2021-22 Benefit Enrollment Guide

In Partnership with

& Benefits Services for Schools

Plan Year: July 1, 2021 – June 30, 2022

California Dental Network beam Aflac. KAISER PERMANENTE. thrive BASIC pacific vsp unum ease

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GROUP BENEFITS CONTACT LIST | 2020-21

Medical Kaiser Permanente	Phone	Website
Member Services Eligibility, Claims, Appointment, etc.	800-464-4000	www.kp.org

BenExtend AFLAC	Phone	
Member Services I Dedicated Help & Information	**1-916-806-1690**	Schedule with Daniel https://calendly.com/daniel-mcconnell/ypics-open-enrollment

FSA | Cobra Basic Pacific	Phone	Website | Email
Member Services Eligibility, Claims, etc.	800-574-5448, Option 2	www.basiconline.com/pacific/ customerservice@basicpacific.com

Dental Beam/CDN Dental	Phone	Website
Member Services	877-433-6825 (CDN HMO)	www.caldental.net
Eligibility, Claims, etc.	800-648-1179 (Beam PPO)	www.beamdental.com

Vision VSP	Phone	Website
Member Services Eligibility, Claims, etc.	800-877-7195	www.vsp.com

Group Life | Vol Life | EAP Unum	Phone	Website
Member Services Employee Assistance	866-679-3054	https://www.unum.com

Member Services **Teresa Sale | Inspired Wellness & Benefit Services**	**Phone**	**Direct Email**
Member Services	323-451-5343	teresa@inspiredwellnessbenefits.com

Human Resources **Yesenia Zubia | YPICS**	**Phone**	**Direct Email**
HR Services	818-305-2796	yzubia@ypics.org

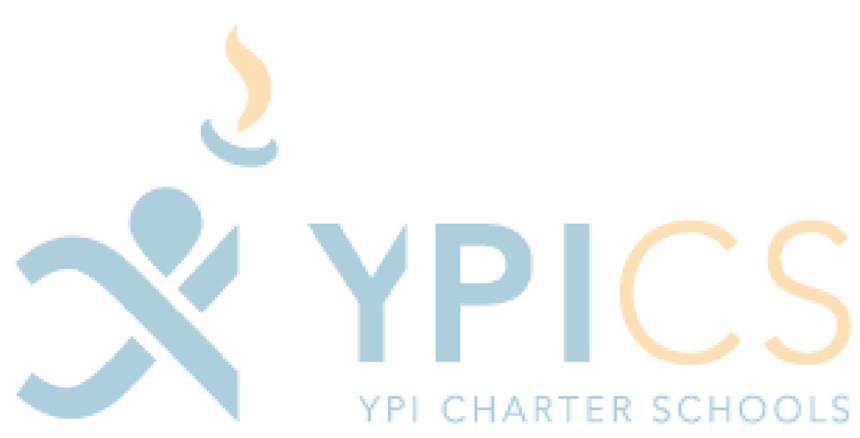
Questions About Your Benefits? Email member services at:
Teresa@inspiredwellnessbenefits.com or call 1-323-451-5343 I Lic #0J05010

VOLUNTARY PLAN CONTACT LIST | 2021-22

Voluntary Benefits	Phone	Email
Jacqui Vega	818-943-9666	jacqueline_vega@us.aflac.com

Retirement Benefits	Phone	Email
Robert Stenzel	(310) 270-8744	robert.stenzel@eqitable.com

Pet Insurance Benefits	Phone	Dedicated Website
PetsBest Group Discount Code: YPICS	888-984-8700	www.petsbest.com/ypics



WELCOME | ENROLLING IN YOUR BENEFITS

Welcome to your 2021-22 Annual Benefits Renewal, YPICS Family! Please read, study and keep this guide, and join us in our new Inspired Conversations benefit learning sessions if you can. Learn how to manage your benefits. Our goal in creating this guide each year is to ensure you are equipped to:

1. Choose the health insurance plans that fit best with you and your unique situation;
2. Understand your health insurance plans and how to read your benefit plan docs and easy access phone apps, etc. to access care efficiently; and
3. Know how to register on the carrier websites, navigate and manage your plans, and who to contact if you have questions.

Let's get started!

Eligibility

Full-time, regular YPICS employees who work at least 30 hours per week are considered benefit eligible.

Who is an eligible dependent?

- Your legal spouse
- Your registered domestic partner defined as same or opposite sex partners, who are both at least 18 yrs. of age.
- Your dependent children/step children or children of your registered domestic partner whom you support up to age 26 (unless they can be enrolled in another group plan).

When You Can Enroll:

- *Your benefit plan year begins July 1st and ends June 30th.*
- *If you are a new hire, you should enroll within 30 days from your date of hire for your benefits to be effective the 1st of the month following your date of hire.*
- ***This year, your open enrollment period will begin Tuesday, May 18th and end on Monday, May 31st, 2021.***

When Can You Make Changes?

You can make changes during your annual open enrollment and when there's a qualifying life event.

Make sure to notify your HR dept. of the change within 30 days of the event. (60 days for Medicaid or state child health plan).

Examples of Qualifying Events:

- Lost or will soon lose your health insurance
- Permanently moved to California
- Had a baby or adopted a child
- Got married or entered into a domestic partnership
- Got divorced or left a domestic partnership
- Returned from active military service
- Gained citizenship/lawful presence
- Federally recognized American Indian or Alaska Native
- Loss of coverage under Medicaid or state child health plan
- Gaining eligibility for coverage

Questions about your benefits? Attend the Next Inspired Benefits Conversation! An open-door help session. Take one hour to talk among your peers with guidance from dedicated benefit professionals about managing your health benefits. Please bring your smartphone and/or laptop, you will be learning to register and log into your benefit accounts, getting apps in place, and navigating the tools to manage your benefits. Check your email for a Zoom invite!

BASIC®

Enter email address

Email

Forgot password?

Remember me

Next

First time here?

Sign up to establish access to your new account

By continuing you agree to the Terms of Use and Privacy Notice

Your information is secure

Trouble signing in? Call 800-372-3539

YPICS' partnership with Inspired Wellness provides you with a wealth of resources! From your very own educators' portal with Monthly Wellness Spotlight playbooks like our first, November's Overcoming Zoom Burnout, Recipe Club, On-demand workouts, new "Ask a Question" feature with monthly Q&A sessions to keep you equipped with the latest from the health & wellness world, Covid-19 guide and Immunity Boosting Recipe guides, to simple things like homemade antibacterial gel. Support and encouragement with like-minded people in all areas is good for our health! You will receive an email invite to your exclusive portal log-in from our Inspired Wellness coaches. Look for the title "ACCESS" and save your log-in in your browser to easily reference.

Health Care Reform, or the Affordable Care Act (ACA) provides you as the healthcare consumer with essential coverage rights. As an educated health care consumer, you should know the most common terms as well. Here are some highlights, and where to learn more.

Protecting Your Rights

The health care law provides you with rights and protections that make coverage fair and easier to understand. The law:

- Requires health plans to cover people with pre-existing health conditions
- Makes it illegal for health plans to cancel your insurance just because you get sick
- Allows young adults under age 26 to be on their parents' plan
- Provides coverage of free preventive care
- Ends lifetime and yearly dollar limits on coverage of essential health benefits

Questions or Concerns?

For detailed information about your benefits or payments, contact your health plan directly.

If you are not satisfied after speaking with your health plan and would like to file a complaint, call:

- **For all health plan members:**
  California Department of Managed Health Care
  888.466.2219
- **For free help working with your health plan, the Department of Insurance, or the Department of Managed Health Care:**
  Health Consumer Alliance
  888.804.3536

Terms to Know

You may see and hear lots of new words as you begin to use your health plan. It's important that you understand the terms so you can get the most out of your coverage.

Premium
This is the amount you pay every month to your health plan to maintain your health insurance coverage.

Copay
This is a fixed amount you pay for certain covered services, like doctor visits. You will not be charged a copay for preventive care services, like screenings and vaccinations.

Deductible
This is the fixed amount some plans require you to pay before the plan begins to pay its share for covered services, like hospitalizations and procedures. Deductibles don't apply to preventive care services, which are free.

Coinsurance
Once you have paid your full deductible, your coinsurance kicks in. This is when your health plan begins to pay its share for covered services, with your share calculated as a fixed percentage. Depending on your plan, your portion of the coinsurance cost can range from 10-40%.

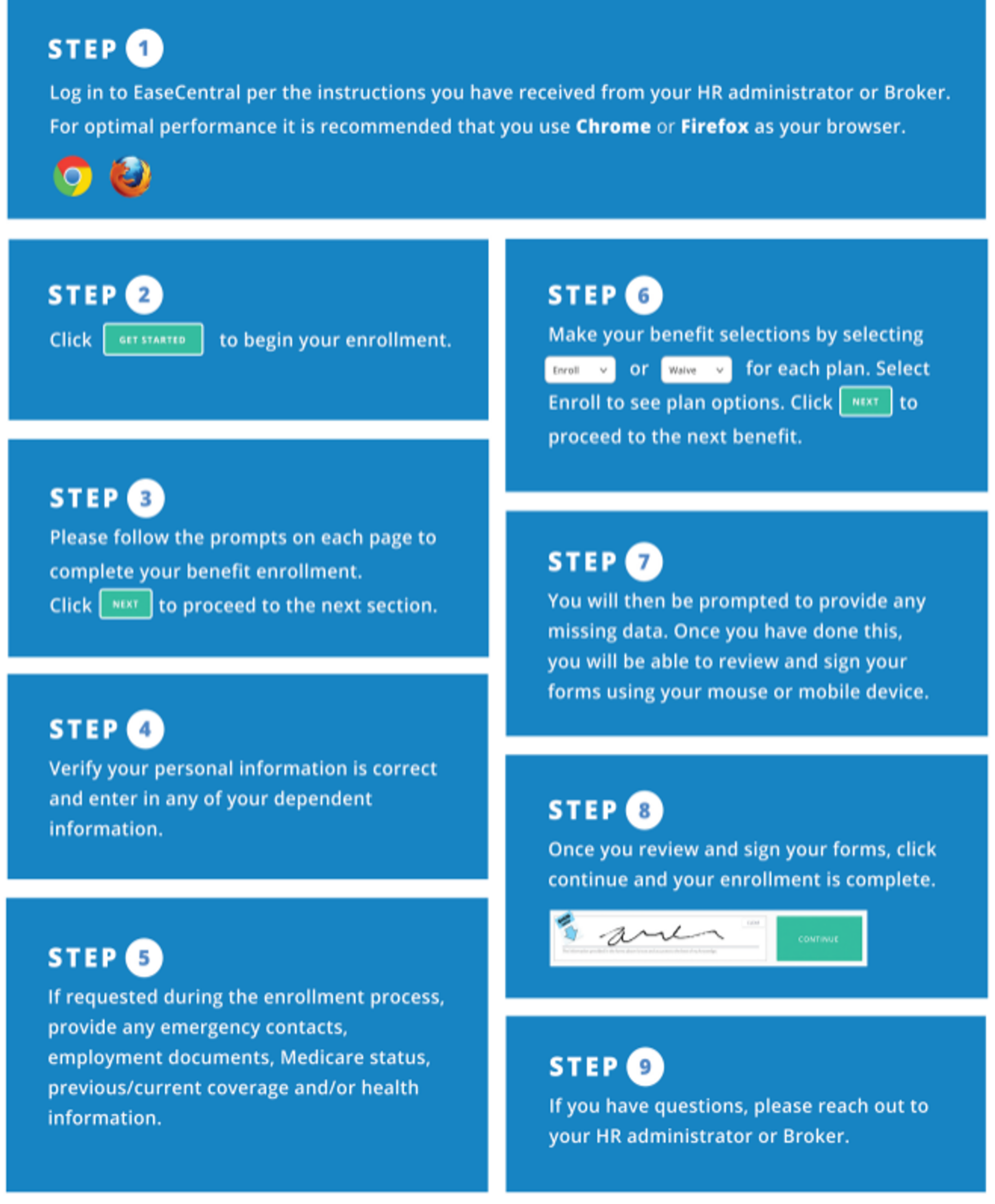
Out-of-Pocket Limit
This is the maximum you'll pay per year for medical services before your health plan begins to pay for 100% of services, protecting you and your family from very high medical expenses. Most of your copayments, deductibles and coinsurance payments will be counted toward this limit.

EASE Online Enrollment Guide

HOW TO ENROLL IN EASE

Your enrollment will be processed online using the enrollment system EASE. For help in navigating the system, you can reference the EASE Employee Self Service Quick Reference pages here. You will receive an email from EASE. Please be sure to check your spam folder!

Enrollment Guide at a Glance



Questions About EASE enrollment? Email member services at:
Teresa@inspiredwellnessbenefits.com or call 1-323-451-5343 | Lic #0J05010

Your Benefit Cost Worksheet

YPI Charter Schools pays 100% of medical, dental HMO, and vision premiums for eligible employees and all eligible dependents. YPICS also pays 100% of group life insurance for employees only. The dental PPO plan has a buy-up cost. If you choose to opt out of benefits, YPICS will provide an opt-out stipend to the employee (proof of medical coverage required).

*Should you choose to opt out of medical, but into ancillary benefits, the benefit premium amounts will be deducted from the stipend.

*The dental PPO buy-up cost is the difference between the HMO and PPO plans.

Rates by Tier	Kaiser HMO $20	CDN DHMO Plan Adv 75	BEAM PPO DENTAL	BEAM VSP Vision	Unum Group Life $50K & EAP	Voluntary Life
Employee Only	$500.19	$14.43	$35.63	$11.46	$3.55	See age banded rates in EASE
Employee /Spouse	$1,100.42	$24.41	$70.63	$23.74	n/a	
Employee/Children	$1,000.39	$37.32	$139.29	$34.32	n/a	
Employee/Family	$1,500.57	$37.32	$139.29	$34.32	n/a	

The chart shows the monthly premiums YPICS pays as part of your benefit package. The only cost to employees is the dental PPO buy up and if you choose any voluntary benefits.

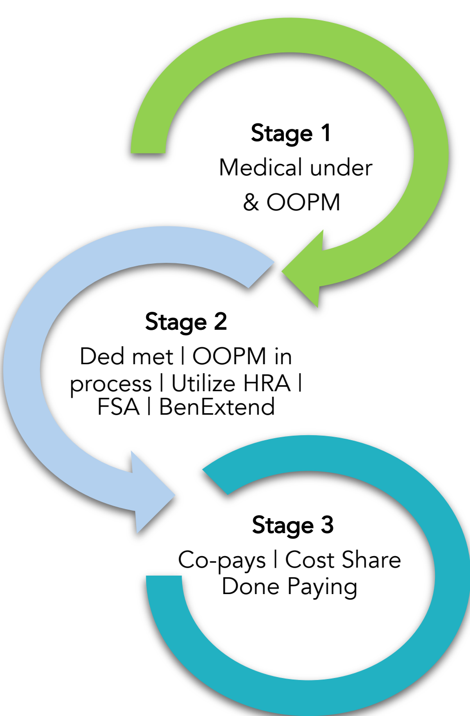
Your Benefit Cost Worksheet

[Understanding Your Health Insurance Costs | Consumer Reports]

As a YPICS team member, you SKIP Stage 1, the plan deductible. Your plan includes co-pays for care and services, and you have the assurance in the case of a major medical issue, reaching the level of your Out of Pocket Maximum (listed in your plan SBC link in the next page and in EASE), will move you into Stage 3 – You pay nothing at all for covered benefits for the remainder of the calendar year. This is your Out of Pocket Max or OOPM. ***Be sure to review your SBC!***

If you have coverage elsewhere, you can choose to opt-out of coverage with YPICS. Your employer will offer an opt-out stipend. Should you choose to opt out of medical but into auxillary benefits, the benefit premium amount will be deducted from the stipend.

ZERO DEDUCTIBLE PLAN!



Understanding Your Plan

Finding a Primary Care Provider or Specialist

Go to www.kp.org and click "Find a Doctor" or call 800-464-4000 or TTY 711
800-788-0616 (Spanish) to reach member services.

HMO High $20 | Health Maintenance Organization

Your YPICS HMO plan option utilizes a debit card funded by your employer to help with your plan deductible, after which cost is controlled by limiting services to a specific network of hospitals, doctors, and other providers and usually by requiring referral by a primary-care physician for specialty care.

You have one High HMO plan option with Kaiser. Upon enrolling in this plan, you will automatically be enrolled in the FSA. You will only receive a NEW FSA benny card if you are enrolling for the first time. Please see Quick Tips | How to Utilize Your FSA and attend Inspired Conversations to learn more.

ABOUT THE CARRIER

Kaiser Permanente is a nonprofit, group-practice health plan with headquarters in Oakland, Calif. Kaiser Permanente is composed of Kaiser Foundation Health Plans (nonprofit, public-benefit corporations), Kaiser Foundation Hospitals (a nonprofit, public-benefit corporation), and the Permanente Medical Groups (for-profit professional organizations). Plan selection varies by region. www.kp.org | (800) 464-4000

ABOUT THE PLAN

Please click below to view plan documents, which include the summary of benefits and coverage (SBC), disclosure form and evidence of coverage (EOC), which provide details about costs and coverage for a particular health plan.

Health care acronyms and terms can be confusing. In order to get the most out of your health care benefits, you need to understand the terms used by insurance companies, health plans and health care providers. This way, you can make better decisions and ultimately receive better care. Please take a moment to review this glossary. You will be better prepared for doing so!

Healthcare Glossary

2021-22 YPICS KP High HMO $20 Plan

Kaiser HMO High Option

Medical Benefit Summary

YPICS has chosen to keep the Kaiser HMO High $20 plan for the 2021-22 school year. This decision was based on the current constantly changing conditions. Some continuity in health benefits can help as we move together through this pandemic.

Employees will continue to have the $250 FSA (employer paid) and the continued enhanced benefit coverage with AFLAC BenExtend.

Benefits	2020-21 Kaiser HMO High $20 (10053)	2021-22 Kaiser HMO High $20 (10053)
Annual Deductible	None	None
Annual Out of Pocket Max	$1500 Individual	$1500 Individual
	$3000 Family	$3000 Family
Outpatient Services		
Office Visits	$20	$20
Urgent Care Visit	$20	$20
Eligible Preventive Care	No Charge	No Charge
Lab and X-ray	$10	$10
Complex Radiology	$50	$50
Physical Therapy Visit	$20	$20
Outpatient Services	$100	$100
Prenatal Services	No Charge	No Charge
Emergency Room Visit	$100	$100
Ambulance Services	$100	$100
Inpatient Services		
Hospital Inpatient	$500	$500
Physician Fees	No Charge	No Charge
Labor & Delivery	$500	$500
Prescription/Pharmacy		
RX Generic	$15	$15
RX Brand	$35	$35
RX Non-Formulary	$35	$35
RX Specialty	30%, up to $200	30%, up to $200

Provided by American Specialty Health Plans of California, Inc. (ASH Plans)

Your Kaiser Permanente **CHIROPRACTIC and ACUPUNCTURE benefits**

When you need chiropractic or acupuncture care, follow these simple steps:

1. Find an ASH Plans Participating Provider near you:
   - Go to **ashlink.com/ash/kp**, or
   - Call **1-800-678-9133** (TTY **711**), Monday through Friday, from 5 a.m. to 6 p.m. Pacific time.
2. Schedule an appointment.
3. Pay for your office visit when you arrive for your appointment.

(See the reverse for more details.)

Understanding Your Plan

YOUR KAISER PERMANENTE COMBINED CHIROPRACTIC AND ACUPUNCTURE BENEFIT

Services	Cost Sharing and Office Visit Maximums
Chiropractic Services are covered when provided by a Participating Provider and Medically Necessary to treat or diagnose Neuromusculoskeletal Disorders. Acupuncture Services are covered when a Participating Provider finds that the Services are Medically Necessary to treat or diagnose Neuromusculoskeletal Disorders, nausea, or pain. You can obtain Services from any ASH Plans Participating Providers without a referral from a Kaiser Permanente Plan Physician.	**Office visit cost share:** $15 copay per visit **Office visit limit:** Up to a combined total of 30 medically necessary Chiropractic and Acupuncture visits per year **Chiropractic appliance benefit:** If the amount of the appliance in the ASH Plans fee schedule exceeds $50, you will pay the amount in excess of $50, and that payment will not apply toward the Plan Deductible or Plan Out-of-Pocket Maximum. Covered chiropractic appliances are limited to: elbow supports, back supports, cervical collars, cervical pillows, heel lifts, hot or cold packs, lumbar braces and supports, lumbar cushions, orthotics, wrist supports, rib belts, home traction units, ankles braces, knee braces, rib supports, and wrist braces.

Office visits: Covered Services are limited to Medically Necessary Chiropractic and Acupuncture Services authorized and provided by ASH Plans Participating Providers except for the initial examination, emergency and urgent Chiropractic and Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered care. Each office visit counts toward any visit limit, if applicable, even if acupuncture or a chiropractic adjustment is not provided during the visit.

X-rays and laboratory tests: Medically Necessary X-rays and laboratory tests are covered at no charge when prescribed as part of covered chiropractic care and a Participating Provider provides the Services or refers you to another licensed provider with which ASH contracts for the Services.

Participating Providers

ASH Plans contracts with Participating Providers and other licensed providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). ASH Plans contracts with Participating Providers to provide acupuncture care (including adjunctive therapies, such as acupressure, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered Services from a Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered Services that are authorized in advance by ASH Plans. The list of Participating Providers is available on the ASH Plans website at ashlink.com/ash/kp or from the ASH Plans Customer Service Department at **1-800-678-9133.** The list of Participating Providers is subject to change at any time without notice.

How to Obtain Covered Services

To obtain covered Services, call a Participating Provider to schedule an initial examination. If additional Services are required, verification that the Services are Medically Necessary may be required. Your Participating Provider will request any medical necessity determinations. An ASH Plan's clinician in the same or similar specialty as the provider of Services under review will decide whether Services are or were Medically Necessary. ASH Plans will disclose to you, upon request, the written criteria it uses to make the decision to authorize, modify, delay, or deny a request for authorization. If you have questions or concerns, please contact the ASH Plans Customer Service Department.

Second Opinions

You may request a second opinion in regard to covered Services by contacting another Participating Provider. A Participating Provider may also request a second opinion in regard to covered Services by referring you to another Participating Provider in the same or similar specialty.

Your Costs

When you receive covered Services, you must pay your Cost Share as described in the *Combined Chiropractic and Acupuncture Services Amendment* of your Health Plan *Evidence of Coverage*. The Cost Share does not apply toward the Plan Out-of-Pocket Maximum described in the Health Plan *Evidence of Coverage* (unless you have a plan with an HSA option).

Emergency and Urgent Chiropractic and Acupuncture Services

We cover Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services provided by both Participating Providers and Non–Participating Providers. We do not cover follow-up or continuing care from a Non–Participating Provider unless ASH Plans has authorized the services in advance. Also, we do not cover services from a Non–Participating Provider that ASH Plans determines are not Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, or Urgent Acupuncture Services.

Getting Assistance

If you have questions about the Services you can get from an ASH Plans Participating Provider or another licensed provider with which ASH contracts, you may call ASH Plans Customer Service Department at **1-800-678-9133** (TTY users call **711**), weekdays from 5 a.m. to 6 p.m. Pacific time.

ChiroAcu 3063 NCAL_3064 SCAL (9/16)

YOUR BenExtend BENEFITS

This year YPICS is offering once again the 100% Employer paid, BenExtend 3-in-1 plan. YPICS is offering this as a supplement and help with the costs associated with caring for ourselves and our loved ones in our unique life situations. This plan includes Hospital, Critical Illness and Accident plans – in ONE Employer paid plan offering to protect you and your family. They bridge coverage gaps you might face as you navigate your health plans.

Best of all, Aflac pays cash benefits directly to you.

This means that you will have added financial resources to help with medical costs or ongoing living expenses. Benefits can be used to help with your everyday living expenses, like your rent or mortgage, utility bills, groceries and more.

BenExtend plans are designed to help ease the financial stress of a critical illness, accident or hospital stay with benefits such as:
- Hospital Confinement Benefit
- Initial Injury Treatment
- Pays a lump sum benefit for a covered critical illness such as a heart attack or stroke

Accident and Critical Illness are also included. See more in EASE.

Aflac.

You will also have the opportunity to keep your current plans, and take part in the various voluntary traditional plans such as disability, cancer, and more! More on that at the end of this book.

Benefits Summary

(Benefit provisions vary by situs state)

Hospital Indemnity Benefits

Hospital Confinement

Payable in the amount shown for each day that an insured is confined to a hospital as an inpatient as a result of a covered accidental injury of covered sickness. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. This benefit is not payable for confinement to an observation unit or a rehabilitation facility. This benefit is not payable for emergency room treatment or outpatient surgery or outpatient treatment

Accident Benefits

Initial Treatment

Payable for initial treatment received under the care of a doctor for a covered accidental injury. This benefit is not payable for treatment via telemedicine services.

Ambulance

Payable when a insured received transportation by a professional ambulance service due to a covered accident.

Major Diagnostic Testing

Payable when one of the following exams is performed in a hospital, doctor's office, medical diagnostic imaging center, or an ambulatory surgical center due to a covered accident injury:

- Computerized Tomography (CT scan)
- Magnetic Resonance Imaging (MRI)
- Computerized Axial Tomography (CAT)
- Electroencephalography (EEG)

Lacerations

Payable when an insured receives a laceration in a covered accident and is repaired with stitches by a doctor

Fractures

Payable when an insured fractures a bone and is treated by a doctor. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount.
For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.

Appliances

Payable when a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.

Critical Illness Benefits

Where applicable, covered conditions must be caused by underlying diseases as defined in the plan

Initial Diagnosis+

We will pay up to 100% of the face amount upon diagnosis of a covered critical illness.

Additional Diagnosis+

Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Reoccurrence+

Once benefits have been paid for a covered critical illness, we will pay benefits for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

+ If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

Plan Benefits

(Descriptions of specific benefits may vary by state)

Hospital Indemnity Benefits - Low	Employee	Spouse	Child
Hospital Confinement (per day) - within 6 months of the accident			
Days 1-4	$200	$200	$200
Days 5-10	$150	$150	$150
Days 11-31	$50	$50	$50
Maximum days of confinement per covered accident or covered sickness: 31			

Accident Benefits - Low	Employee	Spouse	Child
Initial Treatment - once per accident, within 7 days of the accident	$100	$100	$100
Ambulance - once per day, within 90 days of the accident	$200	$200	$200
Major Diagnostic Testing - within six months of the accident Maximum number of diagnostic test per covered accident or covered sickness: 1	$200	$200	$200
Lacerations - within 7 days of the accident Once per accident.	$75	$75	$75

Fractures - once per covered accident, within 90 days of the accident

Fractures Benefit Schedule	Employee	Spouse	Child
Hip/Thigh	$1,500	$1,500	$1,500
Vertebrae/Sternum	$1,350	$1,350	$1,350
Pelvis	$1,200	$1,200	$1,200
Skull (Depressed)	$1,125	$1,125	$1,125
Leg	$900	$900	$900
Forearm/Hand/Wrist	$750	$750	$750
Foot/Ankle/Kneecap	$750	$750	$750
Shoulder Blade/Collar Bone	$600	$600	$600
Lower Jaw	$600	$600	$600
Skull (Simple)	$525	$525	$525
Upper Arm/Upper Jaw	$525	$525	$525
Facial Bones (except teeth)	$450	$450	$450
Verebral Processes/Sacrum	$300	$300	$300
Coccyx/Rib/Finger/Toe	$120	$120	$120

Appliances - within six months of the accident			
Maximum number of appliances per covered accident: No Maximum			
Cane	$10	$10	$10
Ankle Brace	$10	$10	$10
Walking Boot	$25	$25	$25
Walker	$25	$25	$25
Crutches	$25	$25	$25
Leg Brace	$25	$25	$25
Cervical Collar	$25	$25	$25
Wheelchair	$100	$100	$100
Knee Scooter	$100	$100	$100
Body Jacket	$100	$100	$100
Back Brace	$100	$100	$100

Critical Illness Benefits	
Benefit Amount	**$2000**
Covered Critical Illnesses and Additional Benefits	**Percent of Face Amount/Benefit**
Cancer (Internal or Invasive)	100%
Heart Attack	100%
Major Organ Transplant	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Surgery	25%
Coronary Artery Bypass Surgery	25%
Skin Cancer, once per calendar year	$250

Please request a sample policy for full benefit provisions and descriptions.

Flexible Spending Account (FSA)

Basic Pacific Contact Information

Website: https://www.basiconline.com/pacific/ Phone: (800) 574-5448, Option 2

YPI Charter Schools provides you the opportunity to pay for out-of-pocket medical, dental, vision expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for each plan year.

Plan Year: 7/1/2021—6/30/2022

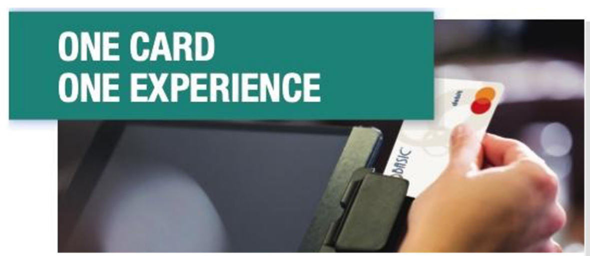
A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income, Social Security, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible, qualified medical, dental or vision expenses for the plan period. If you do not use the money you contributed, YPICS has elected to extend to all participating employees a $550 rollover to carry forward to a future plan year. Any other unused funds stay with your school. That is part of the use it or lose it rule.

EMPLOYER CONTRIBUTION

YPI Charter Schools will generously contribute $250 to your FSA. This amount is *in addition to* the employee allowable contributions under IRS regulations.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT:

	Employer Contribution	Maximum Employee Contribution
2021-22 Plan Year	$250	$2,750.00



INTRODUCING THE BASIC CARD MYWALLET

Easily organize and manage your BASIC card via the secure benefits app[1] or web portal with features like:

- Request a dependent card
- Report a lost or stolen card
- Suspend use for a misplaced card
- Request a PIN (for ATM use)[2]
- Store other important cards

Questions About Your Benefits? Email member services at
teresa@inspiredwellnessbenefits.com Or call 1-323-451-5343 | Lic #0J05010

Your FSA Benefits

Cutting-edge benefit technology for modern lifestyles. Pay for eligible expenses without slowing down!

HOW DOES YOUR BASIC CARD WORK?

Your BASIC card is connected to all your employee benefit accounts and provides convenient payment for expenses eligible under your benefit plan at the point of purchase.

- The card is smart: it knows which account to access based on your purchase and the order the accounts are used.
- Eligible items are automatically approved at authorized merchants and paid from your benefit account. This includes newly qualified over-the-counter (OTC) drugs and medicines purchased at pharmacies using an inventory information approval system (IIAS).
- Determine an item's eligibility while you shop with healthcare expense lookup available in the BASIC benefits app[1].
- If you have a balance in your MyCash account, those funds can be used when your benefit account balance is not sufficient.
- Your BASIC card is good for four years. Hang on to it even if you deplete this year's benefit funds; you can use the card again next year when you re-enroll.

MANAGE ALL YOUR EMPLOYEE BENEFIT ACCOUNTS ON ONE CARD AND ONE APP[1].

Reimbursements are deposited in MyCash*

If you pay for an eligible expense without your BASIC card, submit a reimbursement request from your online account or benefits app[1]. Reimbursements are paid to your MyCash[2] account: swipe your BASIC card wherever Debit Mastercard[3] is accepted, withdraw funds at an ATM (with a PIN), transfer to a personal bank account, or donate to a favorite charity. MyCash funds are not tied to a plan year and never expire.

Purchase retail and healthcare items together in one transaction. The BASIC card is smart enough to know that eligible expenses are paid from your benefit accounts while ineligible expenses are paid from MyCash.

SPEND YOUR MYCASH FUNDS YOUR WAY!

Questions About Your Benefits? Email member services at
teresa@inspiredwellnessbenefits.com Or call 1-323-451-5343 | Lic #0J05010

Finding a Network Provider

☎Contact Beam at 1-800-247-4695 (PPO) or CDN at 1-877-433-6825 (DHMO), or Go to https://dentists.beam.dental (PPO) or visit www.caldental.net/FacilitySearch2/cdn/ca (DHMO) to search in-network providers and DHMO PCP's.

Dental PPO & DHMO

You have two plan options with Beam/CDN – DHMO, PPO $1500.

If you have a DHMO plan, be sure to confirm your provider is in the network as your primary dentist. Specialists are referred by your primary dentist in a DHMO plan, so they will be covered at in-network fees.

If you have a PPO plan and make an appointment with a dentist, please ask **"Are you a contracted network provider for this plan?"** Do not ask **"Do you take PPO?" or "Do you take Beam Dental?"** since most providers take PPO insurance even if they are not contracted.

Want to avoid surprise charges? Have your dentist submit a request for a **pre-treatment estimate** for services in excess of $300 to Beam/CDN by submitting a claim form along with the proposed treatment plan. A pre-treatment estimate will be sent to you and the dentist detailing an estimate of what services your plan will cover and at what payment level.

Dental Plans	DHMO – California Dental Network	PPO - Beam Dental	
	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible			
Individual	None	$50	$50
Family Limit	None	3 per family	3 per family
Deductible waived for services	None	Preventive	Preventive
Covered Charges (co-insurance)	Fee based plan, set cost by procedure/service based on fee schedule. Please refer to page 11 for an initial cost summary, and check for your Summary Plan Description (SPD) in EASE for additional information.		
Preventive Care		100%	100%
Basic Care		90%	80%
Major Care		60%	50%
Orthodontia		50%	50%
Annual Maximum Benefit	None	$1,500	
Lifetime Orthodontia Maximum	Please refer to SPD/SOB	$1,500	

YPICS also offers you a Dental HMO plan. The plan booklet has a list of co-pays. Remember be sure to confirm your provider is in the network as your primary dentist. Specialists are referred by your primary dentist in a DHMO plan, so they will be covered at in-network fees.

California Dental Network

A DentaQuest company

The No Problem Plan

- No Deductibles
- No Claim Forms
- No Annual Maximums
- No Limitations on Most Pre-Existing Conditions
- No Waiting Periods to See a Dentist

See Your Savings

Compare your costs with **California Dental Network's Family Dental HMO** to average dental fees:

Sample Adult Treatment Plan	Avg. Fee*	with this Plan	Your Savings
Exams	$83	$0	$83
Cleanings	$138	$0	$138
Full Mouth x-rays	$193	$0	$193
Filling, 1 surface	$216	$25	$191
Root Canal, single	$1,535	$200	$1,335
Crown, PFM	$1,658	$300	$1,358
Total	**$3,823**	**$525**	**$3,298**

*2016 National Dental Advisory Service for 92663

Choose from Hundreds of Dentists

California Dental Network offers comprehensive dental benefits through hundreds of independently owned and operated dental offices conveniently located throughout California. Visit *www.caldental.net* for a complete, up-to-date listing of **CDN** Providers.

Specialty Coverage

All general dentists may not be capable of performing each of the services listed and, based upon a Member's condition, certain procedures may not be within the scope of practice or ability of a general dentist. In such a case, the general dentist will refer the Member to a **CDN** participating dental specialist.

Improving Our Members Dental and Oral Health

Reducing your dental care expenses requires a good dental benefits experience for you to achieve improved dental health. CDN helps you achieve these goals by providing a high quality network of dentists from which to receive dental care, and excellent customer service support to help your family get the care and benefits you deserve.

Quality, Accessible Dentists

- Each CDN contracted provider is screened through the industry's highest credentialing process (NCQA) to ensure that our members receive good quality care.
- CDN members rate their dentists' quality 3.5 (on a scale of 4).*
- 90 percent of CDN members would recommend their dental office.*
- 349 Pediatric Dentists, 6704 General Dentists, and 3995 Specialists are available to CDN Members.

Personalized Customer Service

California Dental Network is proud that 95% of members would recommend their plan to a friend or family member.* We understand that our members and their families are counting on us to help deal with questions about benefits, providers, or just plain "what does this mean?" CDN's dedicated Covered California phone line will help members with all of these issues in their language of comfort, and our online services provide a 24/7 resource to find answers to frequently asked questions, assess personal oral health risk, and send requests for help.

Advantage Plus Plan 75

The following is a partial list of dental services that are covered benefits, at the specified copayment, when provided by a participating California Dental Network general dentist. Participating dentists may be found online at www.caldental.net.

Services	Your Copayment
Preventive	
Office visit	No Charge
Oral examination	No Charge
Intraoral x-rays, complete series	No Charge
Bitewing x-rays, single film	No Charge
Panoramic x-ray	No Charge
Prophylaxis (teeth cleaning)	No Charge
Topical fluoride (child)	No Charge
Oral hygiene instruction	No Charge
Routine Services	
Restorations	
Amalgam, one surface	No Charge
Amalgam, two surfaces	No Charge
Amalgam, three surfaces	No Charge
Resin, one surface anterior	No Charge
Resin, two surface anterior	No Charge
Oral Surgery	
Extraction, single tooth	No Charge
Surgical removal of erupted tooth	No Charge
Removal of impacted tooth, soft tissue	No Charge
Removal of impacted tooth, partially bony	No Charge
Surgical incision with drainage of abscess, intraoral soft tissue	No Charge
Endodontics	
Pulp cap, direct	No Charge
Pulp cap, indirect	No Charge
Therapeutic pulpotomy	No Charge
Root canal, anterior	$50
Root canal, bicuspid	$70
Root canal, molar	$150
Periodontics	
Gingivectomy or gingivoplasty, 4 or more contiguous teeth, per quadrant	$40
Scaling & root planing, per quadrant	$20

Services	Your Copayment
Major*	
Crowns	
Porcelain fused to base metal (not for molars)	$75
Porcelain fused to base metal (for molars)	$150
Full cast base metal	$75
3/4 cast metallic	$75
Dentures & Prosthodontics	
Complete upper or lower denture	$90
Upper or lower partial denture, resin base	$125
Upper or lower partial denture, cast metal base with resin saddles	$125
Replace missing or broken teeth, complete denture, each tooth	$10
Implants	
Surgical placement of implant body (endosteal)	$1500
Prefab. abutment (includes placement)	$450
Abutment supported porcelain/ceramic crown	$1055
Abutment supported retainer, porcelain/ ceramic fixed partial denture	$1055
Orthodontics	
Standard 24-month case	
Phase one interceptive treatment	$1,150
Full-banded, upper and lower, to age 19	$1,775
Full-banded, upper and lower, adults	$1,975
Banded, upper or lower, children & adults	$1,000
Consultation	No Charge
Cosmetic Benefits	
Tooth colored fillings, one surface, back tooth	$65
Bleaching, per arch	$125
Labial veneer (porcelain laminate), laboratory	$250
Night guards, soft, includes lab fee	$150

* Advantage Plus Plan 75 covers many of the name brand crowns and dentures. See evidence of coverage fordetails.

The ratio of premium costs to health services paid, for plan contracts with individuals and groups of 25 or fewer members, during the preceding fiscal year was 65%.

Beam Dental PPO

PLAN COVERAGE	IN-NETWORK (PPO FEE)	OUT-OF-NETWORK (PPO Fee)
PREVENTIVE & DIAGNOSTIC **Diagnostic and preventive:** exams, cleanings, fluoride, space maintainers, x-rays, and sealants	100%	100%
BASIC **Minor restorative:** fillings **Prosthetic maintenance:** relines and repairs to bridges, implants, and dentures **Emergency palliative treatment:** to temporarily relieve pain **Endodontics:** root canals **Periodontics:** to treat gum disease **Oral surgery:** extractions and dental surgery	90%	80%
MAJOR **Major restorative:** crowns, inlays, and onlays **Prosthodontics:** dentures **Prosthetics:** bridges **Implants:**	60%	50%
ORTHODONTIA **Adult Orthodontics:** braces over the age of 19 **Child Orthodontics:** braces with age limit of 19	50%	50%

PLAN MAXES

Annual maximum applies to diagnostic & preventive, basic services, and major services. Lifetime maximum applies to orthodontic services.

Annual Max based on Calendar Year.

ANNUAL MAX **Benefit Period:** Calendar Year	$1,500 /yr
ORTHO LIFETIME MAX	$1,500 /lifetime

PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

INDIVIDUAL	$50.00 /yr
FAMILY	$150.00 /yr

Dental and Vision insurance products underwritten by National Guardian Life Insurance Company (NGL), Vision Service Plan (VSP) in WA, and in NY by Nationwide Life Insurance Company, marketed by Beam Insurance Services LLC, and administered by Beam Insurance Administrators LLC (Beam Dental Insurance Administrators LLC in Texas). Life insurance products underwritten by Nationwide Life Insurance Company.

CLAIMS INFORMATION

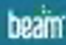
Beam Insurance Administrators	Electronic payer ID	NEA ID	Fax number	Phone number	Claim form accepted
PO Box 75372 Cincinnati, OH 45275	BEAM1	BEAM1	(844) 690 - 4921	(800) 648 - 1179	ADA form 2006 or later

Beam Dental PPO Standard coverages, as of August 1, 2019

FIND A DENTIST
https://dentists.beam.dental

QUESTIONS?
support@beam.dental

CHECK CLAIMS & ELIGIBILITY
https://providers.beam.dental



DENTAL BENEFITS SUMMARY

YPI Charter Schools

PLAN: SmartPremium Select 100/90/60/50-1500-1500a-MAC ...

POLICY EFFECTIVE DATE: 07/01/21

POLICY LENGTH: 12 months

GROUP #: CA02854

WHY BEAM

Beam is the future of group dental insurance for employers large and small. We're pairing innovative tech with personal service to deliver an insurance experience unlike any other.

- PPO Fee
- Digital implementation and admin
- Nationwide network (Over 300,000 access points)
- Beam Perks included

BEAM PERKS INCLUDED

Essentials for great dental care delivered right to member's doors.

- **Beam Brush**
  Smart, electric toothbrush.
- **Beam Paste**
  High-quality, custom formulated toothpaste.

QUESTIONS?

If you have questions, call us at (800) 648-1179. We'd love to help! Or visit app.beam.dental and login to view more info.
Please check your Certificate of Insurance for a description of coverage, limitations, and exclusions under the plan. Some Services require prior authorization.

FIND A DENTIST
https://dentists.beam.dental

QUESTIONS?
support@beam.dental

CHECK CLAIMS & ELIGIBILITY
https://providers.beam.dental

PPO Providers | More on Managing Your Dental Costs

- Within the provider contract, insurance carriers set allowable charges for all procedures. PPO providers are prohibited from charging more than the allowable charge.
- On the other hand, there is no set agreement between insurance carriers and non-PPO providers. Non-PPO providers can charge any amount. Therefore, the insurance carrier sets the maximum amount that is considered eligible for reimbursement based on geographical data. When a non-PPO provider charges more than the maximum amount, you are going to be responsible for any excess amount.

For example, under the PPO dental plan, you had a crown. (Insurance carrier pays at 50%. Assuming you had met the $50 deductible):

Provider charge was $800, Allowable charge was $400, Maximum amount for non-PPO providers was $600

In Network		Out of Network	
Allowable charge	$400	Provider Charge	$800
Insurance Payment (50%x$400)	-$200	Insurance Payment (50%x$600)	-$300
Your Responsibility	**$200**	**Your Responsibility**	**$500**

How to Search PPO Providers

Call the insurance company's customer service number (on your ID card)
Check the provider directory on the insurance carrier's website
Call and verify coverage with the provider (are you contracted with ABC insurance company?)

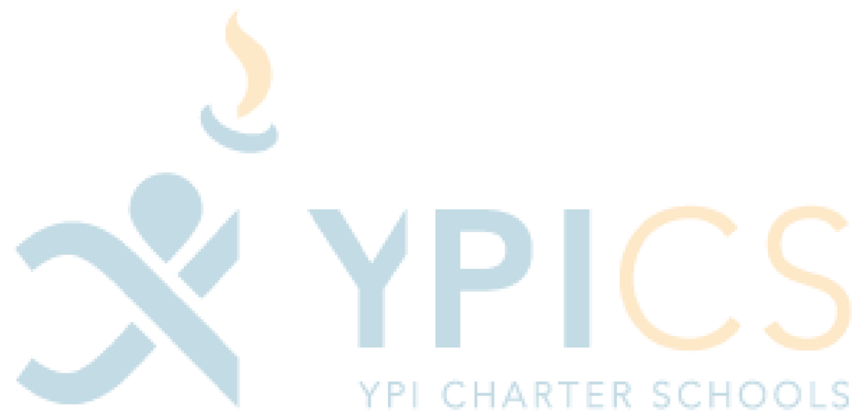
Explanation of Benefits (EOB)

- The EOB is a statement that shows how much should be paid, and by what party.
- If your out-of-pocket payment amount on an EOB is different from the amount charged by the provider, there may be an error. We recommend you contact our member service team by email or phone, so that we can investigate the details on your behalf.

If you choose the dental PPO plan with Beam, you will pay the premium difference between the PPO plan and the HMO plan. The chart below shows what it will cost you per pay period.

2021-22 Employee Dental Cost Based on Dental HMO Covered at 100%

Dental Plans	2020 Monthly Premium Total	YPICS Monthly Contribution	Employee Monthly Cost	Employee Yearly Cost	12 Months (24 pay periods)	11 Months (22 pay periods)	*11 Months (21 pay periods)
Beam Dental HMO (Base Plan)					Per Paycheck	Per Paycheck	Per Paycheck
Employee Only	$14.43	$14.43	$0.00	$0.00	$0.00	$0.00	$0.00
Employee + Spouse	$24.41	$24.41	$0.00	$0.00	$0.00	$0.00	$0.00
Employee + Child(ren)	$37.32	$37.32	$0.00	$0.00	$0.00	$0.00	$0.00
Employee + Family	$37.32	$37.32	$0.00	$0.00	$0.00	$0.00	$0.00
Beam $1,500 PPO (Buy-Up-Plan)					Per Paycheck	Per Paycheck	Per Paycheck
Employee Only	$35.63	$14.43	$21.20	$254.40	$10.60	$11.56	$12.11
Employee + 1 Dependent	$70.63	$24.41	$46.22	$554.64	$23.11	$25.21	$26.41
Employee + 2 or More Deps	$139.29	$37.32	$101.97	$1,223.64	$50.99	$55.62	$58.27



VSP Vision Benefit Summary

VISION BENEFITS SUMMARY

VSP Choice Plan #3

CHOICE NETWORK: **31,000 preferred providers | 57,000 access points**
POLICY EFFECTIVE DATE: **07/01/21**
RATE GUARANTEE: **24 months**
GROUP #: CA02854

FREQUENCY

EXAMS	12 months
LENSES	12 months
FRAMES	12 months
CONTACTS (IN LIEU OF GLASSES)	12 months

COPAYMENTS

CONTACT LENS FITTING & EVALUATION	15% discount (not to exceed $60)
EXAM	$10
MATERIALS	$10

IN NETWORK ALLOWANCES

RETAIL FRAME VALUE [1,2,3]	$200 / 20% off coverage
ELECTIVE CONTACT LENSES	$200
COVERED LENS OPTIONS	Low Vision and Polycarbonate for Children

[1] Extra $20 Allowance on featured brands like bebe®, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more. Featured frame brands and promotion subject to change.
[2] Frame allowance backed by a wholesale guarantee, meaning VSP fully covers more frames than retail allowance plans.
[3] Allowance may differ at Wal-Mart, Sams and Costco® Optical, however it is of equivalent value.

VSP QUESTIONS? (800) 877 7195

VSP OUT-OF-NETWORK REIMBURSEMENT CLAIMS: PO BOX 385018, Birmingham, AL 35238-5018

beam

UTILIZING YOUR COMPLIMENTARY BENEFITS

YPICS provides $50,000 group life insurance to eligible employees.

Employees have the opportunity to purchase **supplemental life protection from Unum.** Those with current voluntary life & AD&D Unum policies will continue with their policy amounts in place, in grandfathered status. More detailed information is available in your EASE profile.

Voluntary Life Highlights:

Employee Guaranteed Issuance - $70,000 (medical underwriting over that amount)

Employee Max - 5x annual earnings or $500,000 (lesser of the two)

Spouse Guaranteed Issuance - $25,000 (medical underwriting over that amount)

Spouse Max - 100% of max issuance or $500,000 (lesser of the two)

Child Max - 100% of max issuance or $10,000 (lesser of the two)

UTILIZING YOUR COMPLIMENTARY BENEFITS

YPI CHARTER SCHOOLS
836771

Life Employee
Effective 07/01/2018
Per $10,000

Age	
00-24	$.594
25-29	$.660
30-34	$.880
35-39	$1.309
40-44	$1.991
45-49	$3.102
50-54	$4.576
55-59	$6.545
60-64	$8.426
65-69	$11.979
70-74	$22.671
75-99	$70.070

Life Spouse
Effective 07/01/2018
Per $5,000

Age	
00-24	$.325
25-29	$.350
30-34	$.470
35-39	$.675
40-44	$1.015
45-49	$1.585
50-54	$2.355
55-59	$3.475
60-64	$4.815
65-69	$6.860
70-74	$12.980
75-99	$40.115

Life Child
Effective 07/01/2018
Per $2,000
$.894

Accidental Death and Dismemberment-Employee
Effective 07/01/2018
Per $10,000
$.293

Accidental Death and Dismemberment-Spouse
Effective 07/01/2018
Per $5,000
$.140

Accidental Death and Dismemberment-Child
Effective 07/01/2018
Per $2,000
$.060

UTILIZING YOUR COMPLIMENTARY BENEFITS

Work-life balance employee assistance program:	Provides access to a comprehensive employee assistance and work-life program for the insured employee and their family, to help manage workplace stress and deal more effectively with personal issues ranging from severe to everyday problems. As an additional feature, the program includes a Will Preparation service.
Life Planning *Financial & Legal Resources*:	This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to them. This service is also extended to employees upon the death or terminal illness of their covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.
Accelerated Benefit:	Pays a portion of the insured employee's Life benefit in the event the insured employee becomes terminally ill, and the employee's life expectancy has been reduced to less than 12 months. The employee's death benefit will be reduced by the Accelerated Life Benefit paid.
Delayed Effective Date:	Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.
Portability:	Allows an insured employee to elect portable coverage, at group rates, if the employee terminates employment, reduces hours or retires from the employer. Employees are not eligible for portable coverage if they have an injury or sickness, under the terms of this plan, that has a material effect on life expectancy.
Life Insurance Premium Waiver:	Life insurance premiums will be waived for insured employees who become disabled prior to a specified age, and who remain disabled during an elimination period.
Premium Waiver Benefit Maximum:	To Age 65
Life Insurance Conversion Privilege:	When an insured employee's group coverage ends, employees may convert their coverage to individual life policies without providing evidence of insurability.
AD&D Covered Losses and Benefits:	The AD&D plan provides additional protection for insured employees in the event of an accidental bodily injury resulting in death or dismemberment. Benefits resulting from the accidental death are paid to the named beneficiary. Benefits resulting from a dismembering injury are paid to the insured. The loss must occur within 365 days of the accident.

Why Choose Pets Best Insurance?

Great coverage?
Fast claims?
Excellent Service?
Yes. We've got your tail covered.

Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.

- Fast claims processing and payment
- Optional direct deposit and direct vet pay options
- Use any veterinarian in the U.S. - including specialty and emergency clinics
- Exclusive employee discount on a BestBenefit plan*
- Optional coverage for routine care
- Access to a 24/7 pet helpline powered by whiskerDocs

HOW PET INSURANCE WORKS

Get Treatment

When your pet becomes ill or injured, get treatment from any licensed veterinarian in the US or Canada.

File a Claim

Use your mobile app or file a claim online, there is no need to send us medical records unless we request them.

Get Paid Fast

Fast claims processing and payment, and we can reimburse you directly into your bank account.

YPICS

To begin, enroll at petsbest.com/ypics

or call 888-984-8700

reference discount code: YPICS

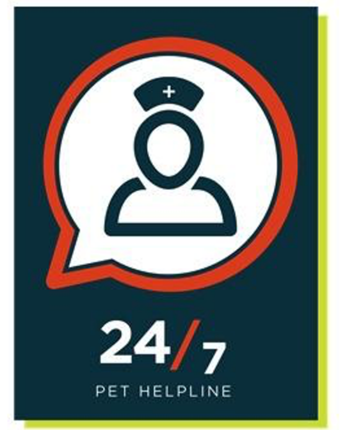
24/7 Pet Helpline

Talk with Veterinary Experts Day or Night!

Get answers to your pet health questions at any time of day with our 24/7 Pet Helpline. Veterinary experts are available to help educate and provide advice and decision support to pet parents by phone, live chat, and email, from urgent care to behavioral questions, and everything in between.

Our 24/7 Pet Helpline is included with your policy when you become a Pets Best customer at no extra cost to you. This service has no limits on usage during your policy term, so you'll always have access to veterinary experts as long as you are a customer.

Get a quote and access veterinary experts for help with all your pet health related questions!



How Much Does Pet Insurance Cost?

When shopping for the best price for **pet insurance** it is important to know how cat and dog health insurance costs are determined. Pets Best strives to be as transparent as possible to our customers in sharing how premiums are calculated and to help you choose a plan that is best suited to your pet's needs for the life of your pet. Premiums for pet health insurance are based primarily on the following four factors:

1. Your dog or cat's age
2. Your dog or cat's breed
3. Your location
4. Your plan's annual limit, annual deductible, and reimbursement level

When shopping for pet insurance, it's important to remember how cat and dog insurance costs can potentially change based on the age when you first sign up. Pets Best offers a wide variety of coverage choices, plus two optional routine care plans, so pet owners can select a plan that is perfect for their pets and their budget. **Get a customized quote** to see pet insurance pricing for your pet!

Plan Overview

BestBenefit Plan

Our most comprehensive coverage for Accidents and Illnesses.

With multiple levels of coverage, BestBenefit plans can be customized to meet the future medical needs of your four-legged family member and your budget.

Accident Only Plan

As low as $6/month for cats and $9/month for dogs in most states.

Designed for those on a limited budget who want great coverage for accidents like broken legs, snake bites, foreign body ingestion and more.

BestBenefit Plan Coverage	ESSENTIAL	PLUS	ELITE
Annual Coverage Limit for Unexpected Accidents and Illnesses	$5,000 - Unlimited	$5,000 - Unlimited	$5,000 - Unlimited
Annual Deductible Options	$50 - $1,000	$50 - $1,000	$50 - $1,000
Reimbursement Percentage Options*	70% - 90%	70% - 90%	70% - 90%
Accidents, Illnesses, Cancer, Hereditary Conditions, Emergency Surgeries & Rx Meds	✓	✓	✓
Accident & Illness Exam Fees associated with the diagnosis of your pet for an eligible injury or illness. This is not intended to cover routine exams		✓	✓
Rehabilitative, Acupuncture & Chiropractic Coverage to treat eligible injuries and illnesses			✓

Optional Routine Care

Available with BestBenefit plan only

Coverage to help pay for regular and expected veterinary visits. Please see Wellness Plans Summary for pricing information.

The price of the BestBenefit plans vary on location, age and breed of pet. As with all pet insurance companies, pre-existing conditions are not covered.

* 50% and 60% reimbursement levels available in CA. Deductible up to $2,000 available in CA.

Coverage applies to conditions that are determined not to be pre-existing. Claim administration is subject to all terms, conditions, limitations and exclusions in the policy. Please review policy form for complete details.

Pet insurance coverage is offered and administered by Pets Best Insurance Services, LLC and is underwritten by American Pet Insurance Company, a New York insurance company. Please visit www.americanpetinsurance.com to review all available pet insurance products. Terms and conditions apply. See policy for details.

FLER-092020-V2-APIC

Routine Care Coverage

Routine care coverage for dogs and cats helps pay for your pet's regular veterinary visits. Routine checkups, dental cleanings and blood work may help to catch disease early and ensure a longer, happier life for your pet. It's an excellent way to budget for your pet's expected medical expenses, especially if you have a new kitten or a new puppy.

Pets Best ofers two tiers of routine care coverage that can be added to one of our pet health insurance plans for additional premium at the time you enroll, within 30 days of enrolling, or at your annual renewal. Benefits are available to you the day of your policy start date, so you can start using your routine care plan as soon as your policy goes into efect.

EssentialWellness

$16/Month*

Pays up to the following, per year, with no deductible:

Benefit	Amount
Spay/Neuter - Teeth Cleaning	$0
Rabies	$15
Flea/Tick Prevention	$50
Heartworm Prevention	$30
Vaccination/Titer	$30
Wellness Exam	$50
Heartworm test or FELV screen	$25
Blood, fecal, parasite exam	$50
Microchip	$20
Urinalysis or ERD	$15
Deworming	$20
Total Annual Benefits	$305

* $14/Month in Washington

BestWellness™

$26/Month**

Pays up to the following, per year, with no deductible:

Benefit	Amount
Spay/Neuter - Teeth Cleaning	$150
Rabies	$15
Flea/Tick Prevention	$65
Heartworm Prevention	$30
Vaccination/Titer	$40
Wellness Exam	$50
Heartworm test of FELV screen	$30
Blood, fecal, parasite exam	$70
Microchip	$40
Urinalysis or ERD	$25
Deworming	$20
Total Annual Benefits	$535

** $30/Month in Washington

Routine care plans not sold as a stand-alone plan and if purchased must be added to a BestBenefit Accident and Illness Plan.

Pet insurance coverage is ofered and administered by Pets Best Insurance Services, LLC and is underwritten by American Pet Insurance Company, a New York insurance company. Please visit www.americanpetinsurance.com to review all available pet health insurance products. Terms and conditions apply. See policy for details.

FLER-092020-V2-APIC