



2019-2020 BENEFIT SUMMARY



ST. THOMAS
HIGH SCHOOL
BASILIAN FATHERS • 1900

Partners in Benefit Solutions



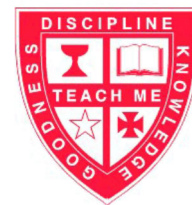
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Medical, Dental and Vision

Aetna Group # 228624
Medical: (888) 416-2277
Dental: (877) 238-6200
Vision: (877) 973-3238
Website: www.aetna.com



Basic Life and AD&D, Voluntary Life and AD&D and Long Term Disability

The Hartford
Life and AD&D: (888) 563-1124
Disability: (800) 549-6514
Website: www.thehartford.com/employeebenefits



Flexible Spending Accounts

Discovery Benefits
Customer Service: (866) 451-3399
Website: www.discoverybenefits.com

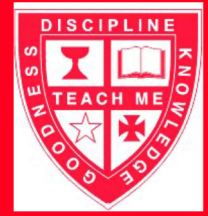


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eligibility GUIDELINES



HIPAA (Health Insurance Portability and Accountability Act) requires that we comply with certain privacy issues. In order for us to assist you in the future with any claims issues, we will require written authorization from you on a carrier specific form.

St. Thomas High School believes strongly in providing financial protection to its employees which is why they pay for the majority of the employee's medical premiums and contribute to the dependents premium. You will be asked to contribute a portion of the premium to have coverage for you and/or your family.

Eligible employees of **St. Thomas High School** may elect benefits in the following areas: Medical, Dental, Vision, and Vol. Life plans. Basic Life with Accidental Death & Dismemberment (AD&D) and Long Term Disability are provided by **St. Thomas High School** at no cost to the employee.

Eligibility:

Benefits are available the first of the month following or coinciding your Hire Date. You must also be a full-time employee working a minimum of 30 hours per week. All employees that have satisfied their waiting period are eligible to make any changes during the open enrollment period. Evidence of Insurability may be required if enrolling in some products.

Pre-Existing Conditions:

Pre-existing conditions may apply to some lines of coverage.

Termination of Coverage:

If you terminate employment with **St. Thomas High School**, your Medical, Dental, and Vision benefits will terminate at midnight on the last day of the month in which your employment is terminated. All other benefits terminate the last day of employment.

IMPORTANT:

Please remember that since your premiums are paid on a pre-tax basis you are "locked in" to your benefit election for the next plan year unless you have an "election change event" permitted in your employer's IRS Section 125 plan. Check with your employer for specific questions. Examples of "election change events" that companies commonly permit include:

- **Marriage or Divorce**
- **Birth, Adoption, Placement for Adoption, or Death of Dependent**
- **Change in Employment Status of Employee or Spouse**
- **CHIPRA (Children's Health Insurance Program Reauthorization Act) Qualification Change**

Changes may NOT be made during the year UNLESS there is an "election change event" that your company's plan permits!

Deadline To Request Election Change--

The election AND submission of the completed enrollment form and applicable supporting documents must be received by HR within 30 days of the event (except for CHIPRA Qualification Change—must be received by HR within 60 days).

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Medical Preferred Provider (PPO) Plan



Network: Open Access Managed Choice (OMAC)	<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible Individual / Family	You pay: \$1,000 / \$2,000	You pay: \$2,000 / \$6,000
Annual Out-of-Pocket Maximum Individual / Family	You pay: \$3,000 / \$6,000	You pay: \$6,000 / \$18,000
>> Your copays, coinsurance and deductibles count towards meeting your out-of-pocket maximum.		
Office Visit Copay Primary Care Physician Specialist	You pay: \$25 Copay \$50 Copay	You pay: 50% After deductible / Plan pays 50% 50% After deductible / Plan pays 50%
Virtual Visits-Teledoc	You pay: \$25 Copay	Not Covered
Urgent Care	You pay: \$75 Copay	You pay: 50% After deductible / Plan pays 50%
Emergency Room	You pay: 20% after \$300 Copay	
Ambulance	You pay: 20% After deductible / Plan pays 80%	
Hospital Inpatient Stay Outpatient Surgery	You pay: 20% After deductible / Plan pays 80% 20% After deductible / Plan pays 80%	You pay: 50% After deductible / Plan pays 50% 50% After deductible / Plan pays 50%
Outpatient Diagnostics Lab & X-ray Major Diagnostics (CT, PET, MRI, MRA)	You pay: 0% After deductible / Plan pays 100% 20% After deductible / Plan pays 80%	You pay: 50% After deductible / Plan pays 50% 50% After deductible / Plan pays 50%
Preventive Care Office visits, preventive screenings, scopic procedures, lab & X-ray. Childhood immunizations	You pay: 0% / Plan pays 100% (deductible does not apply)	You pay: 50% After deductible / Plan pays 50% 0% / Plan pays 100% (up to age 6)
Mental Health Inpatient Services Outpatient-Office Visit Outpatient Services	You pay: 20% After deductible / Plan pays 100% \$50 Copay 20% After deductible / Plan pays 100%	You pay: 50% After deductible / Plan pays 50% 50% After deductible / Plan pays 50% 50% After deductible / Plan pays 50%
Retail Pharmacy (Up to 30-day supply) Value Tier 1A Generic Preferred Brand Name Non-Preferred Brand Name Premier Specialty Preferred Premier Specialty Non-Preferred	You pay: \$3 Copay \$10 Copay \$35 Copay \$70 copay \$150 Copay \$300 Copay	You pay: 30% of submitted cost after applicable copay
Mail Order (Up to 90-day supply)	2.5 x retail copay	

KNOW BEFORE YOU GO



Care Center	What it is:	When to use:	*Costs and wait times:	Price:
Teledoc - Virtual Visits	Virtual Visits let you see your doctor using the camera on your smartphone, tablet or computer. Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability.	<ul style="list-style-type: none"> • Allergies • Fever • Bronchitis • Cough/Cold • Diarrhea • Bladder Infections • Pinkeye • Rashes • Sinus Problems • Seasonal Flu 	<ul style="list-style-type: none"> • Often requires a copayment and/or coinsurance <p><i>*Services may not be available in all states or for all groups. Go to www.teledoc.com/aetna to learn more about Virtual Visits.</i></p>	\$
Primary Care Physician	You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide preventive and routine care, manage your medications and refer you to a specialist, if necessary	<ul style="list-style-type: none"> • Routine checkups • Immunizations • Preventive services • Manage your general health 	<ul style="list-style-type: none"> • Often requires a <u>copayment</u> and/or <u>coinsurance</u> • Normally requires an appointment • Little wait time with scheduled appointment 	\$\$
Convenience Care Clinic	You can't get to your doctor's office, but your condition is not urgent or an emergency. Convenience care clinics are often located in malls or retail stores offering services for minor health conditions. Staffed by nurse practitioners and physicians assistants.	<ul style="list-style-type: none"> • Common infections (e.g.: strep throat) • Minor skin conditions (e.g.: poison ivy) • Flu shots • Pregnancy tests • Minor cuts • Ear aches 	<ul style="list-style-type: none"> • Often requires a <u>copayment</u> and/or <u>coinsurance</u> similar to office visit • Walk in patients welcome with no appointments necessary, but wait times can vary • Open 7 days a week, even nights and weekends 	\$\$
Urgent Care Center	You may need care quickly, but it is not an emergency, and your primary physician may not be available. Urgent care centers offer treatment for non-life threatening injuries or illnesses. Staffed by qualified physicians.	<ul style="list-style-type: none"> • Sprains • Strains • Minor broken bones (e.g.: finger) • Minor infections • Minor burns 	<ul style="list-style-type: none"> • Often requires a <u>copayment</u> and/or <u>coinsurance</u> usually higher than an office visit • Walk in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first 	\$\$\$
Emergency Room	You need immediate treatment of a very serious or critical condition. The ER is for the treatment of life-threatening or very serious conditions that require immediate medical attention. Do not ignore an emergency. If a situation seems life threatening, take action. Call 911 or your local emergency number right away.	<ul style="list-style-type: none"> • Heavy bleeding • Large open wounds • Sudden change in vision • Chest pain • Sudden weakness or trouble talking • Major burns • Spinal injuries • Severe head injury • Difficulty breathing • Major broken bones 	<ul style="list-style-type: none"> • Often requires a much higher <u>copayment</u> and/or <u>coinsurance</u> • Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first • If you are in a true emergency, and you got to a network or non-network emergency room for care, the <u>copayment</u> or <u>coinsurance</u> you will pay under this plan is the same 	\$\$\$\$

* Cost and time information represent averages only and are not tied to a specific condition, level of coverage or treatment. Your out-of-pocket costs will vary based on plan design. Check your benefit documents for specific coverage details.

aetna DENTAL PLAN



Plan Benefits	PPO	DMO
Annual Deductible Individual Family (3 individual deductibles)	\$50 \$150	Not Applicable
Office Visit Copay	Not Applicable	\$0
In-Network: Reasonable and Customary Fee	Contracted Fee	Scheduled
Out-of-Network: Reasonable and Customary Fee	90%	Not Covered
Description of Benefit		
Preventive Services Oral Exams, Cleanings (adult/child), Fluoride, Sealant (permanent molars only), Bitewing Images, Full Mouth Series Images, Space Maintainers	100% deductible waived	100%
Basic Services Root Canal Therapy Anterior Teeth/Bicuspid Teeth Scaling and Root Planing, Gingivectomy Amalgam (silver) Fillings, Composite Fillings (anterior teeth only), Stainless Steel Crowns, Incision and Drainage of Abscess, Uncomplicated Extractions, Surgical Removal Of Erupted Tooth, Surgical Removal of Impacted Tooth (soft tissue)	See below 80% after deductible	100%
Major Services Root Canal Therapy (anterior/bicuspid teeth), Scaling and Root Planing, Gingivectomy, Inlays, Onlays, Crowns, Crown Lengthening, Full & partial Dentures, Pontics, Root Canal Therapy (molar teeth), Osseous Surgery, Surgical Removal of Impacted Tooth (partial/full bony), General Anesthesia/Intravenous Sedation, Denture Repairs, Crown Build-Ups, Implants*	50% after deductible	60% *Implants not covered
Orthodontics (to age 19) Deductible Rate of Benefit Lifetime Maximum	Not Covered	\$2,400 copay
Calendar Year Maximum	\$1,250	Unlimited



FREEDOM OF CHOICE DENTAL PLAN

Members electing the DMO plan are required to select a contracted Primary Care Dentist (PCD) prior to services being rendered. All services must be provided by elected PCD or a contracted Specialist that your PCD refers the member to. Employees may change from the PPO to the DMO plan on a monthly basis by calling Aetna. Changes requested by the 15th of the month will be effective the 1st of the following month.

aetna VISION PLAN



Benefits: Aetna Vision Network	In-Network	Out-of-Network	Frequency
Eye Examination	\$10 copay	Up to \$25 Reimbursement	Every 12 months
Materials/Eyewear	\$10 copay	See Below	N/A
Lenses:			
Standard Corrective Lenses Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses Lenticular Lenses Standard Progressive Lenses	Covered after eyewear copay \$75 Copay	Reimbursed: \$20 reimbursed \$40 reimbursed \$65 reimbursed \$65 reimbursed \$40 reimbursed	Every 12 months
Frame Allowance	Covered up to: \$130 allowance and 20% off balance after eyewear copay	Reimbursed: \$65 reimbursed	Every 24 months
Contact Lenses (in lieu of lenses and frames)	Covered up to:	Reimbursed:	
Standard Contact Lens Fit and Follow Up	\$55 Copay	N/A	
Premium Contact Lens Fit and Follow Up	\$90% off Retail	N/A	
Contacts (Elective) Conventional	\$130 allowance and 15% off balance after eyewear copay	\$90 reimbursed	Every 12 months
Disposable	\$130 Allowance	\$90 reimbursed	
Contacts (Medically Necessary)	\$0 Copay	\$250 reimbursed	



Website: www.aetnavision.com

Value Added Features (In-Network Only)

Additional Discounts on glasses and sunglasses	Up to 40% Discount off additional pairs of prescription glasses.
Laser Vision Correction	Discount offered through US Laser Networks. Call 800-422-6600 Free initial consultation to all in-network providers Up to 15% off standard prices Up to 5% off promotional pricing

the hartford Life Plan Options



St. Thomas High School provides all eligible employees with **Basic Life and Accidental Death and Dismemberment** coverage with a benefit of 1.5 x their annual earnings up to a benefit maximum of \$150,000. The life insurance benefit will be paid in the event of death while covered under the plan and the AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.
Benefits Reduce 35% at age 65 and 50% at age 70.

Eligible employees of **St. Thomas High School** are given the opportunity to purchase **Voluntary Life Insurance** for themselves, their spouse and eligible dependent children. In order to purchase Life coverage for your spouse and/or child, you must purchase coverage for yourself.

Voluntary Life	Employee	Spouse	Dependent
Benefit Amount:	Lesser of 5 x's annual earnings or \$500,000 in \$10,000 increments	\$5,000 to \$100,000 in \$5,000 increments not to exceed 50% of Employee amount	\$1,000 - \$10,000 (birth to age 21, up to age 26 if full time student) in \$1,000 increments
Benefit Reductions	35% at age 65 50% at age 70	Spouse Coverage is based on employee age and terminates at age 70	

Guarantee Issue Amounts:*

Employee - \$100,000
Spouse - \$25,000
Child - \$10,000

*Guarantee issue amounts are only applicable during your original eligibility to the plan. If you previously declined vol. life and wish to enroll at a subsequent renewal period, you (and your dependents) will be subject to medical underwriting and coverage may be declined.

Monthly Vol. Life Rates per \$1,000 of Elected Benefit			
Age	Employee	Spouse	Child*
<20	\$.048	\$.048	\$.172
20-24	\$.048	\$.048	
25-29	\$.048	\$.048	
30-34	\$.054	\$.054	
35-39	\$.069	\$.069	
40-44	\$.097	\$.097	
45-49	\$.146	\$.146	
50-54	\$.223	\$.223	
55-59	\$.395	\$.395	
60-64	\$.566	\$.566	
65-69	\$1.014	\$1.014	
70-74	\$1.628	\$1.628	
75+	\$1.628	\$1.628	

*Note: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

Voluntary Life Insurance Premium Calculation Table			
\$	÷ 1,000	x	\$
Coverage Amount Elected	=		Life Rate from chart
		=	\$ Employee Monthly Cost

LONG-TERM DISABILITY and FLEXIBLE SPENDING ACCOUNTS



Long Term Disability—Employer Paid:



Benefit Description LTD	
Elimination Period	90 Days
Definition of Earnings	“Basic monthly earnings” means your gross monthly rate of earnings from your employer in effect prior to your period of disability. It does not include commissions, bonuses, overtime pay, or any other extra compensation
Monthly Benefit	60% of Basic Monthly Earnings
Maximum Monthly Benefit	\$6,000
Maximum Benefit Duration	Age 65 or Social Security Normal Retirement Age
Own Occupation Period	24 months

Health Care Reimbursement Account



A Health Care Reimbursement Account allows you to set aside funds in a Flexible Spending Account (FSA) to be used for reimbursement of medical, dental and vision expenses not covered under your benefit plans. These funds are taken pre-tax from your gross income. **St. Thomas High School** has set a cap of **\$2,700** per year that you can set aside in this account. Examples of qualified (HCRA) expenses include the following:

- ❖ Medical deductible, copays, well-baby care, prescription drugs
- ❖ Hearing exams, hearing devices
- ❖ Vision care, contact lenses, corrective eye laser surgery
- ❖ Dental services, orthodontia
- ❖ Approved over the counter drugs.

Dependent Care Reimbursement Account



A Dependent Care Reimbursement Account allows you to set aside up to **\$5,000** (\$2,500 if married filing single) on a pre-tax basis to be utilized for reimbursement of qualified child care expenses. If you utilize this account to pay child care you **CANNOT** take a child care deduction on your income tax filings. Examples of qualified (DCRA) expenses include the following:

- ❖ Day care
- ❖ Nursery care
- ❖ Other eligible care.

Funds **CANNOT** be moved back and forth between the two accounts. Funds left in the Health Care Reimbursement Account at the end of the contract year will be lost (**Use it or Lose it Rule**). Be conservative when establishing this account. Funds are immediately available on the Health Care Reimbursement Account. Dependent Care Reimbursement Account funds must be in the account before they can be accessed.

employee monthly CONTRIBUTIONS



MEDICAL				MEDICAL
Aetna	Employee Only		Employee + Family	\$ _____
PPO	\$70.00		\$625.00	
DENTAL				DENTAL
Aetna	Employee Only		Employee + Family	\$ _____
DMO	\$5.25		\$55.00	
PPO	\$5.25		\$55.00	
VISION				VISION
Aetna	Employee Only		Employee + Family	\$ _____
PPO	\$2.32		\$12.37	
VOLUNTARY LIFE				VOL. LIFE
Age	EE Rate Per \$1,000	Spouse Rate Per \$1,000	Child Rate Per \$1,000	Employee \$ _____ Spouse \$ _____ Children \$ _____
<20	\$.048	\$.048	Note: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have \$.172	
20-24	\$.048	\$.048		
25-29	\$.048	\$.048		
30-34	\$.054	\$.054		
35-39	\$.069	\$.069		
40-44	\$.097	\$.097		
45-49	\$.146	\$.146		
50-54	\$.223	\$.223		
55-59	\$.395	\$.395		
60-64	\$.566	\$.566		
65-69	\$1.014	\$1.014		
70-74	\$1.628	\$1.628		
75+	\$1.628	\$1.628		
BASIC LIFE AND AD&D / LONG TERM DISABILITY				LIFE AD&D / LTD
Employee Only	Paid by St. Thomas High School			
TOTAL MONTHLY COST:				\$ _____



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