

# NACS

## Group Insurance 2021-2022

- Life Insurance
- Long-Term Disability Insurance
  - Health Insurance
- Dental and Vision Insurance

Contact Person  
Anissa Hatch  
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## **Eligibility**

NACS offers group insurance programs to qualified employees.

**To be eligible the following guidelines must be met:**

1. A full time employee (working 36.25 or more hours per week), effective 6/4/02.

All employees before June 4, 2002 working 30 or more hours per week and participating in the group insurance plan will be grandfathered and still receive those benefits. If you were working 30 hours or more per week and not in the group insurance, you will need to meet the new full-time employee eligibility requirements.

2. Bus drivers are only eligible to participate in group life and health/dental/vision insurance.

## **Life Insurance – Sun Life Financial**

All hourly employees Board approved to work 36.25 hours or more per week, and certified employees 50% or more are eligible for the NACS Life Insurance Program for an employee contribution of \$1.00 per year (payroll deducted on February 18, 2022).

Schedule of Coverage:

|                         |           |
|-------------------------|-----------|
| Administrators          | \$100,000 |
| Curriculum-Coordinators | \$ 50,000 |
| Certified Teachers      | \$ 50,000 |
| Classified Staff        | \$ 35,000 |

This coverage includes accidental death and dismemberment insurance.

## **Long-term Disability Insurance**

All hourly employees that are approved to work 36.25 hours or more per week (with the exception of bus drivers), and certified employees 50% or more are eligible for the Long-term Disability Insurance participation for an employee contribution of \$1.00 per year, (payroll deducted on February 18, 2022).

To qualify, the employee must be off work for 90 consecutive calendar days. The monthly benefit is 60% of employees wage (\$6,000 maximum monthly benefit). The disability injury must be reported immediately.

## **Health Insurance**

NACS' Health Insurance Plan is in the Parkview Signature Care EPO Network

The NACS Health Insurance Plan is a self-funded program serviced by Automated Group Administration, Inc. (AGA) as its' third-party administrator (TPA), effective 10/1/18.

There are three plans NACS will offer. The High Deductible Health Plan/Health Savings Account (HDHP/HSA), Plan A and Plan A+ (see attached for details). Every year you will

have the opportunity to switch the plan you elected the year before. The election to switch between HDHP/HSA, Plans A and A+ will need to be done by August 30, 2021.

Employees that were on the plan last year will have the choice to switch to the HDHP/HSA with a choice of an effective date of 10/1/21 or 1/1/22.

NACS has an insurance investigating committee, which is composed of all employee Groups. This committee meets regularly and makes benefit recommendations to the NACS Board. NACS will comply with all COBRA, FMLA and HIPAA requirements.

In compliance with the federal Affordable Care Act, employees that averaged working 30 hours per week in the previous year will be eligible for health insurance for that year.

### **Dental/Vision Insurance Plan**

NACS employees who desire only dental and vision insurance coverage may select this coverage. NACS will pay a designated amount toward the employee's dental/vision plan coverage. The premium will be deducted from the employee's payroll. This coverage has the same enrollment and cancellation deadline as the health insurance. See attached sheets. The administration for the dental plan will be Delta Dental and the vision plan will be Eye Med as of 10/1/19.

The dental and vision coverage is included for employees that are on the NACS Health Insurance Plan.

### **Premiums**

NACS will pay a designated amount toward the employee's health insurance premium; the balance will be deducted from the employee's payroll.

### **New Enrollment**

A new employee must sign up by August 30, 2021 if they want to participate in the NACS Health Insurance Plan. Coverage will begin October 1, 2021 and end September 30, 2022.

September 1 coverage is available if the employee agrees to the terms.

### **Qualifying Event Enrollment**

The NACS Health Insurance Plan will offer enrollment at a designated open enrollment period. Any eligible employees can enroll in the NACS Insurance Plan if there is loss of coverage for a HIPAA qualifying event; such as death, divorce, legal separation, job termination, etc.

### **Payroll Deductions**

Employee payroll deductions for the selected plan will start with the September 17, 2021 payroll and continue for nineteen (19) pays (see Premium Schedule for the amount).

### **Cancellation of Coverage**

Any employee who decides to cancel health insurance coverage must notify Anissa Hatch by the 20<sup>th</sup> day prior to the month they wish to cancel coverage.

### **Changes of Plans or Coverage**

All status changes, name changes or additions by marriage or birth should be made in the Superintendent's office within 30 days of the event. Changes reported by the 20<sup>th</sup> day of the month will be effective the next month.

## Traditional Health Plan 'Plan A+' – SIGNATURE CARE

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

*To locate a Signature Care Provider: 1-800-666-4449 or [www.parkviewtotalhealth.com](http://www.parkviewtotalhealth.com)*

*Pre Certification: Managed Care Concepts 1-866-750-2723*

### Benefits Effective: October 1, 2021

| Benefits   | EPO Hospital,<br>PPO Providers &<br>No PPO Provider or<br>Hospital Available                                  | PPO Hospital   | NON-PPO Providers<br>(Out of Network)  |
|--|---|--|--|
| <b>Calendar Year Deductible (Embedded)</b>   | \$200 Individual / \$400 Family   | \$1,200 Individual / \$2,400 Family  | \$3,200 Individual / \$6,400 Family  |
| <b>Co-Insurance Benefit</b>  | 80%   | 70%  | 50%  |
| <b>Out of pocket maximum * (includes Deductible)</b>   | \$1,000 Individual / \$2,000 Family   | \$4,000 Individual / \$8,000 Family  | \$20,000 Individual / \$40,000 Family  |
| <b>Lifetime Maximum</b>  | Unlimited lifetime maximum<br>Unlimited Plan year maximum   |  |  |
| <b>Preventive Care (ACA Preventive)</b><br>Routine physical exam, pap tests, Immunizations, etc.   | 100% Benefit; not subject to deductible   | 100% Benefit; not subject to deductible  | Deductible, then 50%   |
| <b>Physician Office Visit Only</b>   | \$20 Copay  | N/A  | Deductible, then 50%   |
| <b>Specialist Office Visit Only</b>  | \$30 Copay  | N/A  | Deductible, then 50%   |
| <b>Hospital Services</b>   | Deductible, then 20%  | Deductible, then 30%   | Deductible, then 50%   |
| <b>Maternity Services</b>  | Deductible, then 20%  | Deductible, then 30%   | Deductible, then 50%   |
| <b>Urgent Care Visit Only</b>  | \$50 Copay  | N/A  | Deductible, then 50%   |
| <b>Emergency Room (Copay waived if admitted)</b>   | \$150 Copay   | \$150 Copay  | \$150 Copay  |
| <b>Ambulance Services</b>  | Deductible, then 20%  | Deductible, then 20%   | Deductible, then 20%   |
| <b>Chiropractic Services</b><br>Limited to 24 visits per calendar year   | \$30 Copay  | N/A  | Deductible, then 50%   |
| <b>Physical, Occupational &amp; Speech Therapy</b><br>Certain limits apply   | \$20 Copay  | \$20 Copay   | Deductible, then 50%   |
| <b>Mental Health, Alcohol &amp; Substance Abuse</b><br>Outpatient Care Visit Only<br>Inpatient Care  | \$20 Copay<br>Deductible, then 20%  | \$20 Copay<br>Deductible, then 30%   | Deductible, then 50%<br>Deductible, then 50%   |
| <b>Laboratory Services</b><br>If lab card used: 100% benefit, not subject to deductible  | Deductible, then 20%  | Deductible, then 30%   | Deductible, then 50%   |
| <b>Retail and Mail Order Prescription Drugs</b>  | **PBM Prescription Out of Pocket Maximum \$3,600 Individual/ \$7,200 Family                                   |  |  |
| <b>Prescription Drugs**<br/>Retail 30 Day Supply</b>   | \$15 Copay; Generic<br>\$30 Copay; Brand Formulary<br>\$60 Copay; Brand Non-Formulary<br>20% Copay Specialty  | N/A  | No Coverage  |
| <b>Prescription Drugs**<br/>Mail Order 90 Day Supply</b>   | \$30 Copay; Generic<br>\$60 Copay; Brand Formulary<br>\$120 Copay; Brand Non-Formulary<br>20% Copay Specialty | No Coverage  | No Coverage  |
| <b>Injectable &amp; Infusion Drugs</b><br>Specialty Pharmacy   | Deductible, then 20%<br><br>Does not apply towards out of pocket maximum if Specialty Pharmacy is not used    | Deductible, then 20%<br><br>Does not apply towards out of pocket maximum if Specialty Pharmacy is not used | Deductible, then 50%<br><br>Does not apply towards out of pocket maximum if Specialty Pharmacy is not used |
| <ul style="list-style-type: none"> <li>• * The out-of-pocket limit does NOT include premiums, Rx PBM Copays, balance-billed charges, pre-cert penalties and excluded charges.</li> <li>• Balance billing protection when you use a Network PPO provider</li> <li>• In-Patient hospital admission requires mandatory notification to Managed Care Concepts: 1-866-750-2723</li> </ul> <p><b>Third Party Administrator:</b> Automated Group Administration ♦ 7605 Westfield Drive ♦ Fort Wayne, IN 46825 ♦ (260)489-6447 (800)888-6472 ♦ (260) 489-0365 Fax</p> <p style="text-align: center;"><i>This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description</i></p> |   |  |  |

Please contact the Automated Group Administration Customer Service Line with any questions or concerns you may have. **1-800-888-6472**



## Traditional Health Plan 'Plan A' – SIGNATURE CARE

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

*To locate a Signature Care Provider: 1-800-666-4449 or [www.parkviewtotalhealth.com](http://www.parkviewtotalhealth.com)*

*Pre Certification: Managed Care Concepts 1-866-750-2723*

### Benefits Effective: October 1, 2021

| Benefits  | EPO Hospital,<br>PPO Providers &<br>No PPO Provider or<br>Hospital Available                                  | PPO Hospital   | NON-PPO Providers<br>(Out of Network)  |
|---|---|--|--|
| <b>Calendar Year Deductible (Embedded)</b>  | \$500 Individual / \$1,000 Family   | \$1,500 Individual / \$3,000 Family  | \$3,500 Individual / \$7,000 Family  |
| <b>Co-Insurance Benefit</b>   | 80%   | 70%  | 50%  |
| <b>Out of pocket maximum * (includes Deductible)</b>  | \$3,000 Individual / \$6,000 Family   | \$6,000 Individual / \$12,000 Family   | \$20,000 Individual / \$40,000 Family  |
| <b>Lifetime Maximum</b>   | Unlimited lifetime maximum<br>Unlimited Plan year maximum   |  |  |
| <b>Preventive Care (ACA Preventive)</b><br>Routine physical exam, pap tests, Immunizations, etc.    | 100% Benefit; not subject to deductible   | 100% Benefit; not subject to deductible  | Deductible, then 50%   |
| <b>Physician Office Visit Only</b>  | \$30 Copay  | N/A  | Deductible, then 50%   |
| <b>Specialist Office Visit Only</b>   | \$40 Copay  | N/A  | Deductible, then 50%   |
| <b>Hospital Services</b>  | Deductible, then 20%  | Deductible, then 30%   | Deductible, then 50%   |
| <b>Maternity Services</b>   | Deductible, then 20%  | Deductible, then 30%   | Deductible, then 50%   |
| <b>Urgent Care Visit Only</b>   | \$50 Copay  | N/A  | Deductible, then 50%   |
| <b>Emergency Room (Copay waived if admitted)</b>  | \$150 Copay   | \$150 Copay  | \$150 Copay  |
| <b>Ambulance Services</b>   | Deductible, then 20%  | Deductible, then 20%   | Deductible, then 20%   |
| <b>Chiropractic Services</b><br>Limited to 24 visits per calendar year                              | \$40 Copay  | N/A  | Deductible, then 50%   |
| <b>Physical, Occupational &amp; Speech Therapy</b><br>Certain limits apply                          | \$30 Copay  | \$30 Copay   | Deductible, then 50%   |
| <b>Mental Health, Alcohol &amp; Substance Abuse</b><br>Outpatient Care Visit Only<br>Inpatient Care | \$30 Copay<br>Deductible, then 20%  | \$30 Copay<br>Deductible, then 30%   | Deductible, then 50%<br>Deductible, then 50%   |
| <b>Laboratory Services</b><br>If lab card used: 100% benefit, not subject to deductible             | Deductible, then 20%  | Deductible, then 30%   | Deductible, then 50%   |
| <b>Retail and Mail Order Prescription Drugs</b>   | **PBM Prescription Out of Pocket Maximum \$3,600 Individual/ \$7,200 Family                                   |  |  |
| <b>Prescription Drugs **<br/>Retail 30 Day Supply</b>   | \$15 Copay; Generic<br>\$30 Copay; Brand Formulary<br>\$60 Copay; Brand Non-Formulary<br>20% Copay Specialty  | N/A  | No Coverage  |
| <b>Prescription Drugs **<br/>Mail Order 90 Day Supply</b>   | \$30 Copay; Generic<br>\$60 Copay; Brand Formulary<br>\$120 Copay; Brand Non-Formulary<br>20% Copay Specialty | No Coverage  | No Coverage  |
| <b>Injectable &amp; Infusion Drugs</b><br>Specialty Pharmacy  | Deductible, then 20%<br><br>Does not apply towards out of pocket maximum if Specialty Pharmacy is not used    | Deductible, then 20%<br><br>Does not apply towards out of pocket maximum if Specialty Pharmacy is not used | Deductible, then 50%<br><br>Does not apply towards out of pocket maximum if Specialty Pharmacy is not used |

- \* The out-of-pocket limit does NOT include premiums, Rx PBM Copays, balance-billed charges, pre-cert penalties and excluded charges.
- Balance billing protection when you use a Network PPO provider
- In-Patient hospital admission requires mandatory notification to Managed Care Concepts: 1-866-750-2723

**Third Party Administrator:** Automated Group Administration ♦ 7605 Westfield Drive ♦ Fort Wayne, IN 46825 ♦ (260)489-6447 (800)888-6472 ♦ (260) 489-0365 Fax

*This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description*

## High Deductible Health Plan (HSA) – SIGNATURE CARE

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

*To locate a Signature Care Provider: 1-800-666-4449 or [www.parkviewtotalhealth.com](http://www.parkviewtotalhealth.com)*

*Pre Certification: Managed Care Concepts 1-866-750-2723*

**Benefits Effective: October 1, 2021**

| Benefits   | EPO Hospital,<br>PPO Providers &<br>No PPO Provider or<br>Hospital Available  | PPO Hospital   | NON-PPO Providers<br>(Out of Network)  |
|--|---|--|--|
| <b>Calendar Year Deductible (Embedded)</b>   | \$3,000 Individual / \$6,000 Family   | \$4,000 Individual / \$8,000 Family  | \$6,000 Individual / \$12,000 Family   |
| <b>Co-Insurance Benefit</b>  | 100%  | 90%  | 70%  |
| <b>Out of pocket maximum * (includes Deductible)</b>   | \$3,000 Individual / \$6,000 Family   | \$6,000 Individual / \$12,000 Family   | \$20,000 Individual / \$40,000 Family  |
| <b>Lifetime Maximum</b>  | Unlimited lifetime maximum<br>Unlimited Plan year maximum   |  |  |
| <b>Preventive Care (ACA Preventive)</b><br>Routine physical exam, pap tests, Immunizations, etc. | 100% Benefit; not subject to deductible   | 100% Benefit; not subject to deductible  | Deductible, then 30%   |
| <b>Physician Office Visit Only</b>   | Deductible, then 0%   | N/A  | Deductible, then 30%   |
| <b>Specialist Office Visit Only</b>  | Deductible, then 0%   | N/A  | Deductible, then 30%   |
| <b>Hospital Services</b>   | Deductible, then 0%   | Deductible, then 10%   | Deductible, then 30%   |
| <b>Maternity Services</b>  | Deductible, then 0%   | Deductible, then 10%   | Deductible, then 30%   |
| <b>Urgent Care Visit</b>   | Deductible, then 0%   | N/A  | Deductible, then 30%   |
| <b>Emergency Room</b>  | Deductible, then 0%   | Deductible, then 0%  | Deductible, then 0%  |
| <b>Ambulance Services</b>  | Deductible, then 0%   | Deductible, then 0%  | Deductible, then 0%  |
| <b>Chiropractic Services</b><br>Limited to 24 visits per calendar year                           | Deductible, then 0%   | N/A  | Deductible, then 30%   |
| <b>Physical, Occupational &amp; Speech Therapy</b><br>Certain limits apply                       | Deductible, then 0%   | Deductible, then 10%   | Deductible, then 30%   |
| <b>Mental Health, Alcohol &amp; Substance Abuse</b><br>Outpatient Care<br>Inpatient Care         | Deductible, then 0%<br>Deductible, then 0%  | Deductible, then 10%<br>Deductible, then 10%   | Deductible, then 30%<br>Deductible, then 30%   |
| <b>Laboratory Services</b><br>Lab card: Discount Available                                       | Deductible, then 0%   | Deductible, then 10%   | Deductible, then 30%   |
| <b>Retail and Mail Order Prescription Drugs</b>  | **Major Medical Deductible First  |  |  |
| <b>Prescription Drugs**<br/>Retail 30 Day Supply</b>   | Deductible, then 0%; Generic<br>Deductible, then 0%; Formulary<br>Deductible, then 0%; Non-Formulary<br>20% Copay Specialty (\$2,000 OOP) | N/A  | No Coverage  |
| <b>Prescription Drugs**<br/>Mail Order 90 Day Supply</b>   | Deductible, then 0%; Generic<br>Deductible, then 0%; Formulary<br>Deductible, then 0%; Non-Formulary<br>20% Copay Specialty(\$2,000 OOP)  | Not Covered  | No Coverage  |
| <b>Injectable &amp; Infusion Drugs</b><br>Specialty Pharmacy                                     | Deductible, then 0%<br>Does not apply towards out of pocket maximum if Specialty Pharmacy is not used                                     | Deductible, then 20%<br>Does not apply towards out of pocket maximum if Specialty Pharmacy is not used | Deductible, then 30%<br>Does not apply towards out of pocket maximum if Specialty Pharmacy is not used |

- \* The out-of-pocket limit does NOT include premiums, balance-billed charges, pre-cert penalties and excluded charges.
- Balance billing protection when you use a Network PPO provider
- In-Patient hospital admission requires mandatory notification to Managed Care Concepts: 1-866-750-2723

**Third Party Administrator:** Automated Group Administration ♦ 7605 Westfield Drive ♦ Fort Wayne, IN 46825 ♦ (260)489-6447 (800)888-6472 ♦ (260) 489-0365 Fax

*This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description*

**Health Insurance Premium Schedule**  
 Plan Year - October 1, 2021 - September 30, 2022  
 Payroll Deduction Schedule - 19 Payroll Deductions  
 Beginning 9/17/2021 and Ending 5/27/2022

**Health & Dental/Vision Insurance Plans**

| HDHP/HSA Plan                  |          |           |  |
|--------------------------------|----------|-----------|--|
|                                | Single   | Family    | Family II Married Employees <sup>1</sup> |
| Employee Per Pay               | 42.42    | 104.74    | 62.32                                    |
| Employee Total                 | 805.97   | 1,990.05  | 1,184.08                                 |
| Corporation Total Contribution | 7,253.72 | 17,910.43 | 18,716.40                                |
| Total Premium                  | 8,059.69 | 19,900.48 | 19,900.48                                |

| Plan A                         |          |           |  |
|--------------------------------|----------|-----------|--|
|                                | Single   | Family    | Family II Married Employees <sup>1</sup> |
| Employee Per Pay               | 134.00   | 330.76    | 288.34                                   |
| Employee Total                 | 2,546.00 | 6,284.41  | 5,478.44                                 |
| Corporation Total Contribution | 7,246.30 | 17,886.40 | 18,692.37                                |
| Total Premium                  | 9,792.30 | 24,170.81 | 24,170.81                                |

| Plan A+                        |           |           |  |
|--------------------------------|-----------|-----------|--|
|                                | Single    | Family    | Family II Married Employees <sup>1</sup> |
| Employee Per Pay               | 186.41    | 460.12    | 417.70                                   |
| Employee Total                 | 3,541.67  | 8,742.11  | 7,936.14                                 |
| Corporation Total Contribution | 7,190.67  | 17,749.13 | 18,555.10                                |
| Total Premium                  | 10,732.34 | 26,491.24 | 26,491.24                                |

**Dental/Vision Insurance Plan**  
 (For Employees Not Participating in the Health Program)

| Dental/Vision                  |          |          |  |
|--------------------------------|----------|----------|--|
|                                | Single   | Family   | Family II Married Employees <sup>1</sup> |
| Employee Per Pay               | 13.92    | 34.80    | 20.88                                    |
| Employee Total                 | 264.46   | 661.15   | 396.69                                   |
| Corporation Total Contribution | 752.69   | 1,881.72 | 2,146.18                                 |
| Total Premium                  | 1,017.15 | 2,542.87 | 2,542.87                                 |

Note: Part-time certified employees will receive their percentage of a day towards the Corporation share for the health and/or dental/vision plans

<sup>1</sup>Family II Married Employees: Both spouses are NACS employees and both are in an employment position that qualifies for the health insurance plan