



UNIVERSITY PREP SCHOOLS

BENEFITS OUTLINE 2019 / 2020

Plan Year 7/1/19 – 6/30/2020
New hire benefits are effective date of hire.

MEDICAL INSURANCE	BCN – VALUE In-Network Benefits	TRADITIONAL
EMPLOYEE COST / MONTH	FIXED CO-PAYS (*AFTER DEDUCTIBLE)	RX CO-PAYS (*AFTER DEDUCTIBLE)
SINGLE: \$ 24.41	OFFICE VISIT (PCP): \$ 30	GENERIC: \$ 20
DOUBLE: \$ 58.60	SPECIALIST VISIT: \$ 40	PREFERRED BRAND: \$ 60
FAMILY: \$ 73.24	URGENT CARE: \$ 50	NON-PREFERRED BRAND: \$ 80
	ER VISIT: \$ 100	PREFERRED SPECIALTY: \$ 20%, MAX \$200
EMPLOYER COST / MONTH	AMUBLANCE: 20%*	NON-PREFERRED SPECIALTY: \$ 20%, MAX \$400
SINGLE: \$ 292.67	HIGH TECH IMAGING: \$ 150	
DOUBLE: \$ 702.40		
FAMILY: \$ 878.00		
DEDUCTIBLE	HOSPITAL COINSURANCE 20%	TOTAL OUT-OF-POCKET (IN-NETWORK)
INDIVIDUAL: \$ 1,000		INDIVIDUAL: \$ 6,350
FAMILY: \$ 2,000		FAMILY: \$ 12,700
SPECIAL FEATURES:		
<ul style="list-style-type: none"> • <u>WELLNESS VISITS/CHECKUPS</u>: Covered 100% w/ no co-pay based on gender/age guidelines • <u>TELEDOC VIRTUAL VISITS</u>: 24/7 phone/video physician access 		

MEDICAL INSURANCE	BCN – BASE In-Network Benefits	TRADITIONAL
EMPLOYEE COST / MONTH	FIXED CO-PAYS (*AFTER DEDUCTIBLE)	RX CO-PAYS (*AFTER DEDUCTIBLE)
SINGLE: \$ 51.65	OFFICE VISIT (PCP): \$ 30	GENERIC: \$ 20
DOUBLE: \$ 123.95	SPECIALIST VISIT: \$ 40	PREFERRED BRAND: \$ 60
FAMILY: \$ 154.94	URGENT CARE: \$ 50	NON-PREFERRED BRAND: \$ 80
	ER VISIT: \$ 100	PREFERRED SPECIALTY: \$ 20%, MAX \$200
EMPLOYER COST / MONTH	AMUBLANCE: \$ 20%*	NON-PREFERRED SPECIALTY: \$ 20%, MAX \$400
SINGLE: \$ 292.67	HIGH TECH IMAGING: \$ 150	
DOUBLE: \$ 702.40		
FAMILY: \$ 878.00		
DEDUCTIBLE	HOSPITAL COINSURANCE 20%	TOTAL OUT-OF-POCKET (IN-NETWORK)
INDIVIDUAL: \$ 500		INDIVIDUAL: \$ 2,500
FAMILY: \$ 1,000		FAMILY: \$ 5,000
SPECIAL FEATURES:		
<ul style="list-style-type: none"> • <u>WELLNESS VISITS/CHECKUPS</u>: Covered 100% w/ no co-pay based on gender/age guidelines • <u>TELEDOC VIRTUAL VISITS</u>: 24/7 phone/video physician access 		

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MEDICAL INSURANCE	BCN – PREMIUM In-Network Benefits	TRADITIONAL
EMPLOYEE COST / MONTH	FIXED CO-PAYS (*AFTER DEDUCTIBLE)	RX CO-PAYS (*AFTER DEDUCTIBLE)
SINGLE: \$ 120.94	OFFICE VISIT (PCP): \$ 15	GENERIC: \$ 10
DOUBLE: \$ 290.26	SPECIALIST VISIT: \$ 15	PREFERRED BRAND: \$ 40
FAMILY: \$ 362.83	URGENT CARE: \$ 35	NON-PREFERRED BRAND: \$ 80
	ER VISIT: \$ 50	PREFERRED SPECIALTY: \$ 20%, MAX \$100
EMPLOYER COST / MONTH	AMUBLANCE: \$ 0%	NON-PREFERRED SPECIALTY: \$ 20%, MAX \$200
SINGLE: \$ 292.67	HIGH TECH IMAGING: \$ 0%	
DOUBLE: \$ 702.40		
FAMILY: \$ 878.00		
DEDUCTIBLE		TOTAL OUT-OF-POCKET (IN-NETWORK)
INDIVIDUAL: \$ 0		INDIVIDUAL: \$ 6,350
FAMILY: \$ 0	HOSPITAL COINSURANCE 0%	FAMILY: \$ 12,700
SPECIAL FEATURES:	<ul style="list-style-type: none"> WELLNESS VISITS/CHECKUPS: Covered 100% w/ no co-pay based on gender/age guidelines TELEDOC VIRTUAL VISITS: 24/7 phone/video physician access 	

WAIVE MEDICAL BENEFIT	\$	EMPLOYER PAID
SPECIAL FEATURES:	<ul style="list-style-type: none"> 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 PREFERRED	EMPLOYEE PAID
EMPLOYEE COST / MONTH	FEATURES	DESCRIPTION (assumes in-network)
SINGLE: \$ 5.21	BENEFIT MAX: \$ 1,000	PREVENTATIVE SERVICES: NO DEDUCTIBLE APPLIES – COVERED 100%
DOUBLE: \$ 9.98	DEDUCTIBLE: \$ 50	BASIC SERVICES: COVERED 80% AFTER DEDUCTIBLE
FAMILY: \$ 20.24	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:	
SINGLE: \$ 29.51	<ul style="list-style-type: none"> 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 Delta Dental Premier Network ^Benefit Maximum and Deductible(s) are calendar year 	
DOUBLE: \$ 56.55		
FAMILY: \$ 114.67		

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VISION INSURANCE		EYEMED	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<u>FEATURES</u>	<u>DESCRIPTION</u>	
SINGLE: \$ 1.34	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>	<u>SPECIAL FEATURES:</u>		
SINGLE: \$ 7.61	<ul style="list-style-type: none"> No ID card required – simply let your provider know you have EyeMed and they will look you up by your SSN 		
DOUBLE: \$ 14.88	<ul style="list-style-type: none"> Benefit frequency based on date of last visit 		
FAMILY: \$ 21.14			

LIFE INSURANCE	LINCOLN FINANCIAL - CHARTER	EMPLOYER PAID
<u>COVERAGE</u>	<u>SPECIAL FEATURES:</u>	
EMPLOYEE: \$ 10,000	<u>LifeKeys:</u> 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	<u>TravelConnect:</u> Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.	
DEPENDENT: \$ 1,000		

LIFE INSURANCE	LINCOLN FINANCIAL - CHARTER	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	<u>SPECIAL NOTES:</u>
<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

SHORT TERM DISABILITY	LINCOLN FINANCIAL	VOLUNTARY EMPLOYEE PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	<u>SPECIAL NOTES:</u>
<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.

LONG TERM DISABILITY	LINCOLN FINANCIAL - CHARTER	EMPLOYER PAID
<u>EMPLOYEE COST / MONTH</u>	<u>COVERAGE</u>	<u>SPECIAL NOTES:</u>
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 6 months.

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OFF THE JOB ACCIDENT	ALLSTATE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	SPECIAL FEATURES	
EMPLOYEE: \$ 13.76	<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. 	
EE + SPOUSE: \$ 20.85	<ul style="list-style-type: none"> Benefits are paid once per accident unless otherwise noted in the schedule of benefits. 	
EE + CHILD: \$ 31.91	<ul style="list-style-type: none"> Guaranteed issue coverage and coverage available for spouse and child(ren). 	
EE + FAMILY: \$ 39.96	<ul style="list-style-type: none"> See plan document for more details. 	

HOSPITAL INDEMNITY	ALLSTATE	VOLUNTARY EMPLOYEE PAID
EMPLOYEE COST / MONTH	SPECIAL FEATURES	
EMPLOYEE: \$ 7.67	<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. 	
EE + SPOUSE: \$ 20.15	<ul style="list-style-type: none"> Guaranteed issue coverage and coverage available for spouse and child(ren). 	
EE + CHILD: \$ 13.26	<ul style="list-style-type: none"> Coverage can be continued as long as premiums are paid to Allstate Benefits. 	
EE + FAMILY: \$ 21.84	<ul style="list-style-type: none"> 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. 	

Legal / ID Protection	ID Shield/ Legal Shield	VOLUNTARY EMPLOYEE PAID												
<table border="1"> <thead> <tr> <th>Plan</th> <th>Family (per month)</th> <th>Individual (per month)</th> </tr> </thead> <tbody> <tr> <td>LegalShield</td> <td>23.95</td> <td>23.95</td> </tr> <tr> <td>IDShield</td> <td>18.95</td> <td>8.95</td> </tr> <tr> <td>Combined</td> <td>38.90</td> <td>32.90</td> </tr> </tbody> </table>		Plan	Family (per month)	Individual (per month)	LegalShield	23.95	23.95	IDShield	18.95	8.95	Combined	38.90	32.90	SPECIAL FEATURES
Plan	Family (per month)	Individual (per month)												
LegalShield	23.95	23.95												
IDShield	18.95	8.95												
Combined	38.90	32.90												
		<ul style="list-style-type: none"> <u>ID Shield</u> membership includes security and privacy monitoring social media monitoring, identity restoration and consolation services. <ul style="list-style-type: none"> If your identity is stolen, ID Shield will fully restore to pre-theft status. <u>LEGAL Shield</u> offers advice, consultation and representation including legal guidance for common issues. <ul style="list-style-type: none"> Membership includes a dedicated law firm, contracts and document review as well as preparation of your end of life documents, 												

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FINANCIAL WELLNESS	FINFIT	FREE USE OF SITE WITH REGISTRATION
<p>SPECIAL FEATURES</p> <ul style="list-style-type: none"> Assess your Personal Financial Health Budget Building Tools Financial Calculators Life Planning 	<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* 	<p><i>Access via the Axios HR Payroll website in Axios Perks</i></p>
<small>* Fee Based Service, subject to credit approval</small>		

PET INSURANCE	PET'S BEST	VOLUNTARY EMPLOYEE PAID
<p>EMPLOYEE COST / MONTH</p> <ul style="list-style-type: none"> Rates will vary based on an array of factors 	<p>SPECIAL FEATURES</p> <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
<p>EMPLOYEE COST / MONTH</p> <ul style="list-style-type: none"> You elect how much to contribute annually 	<p>SPECIAL FEATURES</p> <ul style="list-style-type: none"> Health Care Spending Account Maximum Limit: \$2,750 Annually Dependent Care Spending Account Maximum Limit: \$5,000 Annually NEW PROVIDER – Omega Benefit Strategies, includes debit cards 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). 	

401(k)	MASS MUTUAL	RETIREMENT PLAN
	SERVICE LENGTH	AGE
<p>ELIGIBILITY REQUIREMENTS:</p>	<ul style="list-style-type: none"> Immediate 	<ul style="list-style-type: none"> 21+ Years Old
<p>SPECIAL FEATURES:</p>	<ul style="list-style-type: none"> Single Sign on through Employee Self Service Portal (coming soon!) Employer matches 100% of the first 6% of employee contribution, maximum of \$6,000/year 3 year cliff vesting (all employee contributions after 3 years of service are 100% vested) 	<ul style="list-style-type: none"> Immediate

HOW TO COMPLETE OPEN ENROLLMENT – NAVIGATION INSTRUCTIONS

To elect your benefits for the 2019-2020 plan year, please follow these simple instructions. Please note that it is highly recommended that you use Google Chrome to complete your enrollment.

Go to <https://axioshr.com/>, and click on the 'Employee Login' link at the top right of the screen:

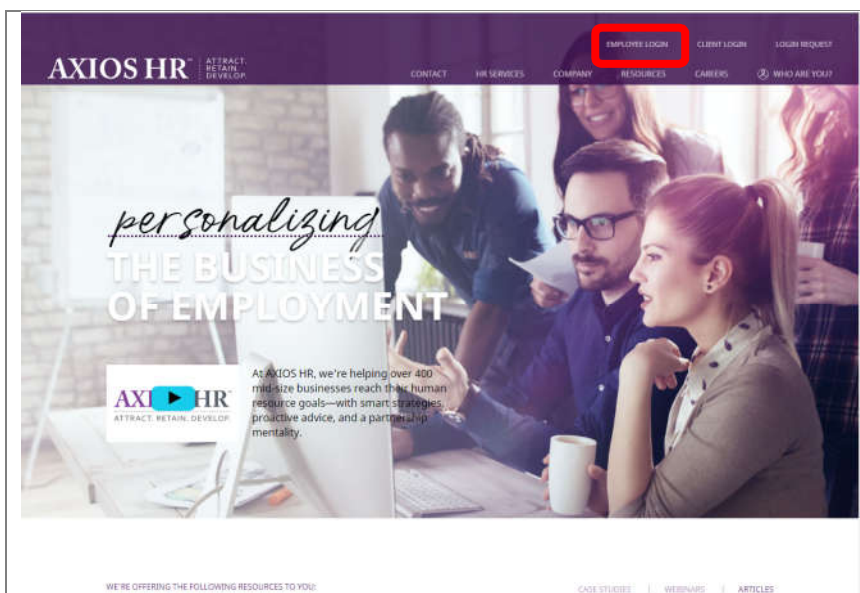
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Enter your employee credentials and click the blue 'Log In' button:



If you have forgotten your username or password, you may use the 'Forgot Username?' or 'Forgot Password?' links on the login screen for assistance retrieving or resetting your credentials. You may also contact Axios HR for assistance at 1-844-44AXIOS, or by e-mailing uprep@axioshr.com. The Axios HR Employee Care Team is available to assist you Monday-Friday from 8am-5pm.

Once you are logged in to the Employee Portal, navigate to the Benefits Enrollment tool by clicking on 'Benefits' in the side menu and then on 'Benefits Enrollment'. The enrollment experience will open in a separate window. If the separate window is not opening, make sure you do not have any pop-ups blocked.

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AXIOS HR

Dashboard

Personal

Benefits

- Summary
- Flexible Spending
- Retirement Summary
- Dependents/Beneficiaries
- Benefits Enrollment**
- Employee Assistance Center
- Flex Spending - Omega Benefit Strat

Pay

Paid Time Off

New Messages

Most Recent Pay Statements

Date
04/10/2019
03/27/2019
03/13/2019

Paid Time Off

Planned	Taken	Available
0 Hours	72 Hours	2.46 Hours

New Messages

- 04/18/2019: Last Chance to Complete Your Benefits Enrollment
- 04/14/2019: Annual Enrollment Ends in 5 Days
- 04/11/2019: We Have Received Your Benefit Selections

Benefits

- Aetna HSA Value 100% 6350 EMPLOYEE + 1 Effective 07/01/2018
- AXERLIFE-LGH-25k 25000.00 Effective 07/01/2018
- AXERSTD-1-8-26-500-LGH 450.00 Effective 01/01/2019

The Axios HR Employee Care Team is here to assist you if you have any questions, or have any trouble making or submitting your benefit elections for the 2019-2020 benefit plan year. You can reach the Axios HR Employee Care Team by phone at 1-844-44AXIOS (1-844-442-9467) or by e-mailing uprep@axioshr.com.

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