



WELCOME TO OPEN ENROLLMENT

Plan Year: 01/01/2026-6/30/2026

John Adams 

A C A D E M Y

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

John Adams Academy strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits, that's why we've put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide outlines the benefits John Adams Academy offers, so you can identify which offers are best for you and your family.

Elections you make during open enrollment will become effective on January 1st, or if you are a new hire, they will become effective 1st of the month following 30 days of employment. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to your campus Business Tech.

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WHO IS ELIGIBLE?

If you're a full-time employee at John Adams Academy, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week.

HOW TO ENROLL

To enroll in benefits, please access your **ADP** account and complete all required documents. <https://workforcenow.adp.com/>

WHEN TO ENROLL

The benefits you choose during open enrollment will become effective on January 1, 2026, or the **1st of the month following 30 days** of employment.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

WHAT IF I DON'T WANT OR NEED BENEFITS?

If you plan to decline medical, dental, and vision benefits, you will be eligible to receive an annual Health Care In Lieu (HCIL) payment of \$2,100. It is paid out monthly on the first paycheck of each month, as illustrated below:

- 10 Month Employees: \$210 per month
- 12 Month Employees: \$175 per month

To be eligible for HCIL, you will need to provide proof of other medical coverage.

WHAT DOES IT COST ME?

At John Adams Academy (JAA), the employer contribution toward your benefits begins at **\$9,000 per year** for employee-only coverage.

- If you are a 10-month employee, your contribution starts at **\$900 per month**.
- If you are a 12-month employee, your contribution starts at **\$750 per month**.
- For plans covering “employee +” (for example, employee plus family members), JAA’s contribution may be higher.
- The amount applies to premiums: first medical, then dental and vision benefits if funds remain.

Monthly Contribution Toward Premiums

12-month Employees

Contribution to monthly health premiums up to the following amounts:

- **Employee Only (\$9,000/year):**
 - Monthly: \$750
 - Pay Period: \$375
- **Employee + Spouse; or Employee + Children; or Employee + Family (\$10,380/year):**
 - Monthly: \$865
 - Pay Period: \$432.50

10-month Employees

Contribution to monthly health premiums up to the following amounts:

- **Employee Only (\$9,000/year):**
 - Monthly: \$900
 - Pay Period: \$450
- **Employee + Spouse; or Employee + Children; or Employee + Family (\$10,380/year):**
 - Monthly: \$1038
 - Pay Period: \$519

Health Savings Account Contributions *

12-month Employees

Contribution to qualified JAA HSA high-deductible plans:

- **Employee Only (\$2,000/year)**
 - Monthly: \$166.67
 - Pay Period: \$83.33
- **Employee + Spouse; or Employee + Children; or Employee + Family (\$3,000/year):**
 - Monthly: \$250
 - Pay Period: \$125

10-month Employees

Contribution to qualified JAA HSA high-deductible plans:

- **Employee Only (\$2,000/year)**
 - Monthly: \$200
 - Pay Period: \$100
- **Employee + Spouse; or Employee + Children; or Employee + Family (\$3,000/year)**
 - Monthly: \$300
 - Pay Period: \$150

**Health Savings Account (HSA) contribution is only for JAA-qualifying HSA high-deductible plans.*

HEALTH INSURANCE

The following charts compare our current health benefits offered by Kaiser, Sutter, and Western Health Advantage. **The JAA contribution fully covers the highlighted amounts in yellow.**

BENEFITS	KAISER PERMANENTE HMO			
	Everyday \$10 copay	DHMO \$1,500 Ded	HSA \$2,500 Ded	HSA \$4,500 Ded
Physician Visit Copay	\$10	\$20	\$30 /\$50 after ded.	\$40/\$50 after ded.
Lab/X-Ray	\$10/\$50	\$10 after ded.	\$10 after ded.	40% after ded.
Deductible	\$2,000 Ind. \$4,000 Fam.	\$1,500 Ind. \$3,000 Fam.	\$2,500 Ind. \$3,400 Ind. Fam \$5,000 Fam. max	\$4,500 Ind. \$9,000 Fam.
Hospitalization	No Charge after ded.	20% after ded.	\$250 after ded.	40% after ded.
Outpatient Surgery	No Charge after ded.	20% after ded.	\$150 after ded.	40% after ded.
Emergency Room Copay	\$500	20% after ded.	\$200 after ded.	\$250 after ded.
Out-of-pocket Maximum	\$2,000 Ind. \$4,000 Fam.	\$4,000 Ind. \$8,000 Fam.	\$4,600 Ind. \$9,200 Fam.	\$6,250 Ind. \$12,500 Fam.
Prescription Drugs -Generic -Brand	\$10/\$50	\$10/\$30	\$10/\$30 after ded.	\$15/\$35 after ded.

KAISER MONTHLY BENEFIT COSTS								
	12 MONTH EMPLOYEE				10 MONTH EMPLOYEE			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Everyday \$10	\$914.50	\$1,646.10	\$1,463.20	\$2,103.35	\$1,097.40	\$1,975.32	\$1,755.84	\$2,524.02
\$1,500 Ded	\$814.29	\$1,465.73	\$1,302.87	\$1,872.87	\$977.15	\$1,758.88	\$1,563.44	\$2,247.44
HSA \$2,500	\$743.66	\$1,338.59	\$1,189.85	\$1,710.41	\$892.39	\$1,606.31	\$1,427.82	\$2,052.49
HSA \$4,500	\$594.63	\$1,070.34	\$951.41	\$1,367.65	\$713.56	\$1,284.41	\$1,141.69	\$1,641.18

SUTTER HEALTH PLUS HMO				
BENEFITS	SUMMIT LG19 HMO \$25 copay	PEAK LG25 \$1500 Ded	VISTA HL11 HSA \$2500 Ded	VISTA HL12 HSA \$4000 Ded
Physician Visit Copay	\$25/\$50	\$20/\$40	\$40/\$80 after ded.	\$40/\$80 after ded.
Lab/X-Ray	\$25/\$15/\$50	\$20/\$10/\$50	\$40/\$15/\$50 after ded.	\$40/\$15/\$50 after ded.
Deductible (Individual/ Family)	None	\$1,500 Ind. \$3,000 Fam.	\$2,500 Ind. \$3,400 Ind. Fam. \$5,000 Fam. max	\$4,000 Ind. \$8,000 Fam.
Hospitalization	\$100/day (x5)	20% after ded.	\$500/day (x5) after ded.	\$500/day (x5) after ded.
Outpatient Surgery	\$50 per visit	20% after ded.	\$250 after ded.	\$250 after ded.
Emergency Room Copay	\$200 (waived if admitted)	20% after ded.	\$200 after ded.	\$300 after ded.
Out-of-pocket Maximum (Individual/Family)	\$2,500 Ind. \$5,000 Fam.	\$4,000 Ind. \$8,000 Fam.	\$4,000 Ind. \$8,000 Fam.	\$6,500 Ind. \$13,000 Fam.
Prescription Drugs Generic/Brand/Non-Preferred Brand	\$10/\$30/\$75	\$10/\$30/\$75	\$10/\$30/\$75 after ded.	\$10/\$30/\$75 after ded.

SUTTER MONTHLY BENEFIT COSTS								
12-MONTH EMPLOYEE					10-MONTH EMPLOYEE			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Summit LG19	\$890.90	\$1,603.60	\$1,425.40	\$2,049.10	\$1,069.08	\$1,673.50	\$1,487.50	\$2,138.30
Peak LG25	\$824.30	\$1,483.70	\$1,318.90	\$1,895.90	\$989.16	\$1,780.44	\$1,582.68	\$2,275.08
Vista HL11 HSA	\$696.30	\$1,253.30	\$1,114.10	\$1,601.50	\$835.56	\$1,503.96	\$1,336.92	\$1,921.80
Vista HL12 HSA	\$616.00	\$1,108.80	\$985.60	\$1,416.80	\$739.20	\$1,330.56	\$1,182.72	\$1,700.16

The JAA contribution fully covers the highlighted amounts in yellow.

WESTERN HEALTH ADVANTAGE HMO				
BENEFITS	Advantage HMO \$40 copay	Western HMO \$2500 Deductible	Western HSA \$2800 Deductible	Western HSA \$4000 Deductible
Physician Visit Copay	\$40	\$20	\$40 after ded.	40% after ded.
Lab/X-Ray	No Charge	No Charge	0% after ded.	40% after ded.
Deductible	None	\$2,500 Ind. \$5,000 Fam.	\$2,800 Ind. \$3,400 Ind. Fam. \$5,600 Fam. max	\$4,000 Ind. \$8,000 Fam.
Hospitalization	30%	\$500/day after ded.	\$500/day after ded.	40% after ded.
Outpatient Surgery	30%	\$250 after ded.	\$250 after ded.	40% after ded.
Emergency Room Copay	\$100 (waived if admitted)	\$100 after ded.	\$100 after ded.	40% after ded.
Out-of-pocket Maximum	\$2,500 Ind. \$5,000 Fam.	\$5,000 Ind. \$10,000 Fam.	\$6,500 Ind. \$13,000 Fam.	\$6,500 Ind. \$13,000 Fam.
Prescription Drugs Generic/Brand/Non-Preferred Brand	\$10/\$30/\$50/\$100	\$15/\$50/\$75/\$250	\$10/\$30/\$50 after ded.	40% after ded.

WHA MONTHLY BENEFIT COSTS								
12 MONTH EMPLOYEE					10 MONTH EMPLOYEE			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Advantage HMO \$40 copay	\$879.26	\$1,582.68	\$1,406.82	\$2,022.30	\$1,055.11	\$1,899.22	\$1,688.18	\$2,426.76
Western HMO \$2500 Ded	\$711.09	\$1,279.97	\$1,137.74	\$1,635.51	\$853.31	\$1,535.96	\$1,365.29	\$1,962.61
Western HSA \$2800 Ded	\$628.01	\$1,130.42	\$1,004.82	\$1,444.42	\$753.61	\$1,356.50	\$1,205.78	\$1,733.30
Western HSA \$4000 Ded	\$508.45	\$915.21	\$813.52	\$1,169.43	\$610.14	\$1,098.25	\$976.22	\$1,403.32

The JAA contribution fully covers the highlighted amounts in yellow.

BENEFITS	Trustmark	
	Healthy Incentives CDHP PPO Aetna Signature Network Plan 1 <i>(In-Network Benefits Illustrated Only)</i>	Healthy Incentives CDHP PPO Aetna Signature Network Plan 2 <i>(In-Network Benefits Illustrated Only)</i>
Physician Visit Copay	20% after deductible (Teledoc \$59)	0% after deductible (Teledoc \$59)
Lab/X-Ray	20% after deductible	0% after deductible
Deductible (Individual/ Family)	\$3,500/\$7,000	\$6,000/\$12,000
Hospitalization	20% after deductible	0% after deductible
Outpatient Surgery	20% after deductible	0% after deductible
Emergency Room Copay	20% after deductible	0% after deductible
Out-of-pocket Maximum (Individual/Family)	\$7,000/\$14,000	\$6,000/\$12,000
Prescription Drugs Generic/Brand/Non- Preferred Brand	20% after deductible	0% after deductible

TRUSTMARK MONTHLY BENEFIT COSTS								
	12-MONTH EMPLOYEE				10-MONTH EMPLOYEE			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Aetna Plan 1 \$3500 Ded.	\$631.00	\$1,451.30	\$1,116.68	\$1,936.98	\$757.20	\$1,741.56	\$1,340.02	\$2,324.38
Aetna Plan 2 \$6000 Ded.	\$592.55	\$1,362.87	\$1,048.63	\$1,818.95	\$711.06	\$1,635.44	\$1,258.36	\$2,182.74

The JAA contribution fully covers the highlighted amounts in yellow.

DENTAL PPO INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body, including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

We're happy to say that there is a decrease in your dental benefit costs for 2026. The following chart outlines the dental benefits we offer through Sun Life Financial. Please visit the web link below (selecting the Sun Life Dental Network) to make sure your dentist is a provider to get the most savings on your dental care, or call your dental office directly.

<https://www.slfsvcresources.com/formembers/providersearch.html>

SUN LIFE FINANCIAL DENTAL BENEFITS		
	PPO	OUT-OF-NETWORK
Usual & Customary Percentile	Negotiated Fee	90th
Annual Deductible- Individual/Family Max.	\$50 (3x)	\$50 (3x)
Deductible Waived for Preventive Services	Yes	Yes
Preventive Services	100%	100%
Basic Services	90%	80%
Major Services	60%	50%
Calendar Year Maximum Benefit	\$1,500	\$1,000
Orthodontia – Child Only Coverage	50% to \$1,500 Lifetime	

SUN LIFE MONTHLY BENEFIT COSTS				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
12-month	\$36.65	\$66.43	\$87.30	\$117.08
10-month	\$43.98	\$79.72	\$104.76	\$140.50

VISION INSURANCE

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

John Adams Academy’s Vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider listed in our Preferred Provider directory of EyeMed, your benefits include the following:

- Copay - \$10 Exam/\$25 Materials - **\$0 Exam at PLUS Providers**
- Comprehensive Vision Exam – 1x per 12 months
- Lenses – 1 pair every 12 months
- Frame – One frame every 12 months
- Contact Lenses – Once every 12 months (in lieu of lenses)

Benefits	In-Network Allowance	Out-of-Network Allowance
Exams	Covered	Up to \$40
Single Vision Lenses	Covered	Up to \$30
Bifocal Lenses	Covered	Up to \$50
Trifocal Lenses	Covered	Up to \$70
Progressive Lenses	Covered	Up to \$50
Frame	Up to \$125 or \$175 at PLUS Providers	Up to \$88
Contact Lenses		
One Pair Medically Necessary	Covered	Up to \$300
Cosmetic	Up to \$120	Up to \$84

20-40% discounts are available for cosmetic extras, such as tints, coatings, and other add-on charges to standard lenses, after Covered Services are rendered. Also applies to additional pairs of glasses and/or pairs of standard contact lenses. This discount is not available at Warehouse or Wholesale locations. LASIK discount opportunities are available through the US Laser Network.

EYEMED MONTHLY BENEFIT COSTS				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
12-Month	\$6.12	\$12.14	\$11.89	\$18.09
10-Month	\$7.34	\$14.67	\$14.27	\$21.71

BASIC LIFE/AD&D INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. John Adams Academy provides full-time employees with **\$50,000** in group life and accidental death and dismemberment (AD&D) insurance.

John Adams Academy pays for the full cost of this benefit, meaning you are not responsible for paying any monthly premiums. There is a benefit reduction once you hit age **65 of 35% and an additional 15% once you hit age 70**.

VOLUNTARY LIFE INSURANCE

While John Adams Academy offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself in **\$10,000** increments up to **\$300,000**, **\$5,000** increments for a spouse up to **\$100,000**, and either **\$5,000** or **\$10,000** for children. New hire enrollments are guaranteed to get **\$100,000** and for a spouse **\$50,000 without the need for Evidence of Insurability**. At Late Entry or Open Enrollment, any guaranteed amount is **\$10,000 without the need for Evidence of Insurability**. There is a benefit reduction once you hit age **65 of 35% and an additional 15% once you hit age 70**.

DISABILITY INCOME BENEFITS

John Adams Academy provides full-time employees with a long-term disability income benefit. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

At John Adams Academy, we want to do everything we can to protect you and your family. That's why John Adams Academy pays for the full cost of the long-term disability insurance, meaning that you owe nothing out of pocket.

If you become disabled from a non-work-related injury or sickness, after **180 days**, disability income benefits will provide a **60%** income replacement benefit up to a monthly maximum of **\$9,000**. This will continue to pay out if you remain disabled until **age 65**.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

In partnership with ComPsych, Sun Life offers an EAP program that gives employees unlimited 24/7 access to a hotline. There are 3 telephonic appointments included per year with a professional counselor, as well as the following: Legal resources, financial resources, work-life resources, guidance resources online, online health risk assessments, HR resources, discount, and reward programs, as well as direct-to-consumer reports. To learn more about this service, please call: 877-595-5281 or visit <https://www.compsych.com/>.

HEALTH SAVINGS ACCOUNTS

WHAT'S AN HSA?

A Health Savings Account (HSA) is a tax-friendly savings account you use if you have a high-deductible health plan (HDHP). It helps you pay for eligible medical expenses.

WHY USE AN HSA?

- **Lower premiums:** HDHPs often cost less each month, so you keep more of your paycheck.
- **Money stays yours:** Your HSA balance rolls over year by year, even if you change jobs.
- **Tax advantages:** Contributions are made before taxes, which lowers your taxable income, and withdrawals for qualified medical costs are tax-free.

2026 CONTRIBUTION LIMITS

- Up to **\$4,400** if you have individual coverage.
- Up to **\$8,750** for family coverage.
- If you're **55 or older**, you can add an extra **\$1,000** "catch-up" contribution.
- You can adjust how much you contribute at any time during the year, as long as you don't exceed the limit.

HSA CASE STUDY

Justin is a healthy 28-year-old single man who contributes \$1,000 each year to his HSA. His plan's annual deductible is \$1,500 for individual coverage. Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

Year 1	
HSA Balance	\$1,000
Total Expenses:	
- Prescription drugs: \$150	(-\$150)
HSA Rollover to Year 2	\$850
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	



Year 2	
HSA Balance	\$1,850
Total Expenses:	
- Office visits: \$100	
- Prescription drugs: \$200	(-\$300)
- Preventive care services: \$0 (covered by insurance)	
HSA Rollover to Year 3	\$1,550
Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	

QUESTIONS & ANSWERS

WHAT CHANGES ARE EFFECTIVE JANUARY 1, 2026?

- Some medical carriers had significant increases this year. JAA did its best to negotiate the best rate possible for its employees. Some of the employee-only plans are still 100% covered by the JAA Contribution. Pay attention to benefits, as some plans' copays or deductibles have changed slightly.
- Dental Rates have been reduced for 2026
- Rates are for 6 months (through June 30, 2026). We are reevaluating the structure and plans, as well as changing our enrollment dates to match the fiscal year. 07/01/2026 through 06/30/2027
- All other benefits remained the same.
- Please reach out to your Business Tech for any questions regarding benefits.

IF I WANT TO MAKE CHANGES, WHAT DO I NEED TO DO?

- Please sign into your ADP <https://workforcenow.adp.com/>, click on “Myself”, “Benefits”, and “Enrollment”. Everything can be completed through that portal.

CONTACT INFORMATION		
Name	Website	Phone
Kaiser Permanente	www.kp.org	(800) 464-4000
Sutter Health Plus	www.sutterhealthplus.org	(855) 315-5800
Western Health Advantage	www.westernhealth.com	(888) 563-2250
Trustmark	www.trustmarkbenefits.com	(800) 522-1246
Sun Life Financial	www.sunlife.com	(800) 247-6875
EyeMed	www.eyemed.com	(866) 939-3633
Valley Oaks Insurance Agency	www.valleyoaks.com	(916) 960-1400

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 benefits information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.