

**American Indian Public Charter Schools Benefit Summaries**

**2018-2019**

<b>Medical</b>		
<b>Plan Name</b>	<b>Gold 80 HRA HMO 2250/35</b>	<b>Platinum 90 HMO 0/15</b>
Physician Office / Specialist	\$35 Ded waived	\$15 / \$30
Prescription Drugs (Tiers 1/2/3)	\$15/\$30/20% up to \$250 max	\$5/\$15/\$15/10% coinsurance
Diagnostic Lab Services	25% per procedure (after ded)	Lab: \$15 per encounter X-Ray: \$30 per encounter
Imaging Services	25% per procedure (after ded)	\$75 per procedure
Outpatient Services	25% per procedure (after ded)	\$125 per procedure
Inpatient Services	25% per procedure (after ded)	\$250 per day up to 5 days then no charge
Urgent care / Emergency	\$35 (ded waived) / 25% (after ded)	\$15/\$150
Deductible	\$2250/\$4500 (embedded)	None
Out of Pocket Maximum	\$7000 / \$14,000	\$4000/\$8000

<b>Dental</b>			
<b>In-Network</b>	<b>Humana PPO</b>	<b>In-Network</b>	<b>Liberty Dental HMO</b>
Plan-year deductible	\$50/\$150	Plan-year deductible	None
Annual Maximum Dental	Unlimited	Annual Maximum Dental	Unlimited
Preventive Services	100%	Preventive Services	No Charge
Basic Services	90% after deductible	Basic Services	See Schedule of Copays
Major Services	50% after deductible	Major Services	See Schedule of Copays
Lifetime Maximum - Orthodontics (Children & Adults)	\$1,500 (50% to a maximum life benefit of \$1,500)	Orthodontics (Children & Adults)	\$1,550 Copay for Children \$1,695 Copay for Adults

<b>Vision</b>		<b>Life Insurance</b>	<b>Commuter Benefit</b>
<b>In-Network</b>	<b>VSP \$10 (12/12/12)</b>	<b>UNUM - \$50,000 with AD&amp;D</b>	<b>Information available online</b>
Well Vision Exam	\$10	<b>Flexible Spending &amp; Dependent Care Accounts Now Available!</b>  Please login to the CharterBenefits E-System to obtain detailed plan descriptions and your individual costs for each plan option: <a href="http://aimschools.charterbenefits.com">http://aimschools.charterbenefits.com</a>	
Prescription Glasses	(Included with Exam Copay)		
Frame	(Included in Prescription Glasses)		
Lenses	(Included in Prescription Glasses)		
Contacts (Instead of glasses)	\$130 allowance for contacts and contact lens exam (fitting and evaluation)		

**\*This is a brief summary only. Please refer to the Evidence of Coverage for all details of your plans.**



Kaiser Plan Benefits Comparison					
Plan Name	Current Plan	Renewal Plan	Current Plan	Renewal Plan	Proposed
	<b>Kaiser Gold 80 HRA HMO 2000/30</b>	<b>Kaiser Gold 80 HRA HMO 2250/35</b>	<b>Kaiser (Renewal) Platinum HMO 0/15</b>	<b>Kaiser (Renewal) Platinum HMO 0/15</b>	<b>KP Deductible HMO Plan with HRA Large Group</b>
Physician Office / Specialist	\$30/\$30 (ded waived)	\$35/\$35 (ded waived)	\$15 / \$40	\$15 / \$30	\$20/\$20 per visit after plan deductible
Prescription Drugs (Tiers 1/2/3)	\$15/\$30/20% up to \$250 max	\$15/\$30/20% up to \$250 max	\$5/\$15/10% up to \$250 max	\$5/\$15/10% up to \$250 max	\$10/\$30/\$30
Diagnostic Lab / X-ray	20% per procedure (after ded)	25% per procedure (after ded)	Lab: \$20 per encounter X-Ray: \$40 per encounter	Lab: \$15 per encounter X-Ray: \$30 per encounter	Labs & X-Rays: \$10 per encounter after deductible
Imaging Services	20% per procedure (after ded)	25% per procedure (after ded)	\$150 per procedure	\$75 per procedure	\$50 per procedure after plan deductible
Outpatient Services	20% per procedure (after ded)	25% per procedure (after ded)	\$290 per procedure	\$125 per procedure	20% coinsurance after plan deductible
Inpatient Services	20% per procedure (after ded)	25% per procedure (after ded)	\$290 per day up to 5 days	\$250 per day up to 5 days	20% coinsurance after plan deductible
Urgent care / Emergency	\$30 (ded waived) / 20% (after ded)	\$35 (ded waived) / 25% (after ded)	\$15/\$150	\$15/\$150	\$20/20% After plan deductible
Deductible	\$2000/\$4000 (embedded)	\$2250/\$4500 (embedded)	None	None	\$2500/\$5000 (embedded)
Out of Pocket Maximum	\$6,500 / \$13,000	\$7,000 / \$14,000	\$4000/\$8000	\$4000/\$8000	\$5000/\$10000

\* Final rates are subject to change based on medical history, underwriting guidelines, effective date of coverage and any optional benefits selected.



# Employee FAQ:

## Commuter Accounts

### **What is a commuter account?**

A commuter account is an employer-sponsored benefit program that allows you to set aside pre-tax funds in separate accounts to pay for qualified mass transit and parking expenses associated with your commute to work.

### **Why should I participate?**

Contributions to a commuter account are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can save an average of 30% on your eligible transit and parking expenses.

### **What is a qualified mass transit expense?**

Qualified expenses include transit passes, tokens, fare cards, vouchers, or similar items entitling you to ride a mass transit vehicle to or from work. The mass transit vehicle may be publicly or privately operated and includes bus, rail, or ferry.

### **What qualifies as van-pooling?**

Van-pooling is not to be confused with carpooling. Van-pooling requires a commuter highway vehicle with a seating capacity of at least 7 adults, including the driver. At least 80 percent of the vehicle mileage must be for transporting employees between their homes and workplace with employees occupying at least one-half of the vehicle's seats (not including the driver's seat).

### **What is a qualified parking expense?**

Get reimbursed for parking expenses incurred at or near your work location or a location from which you continue your commute to work by car pool, van-pool or mass transit. Out-of-pocket parking fees for parking meters, garages and lots qualify. Parking at or near your home is not an eligible expense.

### **Can I use my commuter account for commuting expenses like tolls and gas?**

No. Benefits may not be used for tolls, gas, mileage or other personal commuting expenses.

### **Can I use my commuter account to pay for business or personal travel expenses?**

No. You can only use commuter account funds to pay for your regular commute between your home and office on mass transit or van-pools.

### **Whose commuter expenses are covered?**

Qualified expenses include those incurred for your transportation between your residence and worksite. Expenses for your spouse or dependents are not eligible.

### **Is there a limit to how much I can contribute?**

Yes. Monthly limits are set by the IRS. Currently, contributions for transit and van-pooling are limited to \$260 per month. Parking contributions are limited to \$260 per month. Any monthly expenses above these limits cannot be exempt from taxes and cannot be applied to future months.

### **How does it work?**

You authorize your employer to deduct a pre-tax amount for parking and/or van-pooling/transit from each paycheck, up to the IRS limits stated above. You then pay for the qualified transportation with your benefits debit card.

### **Can I change my election?**

Yes. You can make adjustments to your contribution, join, or terminate plan participation at any time.

### **What happens if I don't use all of my funds at the end of the plan year?**

The money left in your account may be carried over into the next plan year, if you continue to participate in the plan.

### **Do I need to keep my receipts?**

Yes. A valid receipt should have the merchant name, date, amount of expense and a description of the purchase for a transportation pass or parking. If you are not given a receipt, a signed claim form will be acceptable showing the amount of the expense that you incurred for that time period.



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The graphic is set against a background image of a woman in a blue tank top and a man in a dark shirt, both looking forward in a gym setting. The woman is in the foreground, and the man is slightly behind her to the right. The overall tone is motivational and active.



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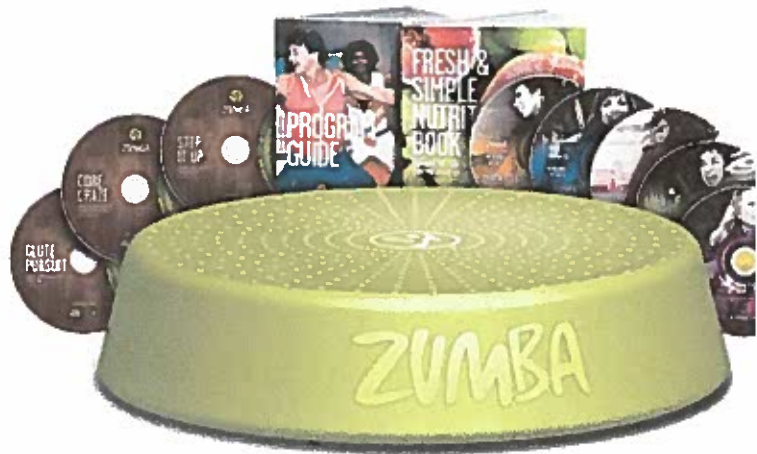
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