, 2025

Welcome to Open Enrollment

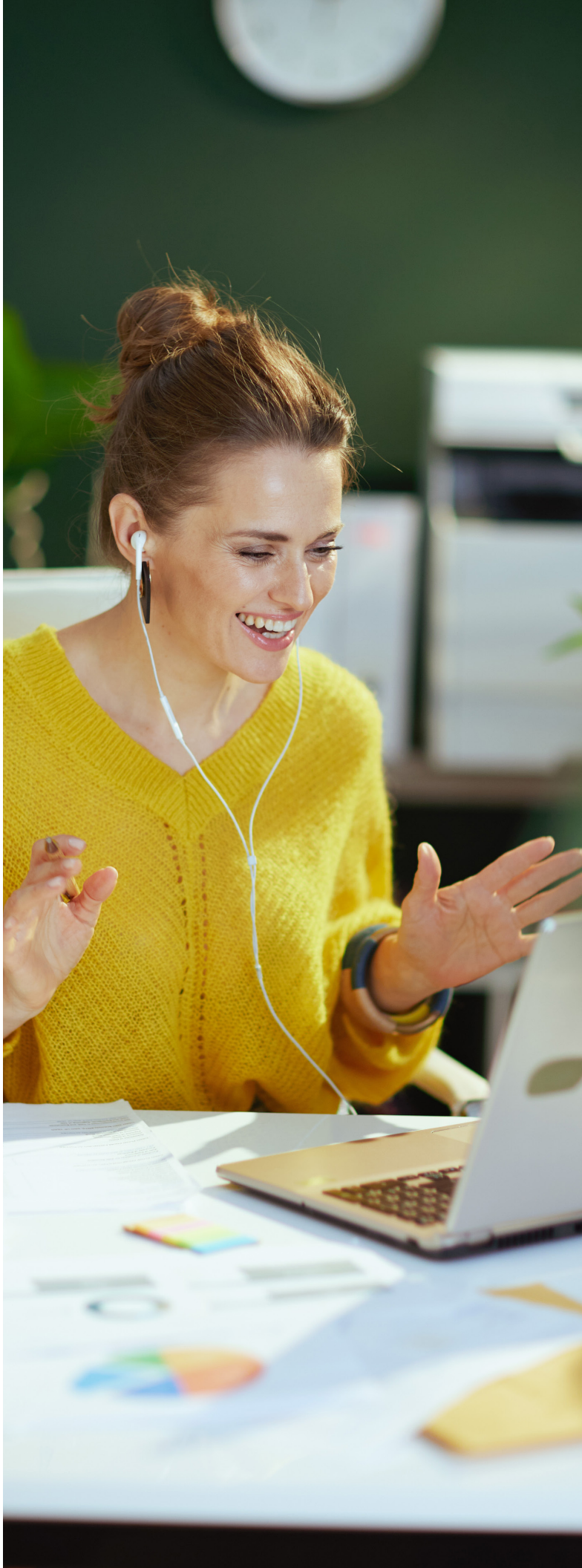
Atlantic Community Charter School (ACCS) strives to offer you and your eligible dependents a competitive and comprehensive benefits package. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Our Open Enrollment period will run from October 24, 2025 to October 31, 2025.

The benefits you elect during Open Enrollment will be effective starting November 1, 2025. Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status.

Open Enrollment Highlights

- Your medical, prescription drug, and vision plans will be remaining with Horizon BCBS.
- **NEW!** Medical High Deductible Health Plan Option now available for 2025-2026. For more information on how a Medical HDHP works please see page 5.
- **NEW!** Buy-Up Dental Plan with Orthodontia, will now be available through United Concordia for 2025-2026 Plan Year.
- **NEW!** Voluntary Employee Life! During open enrollment you will now have the opportunity to elect Voluntary Life insurance for yourself, spouse and or child(ren). For more information check out page 10.
- **NEW!** Utopia WellCare Functional Nutrition is now available for all employees to access. For information see page 11.



Important Enrollment Information

How to Enroll

ACCS will be holding a **ACTIVE** Open Enrollment this year. This means that you must take action and log into FLOCK or complete a Payroll Authorization Enrollment Form in order to be covered for the 2025/2026 plan year.

Please submit the necessary carrier forms no later than **October 31, 2025** if:

- You wish to add/terminate dependents from your benefits coverage
- You are enrolling in benefits for the first time
- You are currently enrolled and you choose to waive benefits
- You are changing your benefit elections

Who is Eligible to Elect Benefits?

If you are an ACCS full-time employee, who has met their 90 days of employment and works 30 hours or more per week, you are eligible to enroll in the medical/prescription drug benefits, dental, basic term life and long term disability, as described in this Guide. Please remember that only eligible dependents can be enrolled. Eligible dependents include all of the following:

- Spouse or Civil Union Partner
- Dependent child(ren) meeting age, marital status & residence requirements

If you are enrolling a dependent(s) for the first time, you will need to provide proof of your dependent's eligibility (e.g. birth certificate, marriage certificate, proof of full-time student status, etc.).

Qualifying Life Events

If you have a qualified change in status during the year, you can make changes to your benefits. Qualified changes in status include: marriage, civil union partnership, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of a spouse, child or other qualified dependent, or change in your spouse/civil union partner's benefits or employment status, etc.

If you experience a qualified change in status, **you must notify Human Resources within 30 days of experiencing such a qualified status change.**

Questions?

If you have any questions about the Open Enrollment process or the information in this guide, please contact Kimberly Gentilcore in Human Resources at **HR@AtlanticCommunityCharter.com** or call **609.428.4300** and leave a message.

Medical Plans

Horizon BCBS of NJ

Below is a summary of the medical plans available to you November 1, 2025. For a more details listing of benefits and limitations, please refer to the Summary of Benefits and Coverage on the BenePortal Site.

DONT FORGET! Preventive care services are covered 100% in-network, no copays or coinsurance

	Horizon MyWay HRA HDHP***		Horizon OMNIA Design 1		Horizon NJ EHP	
Benefits	**In-Network Only**	**Out-of-Network**	**Tier 1**	**Tier 2**	**In-Network**	**Out-of-Network**
Deductible Individual /Family	$2,000 /$4,000	$2,000 /$4,000	N/A	$2,500 /$5,000	N/A	$350 /$700
Out-of-Pocket Maximum Individual /Family	$8,500 /$17,000	$10,000 /$20,000	$3,500 /$7,000	$5,000 /$10,000	$500 /$1,000	$2,000 /$5,000
Preventative Care Services	100% No Deductible	100% No deductible	No Charge		No Charge	30% coinsurance
Health Reimbursement Account Funding Individual /Family**	$1,000/$2,000		N/A		N/A	
Primary Care Physician (PCP) Office Visits	100% after deductible	70% after deductible	$15 copay	$30 copay	$10 copay	30% coinsurance*
Specialist Office Visit	100% after deductible	70% after deductible	$25 copay	$50 copay	$15 copay	30% coinsurance*
Diagnostic Laboratory (Office or Participating Lab)	100% after deductible	70% after deductible	No Charge		No Charge	30% coinsurance*
Diagnostic X-Ray/Imaging (MRI, CT Scan)	100% after deductible	70% after deductible	No Charge		No Charge	30% coinsurance*
Emergency Room	100% after deductible	70% after deductible	$100 copay		$125 copay	
Urgent Care Center	100% after deductible	70% after deductible	$25 copay	$50 copay	$15 copay	30% coinsurance*
Inpatient Hospital	100% after deductible	70% after deductible	$500 copay per day; max 5 copays per admission	40% coinsurance*	No Charge	30% coinsurance*

*After deductible
**ACCS will fund the Health Reimbursement Account
***Please note that your deductible will reset effective January 1st.

Differences Between a PPO and HDHP

Preferred Provider Organization (PPO) Plan

A PPO plan offers flexibility in choosing healthcare providers and services. Key features include:

- **Network Flexibility:** You can visit any healthcare provider, but you'll pay less if you use providers within the plan's network.
- **No Referrals Needed:** You don't need a referral to see specialists.
- **Cost Structure:** Typically includes copayments for office visits and coinsurance after meeting your deductible.
- **Lower Deductibles:** PPO plans often have lower deductibles compared to HDHPs, but higher monthly premiums.
- **Out-of-Network Coverage:** You can receive care outside the network, though at a higher cost.

PPO plans are ideal for individuals or families who prefer predictable costs and the ability to access a wide range of providers without referrals.

Health Reimbursement Account (HRA) with a High-Deductible Health Plan (HDHP)

An HRA paired with an HDHP is designed to provide cost-effective coverage while encouraging smart healthcare spending. Key features include:

- **High Deductible:** The HDHP has a higher deductible than traditional plans, meaning you pay more out-of-pocket before insurance begins covering costs.
- **Employer-Funded HRA:** Your employer contributes funds to the HRA, which can be used to reimburse qualified medical expenses, such as deductibles, copayments, and coinsurance.
- **Lower Premiums:** HDHPs typically have lower monthly premiums compared to PPO plans.
- **Preventive Care Coverage:** Preventive services are often covered at 100% before the deductible is met.
- **In-Network Focus:** While you can seek care out-of-network, staying within the network ensures lower costs.

This option is best suited for individuals or families who want lower premiums, are comfortable managing higher out-of-pocket costs, and value the employer-funded HRA to offset expenses that may incur.

Key Differences at a Glance

Feature	PPO Plan	HRA with HDHP
Premiums	Higher	Lower
Deductibles	Lower	Higher
Out-of-Pocket Costs	Moderate	Higher (offset by HRA funds)
Provider Flexibility	Broad (in- and out-of-network)	Limited (best in-network)
Employer Contributions	Not applicable	Employer funds HRA
Preventive Care	Covered	Covered

HRA Summary

A Health Reimbursement Arrangement (HRA) is an employer funded arrangement that reimburses employees and dependents (if applicable) for certain healthcare expenses on a TAX-FREE basis!

HRA is linked to your Horizon Medical Plan:

- The HRA will cover and reimburse the following expenses:
  - **In-Network deductible**
  - **Prescriptions**
- The HRA will reimburse **up to $1,000 for single coverage and $2,000 for employees with dependent coverage.**
- Effective 11.1.2025, the HRA plan will run on a calenar calendar year (November 1 – December 31 and reset 1/1/2026). At the end of the plan year you have a run out period of 90 days. This will allow you to submit your current plan years' claims beyond the deadline up through March 31st. Any claims received after this date are not eligible for reimbursement.

How the HRA works: (Medical Services)

- When the patient incurs in-network medical services, the provider will submit the claim directly to the insurance carrier for processing. The insurance company will then generate and issue an Explanation of Benefits (EOB) to both the patient and the provider.
- Once the provider receives the EOB, they will then generate an invoice to the patient (based from the EOB). Now, the employee will submit the EOB to OCA along with an OCA claim form. The claim form can be completed via our paper form, online, or mobile app. Once processed by OCA, the eligible claim will be reimbursed back to the employee via paper check or direct deposit. The employee will then be responsible for paying the provider.

OCA Contact Information

- Phone: **1-855-OCA-0777**
- Website: **www.oca125.com**
- Email: **claims@oca125.com**

Prescription Drug Plan

Horizon BCBS of NJ

Below are the prescription drug benefits effective November 1, 2024. If you are enrolled in one of the medical plans, you are automatically enrolled in the prescription drug plan through Horizon BCBS of NJ.

	Horizon MyWay HRA HDHP*	Horizon OMNIA Design 1	Horizon NJ EHP
Benefits			
Deductible Individual Family	None	None	None
Retail (up to a 30-day supply) Generic Preferred Brand Non-Preferred Brand Specialty Medication	 $15 copay $50 copay $75 copay Follows retail copays	 $15 copay $50 copay $75 copay Follows retail copays	 $5 copay $10 copay $10 copay $10 copay
Mail Order (up to a 90-day supply) Generic Preferred Brand Non-Preferred Brand	 $35 copay $125 copay $200 copay	 $35 copay $125 copay $200 copay	 $10 copay $20 copay $20 copay

*Please note that prescription copays do not apply the annual medical deductible total

Save Money With GoodRx

Stop paying too much for your prescriptions! Visit **www.connerstrong.goodrx.com** to compare drug prices at your local pharmacies and savings tips. Find huge savings not covered by your insurance plan—you may even find savings versus your typical out-of-pocket cost. GoodRx features prices from 70,000 pharmacies including the big pharmacy chains, local pharmacies & mail-order companies.

Dental Plan

United Concordia

Below is a summary of the dental plan available to you, effective November 1, 2025.

Benefits	Concordia Flex Base Plan In-Network	NEW! Concordia Flex Buy-Up Plan In-Network
Calendar Year Deductible Individual Family	 $50 $150	 $50 $150
Calendar Year Maximum (per patient)	$1,500	$2,000
Preventive & Diagnostic Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19)	Plan pays 100%	Plan pays 100%
Remaining Basic Services Fillings/Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	Plan pays 80%	Plan pays 90%
Crowns & Prosthodontics Crowns, Bridgework, Full and Partial Dentures	Plan pays 50%	Plan pays 60%
Lifetime Orthodontic Maximum	N/A	$1,500

* The above benefit grid is a brief summary; for a more details listing of benefits and limitations, please refer to the United Concordia plan summary on the BenePortal site.

Life & Disability Insurance

Mutual of Omaha

Basic Term Life and AD&D

All active, full-time employees are eligible for the basic life and accidental death & dismemberment plan (AD&D) plan. This plan is available to employees at no cost—ACCS pays 100% of the basic life and AD&D premium.

Basic Term Life and AD&D Plan	
Benefit Amount	1.5 times your base annual salary up to a maximum of $125,000

Long-Term Disability

All active, full-time employees are eligible for the long-term disability plan (LTD) plan. This plan is available at no cost—ACCS pays 100% of the LTD premium.

Long-Term Disability (LTD) Plan	
Elimination Period	After 180 days of continuous disability
Benefit Amount	60% of your basic monthly earnings
Maximum Benefit per Month*	$5,500

* Please see the Summary Plan Description via www.accsbenefits.com for confirmation of the maximum benefit duration.

NEW! Voluntarty Life Insurance

Mutual of Omaha

NEW! Voluntary Employee Life! Effective November 1, 2025, you will now have the option to elect Voluntary Life for yourself along with spouse and child(ren). Amounts are elected in $10,000 increments, with a maximum benefit of $300,000. Individuals who elect over the guaranteed issue amount of $50,000 will need to complete evidence of insurability (EOI) and be approved by Mutual of Omaha to secure coverage over the guaranteed issue amount. Rates are based on your age and the amount of coverage elected.

Voluntary Employee	Benefit Amount
Minimum Benefit	$10,000
Maximum Benefit	$300,000
Increments	$10,000
Guarantee Issue Amount	$50,000

Spouse Voluntary Life	Benefit Amount
Minimum Benefit	$5,000
Maximum Benefit	100% of Employee's Benefit, up to $150,000
Increments	$5,000
Guarantee Issue Amount	100% of Employee's Benefit, up to $15,000

Child(ren) Voluntary Life	Benefit Amount
Minimum Benefit	$1,000
Maximum Benefit	$10,000
Increments	$1,000
Guarantee Issue Amount	$10,000

Age Band	Employee & Spouse Voluntary Rate per $1,000	All Children Rate per $1,000
<25	$0.07	$0.12
25 - 29	$0.07	
30 - 34	$0.07	
35 - 39	$0.09	
40 - 44	$0.14	
45 - 49	$0.24	
50 - 54	$0.39	
55 - 59	$0.61	
60 - 64	$0.96	
65 - 69	$1.71	
70 - 74	$3.07	
75 - 79	$5.06	
80 - 84	$10.25	
85 - 89	$10.25	
90 - 100	$10.25	

Voluntary AD&D	Rate per $1,000
Employee	$0.01
Spouse	$0.01
All Children	$0.04

Supplemental Life and AD&D Calculation Example

Use the formula below to calculate your Supplemental Life and AD&D rates.

- **Election amount / 1,000) * Rate** = monthly premium
- **(Monthly premium * 12) / 26 = bi-weekly payroll deduction Example:** If you are 40 years old, have an annual salary of $60,000, and elect 1x your annual salary in Supplemental Life insurance, an amount of $8.40 would be deducted monthly.
- **Monthly premium:** ($60,000 / 1,000) * $0.14 = $8.40
- **Bi-weekly deduction:** ($8.40* 12) / 20 = $5.04

Utopia Wellcare

Nutrition Consultations

Have questions?

- **Email info@utopiawellcare.com**
- **Visit www.utopiawellcare.com or Scan the QR code**

What is Utopia WellCare?

Utopia WellCare's goal is to help you develop a better overall relationship with your health via comprehensive Functional Nutrition services provided by Board Certified Registered Dietitians.

How it works

Utopia WellCare provides one on one virtual consultations with dietitians at no cost to you. Consultations are covered under preventive care through your insurance carrier and offers 6 **FREE** visits.

Utopia WellCare captures your complete patient history and health status to leverage diet and nutrition counseling to assist with your overall health and wellbeing. Not only can you take advantage of Utopia WellCare, but your dependents can also schedule a visit with one of their Board Certified Registered Dietitians.

Services include:

- **Mood Regulation**
  - Depression, PMS, PMDD
- **Stress and Anxiety**
  - Brain gut imbalance
- **Body Composition**
  - Weight Loss, Build Muscle
- **Cardiovascular Issues**
  - High blood pressure, cholesterol, heart disease, low platelets etc
- **Endocrine Imbalance**
  - Diabetes, hormone resistant weight loss
- **Kidney Imbalances & Cancer**
- **Autoimmunity**
  - Lupus, Hashimoto, Psoriasis, Parkinsons
- **Allergies and Environmental exposures**
  - Mast Cell Activation
- **Gastro-Intestinal Disorders**
  - Gas, bloating constipation, IBS, IBD
  - Food-sensitivity Issues, GERD
- **And more!**

Semi-Monthly Contributions Salaried Employees November 1, 2025

Please see payroll deduction form for your per-pay contributions. Please note: if you enroll in medical and prescription drug coverage, you will automatically be enrolled in vision coverage as well.

Semi-Monthly Medical, Prescription & Vision Contributions

Enrollment Tier	HDHP	Horizon Omnia Design 1
Employee Only	$25.00	$46.09
Employee + Spouse	$50.00	$246.91
Employee + Child(ren)	$36.00	$135.42
Family	$72.00	$388.37

Semi-Monthly Dental Contributions

Enrollment Tier	Base Semi-Monthly Rate	Buy-up Semi-Monthly Rate
Employee Only	$2.47	$6.50
Employee + Spouse	$12.58	$20.55
Employee + Child(ren)	$10.92	$28.09
Family	$23.02	$45.08

Semi-Monthly Contributions Hourly Employees
November 1, 2025

Please see payroll deduction form for your per-pay contributions. Please note: if you enroll in medical and prescription drug coverage, you will automatically be enrolled in vision coverage as well.

Semi-Monthly Medical, Prescription & Vision Contributions

Enrollment Tier	HDHP	Horizon Omnia Design 1
Employee Only	$30.00	$55.30
Employee + Spouse	$60.00	$296.28
Employee + Child(ren)	$43.70	$162.50
Family	$80.40	$466.03

Semi-Monthly Dental Contributions

Enrollment Tier	Base Semi-Monthly Rate	Buy-up Semi-Monthly Rate
Employee Only	$3.29	$8.12
Employee + Spouse	$15.10	$24.66
Employee + Child(ren)	$13.10	$33.70
Family	$27.62	$54.09

Semi-Monthly Contributions NJ EHP ONLY

Salaried Employees

Please see below for how to calculate your contributions. Please submit a payroll deduction form to acknowledge the amount that will be deducted from each paycheck.

Semi-Monthly Medical Contributions

How to calculate your contribution				
Salary	Coverage Level Percentages			
	Single	Employee & Child(ren)	Employee & Spouse	Employee & Family
$40,000 or Less	1.95%	2.50%	3.10%	3.70%
>$40,001 to $50,000	2.15%	2.80%	3.70%	4.30%
>$50,001 to $60,000	2.50%	3.10%	4.30%	4.85%
>$60,001 to $70,000	2.80%	3.35%	4.85%	5.60%
>$70,001 to $80,000	3.10%	3.70%	5.60%	6.10%
>$80,001 to $90,000	3.35%	4.00%	6.15%	6.70%
>$90,001 to $100,000	3.70%	4.30%	6.70%	7.30%
>$100,001 to $125,000	4.00%	4.85%	7.30%	8.00%
More than $125,000	Percentage to be contributed shall be the same as for a base salary/allowance of $125,000.			

1. Take your base annual salary and multiply by the applicable percentage above, based on your salary and enrollment tier

   $_____ x _____% = $_____

2. Divide the resulting amount by 24 pays

   $_____ / 24 = $_____

3. Take the resulting amount and add the applicable vision contribution from the below table:

Semi-Monthly Vision Contributions

Vision Plan	Single	Employee & Child(ren)	Employee & Spouse	Employee & Family
Horizon Vista IV	$0.24	$0.97	$1.32	$2.15

The resulting amount is your per pay contribution for medical, prescription drug, and vision.

Semi-Monthly Contributions NJ EHP ONLY

Hourly Employees

Please see below for how to calculate your contributions. Please submit a payroll deduction form to acknowledge the amount that will be deducted from each paycheck.

Semi-Monthly Medical Contributions

How to calculate your contribution

Salary	Coverage Level Percentages			
	Single	Employee & Child(ren)	Employee & Spouse	Employee & Family
$40,000 or Less	1.95%	2.50%	3.10%	3.70%
>$40,001 to $50,000	2.15%	2.80%	3.70%	4.30%
>$50,001 to $60,000	2.50%	3.10%	4.30%	4.85%
>$60,001 to $70,000	2.80%	3.35%	4.85%	5.60%
>$70,001 to $80,000	3.10%	3.70%	5.60%	6.10%
>$80,001 to $90,000	3.35%	4.00%	6.15%	6.70%
>$90,001 to $100,000	3.70%	4.30%	6.70%	7.30%
>$100,001 to $125,000	4.00%	4.85%	7.30%	8.00%
More than $125,000	Percentage to be contributed shall be the same as for a base salary/allowance of $125,000.			

1. Take your base hour rate and multiply it 1540 (average 35 hours per week by 44 weeks) to total a base annual salary.

   $_____ x 1540 = $_____ base annual

2. Take your base annual salary and multiply by the applicable percentage above, based on your salary and enrollment tier

   $_____ x _____% = $_____

3. Divide the resulting amount by 20 pays

   $_____ / 20 = $_____

4. Take the resulting amount and add the applicable vision contribution from the below table:

Semi-Monthly Vision Contributions

Vision Plan	Single	Employee & Child(ren)	Employee & Spouse	Employee & Family
Horizon Vista IV	$0.28	$1.16	$1.59	$2.58

The resulting amount is your per pay contribution for medical, prescription drug, and vision.

Employee Assistance Program (EAP)

Uprise Health

Life presents us with challenges at work and at home on a daily basis. You do not have to face these challenges alone, even if you're far away.

Employee Assistance Program (EAP) benefits are available to all employees and their families at NO COST to you. The EAP offers confidential advice, support, and practical solutions to real-life issues. You can access these confidential services by calling the toll-free number and speaking with the care team, or accessing online.

EAP Plus Program

- Our program is designed to help reduce stress and keep you healthy.
- Bite-sized training is available from your desktop or mobile app
- Access is confidential. Take the assessment and check your wellbeing score.
- Get your own personalized recommendations for CBT-based courses.
- Skills training to develop your resilience, stress management, and mental fitness.
- Up to 6 sessions with a coach via phone or unlimited asynchronous chat.

What Can The EAP Assist With?

- EAP Services for Employees & Families:
- Confidential Therapy
- 24-hour Crisis Help
- Online Peer Support Groups
- Tess, AI Chat-Bot
- Work-Life Services
- Financial Help
- Legal Services
- Online Legal Forms
- Child & Parenting Services
- Adult & Eldercare Services
- Webinars & Trainings

To learn more about the EAP program or to access additional resources and information please visit the BenePortal at **www.accsbenefits.com**.

Getting Started

Contact Uprise Health at **800.395.1616** or **https://members.uprisehealth.com**.

Access Code: **ACCS**

Benefit Resources

Benefits MAC & BenePortal

Benefits Member Advocacy Center

Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way! The Benefits Member Advocacy Center ("Benefits MAC"), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provide or your insurance company, such s a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent

Member Advocates available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

You may contact the Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web: **www.connerstrong.com/memberadvocacy**
- Via e-mail: **cssteam@connerstrong.com**
- Via fax: **856.685.2253**

BenePortal

BenePortal is a valuable online resource that houses all of our benefit program information. It's your One-Stop-Shop for:

- All benefits-related information and downloads, including benefit summaries and detailed plan documents
- Quick links to carrier websites
- Enrollment forms and wellness forms
- And much more!

You and your family can access BenePortal anytime at **www.accsbenefits.com**

Atlantic Community Charter School reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.