




**MOVEMENT
SCHOOL**



HELPING YOU UNDERSTAND
Your Benefit Choices

2023-2024



This is a high-level benefits guide of certain benefits your employer offers. The information in this booklet is intended as a general outline of the benefits offered under your employers benefits program and should not be considered legal, investment or other benefits advice. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail. Benefit plans are subject to change, amendment, or termination without notice to or the agreement of any employee/participant. All protected health information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the “Notices” Section in the back of this benefits booklet.

**This guide may or may not be applicable to union employees.*

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OPEN ENROLLMENT

OPEN ENROLLMENT MEMO

What to know for 2023-2024 plan year:

- Medical, dental and vision coverage is remaining with Cigna.
- The life and disability benefits will now move to UHC. Please check coverages and rates.
- The Health Savings Account and Flexible Spending Account will remain with Flores and Associates. **You must re-enroll in HSA/FSA to continue participation in the new year at Open Enrollment.**

Eligibility

Active Full Time Employees of Movement Schools

Eligible dependents are classified as:

- Your legal spouse who resides in the United States;
- Biological children, Foster child(ren), Step-child(ren) up to age 26 on the medical, dental and vision. On the life insurance children are covered to age 26.

To make benefit changes as a result of your Life Status Change or Family Status Change as allowed under Section 125 of the IRS Code, you must:

Making Changes to Your Benefits

- 1) Notify Human Resources or NFP within 30 days of the date of the qualifying event
- 2) Provide proof of your status change event
- 3) Submit the documentation regarding the event

The Most Common Status Changes:

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order
- Death of your spouse or covered child

WELCOME

BENEFITS MENU | ENROLLMENT

BENEFITS OFFERED

MY HEALTH

Medical | Cigna

Dental | Cigna

Vision | Cigna

Flexible Spending Accounts | Flores & Associates

MY LIFE

Life and AD&D | UHC

Disability | UHC

Accident | UHC

Your Open Enrollment Period
MAY 30, 2023 – JUNE 2, 2023

ENROLLMENT INSTRUCTIONS

1. Review the information in this guide and benefit plan summaries.
2. Please go online or meet with a NFP Benefit Counselor to elect or decline coverage by June 2.
3. Please contact NFP at (800) 994-7429 to speak with a Benefit Counselor if you need assistance with your enrollment.
4. You will not be allowed to make changes after the open enrollment window closes, unless you experience a qualifying life event.

NOTE: All employees are encouraged to log into Employee Navigator enrollment portal to confirm their demographic information, dependent information, and beneficiary information. For reporting purposes, Social Security numbers and date of birth information must be provided and accurate. During the annual open enrollment, you MUST enroll or waive the FSA/Section 125 plans online.



Helpful Tips To Consider Before You Enroll

1. **Do you plan to enroll an *eligible dependent(s)*?**
If so, make sure to have their social security numbers and birthdates available. You cannot enroll your dependent(s) without this information.
2. **Have you recently been *married/divorced or had a baby*?**
If so, remember to add or remove any dependent(s) and/or update your beneficiary designation.
3. **Did any of your covered children reach their *26th birthday this year*?**
If so, they may no longer be eligible for benefits, unless they meet specific criteria.

WELCOME

BENEFITS MENU | ENROLLMENT GUIDE

BENEFITS OFFERED

MY HEALTH

Medical | **Cigna**

Dental | **Cigna**

Vision | **Cigna**

Flexible Spending Accounts | **Flores & Associates**

MY LIFE

Life and AD&D | **UHC**

Disability | **UHC**

Accident | **UHC**



YOU CAN LOGIN TO REVIEW YOUR BENEFITS 24/7

Your Open Enrollment Period
MAY 30, 2023 – JUNE 2, 2023

ENROLLMENT INSTRUCTIONS:

1. Go to www.employeenavigator.com and click Login
 - **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
 - **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.
2. After you login click **Let's Begin** to complete your required tasks.
3. Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.
4. After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

BENEFIT ELECTIONS

5. To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.



Helpful Tips For Enrolling

1. If you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**".
2. Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.
3. If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.
4. To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished.

ELIGIBILITY

RULES | REQUIREMENTS

EMPLOYEE ELIGIBILITY

You are eligible to participate if you are full-time. Your coverage will be effective 31 days after your date of hire.

DEPENDENT ELIGIBILITY

You may also enroll eligible dependents for benefits coverage. A **'dependent'** is defined as the **legal spouse** and/or **'dependent child(ren)'** of the plan participant or the spouse.



The term 'child' refers to any of the following:

- A natural (biological) child;
- A stepchild;
- A legally adopted child;
- A foster child;
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner; or
- Disabled dependents may be eligible if requirements set by the plan are met.

The chart provided below explains who is eligible for coverage under each benefit plan type:

Line of Coverage	When coverage ends
Medical, Vision, Dental	The last day of the month the child turns age 26
Child Life Insurance	The last day of the month the child turns age 26
Spouses are Eligible for:	Medical, Dental, Vision, and Life

Qualifying Life Events

If you have a Qualifying Life Event and want to request a mid-year change, you must notify the Benefits Department and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Common life events include; Marriage, Divorce, New Dependent, Loss/gain of available coverage by you or any of your dependents.

Please contact NFP at (800) 994-7429 to speak with a benefits counselor regarding enrollment in non-medical coverage due to a Qualifying Event.

IMPORTANT

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to the Benefits Department within 30 days of the event.

If you separate from employment, COBRA continuation of coverage may be available as applicable by law. COBRA Continuation details can be found in the notices section of this employee benefit guide.

MEDICAL INSURANCE

This plan is provided through Cigna. Please call 1-888-806-5094 or go online to www.cigna.com to locate a provider in the network. =

Services	HSA	OAP Base	OAP Buy-Up
Calendar Year Deductible	\$6,000 \$12,000	\$3,000 \$6,000	\$1,500 \$3,000
Coinsurance	0%	30%	10%
Out-of-Pocket Calendar Year Maximum (Includes Deductible)	\$6,000 Individual \$12,000 Family	\$5,500 Individual \$11,000 Family	\$4,000 Individual \$8,000 Family
Office Visits	Primary Care – Ded + 0% Specialist – Ded + 0%	Primary Care – \$50 copay Specialist – \$75 copay	Primary Care – \$25 copay Specialist – \$50 copay
Preventive Care	100%	100%	100%
Hospitalization (Inpatient and Outpatient Services)	Ded + 0%	Ded + 30%	Ded + 10%
Urgent Care	Ded + 0%	\$75 Copay	\$50 copay
Emergency Room	Ded + 0%	\$300 Copay	\$200 Copay
Prescriptions	Ded + 0%	\$10 Copay	\$10 Copay
Tier 1 - Retail/Mail Order	Ded + 0%	\$100 Copay	\$100 Copay
Tier 2 - Retail/Mail Order	Ded + 0%	\$100 Copay	\$100 Copay
Tier 3 - Retail Mail Order	Ded + 0%	\$100 Copay	\$100 Copay
Tier 4 - Specialty Drugs-Retail	Ded + 0%	\$100 Copay	\$100 Copay

Out of Network	HSA	OAP Base	OAP Buy-Up
Calendar Year Deductible	\$10,000 \$20,000	\$6,000 \$12,000	\$3,000 \$6,000
Coinsurance	20%	50%	30%
Out-of-Pocket Calendar Year Maximum (Includes Deductible)	\$12,000 Individual \$24,000 Family	\$11,000 Individual \$22,000 Family	\$8,000 Individual \$16,000 Family

Payroll Deduction	HSA	OAP Base	OAP Buy-Up
Employee	\$81.90	\$94.50	\$122.10
Employee + Spouse	\$220.50	\$252.00	\$330.00
Employee + Child(ren)	\$189.00	\$220.50	\$297.00
Family	\$346.50	\$427.88	\$462.00

FLEXIBLE SPENDING ACCOUNT

FSA | TAX SAVING VEHICLE

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses* for yourself, your spouse and your dependent children.

In order to participate in the FSA, you must enroll each year. Your annual contribution stays in effect during an entire calendar year (**January 1st through December 31st**). The only time you can change your election is during the enrollment period or if you experience a change-in-status event. Also, you must elect this benefit within **30 days** of your hire date or first date of benefits eligibility.

ELIGIBLE EXPENSES

- A full list of qualified FSA expenses can be found in IRS Publication 502 at www.irs.gov.
- You can learn more about FSA qualified expenses and also make purchases by visiting the FSA Store at www.fsastore.com.

HEALTH CARE FSA

MAXIMUM ANNUAL CONTRIBUTION | \$3,050

All eligible health care expenses – such as deductibles, medical and prescription copays, dental expenses, and vision expenses – can be reimbursed from your general purpose FSA account.

With the Health Care FSA or Limited Purpose FSA, you can spend up to the full amount of your annual election as soon as your account has been set up.

HERE'S HOW IT WORKS

An employee earning \$30,000 elects to place \$2,650 into a Health Care FSA. The payroll deduction is \$110.42 based on a 24 pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$574.

	Without FSA	With FSA
Gross Income	\$30,000	\$30,000
FSA Contributions	\$0	-\$2,650
TAXABLE INCOME	\$30,000	\$27,350
Estimated Taxes		
Federal	\$3,090*	-\$2,817*
State	\$1,104**	\$1,106**
FICA	\$2,295	\$2,092
AFTER TAX EARNINGS	\$23,511	\$21,435
Eligible Out-Of-Pocket Expenses	\$2,650	\$0
AVAILABLE/SPENDABLE INCOME	\$20,861	\$21,435

IMPORTANT FSA RULES

HEALTH CARE FSA ROLLOVER

Health Care FSAs have a **\$610 roll over** feature, which allows any amount of \$610 or less remaining in your account at the end of the plan year to roll over into the new plan year.

MULTIPLE METHODS FOR ACCOUNT MANAGEMENT

Flores Online: <https://flores247.com>

ELIGIBLE HEALTH FSA EXPENSES*

- Acupuncture
- Alcoholism treatment
- Artificial teeth/dentures
- Blood pressure monitors
- Braces
- Braille-books & magazines
- Breast pumps & lactation supplies
- Chiropractors
- Co-insurance, co-pay & deductibles
- Cost of operations & related treatments
- Crutches
- Diabetic supplies
- Drug addiction treatment
- Eye exams, eyeglasses, contacts
- Hearing devices & batteries
- Hospital services
- Operations
- Pregnancy tests
- Radial keratotomy & lasik eye surgery
- Smoking cessation programs
- Speech therapy
- Surgical fees
- Vaccines
- Walkers & wheelchairs
- X-rays and more.

*A full list of qualified expenses can be found in IRS Publication 502 at www.irs.gov.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

DCFSA | TAX SAVING VEHICLE

DEPENDENT CARE FSA

MAXIMUM ANNUAL CONTRIBUTION

Up to \$5,000 if head of household or are married filing joint return

OR

Up to \$2,500 if you are married filing a separate return

FLORES & ASSOCIATES

Note: A new election is required as this benefit does not rollover.

The Dependent Care Flexible Spending Account (DCFSA) offers employees the opportunity to set aside money for childcare on a pre-tax basis through payroll deductions.

When you elect to contribute to a DCFSA the elected amount is deducted in equal installments over the course of the plan year. As you receive a deduction each pay period, the pre-tax funds are placed into the DCFSA account managed by Flores & Associates. Funds must have been deducted and deposited into your account in order to be reimbursed. A full list of eligible expenses may be located on www.flores247.com

*ELIGIBLE DEPENDENT CARE EXPENSES INCLUDE:

1. 'Care' for your dependent child who is under the age of 13 that you can claim as a dependent on your federal tax return;
2. 'Care' for your dependent child who resides with you and who is physically or mentally incapable of caring for themselves; or
3. 'Care' for your spouse, parent or grandparent who is physically or mentally incapable of caring for themselves and spends at least eight hours a day in your home.

'Care' is defined as: In-home baby-sitting services (not by an individual you claim as a dependent); care of a preschool child by a licensed nursery or day care provider; before and after-school care; summer day camp (provided it is not overnight); and in-home dependent day care.

DESCRIPTION	DEPENDENT CARE FSA
Eligibility	Employees with dependent children age 13 & under, unless certified disabled
Employee Fund Availability	No-Wait Reimbursement Option: You may submit for a reimbursement of funds deposited into the account once the claim has been paid directly to the child care provider
Maximum Contribution Amount	Single or Married filing jointly: \$5,000 Married filing separately: \$2,500
Tax Benefits	Employee contributions are taken in pretax installments: Exempt from federal and FICA tax as well as most state and local tax
Type of expenses permitted	Preschools Day Care Summer Camp Before & After School Care
How are the expenses paid?	Employee pays out-of-pocket then submits a claim online or on the mobile app
Carryover into the new plan year	Funds must be used within the plan year or will be forfeited

DENTAL

COVERAGE OVERVIEW

OUT-OF-NETWORK

If your dental care is out-of-network, your benefits will apply the same as in-network. Dental Reimbursement Level for Out-of-Network is 90th Percentile of Submitted charges.

MISSING TOOTH EXCLUSION

The plan will not replace a tooth that was extracted before the person was insured by a Movement Schools dental plan.

BENEFITS

Members enrolled in the high plan, are eligible for replacements of crowns, inlays, onlays, partial and complete dentures, veneers, implants, and bridges once every ten years. All dental participants are eligible for prophylaxis once every six months.

PREVENTION FIRST

Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits.

Preventive care services are covered at 100% if you visit an In-Network provider. They are also not subject to the annual deductible.

How do I find an In-Network Provider?

This dental plan offers deeper discounts when you visit a provider that is In-Network. In-Network providers can be found on www.cigna.com.

Out-of-Network Provider: Based on Maximum Reimbursable, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges in the geographic area. For additional assistance contact: (800) 850-9946

Maintaining our dental health is a large component in our overall health. While brushing and flossing daily is important, routine dental exams and cleanings are necessary to remove bacteria, plaque, and tartar and detect early signs of gum disease. In addition, regular dental visits may reveal other health issues.

Your DPPO Plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

PLAN FEATURES

Benefit Period	Calendar Year	
DEDUCTIBLE		
	Single	\$25
	Family	\$75
When does it apply?		
All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.		

COVERED SERVICES

CLASS I: Preventive Services

*Preventative & Diagnostic Care
Oral Exams, Cleanings, Routine X-rays,
Fluoride Application, Sealants, Space
Maintainers (limited to non-ortho treatment),
Non-Routine X-rays*

Covered at 100%, No Deductible

CLASS II: Basic Services

*Fillings, Oral Surgery – Simple Extractions,
Oral Surgery – All Except Simple Extraction,
Surgical Extraction of Impacted Teeth,
Anesthetics, Brush Biopsy*

Covered at 80%

CLASS III: Major Services

*Minor/Major Periodontics, Root Canal
Therapy/Endodontics, Relines, Rebases,
Bridges, Crowns and Inlays*

Covered at 50%

ORTHODONTIA (Children Only)

Covered at 50% No Ded.

ANNUAL MAXIMUM

Maximum Benefit <i>Allowed per Benefit Period</i>	\$1,500 per covered individual
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PER PAY PERIOD DENTAL PLAN DEDUCTIONS

Coverage Tier	Dental Plan
Employee Only	\$8.01
Employee + Spouse	\$21.05
Employee + Child(ren)	\$23.40
Employee + Family	\$40.62

VISION

COVERAGE OVERVIEW

Good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from Movement Schools can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the Vision plan available through the district will enable you to take advantage of substantial savings on your eye care and eyewear needs.

	IN-NETWORK	FREQUENCY PERIOD
PLAN FEATURES		
Vision Exam	\$10 copay	12 Months
COVERED SERVICES – LENSES / FRAMES		
Single Lenses	\$20 copay	12 Months
Bifocals	\$20 copay	
Trifocals	\$20 copay	
Frames	\$150 allowance; 20% discount of additional cost	
COVERED SERVICES		
Contact Lenses - Elective	\$150 allowance	12 Months
Contact Lens – Medically Necessary	Covered in full	
BENEFIT FREQUENCY		
Frames	Once every 24 Months	Once every 24 Months

PER PAY PERIOD VISION PLAN DEDUCTIONS		<p>Need to locate a participating In-Network provider?</p> <p>For a complete list of providers near you use our Provider Locator on www.cigna.com.</p> <p>Movement Schools pay 100% of the employee ONLY cost of vision coverage.</p>
Coverage Tier	Core Plan	
Employee Only	\$3.52	
Employee + Spouse	\$7.01	
Employee + Child(ren)	\$7.52	
Employee + Family	\$12.02	

BASIC LIFE

COVERAGE OVERVIEW

BENEFICIARY(IES)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction.

A Beneficiary is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary** and **Contingent (Secondary) Beneficiary**. A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages, and other expenses.

**You designate your beneficiary(ies) when enrolling for your benefits.*

BASIC LIFE INSURANCE

Basic Term Life and Accidental Death & Disability (AD&D) insurance provides valuable financial protection for your family. Movement Schools is excited and pleased to provide **\$50,000** of Basic Life & AD&D insurance to all full-time employees **at no cost to you**.

BASIC LIFE COVERAGE – UNITED HEALTH CARE

Coverage Amount Flat **\$50,000** Benefit

Accidental Death and Dismemberment (AD&D) Amount equal to your Life benefit

Benefit Reduction Schedule At age 65, the life policy will reduce by 35%
At age 70, the life policy will reduce by 50%

ADDITIONAL PLAN PROVISIONS

Portability If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.

Conversion When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.



WHAT WILL MY BENEFICIARY RECEIVE?

In The Event That Death Occurs:

- Your Basic Life insurance is paid to your beneficiary.
- **If death occurs from an accident:** 100% of the AD&D benefit would be payable to your beneficiary(ies) in addition to your Basic Life insurance.

VOLUNTARY LIFE

COVERAGE OPTIONS FOR YOU & THE FAMILY

VOLUNTARY LIFE INSURANCE

Employees have the opportunity to enroll in additional Life/AD&D insurance. If you choose to enroll in employee coverage, this will be in addition to your employer provided Basic Life/AD&D coverage. Coverage is also available for your spouse and/or child dependents. You must elect coverage for yourself in order to enroll in coverage for your child(ren) and to enroll \$30,000 of coverage for your spouse.

PLAN OPTIONS

Cost of Coverage	Premiums are based on age-rated tables and paid by the employee every pay period through a payroll deduction. These premiums are post-tax and benefits payable are tax-free.		
Coverage Options	<u>Employee Coverage</u> Choose in \$10,000 increments up to the lesser of 5x your annual salary or \$500,000.	<u>Spouse Coverage</u> Choose in \$5,000 increments up to \$250,000 not to exceed 50% of employee amount.	<u>Child(ren) Coverage</u> Choose in \$10,000 increments up to \$10,000
Do I have to take a health exam to get coverage?	If you and your dependents enroll in coverage at your initial eligibility date, you may apply for up to the Guaranteed Issue amounts without medical questions.		
Guaranteed Issue	<u>Employee</u> \$150,000 up to 5x your annual salary	<u>Spouse</u> \$30,000 (not to exceed employee coverage)	<u>Dependent</u> \$10,000

PLAN PROVISIONS

Cost Calculation	Age Rated Benefit (Spouse Life based on spouse's age)
Benefit Reduction Schedule	At age 65, the life policy will reduce by 35% At age 70, the life policy will reduce by 50%
Portability	If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.
Conversion	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.

AGE-BANDED	AGE	RATES
Per \$1,000 of Coverage	Under 25	\$0.048
	25-29	\$0.048
	30-34	\$0.065
	35-39	\$0.073
	40-44	\$0.081
	45-49	\$0.122
	50-54	\$0.186
	55-59	\$0.348
	60-64	\$0.533
	65-69	\$1.026
	70+	\$1.663



DISABILITY

SHORT-TERM | LONG-TERM

SHORT-TERM DISABILITY (STD)

Everyday illnesses or injuries can interfere with your ability to work. Even a few weeks away from work can make it difficult to manage household costs.

Short Term Disability coverage provides financial protection for you by paying a portion of your income, so you can focus on getting better and worry less about keeping up with your bills.

LONG-TERM DISABILITY (LTD)

Serious illnesses or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months – even years.

Long Term Disability provides financial protection for you by paying a portion of your income, so you have financial support to manage your disability and your household.

PLAN FEATURES	SHORT-TERM DISABILITY (STD)	LONG-TERM DISABILITY (LTD)
Cost of Coverage	Employer Paid Benefit Employer is responsible for 100% of the cost	Voluntary Benefit Employee covers 100% of the cost
Elimination Period <i>This is the number of days that must pass between your first day of a covered disability & the day you can begin to receive your disability benefits.</i>	Benefits begin after of the later of your accumulated Sick Leave or 7 days	Your elimination period is 90 days
Benefit Duration <i>The maximum number of weeks you can receive benefits while you are sick or disabled.</i>	Payments may last up to 13 weeks. You must be sick or disabled for the duration of the waiting period before you can receive a benefit payment.	Payments will last for as long as you are disabled, or until you reach Normal Social Security Retirement Age whichever is sooner. You must be sick or disabled for the duration of the elimination period before you can receive a benefit payment.
Coverage Amount	Covers 60% of your weekly income , up to a maximum benefit of \$1,750 per week .	Covers 60% of your monthly income , up to a maximum benefit of \$5,000 per month .
What's covered?	A variety of conditions and injuries. Typical claims would include: pregnancy, injuries, joint, back and digestive disorders.	A variety of conditions and injuries. Typical claims would include: cancer, back disorders, injuries and poison, cardiovascular, joint disorders.
Definition of Earnings	Base Salary <i>(includes commissions and bonuses)</i>	80% Own Occupation / 60% Any Occupation

ADDITIONAL PLAN PROVISIONS		AGE-BANDED	AGE	RATES
Benefit Payment Frequency	Weekly benefit may be reduced or offset by other sources of income.	Per \$100 of Monthly Covered Payroll	Under 25	\$0.067
Cost Calculation	This benefit is provided by Movement Schools at no cost to you.		25-29	\$0.116
			30-34	\$0.200
			35-39	\$0.300
			40-44	\$0.483
			45-49	\$0.633
Pre-Existing Condition Limitation	Pre-Existing Conditions are those conditions which you received medical treatment, care or consultation, including diagnostic measures or took prescribed drugs or medications during the 3 months preceding the effective date of this policy. Pre-Existing Conditions are not covered during the first 12 months of coverage.		50-54	\$0.833
		55-59	\$1.017	
		60-64	\$0.967	
		65+	\$0.600	

Certain exclusions and any pre-existing condition limitations may apply. Please refer to the Provider's detailed benefit summary for details.

VOLUNTARY BENEFITS

ACCIDENT



Accident - Cigna

A serious injury can cost you a lot of money – not only in medical bills but in things like income from lost work hours. Some injuries are minor, but others are debilitating and require significant medical care. If you get hurt, accident insurance pays you money that you can use to cover personal expenses, bills, and out-of-pocket medical costs.

Who Gets Paid?

You get paid. When you have a covered accident or injury, your health insurance company pays your doctor or hospital, but your accident insurance company pays you.

What's Covered?

Not all accidents are “qualifying injuries.” The kinds of accidents that are covered can vary by plan but accident insurance plans typically cover things like:



If you have a covered injury, accident insurance can reimbursement you for things like:

- Emergency Room Treatment
- Ambulance Transportation
- Burns
- Hospital Admissions & Hospital Confinement
- Dislocations
- Diagnostic Exams
- Initial Doctor's Office Visit
- Dental Work

Cigna Simple FileSM® – Cigna automatically reminds eligible customers who have qualifying claims to file their eligible Cigna accidental injury, critical illness, or hospital care claims. This service is dependent upon receipt of medical data in a Cigna preferred format.

What is the Cost of Accident Insurance?

PER PAY PERIOD ACCIDENT DEDUCTIONS	
Coverage Tier	Deduction
Employee Only	\$3.91
Employee + Spouse	\$6.95
Employee + Child(ren)	\$9.25
Employee + Family	\$12.29

NOTICES

Important Notice from Movement Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Movement Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Movement Schools has determined that the prescription drug coverage offered by Cigna plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage and enroll in Medicare prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Movement Schools coverage will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the **Movement Schools** benefit plan during an open enrollment period under the Movement Schools benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Movement Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Movement Schools changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

From: July 1, 2023 to June 30, 2023

Name of Entity/Sender: Movement Schools

Contact Person: Nafeesha Mitchell

NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

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<p style="text-align: center;">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p style="text-align: center;">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p style="text-align: center;">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p style="text-align: center;">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p style="text-align: center;">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihip.p.aspx Phone: 1-855-459-6328 Email: KIHIP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p style="text-align: center;">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p style="text-align: center;">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p style="text-align: center;">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p style="text-align: center;">MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p style="text-align: center;">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p style="text-align: center;">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p>	<p style="text-align: center;">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p style="text-align: center;">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p style="text-align: center;">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p style="text-align: center;">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p style="text-align: center;">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>

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<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p>PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>	<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 800-994-7429.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

- A change in marital status, or
- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
- A change in employment status for myself or my spouse, or
- Open enrollment elections for my spouse, or
- A change in dependents eligibility, or
- A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.employeenavigator.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.employeenavigator.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.employeenavigator.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.employeenavigator.com. A paper copy is also available, free of charge, by calling your Employer.

IMPORTANT CONTACT INFORMATION

PROVIDER	CONTACT INFORMATION
Benefit Enrollment Questions	NFP (800) 994-7429 nfpSEcustomerservice@nfp.com
Medical	Cigna (800) 244-6224 www.cigna.com
Dental	Cigna (800) 244-6224 www.cigna.com
Vision	Cigna (800) 244-6224 www.cigna.com
Basic Life & AD&D Voluntary Life & AD&D	UHC (888) 835-9637 www.myuhc.com
Short Term Disability Long Term Disability	UHC (888) 835-9637 www.myuhc.com
Flexible Spending Accounts (FSA) (Healthcare FSA & Dependent Care FSA)	Flores + Associates (800) 532-3327 www.flores-associates.com
Group Accident	Cigna (800) 244-6224 www.cigna.com

Why Would I Contact the NFP Service Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our Service Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The Service Center representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Service Center representative is available to help.

Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.



(800) 994-7429

NFPsecustomerservice@nfp.com





**MOVEMENT
SCHOOL**

NFP Corp. and its subsidiaries do not provide legal or tax advice. Compliance, regulatory and related content is for general informational purposes and is not guaranteed to be accurate or complete. You should consult an attorney or tax professional regarding the application or potential implications of laws, regulations or policies to your specific circumstances.

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