

KIPP: NJ KIPP: MIAMI

2023 - 2024 EMPLOYEE BENEFITS GUIDE



Benefits Effective: July 1, 2023 - June 30, 2024

As a new-benefits eligible employee, you may elect to enroll in the Health and Welfare plans described in this guide. We encourage you to take the time to carefully review the information in this guide to ensure that you make the best decisions for you and your family.

Once you have submitted your final elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualifying life event (see page 3 for details).

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QUESTIONS?

If you have any questions about the benefits outlined in this guide or the enrollment process, please contact Human Resources by email at humanresources@kippnj.org.

WELCOME!

WHO IS ELIGIBLE?

Full-time permanent employees regularly working at least 30 hours per week are eligible to enroll in the KIPP TEAM and Family benefit plans.

The benefits you elect will be effective through June 30, 2024.

Once you have submitted your final elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualifying life event.

MAKING PLAN CHANGES

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as marriage, divorce, death of a spouse, civil union partner or a dependent, birth or adoption of a child, termination or commencement of employment for your spouse/civil union partner, a change in employment status (full-time to part-time or part-time to full-time) for you or your spouse/civil union partner that affects benefits eligibility, or taking an unpaid, medical leave of absence by either you or your spouse/civil union partner.

If you experience one of these qualifying life events, you must notify Human Resources via email at humanresources@kippnj.org within 30 days of the event.



BENEFIT RESOURCES

Conner Strong & Bucklew

MEMBER ADVOCACY

We know it is often difficult to fully understand your health benefits and use them properly, especially when insurance companies make more and more changes to the way plans are administered and how claims are paid. You can contact Member Advocacy for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your healthcare benefits work
- Need help to resolve a problem you've been working on

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm ET. You can contact the Member Advocacy Team in any of the following ways:

- Via phone: **800.563.9929**
- Via the web:
www.connerstrong.com/memberadvocacy
- Via email: cssteam@connerstrong.com



BENEPORTAL

For your convenience, the KIPP Beneportal is available at www.kippteamandfamilybenefits.org. The website offers easy viewing of your location's benefits. **Simply open the website and go to the "Locations" tab. When you click on the tab you will see locations listed. Click on your location to see all of the benefits available to you.**

Budgeting for your benefits is easy.

Visit www.kippteamandfamilybenefits.org/my-healthcare-cost-estimator or click on the "Calculating My Benefit Cost" tab on Beneportal. There you can determine the costs for Medical, Dental and Vision plans for you or you and your family. The calculator uses a "Per Pay" contribution.

MEDICAL PLAN OPTION

Aetna

AETNA HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

BENEFIT DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK**
Deductible Individual / Family	\$1,500/\$3,000	\$1,750/\$3,500
Coinsurance Applies to all expenses unless otherwise stated.	Member pays 0%	Member pays 20%
Out-of-Pocket Maximum Individual / Family	\$2,100/\$4,200	\$2,550 / \$5,100
Preventive Care Services	Plan pays 100%	Plan pays 80% after deductible
Primary Care Physician (PCP) Office Visit	Plan pays 100% after deductible	Plan pays 80% after deductible
Specialist Office Visit	Plan pays 100% after deductible	Plan pays 80% after deductible
Diagnostic Lab/ X-Ray Diagnostic Laboratory Diagnostic X-ray Diagnostic Outpatient Complex Imaging	Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible	Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible
Emergency Room	Plan pays 100% after deductible	Plan pays 100% after deductible
Urgent Care Center	Plan pays 100% after deductible	Plan pays 80% after deductible
Inpatient Hospital	Plan pays 100% after deductible	Plan pays 80% after deductible
Outpatient Surgery Physician's Office or Ambulatory Surgical Center Hospital Surgical Center	Plan pays 100% after deductible Plan pays 100% after deductible	Plan pays 80% after deductible Plan pays 80% after deductible
Bariatric Surgery	Plan pays 100% after deductible	Plan pays 80% after deductible

* KIPP will provide you with a wellness bonus of 80% of your in-network deductible if you elect our medical plan.

** Out-of-network claims payments are based on usual and customary (UCR) charges; for the specific level reimbursement for out-of-network claims, please see the Summary Plan Description. Out-of-network providers are not contractually obligated to accept the insurance company's reimbursement as payment in full. This means that the out-of-network providers can balance-bill the member for additional charges above the allowed amount paid by the insurance company. Members will realize less out-of-pocket expenses if they seek care from a network provider.

Note: The benefits represented in this Guide is a brief summary of benefits. For a more detailed listing of benefits, including exclusions, please visit www.kippteamandfamilybenefits.org.

PREVENTIVE CARE

Preventive Care services are covered 100% in-network - no copays or coinsurance!

Screenings for cholesterol, diabetes, prostate cancer and thyroid disease are just some of the preventive care screenings available through our medical plans. Don't guess when it comes to your health - make the most of your healthcare investment and take advantage of the preventive care services that are covered 100% in-network.

MEDICAL OPT-OUT BONUS

If you decide to waive KIPP's medical coverage, you will be eligible for a \$1,500 bonus. You must provide proof of other coverage to opt out of our plan and receive the bonus.

The first half of the bonus (\$750) is paid out in the October 15th payroll. The second half (\$750) is paid out in the February 15th payroll.

PRESCRIPTION DRUG PLAN

Aetna

If you elect to participate in the medical plan, you are automatically enrolled in the prescription drug plan. **Please Note: You must meet your medical deductible before the prescription drug copay amounts apply. You may experience higher than usual prescription payments until your yearly deductible has been met.**



PRESCRIPTION TYPE	RETAIL PHARMACY	MAIL ORDER
	UP TO A 30-DAY SUPPLY	UP TO A 90-DAY SUPPLY
Generic	\$15 copay*	\$30 copay*
Preferred Brand	\$25 copay*	\$50 copay*
Non-Preferred Brand	\$40 copay*	\$80 copay*

* After in-network medical deductible (\$1,500/\$3,000).

SAVE WITH MAIL ORDER

Using the mail order program for your maintenance medications will save you money. You will receive **up to a 90-day (3-month) supply** for two retail copays. In addition to the savings, your prescriptions will be delivered right to your home.

For more information and to begin using mail order please visit www.aetna.com. You will also need to obtain a prescription from your doctor written for 90 days.

How Much Can You Save When You Use Mail Order? *Compare for yourself...*

RETAIL PHARMACY UP TO A 30-DAY SUPPLY	MAIL ORDER UP TO A 90-DAY SUPPLY	ANNUAL SAVINGS
Preferred Brand-Name Copay \$25	Preferred Brand-Name Copay \$50	\$100
Annual cost (\$25 per month x 12 fills) \$300	Annual cost (\$50 per order x 4 fills per year) \$200	

HEALTH SAVINGS ACCOUNT

PayFlex

WHAT IS AN HSA?

If you participate in the Medical HDHP, you will be automatically enrolled into a Health Savings Account (HSA). An HSA is a tax-exempt savings account that can be used for contributions, earnings and withdrawals for eligible expenses (an expense which pays for care as described in Section 213 (d) of the Internal Revenue Code).

Please note that KIPP New Jersey and KIPP Miami will contribute \$1,200 toward your HSA for employee only coverage, and \$2,400 if you cover at least one dependent. The contributions are deposited directly into the employee's HSA account. Please keep in mind that this amount is 80% of your health plan in-network deductible! If needed, you will be responsible for the remaining 20% of your medical deductible.

The major differences between an HSA and a Flexible Spending Account (FSA) are:

- An HSA is portable.
- There is no “use it or lose it” provision with an HSA. If you don’t use the money in your account by the end of the year, it stays there and collects interest on a tax-deferred basis.
- An HSA includes a banking partner that offers you several investment options that suit your needs.
- An HSA does not require third party substantiation for transactions; however, you should keep records of these transactions in the event of an IRS audit.



GETTING STARTED IS EASY!

The maximum amount that can be contributed to an HSA in a tax year is established by the IRS and is dependent on whether you have single or family coverage in the HDHP plan.

For 2023, the contribution limits are:

- **\$3,850** (\$4,850 if age 55 or over) for single coverage
- **\$7,750** (\$8,750 if age 55 or over) for family coverage

Please note these maximum amounts include the funds deposited into your account from KIPP. **You are able to contribute \$2,650 for single coverage and \$5,350 for family coverage for the 2023 year.**

PLEASE NOTE: If you are covered under another health plan, including Medicare, that is not a high-deductible health plan, you are not eligible for a health savings account.

For a full list of eligible HSA expenses and other tools and resources, please visit www.payflex.com.

FLEXIBLE SPENDING ACCOUNTS (FSA)

PayFlex

HEALTHCARE FSA

A **Healthcare Flexible Spending Account** is used to reimburse eligible healthcare out-of-pocket medical expenses incurred by you and your dependents. The 2023 maximum that you can contribute to the Healthcare FSA is \$3,050 in accordance with IRS regulations. KIPP TEAM and Family do **NOT** provide employer contributions towards your FSA.

Reminder: You are eligible to carry over up to \$500 of Healthcare FSA unused funds remaining, permitting re-enrollment in the new plan year. Any eligible funds will be credited towards your new FSA account balance after the run out period ends. Any unused amounts over \$500 will be forfeited.

Run Out Period: You have 90 days after the end of the plan year to submit claims incurred prior to the 2023-2024 FSA plan year. The deadline for the run out period is September 30, 2023.

Please note that only employees who are not enrolled in the KIPP TEAM and Family medical plan are eligible to enroll in a medical Flexible Spending Account.

DEPENDENT CARE FSA

A **Dependent Care Flexible Spending Account** is used to reimburse expenses related to the care of eligible dependents while you and your spouse work. The maximum that you can contribute to the Dependent Care FSA is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

Reminder: The Dependent Care FSA has a "Grace Period" of 2 1/2 months. During the Grace Period you may incur and submit prior year dependent care expenses.

COMMUTER BENEFIT

A **Commuter Benefit** plan allows you to set aside up to \$300 per month (on a pre-tax basis) that can be used for qualified transit to commute to and from work, such as: mass transit, train, subway, bus fares, and ferry rides.

You can use your benefits debit card to pay providers directly at the time of service from your transit account. If a transit facility doesn't accept the debit card payment, you can pay out of pocket and submit a reimbursement request through your online account.



View an expanded list of eligible medical expenses, information about using the debit card, as well as additional details for the pre tax Commuter Benefit by visiting www.payflex.com.

VISION PLAN

Aetna

AETNA VISION PREFERRED	IN-NETWORK	OUT-OF-NETWORK
Exam - Covered once every 12 months Routine Eye Exam Standard Contact Lens Fit/Follow-Up Premium Contact Lens Fit/Follow-Up	\$20 Copay Member pays discounted fee of \$40 Member pays 90% of Retail	\$24 Reimbursement Not Covered Not Covered
Frames - Covered once every 24 months	\$130 Allowance * Additional 20% off balance	\$90 Reimbursement
Lenses - Covered once every 12 months Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses Standard Progressive Vision Lenses Premium Progressive Vision Lenses	\$20 Copay \$20 Copay \$20 Copay \$20 Copay \$85 Copay Tier 1: \$85 copay; Tier 2: \$95 copay; Tier 3: \$110 copay	\$15 Reimbursement \$30 Reimbursement \$60 Reimbursement \$60 Reimbursement \$30 Reimbursement \$30 Reimbursement
Contact Lenses - Covered once every 12 months (in lieu of eyeglasses)	\$130 Allowance; Additional 15% off balance	\$90 Reimbursement
Additional In Network Discounts Additional Pair of Eyeglasses or Prescription Sunglasses Non-Covered Items Lasik Laser Vision Correction (PRK-US Laser Network)	Up to 40% Discount 20% Discount 15% off Retail or 5% off Promotional Pricing	N/A

* Allowances are one-time use benefits. No remaining balances may be used. Aetna does not provide a declining balance benefit.

NEED HELP FINDING A PROVIDER?

Go to www.aetna.com, click "Find a Doctor", then "Search". Please complete the fields and search based on city and state or zip code.



DENTAL PLAN

Aetna

	LOW PLAN	HIGH PLAN
	IN & OUT-OF-NETWORK*	IN & OUT-OF-NETWORK*
Annual Deductible		
Individual	\$100	\$25
Family	\$300	\$75
Annual Maximum (per patient)	\$1,000	\$3,000
Preventive & Diagnostic Services		
Exams, Cleanings, Bitewing X-rays (each twice in a calendar year)	Plan pays 100%	Plan pays 100%
Fluoride Treatment (once in a calendar year, children to age 19)	No Deductible	No Deductible
Basic Services		
Fillings, Stainless Steel Crowns, Uncomplicated Extractions, Surgical Removal of Erupted Tooth, Surgical Removal of Impacted Tooth	Plan pays 60% after deductible	Plan pays 100% after deductible
Major Services		
Root Canal Therapy, Inlays, Onlays, Crowns, Full and Partial Dentures	Plan pays 40% after deductible	Plan pays 60% after deductible
Orthodontia Benefits		
(Adult and Child)	Not Covered	Plan pays 50% No Deductible
Orthodontia Lifetime Maximum	Not Covered	\$3,000

* Out-of-network claims payments are based on usual and customary (UCR) charges; for the specific level reimbursement for out-of-network claims, please see the Summary Plan Description. Out-of-network providers are not contractually obligated to accept the insurance company's reimbursement as payment in full. This means that the out-of-network providers can balance-bill the member for additional charges above the allowed amount paid by the insurance company. Members will realize less out-of-pocket expenses if they seek care from a network provider.

Note: The benefits represented in this Guide is a brief summary of benefits. For a more detailed listing of benefits, including exclusions, please visit www.kipteamandfamilybenefits.org.

HAVE QUESTIONS?

For more information or to locate participating Aetna dental providers, please visit www.aetna.com.



FINDING A PROVIDER

Aetna

USE AETNA'S ONLINE DIRECTORY TO:

- **Save money.** Your costs are usually lower when you choose doctors, hospitals, walk-in clinics, labs and other health providers in Aetna's network. So we point them out to you.
- **See the latest.** There is a lot of helpful information on network doctors and facilities. And it's updated daily.
- **Get your results.** Once you sign up for your member website, Aetna's directory "recognizes" your health benefits and insurance plan. That means search results are right for you.

FIND WHAT YOU NEED

Search using a doctor's name, or by:

- City, State, Zip
- Specialty
- Hospital affiliation
- Gender
- Whether they're accepting new patients

And let's say that you have arthritis. Or asthma. You can search for doctors who treat these and many other conditions.



MORE INFO TO KNOW

Plus, you get behind-the-scenes details on:

- Aetna plans accepted
- Office locations and directions
- Languages spoken

TO START YOUR SEARCH

- If you're a member, you have a personalized version of the directory. It "recognizes" you and your plan. Just login to your member website to search.
- If you're not registered on Aetna's website, you can still view the online directory by visiting www.aetna.com, clicking on "Individuals", "Find a Doctor" and then "Plan From an Employer" under the **Guests** section.

Find your in-network provider at
www.aetna.com.

ACCIDENT & HOSPITAL COVERAGE



VOLUNTARY ACCIDENT INSURANCE

Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help. Accident Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments do not go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.

What's Covered:

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. Some of the most common treatments and conditions eligible include:

- ER Treatment
- Stitches
- X-Rays
- Follow-up Doctor Treatments
- Hospital Admission

TREATMENT EXAMPLES	BENEFIT
Emergency Room Treatment	\$225
X-Ray	\$45
Physical/Occupational Therapy (up to six per accident)	\$45
Hospital Admission	\$1,250

Additional Benefits:

- Accidental Death & Dismemberment coverage
- Catastrophic Accidental coverage
- Wellness benefits
- Travel Assistance

For a more detailed listing of benefits, list of exclusions and limitations, and additional information regarding this plan, please access <https://presents.voya.com/EBRC/KIPP>.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance doesn't replace your medical coverage; instead, it complements it.

The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like. The plan pays a daily benefit if you stay in a hospital, critical unit, or rehabilitation facility.

Initial confinement benefit:

The benefit is one additional benefit of \$250 after confinement in a hospital, critical care unit, and or rehabilitation facility. This benefit is limited to a maximum of four Initial Confinement Benefits per calendar year for all covered persons, but no more than one for each covered person.

As your stay continues:

When you have a covered confinement, you'll be eligible for a fixed daily benefit payment up to the maximum per confinement. The benefit amount and maximum number of days per confinement varies by facility:

TYPE OF FACILITY	DAILY BENEFIT
Hospital	\$250
Rehabilitation Facility	\$125
Critical Care Unit	\$500

For a list of exclusions and limitations, definition of the facilities listed above, and additional information regarding this plan, please access more details via

<https://presents.voya.com/EBRC/KIPP>.

CRITICAL ILLNESS COVERAGE

Voya

VOLUNTARY CRITICAL ILLNESS INSURANCE

There are more than just medical bills to pay after an unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help. It pays a lump-sum directly to you if diagnosed with a covered illness or condition on or after your coverage effective date.

Critical Illness Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, they come in—directly to you—to be used however you'd like.

What's covered by Critical Illness Insurance?

The plan provides benefits for covered medical conditions and diagnoses such as: heart attack, stroke, end stage renal failure, major organ failure, cancer, permanent paralysis. These are just a few examples; a full schedule of benefits is available via the link located at the end of this benefit page.

You can select a benefit (lump sum payment) for yourself in increments of \$5,000 to a maximum of \$20,000; for your spouse in increments of \$5,000 to a maximum of \$10,000; and for your child(ren) either a \$5,000 or \$10,000 benefit.

For a more detailed listing of benefits, premium costs, list of exclusions and limitations, and additional information regarding this plan, please access more details via <https://presents.voya.com/EBRC/KIPP>.



VOLUNTARY DISABILITY COVERAGE



VOLUNTARY SHORT-TERM DISABILITY (STD)

If a maternity leave, planned surgery, or unexpected illness or injury affect your income, **Supplemental Short Term Disability Income Insurance** can help fill in the income gaps of the short-term disability insurance your employer already provides to you.

With STD insurance, you'll still be able to replace a portion of your income if a disabling illness or injury prevents you from working.



VOLUNTARY LONG-TERM DISABILITY (LTD)

It can take time to recover from a disabling illness or injury. When that time extends past your Short-Term Disability coverage, Long Term Disability Income Insurance can help.

VOLUNTARY STD BENEFIT	
Waiting Period	7 days
Benefit Payable	66.67% of your basic weekly earnings to a maximum of \$2,500 weekly
Benefit Duration	Up to 26 weeks

Like any voluntary short-term disability insurance, there is a pre-existing condition exclusion. In addition, most disability policies, like this one, your benefits at the time of claim will be reduced by any other income source. For a more detailed list of exclusions and limitations, detailed listing of benefits, premium costs, and additional information regarding this plan, please access via <https://presents.voya.com/EBRC/KIPP>.

VOLUNTARY LTD BENEFIT	
Waiting Period	After your STD coverage ends at 180 consecutive days
Benefit Payable	60% of your basic monthly earnings to a maximum of \$15,000 monthly

Additional benefits provided with Voluntary LTD:

- Survivor Benefit
- Vocational Rehabilitation Benefit
- Family Member Expense Benefit

Like most disability policies, your benefits at the time of claim will be reduced by other income sources, such as any other disability payments including the New Jersey State TDB.

For a detailed list of exclusions and limitations, detailed listing of benefits including benefit duration periods, premium costs, and additional information regarding this plan, please access via <https://presents.voya.com/EBRC/KIPP>.

EMPLOYEE ASSISTANCE PROGRAM

SupportLinc

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. The SupportLinc employee assistance program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc, available to you and your immediate family members, provides confidential, professional referrals and up to five (5) face-to-face counseling sessions for a wide variety of concerns, such as:

- Anxiety
- Depression
- Marriage and relationship problems
- Grief and loss
- Substance abuse
- Anger management
- Work-related pressures
- Stress

EXPERT REFERRALS AND CONSULTATION

Whether you are a new parent, a caregiver, selling your home or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **Legal Assist.** Free telephonic or face-to-face legal consultation
- **Financial Assist.** Expert financial planning and consultation
- **Family Assist.** Consultation and referrals for everyday issues, such as dependent care, auto repair, pet care and home improvement.

CONFIDENTIALITY

SupportLinc upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information.

TECHNOLOGY AND YOUR EAP

WEB

- Thousands of helpful articles and tip sheets for personal and work-related topics
- Search engines and directories for child care, elder care, education, legal, financial and convenience services
- Discounted fitness center memberships
- Secure video counseling through the eConnect® Portal
- 20-minute eLearning modules
- Bilingual content (English and Spanish)

MOBILE

- eConnect® Mobile App for on-the-go access to the EAP
- Call or live chat with a licensed counselor
- Schedule video or in-person counseling
- Review a summary of the EAP

CONTACT SUPPORTLINC

Call us at 888.881.5462 or visit

<https://kipptaf.mysupportportal.com>

RETIREMENT PLANS

EMPLOYEES OF KIPP NEW JERSEY (TEAM & KCNA)

School-based staff are automatically enrolled in the New Jersey State Pension program. The 2023-2024 pension contribution is 7.5% of your salary. The pension includes life insurance while you are enrolled, and offers vesting after 10 years of service.

An optional 403(b) retirement plan is also offered, and KIPP Newark and KIPP Camden will provide a yearly contribution match as shown in the table below.

Contributions for both retirement programs are collected through payroll deductions.



EMPLOYEES OF KIPP TEAM AND FAMILY & KIPP MIAMI

KIPP NJ and KIPP Miami staff are not eligible to participate in the State Pension program, so these employees are automatically enrolled in a 403(b) retirement plan. KIPP NJ & KIPP Miami provides a 3% profit share and will match employee elections - dollar for dollar - up to 3% of their salary each pay.

Employee contributions are collected through payroll deductions.

- 3% of your salary is automatically contributed
- Plus, a dollar for dollar match for any amount that you contribute up to 3% of your salary
- Full vesting in 3 years

YEARS WITH TEAM/KCNA	MATCH
1st Year	\$600
2nd Year	\$900
3rd Year	\$1,200
4th+Year	\$1,500

FINANCIAL ADVISORS

Spring

All KIPP New Jersey and KIPP Miami employees have access to one-on-one financial coaching through Spring.

Spring has educational videos and tools that will help you budget better, create a savings plan, pay for college, and work toward retirement goals while reducing debt.

You can also schedule a one-on-one meeting with a Spring advisor for more personalized help with any of the following:

- Build savings
- Reduce debt
- Reach financial goals
- Prepare for retirement
- Budget for a big purchase, like a home or a vacation
- And much more!

Visit hellospring.io to create your account and learn more.



CARRIER CONTACTS

BENEFIT/CARRIER	PHONE	WEBSITE/EMAIL
Medical/Dental Aetna	800-872-3862	www.aetna.com
Health Savings Accounts PayFlex	844-729-3539	www.payflex.com
Vision Aetna	877-973-3238	www.aetnavision.com
Voluntary Benefits: Accident, Hospital, Critical Illness, Short-Term Disability and Long-Term Disability Voya	855-663-8692	https://presents.voya.com/EBRC/KIPP
Flexible Spending Accounts (FSA) and Commuter Benefits PayFlex	844-729-3539	www.payflex.com
Employee Assistance Program (EAP) SupportLinc	888-881-5462	https://kipptaf.mysupportportal.com/
NJ Division of Pension and Benefits	609-292-7524	www.state.nj.us/treasury/pensions
Member Advocacy	800-563-9929	www.connerstrong.com/ memberadvocacy
Benefits Information	800-563-9929	www.kippteamandfamilybenefits.org



KIPP: NJ **KIPP: MIAMI**

KIPP: NJ and KIPP: Miami reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.