

SRPMIC BENEFITS PACKAGE OVERVIEW – Part Time

Effective January 1, 2018

Health Plan (effective the 1st of the month following 30 days of employment)

- It is a self-funded PPO plan using the following provider networks:
 - Blue Cross Blue Shield of Arizona and Mayo Clinic - Medical in Arizona only
 - Humana Dental - Dental
 - PHCS healthy Directions (MultiPlan) PPO medical network - outside of Arizona
- Completion of enrollment form is required within 31 days from hire
- Medical coverage includes prescription benefits
 - Prescription: Magellan RX Management – medications are listed under 3 categories (generic, preferred brand, and non-preferred brand)

Employee cost:

MEDICAL PLAN EMPLOYEE DEDUCTION RATES						
Level of coverage	LOW-DEDUCTIBLE PLAN		MID-DEDUCTIBLE PLAN		HDHP WITH HSA*	
	Per Month	Per Pay Check	Per Month	Per Pay Check	Per Month	Per Pay Check
Employee Only	\$149.16	\$74.58	\$78.37	\$39.19	\$25.00	\$12.50
Employee + Spouse	\$366.29	\$183.15	\$191.25	\$95.63	\$55.06	\$27.53
Employee + 1 Child	\$204.89	\$102.45	\$106.45	\$53.23	\$31.11	\$15.56
Employee + 2 Children	\$313.33	\$156.67	\$162.76	\$81.38	\$46.01	\$23.01
Employee + Family or 3 or more Children	\$522.11	\$261.06	\$272.46	\$136.23	\$76.99	\$38.50

DENTAL PLAN EMPLOYEE DEDUCTION RATES		
Level of Coverage	Per Month	Per Pay Check
Employee Only	\$10.70	\$5.35
Employee + 1 Dependent	\$21.40	\$10.70
Employee + 2 or More Dependents	\$33.18	\$16.59

VISION PLAN EMPLOYEE DEDUCTION RATES		
Level of Coverage	Per Month	Per Pay Check
Employee Only	\$0.00	\$0.00
Employee + 1 Dependent	\$2.54	\$1.27
Employee + 2 or More Dependents	\$3.94	\$1.97

Medical Deductibles:

MEDICAL PLAN DEDUCTIBLES						
	LOW-DEDUCTIBLE PLAN		MID-DEDUCTIBLE PLAN		HDHP WITH HSA*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$500/person	\$1,000/person	\$750/person	\$1,500/person	\$1,500/person \$3,000/family	\$3,000/person \$6,000/family
Annual Out-of-Pocket Maximum	\$2,500/person \$7,000/family	\$5,000/person \$14,000/family	\$3,750/person \$10,500/family	\$7,500/person \$21,000/family	\$4,500/person \$12,000/family	\$9,000/person \$24,000/family
Coinsurance	80% after deductible	70% after deductible	80% after deductible	70% after deductible	80% after deductible	70% after deductible

Health Savings Account (HSA)

- Must be enrolled in the HDHP
- Cannot be covered under other health insurance
- Cannot be claimed as a dependent on someone else's taxes
- SRP-MIC will deposit \$750 (Employee Only) or \$1,500 (all other levels of coverage) into your HSA. 50% in early January 2018 and the other 50% in July 2018.
- Contributions for both Employee and Employer cannot exceed the IRS maximum:
 - Employee only coverage = \$3,450
 - Family coverage = \$6,900

Flexible Spending Accounts

- Health Care FSA:
 - 2018 IRS annual limit = \$2,650
 - FSA Debit Card available – health care only
- Dependent Care FSA :
 - 2018 IRS annual limit = \$5000 (\$2,500 if married and file a separate tax return)
- Limited Purpose FSA (when enrolled in HDP):
 - 2018 IRS annual limit = \$2,600
 - Covers dental and vision expenses only

Worker's Compensation

- Self-funded plan - Tribal First is the claims administrator
- Authorized medical treatment
- Temporary Total Disability (TTD) may be available after 7 days of lost work due to work related injury – TTD benefit is 66 2/3% of weekly base pay