



2017-18 Plan Year

AASHE will be providing Health Insurance through United Healthcare and Dental, Vision, Life and Disability through Principal Financial Group. Outlines of all benefits are included in this summary. Full benefit descriptions will be distributed with this information.

Eligibility for Benefits

Benefits are available to you and your dependents starting the first of the month following your date of hire. To qualify for benefits you must work a minimum of 24 hours per week. Eligible dependents are your legal spouse or same sex domestic partner, or your dependent children under age 26, and 26+ if mentally or physically unable to care for themselves.

Medical Plan Summary	Option 1	Option 2
Carrier	United Healthcare	United Healthcare
Type of Plan www.myuhc.com	PPO HSA Silver AK-Z8 w/ Pharmacy 253	PPO Gold AK-1E w/ Pharmacy 252
In-Network Benefits		
Annual Deductible		
- Individual	\$2,000	\$1,000
- Family	\$4,000	\$2,000
Annual Out-of-Pocket Maximum		
- Individual	\$5,300	\$5,000
- Family	\$6,500	\$10,000
Office Visits	20% after Deductible	\$25 Copay / Specialist \$50
Preventive Care	\$0	\$0
Lab and X-ray	20% after Deductible	100% Covered
MRI and other high Tech Services	20% after Deductible	20% after Deductible
Hospital Emergency Room	20% after Deductible	\$350 Copay
Hospital Services - Inpatient, Outpatient, Ambulatory	20% after Deductible	20% after Deductible
RX Copay (tier 1/2/3/4)	After deductible \$15/40/80/250	\$15/35/70/250
Mail-Order	X 2.5	X 2.5
Co-Insurance (In-Network / Out)	80% / 50%	20% / 50%

Summary of Dental Benefits		
Carrier	Principal	
Type of Plan	PPO www.principal.com	
Dental Services	PPO	Out-of-Network
Annual Deductible		
- Individual	\$50	
- Family	\$150	
Annual Maximum Benefit	\$1,500	
Preventive Care deductible waived	100%	100%
Basic Care	100%	80%
Major Care	60%	50%
Orthodontia	50%	50%
Ortho Lifetime Max	\$1,000	
Balance Billing	No	90% UCR

Vision Plan Summary		
Carrier	Principal / VSP	
Type of Plan	VSP Choice Network www.vsp.com	
Services Provided	In-network	Out-of-network
Copay (Exam/Hardware) every 12 months <i>Benefits are payable after satisfying applicable Copay</i>	\$10/\$25	up to \$45
Lenses every 12 months	Paid in Full	up to \$30
Frames every 12 months	Allowance up to \$150	up to \$70
Medically Necessary Contacts every 12 months	Paid in Full	up to \$210
Elective Contacts every 12 months	Allowance up to \$150	up to \$105

Monthly Premium	Medical Option 1 HSA	Medical Option 2	Dental	Vision
Employee Only	1 yr Age Bands	1 yr Age Bands	\$44.11	\$10.78
Employee + Spouse	1 yr Age Bands	1 yr Age Bands	\$93.29	\$19.81
Employee + Child(ren)	1 yr Age Bands	1 yr Age Bands	\$131.74	\$23.10
Family	1 yr Age Bands	1 yr Age Bands	\$180.96	\$35.21
Employee Contribution/Month	Medical Option 1 HSA	Medical Option 2	Dental	Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	50% of additional dependent cost	50% of additional dependent cost	\$49.18	\$9.03
Employee + Child(ren)	50% of additional dependent cost	50% of additional dependent cost	\$87.63	\$12.32
Family	50% of additional dependent cost	50% of additional dependent cost	\$136.85	\$24.43

Health Savings Account

Applicable to those on the HSA plan, AASHE will contribute \$35 per month to an HSA if the HSA plan is selected and the member sets up an account. If you already have an HSA, you do not need to set up a new one. The maximum tax free contributions are \$3,400 for an individual or \$6,750 per family for 2017. Members 55 and older can contribute an extra \$1,000 per year. Please provide HR with routing and account number for AASHE or voluntary contribution.

Employer Paid Life/ADD (HIGHER AMOUNT!), Short Term Disability and Long Term Disability Insurance

Each employee is now insured for \$25,000 of Life and AD&D. STD provides salary replacement for non-occupational accidents and illnesses preventing employment. An employee will receive 60% of their pre-disability earnings starting 2 weeks after the last day worked. This benefit can run for 3 months. LTD starts after STD and provides each employee 60% of their monthly earnings up to \$6,000/month in event of a disability longer than 90 days.

CARE 24 EAP through United Healthcare

This is a free confidential services with which employees and their family members, regardless of enrollment status, can call and talk to nurses or counselors about any medical or personal issue. The flyer and description is included in the summary file.

Enrollment

- **Please complete the BENEFIT ELECTION FORM**

About this Summary

This summary is a highlight of the benefit programs available to you. Official plan documents govern your rights and benefits under each plan. If any discrepancy arises between this summary and the official document, the official documents will prevail.