

A Guide to Your Benefits



Full-Time Employees 2020-21

YOUR Flatiron School BENEFITS

We understand the important role that benefits play in the lives of you and your family. 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 familiarize you with Flatiron School’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.
- 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 legal 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.

TABLE OF CONTENTS

3	Benefit Basics	14	Additional benefits
4	Eligibility	16	Benefit costs
5	Medical and pharmacy plan	17	Glossary
8	Savings accounts	18	Contact information
11	Dental plan		
12	Vision plan		
13	Life insurance and disability		

Enrolling In Your Benefits



Go to ADP portal



Register or log in



Begin the benefits enrollment



Elect the benefits



Save or submit your elections



Print a copy of your elections for your records

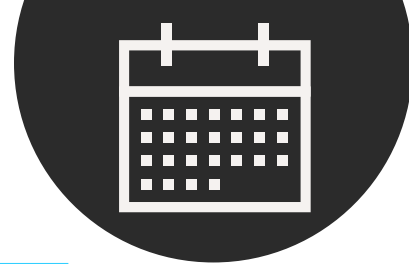
BENEFIT BASICS



Flatiron School pays for some of your benefits and you share the cost for others, as shown here.

Benefit	Tax Treatment	Who Pays
Medical and Pharmacy	Pretax	Flatiron School & You
Dental	Pretax	Flatiron School & You
Vision	Pretax	Flatiron School & You
Health Savings Account	Pretax	Flatiron School & You
Flexible Spending Accounts	Pretax	You
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	After-tax	Flatiron School
Voluntary Life and AD&D Insurance	After-tax	You
Short-Term Disability	N/A	Flatiron School

ELIGIBILITY



Employees who work at least 30 hours per week are eligible for the benefits described in this guide. Fixed Term employees and their dependents are eligible for medical coverage only.

Most benefits are effective on the first of the month following your date of hire as long as you enroll within 30 days. The following dependents are also eligible:

- Your legal spouse
- Your domestic partner
- Your children up to age 26 for medical dental and vision

Changes to your benefits

Generally, you may only make or change your existing 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 the employee or 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).

What Is a Domestic Partner?

Your domestic partner is eligible for benefits if he or she is not a relative and has lived with you for at least six months in a committed relationship. For more information about domestic partner benefits, contact People Team at benefits@flatironschool.com

MEDICAL AND PHARMACY PLAN OVERVIEW



We offer the choice of 2 medical plans through Aetna. Both medical options include coverage for prescription drugs through Aetna. To select the plan that best suits your family, you should 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 until you reach the deductible.

If you are enrolled in the High Deductible Plan you can pay for these expenses from your Health Savings Account (HSA).

2. YOUR COVERAGE

Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses with coinsurance. 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 eligible health care expenses.

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.
- **Preventive drugs:** Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are designated on the Chronic/Preventive Condition Drug List as preventive. These prescriptions are covered at 100% (no cost to you) when you use an in-network pharmacy.
- **Pharmacy coverage:** Medications are placed in tiers based on drug cost, safety and effectiveness. These tiers also affect your coverage.
 - **Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
 - **Brand preferred** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
 - **Brand non-preferred** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.
 - **Specialty** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.
- **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 of your medication.

MEDICAL AND PHARMACY COVERAGE

Medical Plan Provisions	High Deductible Health Plan (HDHP)		Open Access Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Company contribution to HSA	\$750		N/A	
Annual Deductible (Individual/Family)	\$1,800/\$3,600	\$3,000/\$6,000	\$750/\$2,250	\$3,000/\$9,000
Out-of-Pocket Maximum (Includes Deductible)	\$5,000/\$7,500	\$10,000/\$15,000	\$4,000/\$8,000	\$6,000/\$12,000
Preventive Care	Covered at 100%	30%*	Covered at 100%	30%*
Primary Care Provider Office Visit	20%*	50%*	\$25 copay	30%*
Specialist Office Visit	20%*	50%*	\$50 copay	30%*
X-Ray and Lab	20%*	50%*	20%*	50%*
Inpatient Hospital Services	20%*	50%*	20%*	50%*
Outpatient Hospital Services	20%*	50%*	20%*	50%*
Urgent Care	20%*	50%*	\$50 copay	30%*
Emergency Room	20%*	Same as in network	\$150 copay	Same as in network
Pharmacy Provisions	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Pharmacy (up to a 30-day supply)				
Generic	\$15 copay*	20% of submitted cost After copay	\$15 copay	20% of submitted cost After copay
Brand Preferred	\$40 copay*	20% of submitted cost After copay	\$40 copay	20% of submitted cost After copay
Brand Non-Preferred	\$75 copay*	20% of submitted cost After copay	\$75 copay	20% of submitted cost After copay
Specialty	\$75 copay*	Not covered	\$75 copay	Not covered
Mail Order Pharmacy (90-day supply)				
Generic	\$30 copay*	Not covered	\$30 copay	Not covered
Brand Preferred	\$80 copay*	Not covered	\$80 copay	Not covered
Brand Non-Preferred	\$150 copay*	Not covered	\$150 copay	Not covered
Specialty	\$150 copay*	Not covered	\$150 copay	Not covered

*After Deductible

MEDICAL PLAN RESOURCES



Telemedicine

Teladoc is a 24/7 service that provides access to board-certified doctors by mobile app, online video or phone. Whether you are at home, at work, traveling or you simply want a more convenient way to see a doctor, it is easy to use and available anytime, anywhere. Visits are just \$25 under the Open Access plan and up to \$40 under the HDHP.

Minute Clinic

Minute is a walk-in clinic inside select CVS Pharmacy and Target stores and is the largest provider of retail health care in the U.S., making it easy to access care in your neighborhood. MinuteClinic offers a broad range of services to keep you and your family healthy. MinuteClinic health care providers treat and diagnose a variety of illnesses, injuries and conditions. They can also write prescriptions, when medically appropriate. Open 7 days a week, including evenings and weekends. You can walk in or schedule appointments online beforehand. All covered MinuteClinic services are available to you at no cost under the Open Access plan and at a low cost under the HDHP.

Aetna.com and Aetna Mobile App

Log on to [aetna.com](https://www.aetna.com) to track claims, find in-network, search for procedures or medications.

You can also download the mobile app by texting Aetna to 90156. When you download the mobile app you'll always have your ID card whenever you need it.

Aetna Clinical Nurse Advocates

Aetna Clinical nurse advocates understand the complexities of specialized health care needs of those going through a transgender journey, seeking fertility treatments or having a baby admitted to the NICU. They can provide one on one education, answer questions relating to treatment coverage, out of pocket costs, claims and more. They can recommend in-network doctors and specialists when available to help save on out of pocket costs, guide you through the precertification process and help you understand and navigate health benefits.

Call 1-866-985-2093 (TTY: 711) to get personalized help *at no extra cost*

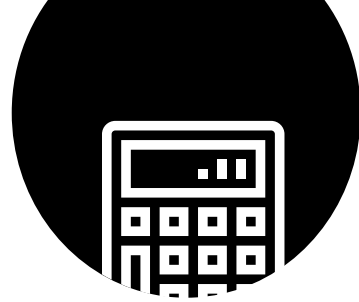
SAVINGS ACCOUNTS

Flatiron School offers several accounts that enable you to pay for eligible expenses tax-free. The IRS provides a list of eligible expenses for each account at www.irs.gov.

Health Savings Account (HSA)	Health Care Flexible Spending Accounts (FSAs)	Coming 1/1/2021 Dependent Care FSA
Available to those enrolled in the HSA Plan as long as you are not enrolled in any other health coverage or Medicare or claimed as a dependent on someone else's tax return.	Your options depend on your medical plan enrollment. <ul style="list-style-type: none"> • Health Care FSA – If you are not enrolled in an HSA plan, you can use this account for medical, pharmacy, dental and vision expenses. 	Use for eligible childcare expenses for dependents under age 13 or eldercare.

Comparison of accounts

	HSA	FSA
Does the company contribute? <i>Amount for full-year 2020-21</i>	✓ Employee: \$750	✗
Can I contribute my own savings?	✓	✓
Is there an IRS maximum annual contribution?	✓ Employee: \$3,600 Family: \$7,200 Those 55 and older can contribute an additional \$1,000 annually.	✓ Health Care FSA: \$2,750 Dependent Care FSA: \$5,000
Will my savings roll over each year?	✓ Unlimited	! Up to \$500 for Health FSA No roll over for Dependent Care FSA
Will I earn interest on my savings?	✓	✗
Are the savings tax-free? <i>In most states</i>	✓	✓
Will I get a debit card?	✓	! Not available for Dependent Care FSA
Do I keep the money if I leave the company?	✓	! Option to continue Health Care FSA only through COBRA
Can I also have a Flexible Spending Account (FSA)?	! Dependent Care FSA only	N/A



HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the High Deductible Health plan. It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for you and your dependents.



START IT

- Contributions to the HSA are tax-free for you whether they come from you or the company. Flatiron School contributes \$750 to your HSA.
- Plans with an HSA typically cost less than other plans so the money you save on premiums can be put into your HSA. You save money on taxes and have more flexibility and control over your health care dollars.



BUILD IT

- All of the money in your HSA is yours (including any contributions deposited by the company) even if you leave your job, change plans or retire.
- In 2021, the total of your contributions and Flatiron School's can be up to \$3,600 for individual coverage and \$7,200 for family coverage.



USE IT

- You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found on www.irs.gov).
- You can also save this money and hold onto it for future eligible health care expenses.



GROW IT

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free.

Eligibility Details

- If you are age 55 or older, you can contribute an additional \$1,000 per year.
- You are not allowed to be enrolled in any other health coverage and cannot have an HSA if you are enrolled in any other health coverage or Medicare or claimed as a dependent on someone else's tax return.
- You cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA. Your spouse also cannot have a Health Care FSA.

FLEXIBLE SPENDING ACCOUNTS



A Flexible Spending Account (FSA) helps you pay for health care, dependent care or transit costs using tax-free dollars.

Your contribution is deducted from your paycheck on a pretax basis and is put into the FSA. When you incur expenses, you can access the funds in your account to pay for eligible expenses.

This chart shows the eligible expenses for each FSA and how much you can contribute each year. Each of these options reduces your taxable income.

Important information about FSAs

Your FSA elections will be effective from January 1 through December 31. Claims for reimbursement must be submitted by March 31 of the following year. Our Health Care FSAs allow you to carry over \$500 in unused funds to the following 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. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.

Account type	Eligible expenses	Annual contribution limits
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and prescriptions)	Maximum contribution is \$2,750 per year. You cannot enroll if you are enrolled in the HDHP plan with an HSA. Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	Dependent care expenses (such as daycare, after school programs or eldercare programs) for children under age 13 or eldercare so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns).
Transportation Reimbursement Account	Expenses for commuting to and from work or paying parking fees at your work location Transportation to or from work on a subway, train, bus, ferry, etc. Parking at or near your workplace or at a commuter lot where you transfer to a vanpool or mass transit	Maximum contribution is \$270 per month to your transit/vanpool account and up to \$270 per month to your parking account.

DENTAL PLANS



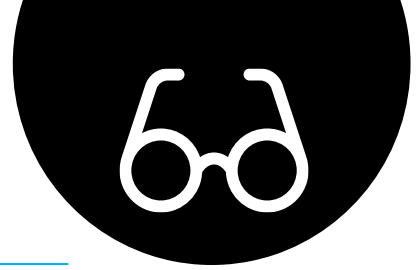
It's important to have regular dental exams and cleanings so problems are detected before they become painful — and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer 2 dental plan options through Aetna.

Plan Provisions	Standard		Enhanced	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$50/\$150	\$75/\$225	\$50/\$150	\$50/\$150
Calendar Year Maximum	\$1,500	\$1,500	\$2,000	\$2,000
Orthodontia Lifetime Maximum	Not Covered		\$2,000 per individual	
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Basic and Restorative Services (e.g. fillings)	Covered at 80%	Covered at 70%	Covered at 80%	Covered at 80%
Major Services (e.g., dentures, crowns, bridges)	Covered at 50%	Covered at 50%	Covered at 50%	Covered at 50%
Orthodontia (Adult and Children)	Not Covered		Covered at 50%	Covered at 50%

Using in-network dental providers

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.

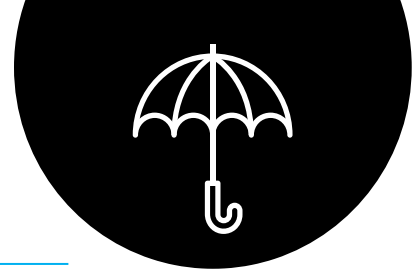
VISION PLAN



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.

Plan Provisions	Aetna Vision Preferred	
	In-Network	Out-of-Network
Exam	\$10 copay	\$32 Reimbursement
Frames	\$130 allowance plus 15% off balance over \$130	\$65 Reimbursement
Lenses		
• Single Vision Lenses	\$10 copay	\$20 Reimbursement
• Bifocal Lenses	\$10 copay	\$40 Reimbursement
• Trifocal Lenses	\$10 copay	\$65 Reimbursement
• Lenticular Lenses	\$10 copay	\$65 Reimbursement
• Standard Progressive Lenses	\$75 copay	\$40 Reimbursement
Standard Contact Lenses		
• Elective	\$130 allowance plus 15% off balance over \$130	\$90 Reimbursement
Frequency		
• Exam	Every 12 months	Every 12 months
• Lenses	Every 12 months	Every 12 months
• Frames	Every 12 months	Every 12 months

LIFE INSURANCE AND DISABILITY



Life and AD&D Insurance

Flatiron School provides basic life and AD&D insurance for employees and offers voluntary insurance options for employees and their dependents.

Basic Life and AD&D Insurance

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support. Flatiron School provides basic life and accidental death and dismemberment insurance to all eligible associates at no cost equal to one times your base annual earnings, up to a maximum of \$375,000. 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 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 \$10,000 up to five times your base annual salary
- Up to a \$500,000 maximum
- Guaranteed issue up to \$150,000

Voluntary Life and AD&D Insurance for your dependents

Spouse

- Increments of \$10,000
- Up to a \$250,000 maximum
- Guaranteed issue up to \$50,000

Child(ren)

- \$2,000 per child up to \$10,000
- Birth to age: \$1,000
- Covered to age 19 or 26 if a Full-time student
- Must be added within 31 days of birth

Disability Insurance

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. Flatiron School provides eligible employees with Short Term Disability coverage at no cost as shown below. Coverage is automatic; you do not need to enroll.

Coverage	Benefit
Short-Term Disability	<ul style="list-style-type: none">• 66 2/3% of your weekly salary, to a maximum of \$2,500 per week for up to 25 weeks of a disability after the 7-day waiting period.• Up to 8 weeks of salary replacement through a combination of statutory and STD plans. Varies by state.

ADDITIONAL BENEFITS



Employee Assistance Program

Because personal issues can affect every aspect of your life, we automatically provide you and your family with an Employee Assistance Program (EAP) through LifeCare at no cost to you. Call the EAP 24/7/365 for confidential assistance with nearly any personal matter you may be experiencing. You and your family have access to consultations with LifeCare Specialists.

Services include:

- Emotional Health - Up to 3 telephonic counseling sessions per household member per concern (max 9/yr)
- Parenting
- Education
- Help for seniors
- Legal
- Financial
- Wellness
- Everyday Needs
- Career and more

Contact LifeCare by calling **1.800.697.7315** or visit your ADP Portal. Navigate to the “My Tools” page and select LifeCare – Work/Life, EAP, Discounts OR click on the rotating LifeMart banner on the home page.

Health Advocate

We provide 24/7 Health Advocacy services free of charge to all employees. This innovative health care resource is available to assist you in navigating the health care system. Health Advocate is a completely confidential service that is available to all benefits-eligible employees and your families. Health Advocate will assist you in making a more informed decision about your health care.

To get started, call **1.866.695.8622** or visit www.healthadvocate.com/members.

Commuter Benefits – available 1/1/2021

Employees can use pretax dollars to pay for parking or public transportation expenses while commuting to work. The maximum contribution is \$270 per month to your transit/vanpool account and up to \$270 per month to your parking account.

ADDITIONAL BENEFITS



Aetna Clinical Nurse Advocates

Personalized guidance and support from specialized clinical nurses:

Fertility treatments

If you are starting or continuing on your journey to have a child, Aetna's fertility specialists provide the emotional and clinical support to make the process easier.

Neonatal Intensive Care (NICU)

If your baby is admitted or re-admitted into the NICU, Aetna's specially trained nurses can provide emotional and case management support, so you can focus on what matters most.

Transgender journey

Provide help through critical services, including securing mental health services, hormone replacement therapy and surgical options such as gender reassignment surgery.

Call 1-866-985-2093 (TTY: 711) to get personalized help *at no extra cost*

Travel assistance and identity theft protection services

When you're traveling and the unexpected happens, take advantage of travel assistance. With a local presence in 200 countries and territories around the world and 24/7 assistance centers, Assist America is available to help you. Support for identity theft protection is also available through America's SecurAssist whether you're traveling or at home.

For more information, call 1.800.872.1414 inside the USA (collect from outside the USA: 1.609.986.1234). Be sure to have your employer's name Flatiron School, your phone number, the nature of your problem, the Travel Assistance Reference Number 01-AA-SUL-100101 or email at: medservices@assistamerica.com.

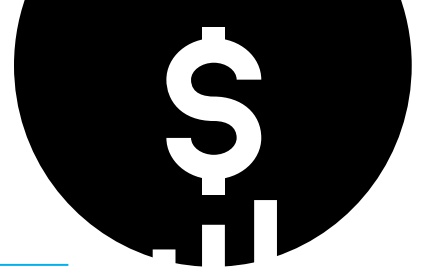
To activate the identity protection services, visit: www.assistamerica.com/sunlife

Aetna Discounts and Savings

- Discounts on gym memberships
- Health coaching – one on one support to quit smoking, ease stress, lose weight and more.
- At home weight-loss program
- Savings on home exercise equipment
- Natural therapy services including massage therapy, chiropractic care and nutrition services from registered dietitians
- Natural products that include over-the-counter vitamins and yoga equipment, plus aromatherapy, natural body care products and herbal and nutritional supplements
- At home products including blood pressure monitors, pedometers and activity trackers, electrotherapy TENS units and many other Omron products
- Hearing Care

Log onto Aetna.com for more information

BENEFIT COSTS (SEMI-MONTHLY)



Your semi-monthly (24 pays) payroll contributions for medical, dental and vision benefits are shown here:

Medical	High Deductible Health Plan	Open Access Plan
Employee Only	\$0	\$0
Employee/Spouse	\$173.11	\$209.73
Employee/Child(ren)	\$102.04	\$123.62
Family	\$171.97	\$208.34

Dental	Standard	Enhanced
Employee Only	\$11.02	\$18.69
Employee/Spouse	\$31.83	\$38.03
Employee/Child(ren)	\$27.59	\$42.68
Family	\$43.68	\$66.47

Vision	Vision
Employee Only	\$3.16
Employee/Spouse	\$6.02
Employee/Child(ren)	\$6.33
Family	\$9.30

GLOSSARY

Brand preferred drugs – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.

Brand non-preferred drugs – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.

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 percent coinsurance means the plan covers 80 percent of the cost of service after a deductible is met. You will be responsible for the remaining 20 percent 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 covered health care service.

Deductible – The amount you have to pay for covered services 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 Account (FSA) – An FSA allows 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 offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.

Health Savings Account (HSA) – An HSA is a personal health care account for those enrolled in a High Deductible Health Plan (HDHP). You may use your HSA to pay for qualified medical expenses such as doctor’s office visits, hospital care, prescription drugs, dental care, and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future, for your expenses and those of your spouse/domestic partner and dependents, even if they are not covered by the HDHP.

Health Reimbursement Arrangement (HRA) – A fund you can use to help pay for eligible medical costs not covered by your medical plan. Funds are contributed to the HRA by the company.

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 health 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 – Health care 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. Additional deductibles and higher 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 practitioner, internist 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 & 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.

CONTACT INFORMATION



Coverage	Carrier	Phone	Website/Email
Medical and Pharmacy	Aetna	1.800.962.6842	www.aetna.com
Dental	Aetna	1.800.962.6842	www.aetna.com
Vision	Aetna	1.800.962.6842	www.aetna.com
Health Savings Account	Health Equity		www.healthequity.com/learn/hsa/
Flexible Spending Accounts	Health Equity	Coming 1/1/2021	
Life and AD&D Insurance	Sun Life	1.800.247.6875	www.sunlife.com/account
Short Term Disability	Sun Life	1.855.629.8811	www.sunlife.com/account
Employee Assistance Program (EAP)	LifeCare	1.800.697.7315	ADP Portal Navigate to "My Tools" page, select LifeCare – Work/Life, EAP, Discounts OR click on rotating LifeMart banner on home page
Health Advocacy	Health Advocate	1.866.695.8622	www.healthadvocate.com/members
People Team			benefits@flatironschool.com



About this Guide

This benefit summary provides selected highlights of the Flatiron 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. Flatiron 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.