



# New Century School Employee Benefits

## October 1, 2018 Renewal

October 1<sup>st</sup> marks the renewal of New Century School’s group Medical and Dental plans. Costs for the upcoming year are evaluated by our insurers and new premiums are established. Our overall goal remains the same; to provide you and your family with high-quality, competitive benefits at affordable costs.

### ***Medical Coverage***

Our focus for 2018-19 is to keep as much the same as possible. After reviewing the costs and benefits, we have decided to renew again with HealthPartners and continue to offer you two plans very close to what is offered to you today. The two plan options available as of October 1<sup>st</sup> is the HSA Gold 2500-100 and the Gold 1000-40.

Keeping with the same theme, the plan uses the same **Achieve** network that you have today. This is an open access network and you are able to self-refer within the network without referrals. The network includes many of HealthPartners’ high performing and high value providers, including Park Nicollet and HealthPartners hospitals and clinics, in addition to many other high performing facilities across the Twin Cities metro area. To view the entire network, please visit [www.healthpartners.com](http://www.healthpartners.com)

A high level benefit comparison of the options available can be found below. The 2018 Summary of Benefits is also available.

Plan Design Features	OPTION 1	OPTION 2
	HSA Gold 2500-100	Gold 1000-40
<b>In-Network</b>	Achieve Network	Achieve Network
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible	\$2,500 individual \$5,000 family	\$1,000 individual \$3,000 family
Coinsurance	Plan pays 100% after deductible met	Plan pays 75% after deductible met
Out-of-Pocket Maximum	\$2,500 individual \$5,000 family	\$5,300 individual \$10,600 family
Preventive Care	100%	100%
Office Visit/Urgent Care	Deductible/0%	\$40 Copay
X-ray & Other Imaging	Deductible/0%	Deductible/25%
IP & OP Hospitalization	Deductible/0%	Deductible/25%
Emergency Room	Deductible/0%	Deductible/25%
Pediatric Dental (members ages 0-18)	Preventive Exam: No Cost All other: Deductible/0%	Preventive Exam: No Cost All other: Deductible/0%
Pediatric Vision (members ages 0-18)	Deductible/0%	Deductible/25%
<b>Prescription Drugs (Rx)</b>		
Generic	Plan pays 100% after Deductible	\$15 Copay
Brand		\$50 Copay
Non-Formulary		\$100 Copay

*Out of network benefits and limitations not shown, but included. Please see the Summary of Benefits and Coverage or contract materials for additional details. Also available via [www.healthpartners.com](http://www.healthpartners.com).*

## Medical Plan Rates

New Century School will contribute 65% of the employee premium and 65% of dependents premium. Child Dependent premiums will be billed per child according to your child's age. Children 0-20 are still charged for no more than 3 per family. Families with child dependents aged 21+ will be billed according to the age groups with no cap. See the following for the breakdown of rates per plan member.

Option 1 Gold HSA 2500-100			
AGE	Total Monthly Premium Cost	AGE	Total Monthly Premium Cost
0-20	275.62	46	464.52
21-25	309.68	47	484.03
25	310.92	48	506.33
26	317.11	49	528.31
27	324.54	50	553.09
28	336.62	51	577.55
29	346.53	52	604.50
30	351.49	53	631.75
31	358.92	54	661.17
32	366.35	55	690.59
33	371.00	56	722.48
34	375.95	57	754.69
35	378.43	58	789.06
36	380.91	59	806.10
37	383.38	60	840.47
38	385.86	61	870.20
39	390.82	62	889.71
40	395.77	63	914.18
41	403.20	64	929.04
42	410.33	65+	929.04
43	420.24		
44	432.62		
45	447.18		

Option 2 Gold 1000-40			
AGE	Total Monthly Premium Cost	AGE	Total Monthly Premium Cost
0-20	291.29	46	490.94
21-25	327.29	47	511.55
25	328.60	48	535.12
26	335.14	49	558.36
27	343.00	50	584.54
28	355.76	51	610.40
29	366.24	52	638.87
30	371.47	53	667.67
31	379.33	54	698.76
32	387.18	55	729.86
33	392.09	56	763.57
34	397.33	57	797.61
35	399.95	58	833.93
36	402.57	59	851.94
37	405.19	60	888.27
38	407.80	61	919.68
39	413.04	62	940.30
40	418.28	63	966.16
41	426.13	64	981.87
42	433.66	65+	981.87
43	444.13		
44	457.22		
45	472.61		

*Note: Employee contributions are deducted from your paycheck "PRETAX." This means that you do not pay federal or state income taxes on the cost of your insurance.*

EXAMPLES: HOW TO DETERMINE EMPLOYEE MONTHLY PREMIUM COST			
Option 1			
46 year old employee 1 child (0-20) 1 child (age 23) Total Monthly Premium Cost	\$464.52 \$275.62 \$309.68 \$1,049.82	28 year old employee Total Monthly Premium Cost	\$336.62 \$336.62
MINUS Employer Contribution 65%	(\$682.19)	MINUS Employer Contribution 65%	(\$218.80)
<b>Employee Total Monthly Cost:</b>	<b>\$367.63</b>	<b>Employee Total Monthly Cost:</b>	<b>\$117.82</b>

## Dental Coverage

New Century School also sponsors group dental coverage that is scheduled to renew on October 1<sup>st</sup>, 2018. You currently have Distinctions 4 via HealthPartners and the benefits will remain the same.

Plan Design Features	RENEWAL Distinctions Plan 4		
	In Network		Out of Network
	Level 1	Level 2	
In-Network			
Annual Maximum per person	\$1,000	\$750	\$500
Calendar Year Deductible	\$25 individual / \$75 family	\$50 individual / \$150 family	\$50 individual / \$150 family
Diagnostic and Preventive	Plan pays 100%	Plan pays 100%	Plan pays 100%
Fillings (Amalgam)	Plan pays 80%	Plan pays 50%	Plan pays 50%
Endodontics (Root Canal)	Plan pays 50%	Plan pays 50%	Plan pays 50%
Periodontics (Gum Disease)	Plan pays 50%	Plan pays 50%	Plan pays 50%
Oral Surgery	Plan pays 50%	Plan pays 50%	Plan pays 50%
Major Services	Plan pays 50%	Plan pays 50%	Plan pays 0%

### Rates/Costs

New Century School will contribute 65% for individuals and 65% for dependents. The costs for each level of coverage are the following:

MONTHLY DENTAL RATES AND EMPLOYEE COSTS			
	MONTHLY PREMIUM RATE	EMPLOYER CONTRIBUTION	EMPLOYEE TOTAL MONTHLY COST
<b>Employee</b>	\$31.92	65%	\$11.17
<b>Employee + 1</b>	\$63.51	65%	\$22.23
<b>Family</b>	\$71.81	65%	\$25.13

**Note:** Employee contributions are deducted from your paycheck "PRETAX." This means that you do not pay federal or state income taxes on the cost of your insurance.

### Basic Life and AD&D - Short Term Disability - Long Term Disability

New Century School sponsors group Basic Life, AD&D, Short Term Disability, and Long Term Disability coverage through Sun Life Financial. These coverages are new to New Century School and are scheduled to begin on October 1, 2018.

Group Life and AD&D Coverage	
Guarantee Issue	\$50,000
Maximum Benefit Payable	\$50,000 flat benefit

Group Short Term Disability Coverage	
Benefits Payable on	8 <sup>th</sup> day of illness or injury
Maximum Benefit Duration	12 weeks
Percent of Income Replacement	60% of weekly pay
Maximum Benefit Payable	\$1,250 weekly

Group Long Term Disability Coverage	
Benefits Payable on	91st day of disability
Maximum Benefit Duration	SSNRA
Percent of Income Replacement	60% of monthly pay
Maximum Benefit Payable	\$5,000 monthly

## ***Open Enrollment/Next Steps***

Employees currently enrolled in New Century School's group medical and dental plans can make changes during open enrollment; members can add or drop dependents, or enroll for the first time by completing the carrier enrollment or change form. If you do not wish to make any changes, you will be automatically renewed in the new plan. As a reminder, your plan election is an annual election and cannot be changed mid-year without a qualified change in status. New ID cards will be mailed to your home address. Please be sure to begin using these new cards on October 1st.

All employees will automatically receive the Life, STD and LTD coverages. You will not need to opt into each or complete enrollment forms.

## ***Eligibility***

Newly hired full-time employees are eligible for each of the coverages on the first of the month following 30 days of active employment. At the time if any employees lose eligibility to coverage, either via a reduction of hours or separation from employment, coverage would end at the end of the month of the loss of eligibility.

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.