

# BENEFITS GUIDE

UCHICAGO **CharterSchool**

2024-2025



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# YOUR UCHICAGO CHARTER SCHOOL (UCCS) BENEFITS

Dear UChicago Charter School Colleague,

We understand the important role that benefits play in the lives of you and your family. As a new hire and then annually during open enrollment, you have an opportunity to make changes to your benefits package to ensure you and your family have the right coverage.

This benefits guide can help to familiarize you with UCCS's benefit options. It also provides useful tips, tools and resources to help you think through your options and make wise decisions. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year. For example, is your family financially protected if you can't work due to an accident or illness?
- Consider other available coverage.
- Gather information you'll need. If you are covering dependents, you will need their dates of birth and Social Security numbers. In addition, you may need to provide documentation verifying their eligibility – such as a marriage license or birth certificate.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.



Enrolling in  
your benefits



Log in to ADP at  
[workforcenow.adp.com](https://workforcenow.adp.com)



Begin the benefits  
enrollment process



Select the benefits  
you want



Save or submit  
your elections



Print a copy of  
your elections for  
your records

# BENEFIT BASICS

Your benefits are a partnership between you and UCCS. The table below outlines how you and UCCS share costs for benefits. The tax treatment shows whether your contribution is taken from your paycheck before or after taxes.

| Benefit  | Tax treatment | Who pays   |
|--|---------------|------------|
| Medical and Pharmacy   | Pretax        | UCCS & You |
| Dental   | Pretax        | You        |
| Vision   | Pretax        | You        |
| Flexible Spending Accounts                                       | Pretax        | You        |
| Basic Life and Accidental Death & Dismemberment (AD&D) Insurance | N/A           | UCCS       |
| Voluntary Life and AD&D Insurance                                | After-tax     | You        |
| Short-Term Disability  | N/A           | UCCS       |
| Long-Term Disability   | After-tax     | UCCS & You |
| Employee Assistance Program (EAP)                                | N/A           | You        |
| Pet Insurance  | After-tax     | You        |
| Legal Plan   | After-tax     | You        |
| Chicago Teachers' Pension Fund (CTPF)                            | Pretax        | UCCS & You |
| 403(b) Retirement Savings Plan                                   | Pretax        | UCCS & You |



# ELIGIBILITY

## Who's eligible?

### Employees

Employees who work at least 22.5 hours per week are eligible for the benefits described in this guide. Benefits are effective on the first day of employment.

### Dependents

- Your legal spouse
- Your children up to age 26

## Making changes to your benefits

Generally, you may only make or change your benefit elections as a new hire or during the annual open enrollment period. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by you or your dependent
- Eligibility for Medicare or Medicaid

### You have 30 days from the qualified life event to make changes to your coverage.

- Depending on the type of event, you may need to provide proof of the event, such as a marriage license.

If you do not make the changes within 30 days of the qualified event, you will have to wait until the next open enrollment period to make changes (unless you experience another qualified life event).

## Enrolling dependents? Items to have ready

When you add dependents to your coverage, you must provide the following information:

- Legal name
- Date of birth
- Social Security number
- Supporting documentation, such as marriage certificate, birth certificate, adoption papers, and tax documents.

If you do not provide the required information, your dependents may be dropped from coverage.

# MEDICAL AND PHARMACY PLAN OVERVIEW

We offer the choice of two medical plans through Blue Cross Blue Shield of Illinois (BCBSIL). Both of the medical options include coverage for prescription drugs. To select the plan that best suits your family, consider the key differences between the plans, the cost of coverage (including payroll deductions) and how the plan covers services throughout the year.

## Understanding how your plan works



### 1. Your deductible

- You pay out-of-pocket for most medical and pharmacy expenses, except those with a copay, until you reach the deductible.



### 2. Your coverage

- Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses. The plan will pay a percentage of each eligible expense, and you will pay the rest.



### 3. Your out-of-pocket maximum

- When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible and coinsurance apply toward the out-of-pocket maximum.



# MEDICAL AND PHARMACY PLAN OVERVIEW

## Making the most of your plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will always pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.

## Understanding your pharmacy coverage

- **Preventive drugs:** Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are on the Preventive Condition Drug List. These prescriptions are covered at 100% (no cost to you) when you use an in-network pharmacy.

- **Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the Mail Order Pharmacy to save on a 90-day supply.
- **Prescription categories:** Medications are categorized by cost, safety and effectiveness. These tiers also affect your coverage.
  - **Generic** – A drug that's equivalent to brand-name drugs in use, dose, strength, quality and performance, but is not trademarked.
  - **Brand preferred** – A drug with a patent and trademark name that is considered "preferred" because it's safe and effective and usually less expensive than other brand-name options.
  - **Brand non-preferred** – A drug with a patent and trademark name that is "not preferred" because it's usually more expensive than other generic and brand preferred options.
  - **Specialty** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.



# MEDICAL AND PHARMACY COVERAGE

| Medical Plan Provisions  | PPO Plan        |                  | HMO Plan             |
|--|-----------------|------------------|----------------------|
|  | In-Network      | Out-of-Network   | In-Network           |
| <b>Annual Deductible</b> (Individual/Family)                       | \$750/\$1,500   | \$1,500/\$3,000  | \$100/\$200          |
| <b>Out-of-Pocket Maximum</b> (Includes Deductible)                 | \$3,500/\$7,000 | \$7,000/\$14,000 | \$2,000/\$4,000      |
| <b>Lifetime Maximum</b>  | Unlimited       |                  | Unlimited            |
| <b>Preventive Care</b>   | Covered at 100% | 60%*             | Covered at 100%      |
| <b>Primary Care Provider Office Visit</b>                          | 80%*            | 60%*             | \$20 copay           |
| <b>Specialist Office Visit</b>                                     | 80%*            | 60%*             | \$40 copay           |
| <b>Inpatient Hospital Services</b>                                 | 80%*            | 60%*             | 90%*                 |
| <b>Outpatient Hospital Services</b>                                | 80%*            | 60%*             | 90%*                 |
| <b>Urgent Care</b>   | 80%*            | 60%*             | \$20 copay per visit |
| <b>Emergency Room</b>  | 80%*            |                  | 90%*                 |
| <b>Pharmacy Provisions</b>   |                 |                  |                      |
| <b>Prescription Drug Out-of-Pocket Maximum</b> (Individual/Family) | \$500/\$1,000   |                  | \$500/\$1,000        |
| <b>Retail Pharmacy (up to a 30-day supply)</b>                     |                 |                  |                      |
| <b>Generic</b>   | \$13 copay      | \$13 copay & 25% | \$10 copay           |
| <b>Brand Preferred</b>   | \$25 copay      | \$25 copay & 25% | \$20 copay           |
| <b>Brand Non-Preferred</b>   | \$40 copay      | \$40 copay & 25% | \$35 copay           |
| <b>Mail Order Pharmacy (90-day supply)</b>                         |                 |                  |                      |
| <b>Generic</b>   | \$26 copay      | N/A              | \$20 copay           |
| <b>Brand Preferred</b>   | \$50 copay      |                  | \$40 copay           |
| <b>Brand Non-Preferred</b>   | \$80 copay      |                  | \$70 copay           |

\*After deductible

Benefit period begins on January 1st of each year.

This is a summary of coverage only.

In-network services are based on negotiated charges; out-of-network services are based on Reasonable and Customary (R&C) charges.

# DENTAL PLAN

It's important to have regular dental exams and cleanings so problems are detected before they become painful – and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer two dental plans through MetLife Dental.

| Plan Provisions   | Low Plan  |                | High Plan   |
|---|---|----------------|---|
|   | In-Network  | Out-of-Network | In-Network/Out-of-Network                               |
| <b>Annual Deductible</b><br>(Individual/Family)                               | \$0/\$0   | \$75/\$225     | \$60/\$180  |
| <b>Calendar Year Maximum</b><br>(per individual)                              | \$5,000   |                | \$1,500   |
| <b>Diagnostic and Preventive Services</b><br>(e.g., X-rays, cleanings, exams) | Covered at 100%   | 70%            | Covered at 100%   |
| <b>Basic and Restorative Services</b><br>(e.g., fillings)                     | 80%*  | 40%*           | 80%*  |
| <b>Major Services</b><br>(e.g., dentures, crowns, bridges)                    | 50%*  | 30%*           | 50%*  |
| <b>Orthodontia</b><br>(adult and children)                                    | 50%, up to a lifetime maximum of \$1,500 per individual |                | 50%, up to a lifetime maximum of \$1,000 per individual |

\*After deductible

Plan benefits for out-of-network services are based on the percentage of the reasonable and customary charges. If you choose a dentist who does not participate in the network, your out-of-pocket may be more as you are responsible for paying any differences between the dentist's fee and your plan's payment for the approved service.

## Get the most from your dental plan

- **Stay in-network** – While you have the option of choosing any provider, you will save money when you use in-network dentists. When using an out-of-network dental provider, you will pay more because the provider has not agreed to charge you a negotiated rate.
- **Free annual check-up** – Use free preventive care to keep your mouth and gums healthy all year long.
- **Use your FSA funds** – Help pay for eligible out-of-pocket dental expenses.



# VISION PLAN

The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers. We offer a vision plan through VSP.

| Plan Provisions   | VSP<br>In-Network  |
|---|--|
| <b>Exam</b>   | \$0 copay  |
| <b>Frames</b>   | <ul style="list-style-type: none"> <li>• \$200 featured frame brands allowance               <ul style="list-style-type: none"> <li>• \$200 frame allowance</li> </ul> </li> <li>• \$200 Walmart®/Sam's Club® frame allowance               <ul style="list-style-type: none"> <li>• \$110 Costco® frame allowance</li> </ul> </li> <li>• 20% savings on amount over your allowance</li> </ul> |
| <b>Lenses</b> <ul style="list-style-type: none"> <li>• Single vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Impact-resistance lenses for dependent children</li> </ul>   | Included in prescription glasses   |
| <b>Lens Enhancement</b> <ul style="list-style-type: none"> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average savings of 30% on other lens enhancements</li> </ul>   | \$0<br>\$95-\$105<br>\$150-\$175   |
| <b>Elective Contact Lenses</b><br>(in lieu of glasses)  | \$200 allowance for contacts; copay does not apply<br>Contact lens exam (fitting and evaluation) up to \$60  |
| <b>Frequency</b> <ul style="list-style-type: none"> <li>• Exam</li> <li>• Lenses</li> <li>• Frames</li> <li>• Contact lenses</li> </ul>   | Once every 12 months<br>Once every 12 months<br>Once every 24 months<br>Once every 12 months   |
| <b>Essential Member Eye Care</b> <ul style="list-style-type: none"> <li>• Retinal screening for members with diabetes</li> <li>• Additional exams and services based on routine care to treat immediate issues from pink eye to sudden changes in vision to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>• Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul> | \$0 per screening<br>\$20 per exam   |

**New for 2024:** VSP LightCare Coverage, which includes a fully covered WellVision Exam. Use your frame and lens allowance toward ready-made: non-prescription sunglasses or non-prescription blue light filtering glasses. For more information log in to [vsp.com](https://vsp.com).

**Pay for vision expenses tax-free**

Use your **FSA** to pay for your exam copay and eyeglasses or contacts.

# FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) helps you pay for health care or dependent care costs using tax-free dollars. Your contribution is deducted from your paycheck on a pretax basis and put into the FSA. When you incur expenses, you can access the funds in your account to pay for *eligible* expenses.

| Account type              | Eligible expenses  | Annual contribution limits  |
|---------------------------|--|---|
| <b>Health Care FSA</b>    | Most medical, dental and vision care expenses that are not covered by your health plan, such as copays, coinsurance, deductibles, eyeglasses, orthodontia and prescriptions. | Maximum contribution is \$3,200 per year.<br>Funds are deducted throughout the year, but all funds are available on July 1. |
| <b>Dependent Care FSA</b> | Dependent care expenses including day care, after school programs for children under age 13 or elder care programs so you can work or attend school full-time.               | Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns).                              |

## Important information about FSAs

- Your FSA elections are effective from **July 1 through June 30**.
- Claims for reimbursement must be submitted by September 30 of the following year.
- The Health Care FSA allows you to carry over \$640 in unused funds to the following plan year.
- To be eligible for this rollover, you must be a plan participant in the last day of the previous plan year to qualify for the carryover balance. Also, you must re-enroll in the Health Care FSA for the new plan year. Once you enroll, your remaining balance up to \$640 from your current account will be automatically rolled over into the new plan year.
- Please plan your contributions carefully. Any unused money remaining in your account(s) will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations.
- FSA elections do not automatically continue from year to year; you must actively enroll each year.
- You can only change your FSA contribution amount if you experience a qualified status change.
- The FSA plans are not interchangeable. You must enroll in each separately and funds are non-transferrable.

# LIFE INSURANCE

## Life and AD&D insurance

UCCS provides basic life and AD&D insurance for employees and offers voluntary insurance options for employees and their dependents through Lincoln Financial.

## Basic life and AD&D insurance

- Life insurance is an important part of your financial wellbeing, especially if others depend on you for support.
- UCCS provides basic life and accidental death and dismemberment insurance through Lincoln Financial to all eligible employees at **no cost** equal to one times your base annual earnings, up to a maximum of \$50,000.
- Coverage is automatic; you do not need to enroll.

## Voluntary life and AD&D insurance

- You may choose to purchase additional life and AD&D coverage Lincoln Financial for yourself and your dependents at affordable group rates.
- Rates are based on age and the coverage level chosen.

## Voluntary life and AD&D insurance for you

### Employee

- Increments of one times your annual salary up to seven times your base annual salary
- Up to a \$500,000 maximum
- Guaranteed issue up to \$200,000

## Voluntary life and AD&D insurance for your dependents

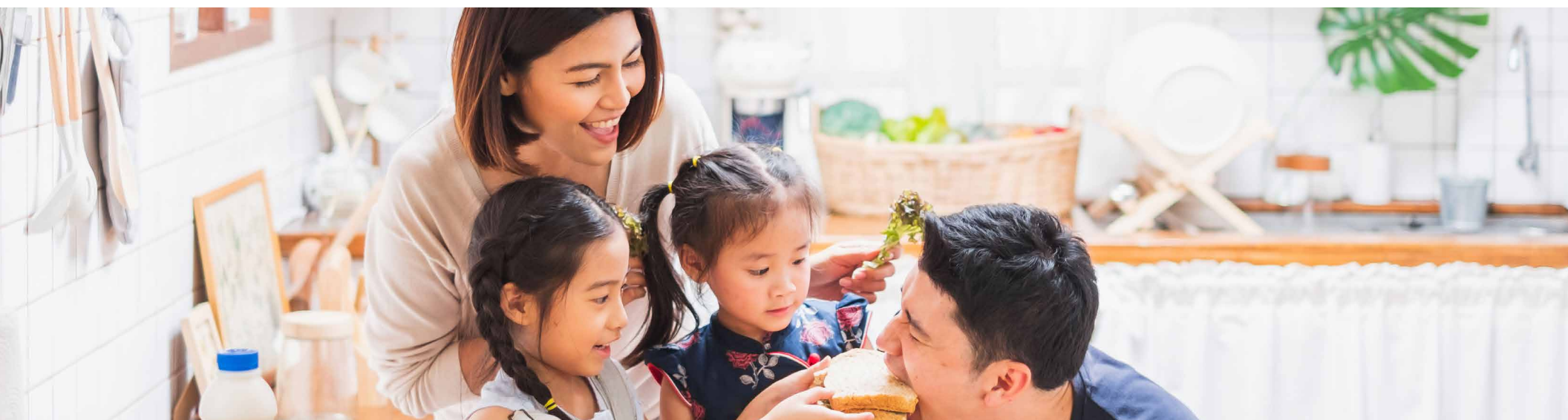
### Spouse/Domestic Partner

- Increments of \$5,000 (not to exceed 50% of your voluntary life and AD&D coverage)
- Up to a \$250,000 maximum
- Guaranteed issue up to \$20,000

### Child(ren)

- Increments of \$2,000 (not to exceed 50% your voluntary life and AD&D coverage)
- Up to \$10,000 maximum
- Eligible children are unmarried dependent children from 14 days, up to age 19, or up to age 25 if a full-time student at an accredited college/university

During your initial enrollment, if you elect the guaranteed issue amount, you must complete Lincoln Financial's Evident of Insurability (EOI) process. Your voluntary life election over the guaranteed issue amount will be effective on Lincoln Financial's approval date. EOI is not required for children.



# DISABILITY INSURANCE

Disability Insurance through Lincoln provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury.

UCCS provides eligible employees with Short-Term Disability coverage at no cost. Coverage for short-term disability is automatic; you do not need to enroll.

Coverage for Long-Term Disability is not automatic, you will need to elect coverage. You pay a portion of long-term disability benefits through after-tax payroll deductions.

| Coverage                     | Benefit  |
|------------------------------|--|
| <b>Short-Term Disability</b> | <ul style="list-style-type: none"> <li>60% of your weekly salary, to a maximum of \$2,500 per week for the 14-day waiting period. You may use available accrued time during the waiting period.</li> <li>Lincoln Financial determines the length of your benefit payments.</li> </ul>  |
| <b>Long-Term Disability</b>  | <ul style="list-style-type: none"> <li>60% of your base salary, to a maximum of \$10,000 per month if you are disabled and are unable to work for more than 90 days.</li> <li>Benefits are offset with other sources of income, such as Social Security and Workers' Compensation.</li> <li>Lincoln Financial determines the length of your benefit payments.</li> </ul> |

## Protect your loved ones

- **Affordable supplemental coverage** – Take advantage of the group rates offered to get the best deal on your coverage. Investing in insurance give you peace of mind and the financial protection for yourself and your loved ones.
- **Be sure to designate your beneficiary** – You must choose a beneficiary for life and AD&D insurance. Keep your beneficiaries up-to-date in ADP.

## Additional Services provided by Lincoln Financial Group:

### TravelConnect (Global Assistance Program)

Provided by On Call international Medical, security, and travel assistance services for participants traveling 100 or miles from home. Visit [MyOnCallPortal.com](http://MyOnCallPortal.com) and enter Group ID LFGTravel123 to access plan documents, international calling instructions, and destination information.

LifeKeys Services, provided by ComPsych Resources for employees and their families: including Will Preparation, Beneficiary Guidance Resources, ID Theft services.



# ADDITIONAL BENEFITS

## Employee Assistance Program

Life is filled with change and uncertainty. The responsibilities and demands on our time can be overwhelming. It happens to all of us. Whenever you or your immediate family members need help dealing with life's challenges, our Employee Assistance Program (EAP), administered by Perspectives, is here to help.

The EAP provides 24/7 confidential support, resources and information for you and your dependents. You and your family have access to ten free consultations with a licensed clinician per incident, per individual, per calendar year. Services include:

- **Childcare and eldercare assistance:** Needs assessment along with referrals to childcare and eldercare providers.
- **Daily living services:** Referrals to help with event planning, transportation services, pet services and more.
- **Financial services:** Budgeting, credit and financial guidance, retirement planning and assistance with tax issues.
- **Identity theft recovery services:** Information on identity theft prevention, an identity theft emergency response kit and help if you are victimized.
- **Legal services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more.
- **LGBTQ+ resources:** LGBTQ+ friendly therapists, support groups and educational materials for people of all ages.

Confidential assistance is available any time. Call 800-456-6327 or visit [www.perspectivesltd.com](http://www.perspectivesltd.com) (Username: CHA500 and Password: perspectives).

## Legal plan

MetLaw, a MetLife legal plan offered by Hyatt Legal, provides legal representation for you, your spouse/domestic partner, and your dependents at a price that won't break your budget. You can receive legal advice and fully covered legal services for a wide range of personal legal matters from a network-participating plan attorney. Services provided through the plan include:

- Getting married
- Buying or selling a home
- Starting a family
- Dealing with identity theft
- Sending kids off to college
- Caregiving for aging parents
- Estate planning
- And more

When you use a plan attorney for covered services, there is no waiting period, limits on usage, deductibles or copays. The plan is available at a low monthly group rate, which you can pay through automatic payroll deductions.

## Pet insurance

You can purchase health insurance, administered by Nationwide, for your dog, cat, bird or other animals. Like a regular health insurance plan, a pet insurance policy can help you plan for your pet's health care – and offset costs for routine care and unexpected illness or injury. Your premium is based on your pet's species, age, the benefits coverage you select and where you live. For more information, a quote or to enroll, visit [www.petinsurance.com/uchicagocharter](http://www.petinsurance.com/uchicagocharter) or call 877-738-7874 and mention you're an employee of UChicago Charter School to receive preferred pricing.

# ADDITIONAL BENEFITS (CONTINUED)

## Paid Time Off

### Time Off

Having time away is important for a well-balanced life, which is why the University of Chicago Charter School provides paid holidays, vacation time, and sick days.

### Holidays

The University of Chicago Charter School has twelve official paid holidays for benefits-eligible staff employees. The school holidays for all school-based employees are scheduled according to the University of Chicago Charter School annual calendar, which is released at the beginning of each school year. You are eligible for these school holidays as soon as you are hired, pursuant to rules set forth in the Employee Handbook.

- Juneteenth
- 4<sup>th</sup> of July
- Labor Day
- Indigenous Peoples Day
- Veterans' Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day
- New Year's Day
- Dr. Martin Luther King, Jr. Day
- Presidents' Day
- Memorial Day

### Personal Holidays

All University of Chicago Charter School employees will be awarded five paid personal holidays (40 hours) per school year at the beginning of each academic year (August 1), or on the date of hire, if a new employee.

### Sick Days

The University of Chicago Charter School depends on your regular attendance at work. However, we recognize that there are instances where you might have to miss work due to illness or injury.

All University of Chicago Charter School employees will be awarded five paid sick days (40 hours) per year at the beginning of each academic year (August 1), or on the date of hire if a new employee.

Sick days carry-over from year to year. There is no cap or maximum on the number of sick days that an employee of the University of Chicago Charter School may carry-over and accrue over time.

### Vacation

All 12-month salaried full-time campus-based employees, earn 10 paid vacation days per year, awarded as follows: five days on August 1 and five days on November 1 of each school year.

All 12-month salaried full-time Central Office-based staff earn 15 paid vacation days per year, awarded as follows: five days on August 1, five days on November 1 and five days on March 1.

10-month staff, and hourly employees do not earn vacation days.

### Breaks & Intercessions

In addition to the vacation, personal and sick time described above, all full-time exempt 10-month staff and 12-month campus-based employees, receive as paid time off for Fall Intercession, two weeks of Winter Break, and the week of Spring Intercession.

# CHICAGO TEACHERS' PENSION FUND (CTPF)

The Chicago Teachers' Pension Fund (CTPF) is a defined benefit retirement plan which provides a lifetime retirement benefit to vested members who meet minimum age and service requirements.

## A CTPF pension:

- is paid throughout your lifetime
- may include an automatic annual increase
- includes an early retirement option
- offers survivor pensions and death benefits

## How can you participate in the Chicago Teachers' Pension Fund?

To participate in CTPF, you must hold an active license from the Illinois State Board of Education (ISBE). An active license includes a Professional Educator License (PEL), Educator License with Stipulations (ELS), Paraprofessional License (ELS – Para) and a Substitute Teaching License (SUB).

You will automatically be enrolled in CTPF once your ISBE license has been verified. You must maintain a current license to continue participating in CTPF. If your license expires, contributions will discontinue.

## Contribution

You are required to contribute 3.5% of your semi-monthly salary. UCCS will contribute 5.5% of your semi-monthly salary, for a total contribution of 9%.

## Contribution into Social Security

If you are contributing to CTPF, you will not contribute into Social Security. Only when your license is no longer active, will you start contributing into Social Security.

## Plan Administrator

UChicago Charter School is responsible for reporting your contributions to the plan. The Chicago Teachers' Pension fund is responsible for the administration of the plan. For specific questions regarding your account, account balance, and retirement, please contact CTPF at 312-641-4464 or visit [www.ctpf.org](http://www.ctpf.org).



# RETIREMENT SAVINGS PLAN

Whether retirement is way down the road or just around the corner, it's important to have savings goals and specific investment objectives. To help you meet your goals and objectives, we offer two retirement savings plans, administered by TIAA CREF, with multiple investment options.

## University of Chicago Charter School 403(b) DC Plan

The University of Chicago Charter School 403(b) DC Plan is a 403(b) defined contribution plan that provides benefits through a retirement savings account.

| Employee contributions  | Employer contributions   |
|---|--|
| <ul style="list-style-type: none"><li>You are eligible to contribute in the 403(b) plan if you are a benefits-eligible employee that does not participate in the Chicago Teachers' Pension Fund, and you are age 21 or older.</li><li>You can contribute up to \$23,000 in 2024 (subject to change by the IRS), and if you are age 50 or older, you may contribute up to an additional \$7,500 as a "catch-up" contribution.</li><li>Contributions may be made on a pretax basis.</li></ul> | <ul style="list-style-type: none"><li>UCCS will match your contribution up to 3% of your base pay.</li></ul> |

## UCCS Corporation TDA Plan

The TDA plan is a supplemental plan that does not have an employer match. This plan allows all eligible employees to contribute a fixed dollar amount of their semi-monthly salary to a retirement savings account.

All employees, age 21 or older, are eligible to participate in the TDA plan, regardless of CTPF contributions. If you are contributing to the CTPF, this plan gives you an opportunity to save additional money for retirement.

## Vesting

Vesting refers to your ownership of the money in your 403(b).

- You will be 100% vested upon enrollment for both the 403(b) plan and TDA plan.
- You are always 100% vested in your contributions to the plan.

## More information

- You can enroll in the plan and make changes to your contributions at any time.
- TIAA CREF has many different investment options for you to choose from, along with tools and resources you can use to determine which options best meet your investment objectives.

For additional details about the 403(b) DC or TDA Retirement Savings Plan or to enroll or change your contribution rates or investment elections, visit [www.tiaa.org/public/tcm/uchicagocharter/home](http://www.tiaa.org/public/tcm/uchicagocharter/home) (TSA access code: 329818; TDA access code: 329819).





# BENEFIT COSTS

Your semi-monthly payroll contributions for medical, dental and vision benefits are shown here.

| Medical (Full-Time) | PPO Plan     |               |               |                | HMO Plan     |               |               |                |
|---------------------|--------------|---------------|---------------|----------------|--------------|---------------|---------------|----------------|
|                     | Under 39,000 | 39,000-65,999 | 66,000-89,999 | 90,000 or more | Under 39,000 | 39,000-65,999 | 66,000-89,999 | 90,000 or more |
| Employee Only       | \$108.68     | \$134.56      | \$160.43      | \$186.31       | \$70.48      | \$92.50       | \$114.52      | \$136.55       |
| Employee + 1        | \$207.00     | \$256.28      | \$305.57      | \$354.86       | \$140.89     | \$184.92      | \$228.95      | \$272.97       |
| Family              | \$263.86     | \$326.68      | \$389.50      | \$452.33       | \$211.43     | \$277.50      | \$343.57      | \$409.64       |

| Medical (Part-Time) | PPO Plan     |               |               |                | HMO Plan     |               |               |                |
|---------------------|--------------|---------------|---------------|----------------|--------------|---------------|---------------|----------------|
|                     | Under 39,000 | 39,000-65,999 | 66,000-89,999 | 90,000 or more | Under 39,000 | 39,000-65,999 | 66,000-89,999 | 90,000 or more |
| Employee Only       | \$134.56     | \$160.43      | \$186.31      | \$212.19       | \$92.50      | \$114.52      | \$136.55      | \$158.57       |
| Employee + 1        | \$256.28     | \$305.57      | \$354.86      | \$404.14       | \$184.92     | \$228.95      | \$272.97      | \$317.00       |
| Family              | \$326.68     | \$389.50      | \$452.33      | \$515.15       | \$277.50     | \$343.57      | \$409.64      | \$475.71       |

| Dental       | Low Plan      |         | High Plan |         |
|--------------|---------------|---------|-----------|---------|
|              | Employee Only | \$15.95 |           | \$19.66 |
| Employee + 1 | \$30.80       |         | \$38.84   |         |
| Family       | \$39.82       |         | \$67.48   |         |

| Vision       | VSP           |        |
|--------------|---------------|--------|
|              | Employee Only | \$4.16 |
| Employee + 1 | \$8.32        |        |
| Family       | \$13.39       |        |

# VOLUNTARY LIFE INSURANCE RATES

The semi-monthly cost of Voluntary Life Insurance is based on age and the coverage amounts you elect.

\*Benefits are reduced to 65% at age 65 and to 50% at age 70.

## Employee/Spouse Rates

| Age       | Monthly Cost Per \$1,000 of Coverage |
|-----------|--------------------------------------|
| Under 35  | \$0.035                              |
| 35-39     | \$0.044                              |
| 40-44     | \$0.079                              |
| 45-49     | \$0.134                              |
| 50-54     | \$2.05                               |
| 55-59     | \$0.381                              |
| 60-64     | \$0.577                              |
| 65-69     | \$1.066                              |
| 70 & over | \$1.958                              |

### How to calculate semi-monthly cost

1. Elect the level of coverage that you want.  
*You may choose up to 7 times your annual salary (maximum of \$500,000). For spouse, you may choose up to \$250,000, not to exceed 50% of your Voluntary Life amount.*
2. Then divide by \$1,000 and round up to the next thousand. Multiply the result by the applicable rate, then divide by 2. This is your semi-monthly cost.

## Child Rates

| Age                    | Monthly Cost Per \$2,000 of Coverage |
|------------------------|--------------------------------------|
| All eligible children* | \$0.136                              |

### How to calculate semi-monthly cost

Elect the level of coverage that you want, up to \$10,000, not to exceed 50% of your Voluntary Life amount. Then divide by \$1,000. Multiply the result by the applicable rate, then divide by 2. This is your semi-monthly cost.

\*Eligible children are unmarried dependent children from 14 days, up to age 19, or up to age 25 if a full-time student at an accredited college/university.

# VOLUNTARY AD&D INSURANCE RATES

If you elect to enroll in Voluntary Life, you may also enroll in Voluntary Accidental Death and Dismemberment Insurance. The semi-monthly cost of Voluntary AD&D Insurance is based on coverage amounts you elected for Optional Term Life.

|                                      | Employee Rate | Spouse Rate | Child Rate |
|--------------------------------------|---------------|-------------|------------|
| Monthly Cost Per \$1,000 of Coverage | \$0.017       | \$0.020     | \$0.136    |

## How to calculate semi-monthly cost

Elect the level of coverage that you want. Then divide by \$1,000. Multiply the result by the applicable rate above, then divide by 2. This is your semi-monthly cost.

# LONG TERM DISABILITY INSURANCE RATE

## How to calculate semi-monthly cost

1. Subtract the amount of coverage that UChicago Charter School pays (\$14,000 for full-time employees and \$7,000 for part-time employees) from your annual salary.
2. Multiply the result by \$0.00294.
3. Divide the result in Step 2 by 12, and then divide by 2. This gives you your semi-monthly LTD contribution rate.

\*Semi-Monthly Cost for LTD is subject to change based on participation.

# SEMI-MONTHLY METLAW RATE

|                        | Legal Plan |
|------------------------|------------|
| All Eligible Employees | \$10.50    |

# HELPFUL BENEFIT TERMS

- **Brand preferred drugs** – A drug with a patent and trademark name that is considered “preferred” because it’s safe and effective and usually less expensive than other brand-name options.
- **Brand non-preferred drugs** – A drug with a patent and trademark name that is “not preferred” because it’s usually more expensive than other generic and brand preferred options.
- **Calendar year maximum** – The maximum benefit amount paid each year for each family member enrolled in the dental plan.
- **Coinsurance** – The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.
- **Copay** – A fixed amount (for example \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service.
- **Deductible** – The amount you have to pay for covered services each year before your health plan begins to pay.
- **Elimination period** – The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.
- **Flexible Spending Accounts (FSA)** – FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The money in the account is subject to the “use it or lose it” rule which means you must spend the money in the account before the end of the plan year.
- **Generic drugs** – A drug that’s equivalent to brand-name drugs in use, dose, strength, quality and performance, but is not trademarked.
- **High Deductible Health Plan (HDHP)** – A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.
- **In-network** – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
- **Inpatient** – Services provided to an individual during an overnight hospital stay.
- **Mail order pharmacy** – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
- **Out-of-network** – Providers that are not in the plan’s network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.
- **Out-of-pocket maximum** – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
- **Outpatient** – Services provided to an individual at a hospital facility without an overnight hospital stay.
- **Primary Care Provider (PCP)** – A doctor (generally a family or internal medicine practitioner or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
- **Reasonable & Customary Charges (R&C)** – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
- **Specialist** – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).
- **Specialty drugs** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

## Benefit acronyms

ACA – Affordable Care Act

AD&D – Accidental Death & Dismemberment

FSA – Flexible Spending Account

HDHP – High Deductible Health Plan

HMO – Health Maintenance Organization

LTD – Long-Term Disability

PPO – Preferred Provider Organization

STD – Short-Term Disability

# CONTACT INFORMATION

| Coverage                          | Carrier/Contact                            | Phone                        | Website/Email  |
|-----------------------------------|--|------------------------------|--|
| Medical and Pharmacy              | BCBSIL                                     | 800-892-2803<br>800-828-3116 | <a href="http://www.bcbsil.com">www.bcbsil.com</a>   |
| Dental                            | MetLife                                    | 800-275-4638                 | <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>   |
| Vision                            | VSP  | 800-877-7195                 | <a href="http://www.vsp.com">www.vsp.com</a>   |
| Flexible Spending Accounts        | Wage Works/Health Equity                   | 855-692-2959                 | <a href="http://healthequity.com/wageworks">healthequity.com/wageworks</a>   |
| Life and AD&D Insurance           | Sun Life                                   | 800-247-6875                 | <a href="http://www.sunlife.com/us">www.sunlife.com/us</a>   |
| Disability                        | Sun Life                                   | 800-247-6875                 | <a href="http://www.sunlife.com/us">www.sunlife.com/us</a>   |
| Pet Insurance                     | Nationwide                                 | 800-540-2016                 | <a href="http://my.petinsurance.com">my.petinsurance.com</a>   |
| Legal Plan                        | MetLife                                    | 800-438-6388                 | <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>   |
| Employee Assistance Program (EAP) | Perspectives                               | 800-456-6327                 | <a href="http://www.perspectivesltd.com">www.perspectivesltd.com</a><br>Username: CHA500<br>Password: perspectives                 |
| 401(k) Retirement Savings Plan    | TIAA CREF                                  | 800-842-2252                 | <a href="http://www.tiaa.org/public/tcm/uchicagocharter/home">www.tiaa.org/public/tcm/uchicagocharter/home</a>                     |
| Chicago Teachers' Pension Fund    | CTPF                                       | 312-641-4464                 | <a href="http://www.ctpf.org">www.ctpf.org</a>   |
| Human Resources                   | Angelique Thomas<br>Gabriela Ortiz Delgado | 773-702-2776<br>773-834-9147 | <a href="mailto:athomas3@uchicago.edu">athomas3@uchicago.edu</a><br><a href="mailto:gortiz1@uchicago.edu">gortiz1@uchicago.edu</a> |

# UCHICAGO CharterSchool

**About this Guide:** This benefit summary provides selected highlights of the UChicago Charter School benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. UChicago Charter School reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.