

HEALTH/WEALTH/SELF

# 2024/2025 BENEFITS

*designed with YOU in mind*



ACADEMICA

*This is a high-level benefit summary. Please reference your benefits guide and plan documents for more complete information*

Academica is pleased to offer a comprehensive benefits program with the flexibility you need to choose solid coverage and protection at an affordable cost.



## HEALTH *benefits*

Your school's health care benefits provide coverage when it's needed — with a focus on programs that support and encourage overall healthy living, including your physical, financial, and emotional well-being.

### Medical and Prescription Drug Coverage

You have a choice of several medical plans, depending on where you live administered by Sierra Health and Life (UHC), Health Plan of Nevada (Southern Nevada Schools Only), or Hometown Health (Northern Nevada Schools Only). Each plan provides comprehensive coverage, including in-network preventive care covered at 100% and prescription benefits, as well as an extensive provider network.

### Dental Coverage

Your school offers affordable dental coverage through UnitedHealthcare for you and your dependents. The plan covers preventive, basic, and major care, as well as orthodontia services.

### Vision Coverage

The UnitedHealthcare vision plan helps cover the cost of eye care, including standard vision exams, eyeglass frames and lenses, and contact lenses. Choose employee-only coverage or add dependents.





## WEALTH *benefits*

### Basic Life/AD&D

BENEFIT PLAN	COVERAGE DETAILS
Basic Life Insurance and AD&D	\$40,000 flat benefit



## Paytient

Repayment program for any qualified healthcare cost with 0% interest

As an Academica employee, you have access to an interest free, **\$1,000 line of credit** to use to pay for your health care expenses, **including medical, dental, vision, pharmacy AND veterinary expenses**



## SELF *benefits*

Academica also provides additional benefits and programs to help you find the right work/life balance that fits you.

### Talkspace: Therapy / Mental Health Support

All employees and dependents have access to **two live therapy sessions per month** with your dedicated care provider

Employees are matched with clinicians based on an initial assessment and questionnaire and begin communication within days

Employees and dependents (over the age of 13) are able to exchange messages daily with their therapist 5 days a week and can send messages 24/7 via the Talkspace app

If applicable, members can also receive psychiatry and medication management services for themselves and dependents (over the age of 18)

How it Works - Members can begin to exchange unlimited messages (text, voice, photo and video) with their personal therapist within days of registration. Therapists are recommended to engage daily during their business hours. Every Talkspace member is granted a complimentary, 10-minute video session to get to know their new therapist. Additional live sessions can also be scheduled, depending on your plan.



## SELF *benefits*

# TOUCHCARE

Your personal healthcare assistant to offer free and confidential assistance

### How To Begin?

To Open a case, members simply need to register via TouchCare online portal at [www.touchcare.com](http://www.touchcare.com) or through the iOS / Android app

Click “new member” on the sign up page

Verify your email

Complete your registration by filling out the intake form and creating a username and password

As a TouchCare member, you have a personal Health Assistant in your pocket. TouchCare is here to help answer any and all of your health care and benefit questions (at no cost to you)

- Open Enrollment Assistance
- Benefit Navigation
- Bill Negotiation
- Cost Comparison
- Provider Search
- Prescription Assistance
- And more!



*Scan the QR to register and get started!*

***TouchCare is your Number One point of contact for any and all healthcare related questions!***

# Academica Benefits Summary:

## Medical: Out of State and Southern NV

BENEFIT	ELIGIBILITY	PLAN DETAILS
<b>Medical</b> \$2,500 HDHP	First of the month following the date of hire	<ul style="list-style-type: none"> <li>Deductible (In Network): \$2,500 EE / \$5,000 Family</li> <li>Out of Pocket Maximum (In Network): \$6,550 EE / \$13,100 Family</li> <li>Preventive Care: 100% (Deductible waived)</li> <li>PCP / Specialist: 20% after Deductible</li> <li>Inpatient/Outpatient Hospitalization: 20% after Deductible</li> <li>Inpatient/Outpatient Mental Health: 20% after Deductible</li> <li>Urgent Care / Emergency Room Visit: 20% after Deductible</li> <li>Prescriptions: 20% after Deductible</li> </ul>
<i>Sierra Health and Life</i>		
<b>Medical</b> \$2,500 PPO	First of the month following the date of hire	<ul style="list-style-type: none"> <li>Deductible (In Network): \$2,500 EE / \$5,000 Family</li> <li>Out of Pocket Maximum (In Network): \$6,250 EE / \$12,500 Family</li> <li>Preventive Care: 100% (Deductible waived)</li> <li>PCP / Specialist: \$35 / \$50 copay per visit</li> <li>Inpatient/Outpatient Hospitalization: 30% after Deductible / 30% after Deductible</li> <li>Inpatient/Outpatient Mental Health: 30% after Deductible / \$35 copay</li> <li>Urgent Care Visit: \$35 Copay</li> <li>Emergency Room Visit: 30% after Deductible and \$250 Copay</li> <li>Prescriptions: \$25/\$50/\$75, Mail Order- \$62.50/\$125/\$187.50</li> </ul>
<i>Sierra Health and Life</i>		
<b>Medical</b> \$500 PPO	First of the month following the date of hire	<ul style="list-style-type: none"> <li>Deductible (In Network): \$500 EE / \$1,000 Family</li> <li>Out of Pocket Maximum (In Network): \$3,500 EE / \$7,000 Family</li> <li>Preventive Care: 100% (Deductible waived)</li> <li>PCP / Specialist: \$35 / \$50 copay per visit</li> <li>Inpatient/Outpatient Hospitalization: \$400 copay (\$1,200 maximum per admit) / \$350 copay</li> <li>Inpatient/Outpatient Mental Health: \$400 copay (\$1,200 maximum per admit) / \$30 copay</li> <li>Urgent Care Visit: \$35 Copay</li> <li>Emergency Room Visit: \$20 after Deductible and \$150 Copay</li> <li>Prescriptions: \$25/\$50/\$75, Mail Order- \$62.50/\$125/\$187.50</li> </ul>
<i>Sierra Health and Life</i>		
<b>Medical</b> HPN HMO	First of the month following the date of hire  <b>ONLY FOR SOUTHERN NEVADA SCHOOL EMPLOYEES</b>	<ul style="list-style-type: none"> <li>Deductible (In Network): \$0 / \$0</li> <li>Out of Pocket Maximum (In Network): \$6,250 EE / \$12,500 Family</li> <li>Preventive Care: 100% (Deductible waived)</li> <li>PCP / Specialist: \$30 / \$60 copay per visit</li> <li>Inpatient/Outpatient Hospitalization: 30% after Deductible / 20% after Deductible</li> <li>Inpatient/Outpatient Mental Health: 30% after Deductible / \$35 copay</li> <li>Urgent Care Visit: \$35 Copay</li> <li>Emergency Room Visit: \$300 Copay</li> <li>Prescriptions: \$25/\$50/\$75, Mail Order- \$62.50/\$125/\$187.50</li> </ul>
<i>Health Plan of Nevada</i>		

# Academica Benefits Summary:

## Medical: Northern NV (HOMETOWN HEALTH)

See your benefits guide for more details on the transition from UHC to Hometown Health

BENEFIT	ELIGIBILITY	PLAN DETAILS
<b>Medical</b> \$3,200 HDHP	First of the month following the date of hire	<ul style="list-style-type: none"> <li>Deductible (In Network): \$3,200 EE / \$6,400 Family</li> <li>Out of Pocket Maximum (In Network): \$5,000 EE / \$10,000 Family</li> <li>Preventive Care: 100% (Deductible waived)</li> <li>PCP / Specialist: 20% after Deductible</li> <li>Inpatient/Outpatient Hospitalization: 20% after Deductible</li> <li>Inpatient/Outpatient Mental Health: 20% after Deductible</li> <li>Urgent Care / Emergency Room Visit: 20% after Deductible</li> <li>Prescriptions: 20% after Deductible</li> </ul>
<i>Hometown Health</i>		
<b>Medical</b> \$2,500 PPO	First of the month following the date of hire	<ul style="list-style-type: none"> <li>Deductible (In Network): \$2,500 EE / \$5,000 Family</li> <li>Out of Pocket Maximum (In Network): \$7,500 EE / \$15,000 Family</li> <li>Preventive Care: 100% (Deductible waived)</li> <li>PCP / Specialist: \$25 / \$50 copay per visit</li> <li>Inpatient/Outpatient Hospitalization: \$750 copay / \$750 copay</li> <li>Inpatient/Outpatient Mental Health: 30% after Deductible / \$25 copay</li> <li>Urgent Care Visit: \$50 copay</li> <li>Emergency Room Visit: \$500 copay</li> <li>Prescriptions: \$20/\$60/\$120, Mail Order- \$40/\$120/\$240</li> </ul>
<i>Hometown Health</i>		
<b>Medical</b> \$500 PPO	First of the month following the date of hire	<ul style="list-style-type: none"> <li>Deductible (In Network): \$500 EE / \$1,000 Family</li> <li>Out of Pocket Maximum (In Network): \$2,000 EE / \$4,000 Family</li> <li>Preventive Care: 100% (Deductible waived)</li> <li>PCP / Specialist: \$15 / \$30 copay per visit</li> <li>Inpatient/Outpatient Hospitalization: \$250 copay / \$250 copay</li> <li>Inpatient/Outpatient Mental Health: 10% after Deductible / \$15 copay</li> <li>Urgent Care Visit: \$15 Copay</li> <li>Emergency Room Visit: \$200 copay</li> <li>Prescriptions: \$10/\$30/\$60, Mail Order- \$20/\$60/\$120</li> </ul>
<i>Hometown Health</i>		
<b>Medical</b> HMO	First of the month following the date of hire	<ul style="list-style-type: none"> <li>Deductible (In Network): \$0 / \$0</li> <li>Out of Pocket Maximum (In Network): \$3,000 EE / \$6,000 Family</li> <li>Preventive Care: 100% (Deductible waived)</li> <li>PCP / Specialist: \$20 / \$40 copay per visit</li> <li>Inpatient/Outpatient Hospitalization: \$1,000 copay per stay / \$500 copay</li> <li>Inpatient/Outpatient Mental Health: \$1,000 copay per stay / \$20 copay</li> <li>Urgent Care Visit: \$50 Copay</li> <li>Emergency Room Visit: \$200 Copay</li> <li>Prescriptions: \$10/\$30/\$60, Mail Order- \$20/\$60/\$120</li> </ul>
<i>Hometown Health</i>		



# Academica Benefits Summary:

## Dental, Vision, Basic Life and AD&D and Short-Term Disability

<b>Dental</b>	First of the month following the date of hire	<ul style="list-style-type: none"><li>• Deductible: \$50 (individual) / \$150 (family)</li><li>• Annual Plan Maximum: \$1,500</li><li>• Preventive Care: Covered at 100%</li><li>• Basic Services: Plan pays 80%</li><li>• Major Services: Plan pays 50%</li><li>• Orthodontia Coverage (children only): Plan pays 50%; \$1,500 lifetime maximum</li></ul>	<b>United Healthcare</b>
<b>Vision</b>	First of the month following the date of hire	<ul style="list-style-type: none"><li>• Exam: \$10 Copay</li><li>• Eyeglass Frames: \$130 Allowance</li><li>• Eyeglass Lenses: \$25 Copay</li><li>• Contact Lenses (Necessary): Covered in full after Deductible</li><li>• Contact Lenses (Elective): \$105 allowance</li></ul>	<b>United Healthcare</b>
<b>Basic Life Insurance</b>	Immediate	<ul style="list-style-type: none"><li>• A benefit of \$40,000 your loved ones in the event of your death.</li><li>• No cost to the employee</li></ul>	<b>United Healthcare</b>
<b>Basic Accidental Death &amp; Dismemberment</b>	Immediate	<ul style="list-style-type: none"><li>• A benefit of \$40,000 if you suffer a covered loss in an accident, such as death, losing a limb, or your eyesight.</li><li>• No cost to the employee</li></ul>	<b>United Healthcare</b>
<b>Short-Term Disability</b>	First of the month following the date of hire	<ul style="list-style-type: none"><li>• Provides income replacement in the event you are injured (in a non-work-related injury) or ill and cannot work</li><li>• Benefit provides 60% of weekly pay (up to \$2,500) following a 7-day waiting period, for up to 26 weeks</li><li>• 100% employee paid benefit</li></ul>	<b>Aflac</b>

# Academica Benefits Summary:

## Mental Health and other Benefits

<b>Mental Health</b>	Immediate	<ul style="list-style-type: none"> <li>Two live therapy session per month and 24/7 messaging with dedicated care provider for all employees and dependents (over age 13)</li> <li>Medication management and psychiatry services for all employees and dependents (over age 18)</li> <li>Access to library of self-guided resources</li> <li>No cost to the employee</li> </ul>	<b>Talkspace</b>
<b>Financial Health</b>	Immediate	<ul style="list-style-type: none"> <li>All employees have access to an \$1,000 line of interest free credit to use to pay for your health care expenses, including medical, dental, vision, pharmacy AND veterinary expenses</li> </ul>	<b>Paytient</b>
<b>Employee Assistance Program</b>	First of the month following the date of hire	<ul style="list-style-type: none"> <li>Available to all employees and family members. Although this is a company sponsored program, case information is kept completely confidential and will not be shared with the company without your written consent</li> <li>The confidential Employee Assistance program provides assistance for everyday issues at no cost to you. Get help with work-life, referrals for clinical, legal, and financial services and more</li> </ul>	<b>Behavioral Healthcare Options</b>
<b>Critical Illness</b>	First of the month following the date of hire	<ul style="list-style-type: none"> <li>Provides lump sum cash benefit to help with the cost of treatment or approved out of pocket expenses</li> <li>Benefit provides lump sum cash benefit of \$30,000 for employees and \$15,000 for dependents directly to you if you are diagnosed with a covered critical illness</li> <li>100% employee paid benefit (age banded rates)</li> </ul>	<b>Aflac</b>
<b>Accident Insurance</b>	First of the month following the date of hire	<ul style="list-style-type: none"> <li>Provides cash benefit if you experience a covered accident (outside of work)</li> <li>Examples of covered services and correlating benefit amounts include emergency room (\$200), urgent care (\$200), hospital admission (\$2,000). This is not an extensive list – please see plan document for entire list of covered services</li> <li>100% employee paid benefit</li> </ul>	<b>Aflac</b>
<b>Hospital Indemnity</b>	First of the month following the date of hire	<ul style="list-style-type: none"> <li>Provides daily lump sum benefit each day you or your dependent is hospitalized to help pay hospital bills or other related out of pocket expenses</li> <li>Benefit provides a daily hospital benefit of \$200 (up to 31 days) and daily ICU benefit of \$200 (in addition to hospital benefit, up to 10 days)</li> <li>100% employee paid benefit</li> </ul>	<b>Aflac</b>