



UNIVERSITY PREP SCHOOLS

BENEFITS OUTLINE 2018 / 2019

New hire benefits are effective date of hire.

MEDICAL INSURANCE		BCN – VALUE		HMO	
EMPLOYEE COST / MONTH		FIXED CO-PAYS (*AFTER DEDUCTIBLE)		RX CO-PAYS (*AFTER DEDUCTIBLE)	
SINGLE:	\$ 25.15	OFFICE VISIT (PCP):	\$ 30	GENERIC:	\$ 20
DOUBLE:	\$ 60.35	SPECIALIST VISIT:	\$ 40	PREFERRED BRAND:	\$ 60
FAMILY:	\$ 75.44	URGENT CARE:	\$ 50	NON-PREFERRED BRAND:	\$ 80
		ER VISIT:	\$ 100	PREFERRED SPECIALTY:	\$ 20%, MAX \$200
		AMUBLANCE:	20%*	NON-PREFERRED SPECIALTY:	\$ 20%, MAX \$400
EMPLOYER COST / MONTH		HIGH TECH IMAGING:	\$ 150	TOTAL OUT-OF-POCKET (IN-NETWORK)	
SINGLE:	\$ 304.39			INDIVIDUAL:	\$ 6,350
DOUBLE:	\$ 730.52			FAMILY:	\$ 12,700
FAMILY:	\$ 913.15				
DEDUCTIBLE		HOSPITAL COINSURANCE 20%			
INDIVIDUAL:	\$ 1,000				
FAMILY:	\$ 2,000				
SPECIAL FEATURES:		• Teladoc included!			

MEDICAL INSURANCE		BCN – BASE		HMO	
EMPLOYEE COST / MONTH		FIXED CO-PAYS (*AFTER DEDUCTIBLE)		RX CO-PAYS (*AFTER DEDUCTIBLE)	
SINGLE:	\$ 53.72	OFFICE VISIT (PCP):	\$ 30	GENERIC:	\$ 20
DOUBLE:	\$ 128.92	SPECIALIST VISIT:	\$ 40	PREFERRED BRAND:	\$ 60
FAMILY:	\$ 161.14	URGENT CARE:	\$ 50	NON-PREFERRED BRAND:	\$ 80
		ER VISIT:	\$ 100	PREFERRED SPECIALTY:	\$ 20%, MAX \$200
		AMUBLANCE:	\$ 20%*	NON-PREFERRED SPECIALTY:	\$ 20%, MAX \$400
EMPLOYER COST / MONTH		HIGH TECH IMAGING:	\$ 150	TOTAL OUT-OF-POCKET (IN-NETWORK)	
SINGLE:	\$ 304.39			INDIVIDUAL:	\$ 2,500
DOUBLE:	\$ 730.52			FAMILY:	\$ 5,000
FAMILY:	\$ 913.15				
DEDUCTIBLE		HOSPITAL COINSURANCE 20%			
INDIVIDUAL:	\$ 500				
FAMILY:	\$ 1,000				
SPECIAL FEATURES:		• Teladoc included!			

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MEDICAL INSURANCE		BCN - PREMIUM	HMO
EMPLOYEE COST / MONTH		FIXED CO-PAYS (*AFTER DEDUCTIBLE)	RX CO-PAYS (*AFTER DEDUCTIBLE)
SINGLE: \$	124.49	OFFICE VISIT (PCP): \$ 15	GENERIC: \$ 10
DOUBLE: \$	298.76	SPECIALIST VISIT: \$ 15	PREFERRED BRAND: \$ 40
FAMILY: \$	373.45	URGENT CARE: \$ 35	NON-PREFERRED BRAND: \$ 80
		ER VISIT: \$ 50	PREFERRED SPECIALTY: \$ 20%, MAX \$100
		AMUBLANCE: \$ 0%	NON-PREFERRED SPECIALTY: \$ 20%, MAX \$200
EMPLOYER COST / MONTH		HIGH TECH IMAGING: \$ 0%	
SINGLE: \$	304.39		
DOUBLE: \$	730.52		
FAMILY: \$	913.15		
DEDUCTIBLE			TOTAL OUT-OF-POCKET (IN-NETWORK)
INDIVIDUAL: \$	0		INDIVIDUAL: \$ 6,350
FAMILY: \$	0	HOSPITAL COINSURANCE 0%	FAMILY: \$ 12,700
SPECIAL FEATURES:		• Teladoc included!	

WAIVE MEDICAL BENEFIT	\$	EMPLOYER PAID
SPECIAL FEATURES:	• Staff that are eligible for but waive medical coverage will receive \$2,000 annually (\$83.33/pay) in lieu of that coverage. Waive Medical is considered taxable income.	

DENTAL INSURANCE	DELTA DENTAL	EMPLOYEE PAID	
EMPLOYEE COST / MONTH	FEATURES	DESCRIPTION	
SINGLE: \$	4.87	BENEFIT MAX: \$ 1,000	PREVENTATIVE SERVICES: NO DEDUCTIBLE APPLIES – COVERED 100%
DOUBLE: \$	9.32	DEDUCTIBLE: \$ 50	BASIC SERVICES: COVERED 80% AFTER DEDUCTIBLE
FAMILY: \$	18.93	ORTHO MAX: \$ 1,000	MAJOR SERVICES: COVERED 50% AFTER DEDUCTIBLE
			ORTHODONIC: COVERED 50% AFTER DEDUCTIBLE
			DEPENDENTS: COVERED TO AGE 26
EMPLOYER COST / MONTH	SPECIAL FEATURES:	• No ID card required – simply let your provider know you have Delta Dental and they will be able to look you up by your SSN	
SINGLE: \$		27.60	
DOUBLE: \$		52.79	
FAMILY: \$		107.30	

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VISION INSURANCE		EYEMED	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<u>FEATURES</u>	<u>DESCRIPTION</u>	
SINGLE: \$ 1.35	EXAMS: ONCE EVERY 12 MONTHS	EXAM CO-PAY: \$ 10	
DOUBLE: \$ 2.63	CONTACTS: ONCE EVERY 12 MONTHS	CONTACT LENSES: \$130 Allowance	
FAMILY: \$ 3.73	FRAMES: ONCE EVERY 24 MONTHS	DEPENDENTS: COVERED TO AGE 26	
<u>EMPLOYER COST / MONTH</u>	<i>SPECIAL FEATURES:</i>		
SINGLE: \$ 7.63	• No ID card required – simply let your provider know you have EyeMed and they will look you up by your SSN		
DOUBLE: \$ 14.88			
FAMILY: \$ 21.14			

LIFE INSURANCE	LINCOLN FINANCIAL - CHARTER	EMPLOYER PAID
<u>COVERAGE</u>	<i>SPECIAL FEATURES:</i>	
EMPLOYEE: \$ 10,000	LifeKeys: Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life policy.	
SPOUSE: \$ 2,000	TravelConnect: Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.	
DEPENDENT: \$ 1,000		

LONG TERM DISABILITY	LINCOLN FINANCIAL - CHARTER	EMPLOYER PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	<i>SPECIAL NOTES:</i>
EMPLOYEE: \$ 0.00	<ul style="list-style-type: none"> 60% of weekly salary up to \$7,500 /month Elimination Period: 90 days Max Duration of Benefits: till age 65 	<ul style="list-style-type: none"> <u>Pre-Existing Condition:</u> You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 12 months. <u>Benefit Limitations:</u> <ul style="list-style-type: none"> Mental Illness: 24 months Substance Abuse: 24 months Specified Illness: No Limit

LIFE INSURANCE	LINCOLN FINANCIAL - CHARTER	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	<i>SPECIAL NOTES:</i>
<ul style="list-style-type: none"> Rates are based on employee's age and amount of coverage 	EMPLOYEE: \$10k to \$200k guarantee, Max. 5X Salary or \$500k SPOUSE: \$5k to \$50k guaranteed, Max. \$250k or 50% of Emp. DEPENDENT: \$10k guaranteed	<ul style="list-style-type: none"> You must elect coverage for yourself in order to elect coverage for your spouse and / or child(ren) Any amount elected over the guarantee issue amount will be subject to medical underwriting

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SHORT TERM DISABILITY		LINCOLN FINANCIAL	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	COVERAGE	SPECIAL NOTES:	
<ul style="list-style-type: none"> Rates will vary based on your weekly salary 	<ul style="list-style-type: none"> 60% of weekly salary up to \$1,000 per week Benefits begin on (Accident) 1st day Benefits begin on (Illness) 8th day Max Duration of Benefits: 26 weeks 	<ul style="list-style-type: none"> <u>Pre-Existing Condition</u>: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under the policy until you have been covered under the policy for 6 months. 	

OFF THE JOB ACCIDENT		ALLSTATE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	SPECIAL FEATURES		
EMPLOYEE: \$ 13.76 EE + SPOUSE: \$ 20.85 EE + CHILD: \$ 31.91 EE + FAMILY: \$ 39.96	<ul style="list-style-type: none"> This coverage pays you cash benefits that correspond with a variety of covered occurrences, such as dismemberment; dislocation or fracture; hospital confinement; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more. Benefits are paid once per accident unless otherwise noted in the schedule of benefits. Guaranteed issue coverage and coverage available for spouse and child(ren). See plan document for more details. 		

HOSPITAL INDEMNITY		ALLSTATE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	SPECIAL FEATURES		
EMPLOYEE: \$ 7.67 EE + SPOUSE: \$ 20.15 EE + CHILD: \$ 13.26 EE + FAMILY: \$ 21.84	<ul style="list-style-type: none"> This coverage pays a cash benefit for hospital confinement. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. Guaranteed issue coverage and coverage available for spouse and child(ren). Coverage can be continued as long as premiums are paid to Allstate Benefits. See plan document for more details. 		

CRITICAL ILLNESS		ALLSTATE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	SPECIAL FEATURES		
<ul style="list-style-type: none"> Rates will vary based on your issue age, who you wish to cover, the amount of coverage and whether or not you use tobacco products 	<ul style="list-style-type: none"> Benefit Coverage options are \$10,000 or \$20,000 This coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs (such as cancer, major organ failure, etc.), what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event. <u>How It Works</u>: You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, this coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition. 		

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FINANCIAL WELLNESS	FINFIT	FREE USE OF SITE WITH REGISTRATION
SPECIAL FEATURES <ul style="list-style-type: none"> Assess your Personal Financial Health Budget Building Tools Financial Calculators Life Planning 		<i>Access via the Axios HR Payroll website in Axios Perks</i> <ul style="list-style-type: none"> Financial Education information Online tracking of your bank accounts 24/7 Financial Wellness provided online Short-Term Loan Assistance*
* Fee Based Service, subject to credit approval		

PET INSURANCE	PET'S BEST	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH <ul style="list-style-type: none"> Rates will vary based on an array of factors 	SPECIAL FEATURES <ul style="list-style-type: none"> Coverage is now available for furry family members! You are responsible for the full premium cost and are required to make direct payments to the carrier in order to maintain coverage. This plan does <u>not</u> use payroll deductions. <u>How to Enroll</u>: You will enroll directly through the carrier's website. See the plan flyer for more details. 	

FLEX BENEFIT – HEALTH & DEPENDENT CARE	AXIOS HR	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH <ul style="list-style-type: none"> You elect how much to contribute annually 	SPECIAL FEATURES <ul style="list-style-type: none"> Health Care Spending Account Maximum Limit: \$2,650 Annually Dependent Care Spending Account Maximum Limit: \$5,000 Annually FSA's give you a way to pay for your health care and / or dependent care expenses with pre-tax dollars. FSA's are voluntary – YOU decide how much to have taken out of your paycheck and put into your Health care and / or Dependent Care Spending Account(s). See the Flexible Spending Account section for more information. 	

401(k)	JOHN HANCOCK	RETIREMENT PLAN
	SERVICE LENGTH	AGE
ELIGIBILITY REQUIREMENTS:	<ul style="list-style-type: none"> NO SERVICE REQUIRED 	<ul style="list-style-type: none"> NO AGE REQUIREMENT
		ENTRY DATE
SPECIAL FEATURES:	<ul style="list-style-type: none"> Enrolled employees are eligible for company match of 6% up to \$6,000 per year after one year of service 3-year cliff vesting (all employer contributions are fully vested after 3 years of service) 	

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Health Insurance Plan Options



Rates effective 7/1/2018 - 6/30/2019

Blue Care Network - HMO

* After deductible

	Value Plan: \$1,000 / 80% Traditional	Base Plan: \$500 / 80% Traditional	Premium Plan: 100% Traditional
Deductible (Plan Year, 7/1-6/30)			
Individual	\$1,000	\$500	\$0
Family	\$2,000	\$1,000	\$0
Coinsurance	20%	20%	0%
Out-of-pocket Maximum			
Individual	\$6,350	\$2,500	\$6,350
Family	\$12,700	\$5,000	\$12,700
Hospitalization	80% covered*	80% covered*	100% covered
Diagnostics	80% covered*	80% covered*	100% covered
High Tech Imaging	\$150 copay	\$150 copay	100% covered
Ambulance	80% covered*	80% covered*	100% covered
Emergency Room	\$100 copay	\$100 copay	\$50 copay
Urgent Care	\$50 copay	\$50 copay	\$35 copay
Office Visit	\$30 copay	\$30 copay	\$15 copay
Preventative Care	100% Covered	100% Covered	100% Covered
Prescription Drugs			
Deductible	N/A	N/A	N/A
Qualified Generic / Generic	\$20 copay	\$20 copay	\$10 copay
Preferred Brand	\$60 copay	\$60 copay	\$40 copay
Specialty/Non Pref Brand	20% (\$400 Max)	20% (\$400 Max)	\$80 copay

Monthly Rates	
	Single
	Employee + 1
	Family

\$25.15
\$60.35
\$75.44

\$53.72
\$128.92
\$161.14

\$124.49
\$298.76
\$373.45

Per Pay	
	Single
	Employee + 1
	Family

\$12.57
\$30.17
\$37.72

\$26.86
\$64.46
\$80.57

\$62.24
\$149.38
\$186.73