



Elisabeth Morrow School

435 Lydecker Street
Englewood, New Jersey 07631

2019 / 2020
Simplifying
Your Benefits

Product and Premiums	Benefits																																																																												
<p>Medical Insurance – Aetna <i>Monthly Contributions</i></p> <p><u>OPEN ACCESS PPO</u></p> <table> <tr> <td>Employee</td> <td>\$163.00</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$617.18</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$625.98</td> </tr> <tr> <td>Family</td> <td>\$624.76</td> </tr> </table> <p><u>HDHP WITH HSA</u></p> <table> <tr> <td>Employee</td> <td>\$ 97.80</td> </tr> <tr> <td>Employee + Spouse</td> <td>\$350.80</td> </tr> <tr> <td>Employee + Child(ren)</td> <td>\$329.76</td> </tr> <tr> <td>Family</td> <td>\$432.50</td> </tr> </table>	Employee	\$163.00	Employee + Spouse	\$617.18	Employee + Child(ren)	\$625.98	Family	\$624.76	Employee	\$ 97.80	Employee + Spouse	\$350.80	Employee + Child(ren)	\$329.76	Family	\$432.50	<p>Note: Preventive Care is covered at 100% in-network under both plans</p> <p><u>OPEN ACCESS PPO</u> Primary Care: \$15 copay in-network; deductible and coinsurance out-of-network Specialist: \$20 copay in-network; deductible and coinsurance out-of-network</p> <table> <thead> <tr> <th></th> <th><u>In-Network</u></th> <th><u>Out-of-Network**</u></th> </tr> </thead> <tbody> <tr> <td>Deductible (Individual/Family)</td> <td>\$500/\$1,000</td> <td>\$1,000/\$2,000</td> </tr> <tr> <td>Deductible Accumulator</td> <td>Calendar Year</td> <td>Calendar Year</td> </tr> <tr> <td>Coinsurance (You Pay/Plan Pays)</td> <td>10%/90%</td> <td>30%/70%</td> </tr> <tr> <td>Inpatient/Outpatient Hospital</td> <td>Deductible & coinsurance</td> <td>Deductible & coinsurance</td> </tr> <tr> <td>Urgent Care</td> <td>\$50 copay</td> <td>Deductible & coinsurance</td> </tr> <tr> <td>Emergency Room</td> <td>\$100 copay</td> <td>\$100 copay</td> </tr> <tr> <td>Rx Copays (Retail)*</td> <td>\$10/\$35/\$60</td> <td>50% after deductible</td> </tr> <tr> <td>Out-of-Pocket Maximum</td> <td>\$1,000/\$2,000</td> <td>\$2,000/\$4,000</td> </tr> <tr> <td>Maximum Lifetime Benefit</td> <td>Unlimited</td> <td>Unlimited</td> </tr> </tbody> </table> <p><u>HDHP WITH HSA</u> Primary Care: Deductible and coinsurance both in- and out-of-network Specialist: Deductible and coinsurance both in- and out-of-network</p> <table> <thead> <tr> <th></th> <th><u>In-Network</u></th> <th><u>Out-of-Network**</u></th> </tr> </thead> <tbody> <tr> <td>Deductible (Individual/Family)</td> <td>\$2,000/\$4,000</td> <td>\$4,000/\$8,000</td> </tr> <tr> <td>Deductible Accumulator</td> <td>Plan Year (11/1 to 10/31)</td> <td>Plan Year (11/1 to 10/31)</td> </tr> <tr> <td>Coinsurance (You Pay/Plan Pays)</td> <td>20%/80%</td> <td>40%/60%</td> </tr> <tr> <td>Inpatient/Outpatient Hospital</td> <td>Deductible & coinsurance</td> <td>Deductible & coinsurance</td> </tr> <tr> <td>Urgent Care</td> <td>Deductible & coinsurance</td> <td>Deductible & coinsurance</td> </tr> <tr> <td>Emergency Room</td> <td>Deductible & coinsurance</td> <td>Deductible & coinsurance</td> </tr> <tr> <td>Rx Copays (Retail)*</td> <td>(After ded) \$20/\$40/\$70</td> <td>50% after deductible</td> </tr> <tr> <td>Out-of-Pocket Maximum</td> <td>\$3,000/\$6,000</td> <td>\$6,000/\$12,000</td> </tr> <tr> <td>Maximum Lifetime Benefit</td> <td>Unlimited</td> <td>Unlimited</td> </tr> </tbody> </table> <p>*Retail Rx copays are for generic/brand/non-preferred brand; mail order copays are 2x retail **An out-of-network provider can and often will balance bill you above the amount Aetna will pay for services therefore, the out-of-pocket max may not protect you when you go out-of-network.</p>		<u>In-Network</u>	<u>Out-of-Network**</u>	Deductible (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000	Deductible Accumulator	Calendar Year	Calendar Year	Coinsurance (You Pay/Plan Pays)	10%/90%	30%/70%	Inpatient/Outpatient Hospital	Deductible & coinsurance	Deductible & coinsurance	Urgent Care	\$50 copay	Deductible & coinsurance	Emergency Room	\$100 copay	\$100 copay	Rx Copays (Retail)*	\$10/\$35/\$60	50% after deductible	Out-of-Pocket Maximum	\$1,000/\$2,000	\$2,000/\$4,000	Maximum Lifetime Benefit	Unlimited	Unlimited		<u>In-Network</u>	<u>Out-of-Network**</u>	Deductible (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000	Deductible Accumulator	Plan Year (11/1 to 10/31)	Plan Year (11/1 to 10/31)	Coinsurance (You Pay/Plan Pays)	20%/80%	40%/60%	Inpatient/Outpatient Hospital	Deductible & coinsurance	Deductible & coinsurance	Urgent Care	Deductible & coinsurance	Deductible & coinsurance	Emergency Room	Deductible & coinsurance	Deductible & coinsurance	Rx Copays (Retail)*	(After ded) \$20/\$40/\$70	50% after deductible	Out-of-Pocket Maximum	\$3,000/\$6,000	\$6,000/\$12,000	Maximum Lifetime Benefit	Unlimited	Unlimited
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<p>Health Savings Account (HSA) - Infinisource</p>	<p>If you enroll in the Aetna HDHP, EMS will fund an HSA to help you pay the deductible – \$1,000 for “Employee Only” coverage; \$1,500 for “Employee + Spouse” or “Employee + Child(ren)”; \$2,000 for “Family.” You can also contribute to the HSA up to the 2019 IRS contribution limit which is \$3,500 for “Employee Only” coverage and \$7,000 for all other coverage levels. If you are age 55 or older, you can contribute an additional \$1,000.</p>																																																																												
<p>Dental Insurance – Principal <i>Monthly Contributions</i></p> <p><u>Dental EPO</u></p> <table> <tr> <td>Single</td> <td>\$ 8.98</td> </tr> <tr> <td>Family</td> <td>\$35.50</td> </tr> </table>	Single	\$ 8.98	Family	\$35.50	<p><u>Dental EPO</u></p> <table> <thead> <tr> <th></th> <th><u>In-Network Only</u></th> </tr> </thead> <tbody> <tr> <td>Calendar Year Deductible (Individual/Family)</td> <td>\$25/\$25</td> </tr> <tr> <td>Annual Plan Maximum*</td> <td>\$1,000</td> </tr> <tr> <td>Diagnostic and Preventive Services</td> <td>100% (deductible waived)</td> </tr> <tr> <td>Basic Services</td> <td>80%</td> </tr> <tr> <td>Major Services</td> <td>50%</td> </tr> <tr> <td>Perio/Endo</td> <td>Same as major services</td> </tr> <tr> <td>Orthodontia</td> <td>50% (\$750 lifetime max)</td> </tr> </tbody> </table> <p>*You can roll over up to \$250/year of your unused maximum benefit to the following plan year if you received preventive dental services during the year and total annual claims are less than \$500.</p> <p>Note: percentages represent the amount the plan pays.</p>		<u>In-Network Only</u>	Calendar Year Deductible (Individual/Family)	\$25/\$25	Annual Plan Maximum*	\$1,000	Diagnostic and Preventive Services	100% (deductible waived)	Basic Services	80%	Major Services	50%	Perio/Endo	Same as major services	Orthodontia	50% (\$750 lifetime max)																																																								
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<p>We are pleased to provide you with an overview of the benefits available to you as an Elisabeth Morrow School employee. This is a brief summary and does not constitute a contract. Please refer to your Certificate of Insurance for further information. The information is effective as 11/1/19.</p>																																																																													



Product and Premiums		Benefits	
Dental Insurance (cont.) – Principal <i>Monthly Contributions</i> <u>Dental PPO</u> Single \$14.44 Family \$54.46		Dental PPO Calendar Year Deductible (Individual/Family) \$50/\$150 Annual Plan Maximum* \$1,000 Diagnostic and Preventive Services 100% (deductible waived) Basic Services 80% Major Services 50% Perio/Endo Same as basic services Orthodontia 50% (\$1,000 lifetime max) * You can roll over up to \$250/year of your unused maximum benefit to the following plan year if you received preventive dental services during the year and total annual claims are less than \$500. **Out-of-network benefits based on 90 th UCR	
Voluntary Vision Insurance – Principal (using the VSP Choice Network) <i>Monthly Contributions</i> <u>VISION PPO</u> Employee \$ 6.05 Employee+ Spouse \$10.62 Employee +Child(ren) \$12.18 Family \$17.96		Principal PPO Exam (every 12 months).....\$10 copay Basic Lenses (every 12 months) - Single.....\$25 copay - Bifocal.....\$25 copay - Trifocal.....\$25 copay - Lenticular.....\$25 copay Frames (every 24 months).....\$130 allowance Contacts (every 12 months) - Conventional.....\$130 allowance - Medically Necessary.....\$25 copay	In- and Out-of-Network Benefits** In-Network \$45 allowance Out-of-Network \$30 allowance \$50 allowance \$65 allowance \$100 allowance \$70 allowance \$105 allowance \$210 allowance Note: percentages represent the amount the plan pays.
Health Care Flexible Spending Account (FSA) and Dependent Care Account (DCA) - Infnisource		The FSA and DCA help you save money on health/dependent care expenses for you and your family. You can contribute to one or both accounts and money is set aside from your paycheck before taxes are taken out (maximum contribution for 2019/2029 plan year: FSA - \$2,700 and DCA - \$5,000). If you are enrolled in the HDHP with HSA, the Health Care FSA becomes a Limited Purpose FSA for vision and dental expenses only.	
Employer Paid Basic Term Life and AD&D Insurance – Principal		EMS provides eligible full-time employees with Basic Term Life and AD&D Insurance of 2x salary to a maximum of \$125,000.	
Voluntary Term Life and AD&D Insurance – Principal		You have the option to purchase additional Term Life and AD&D Insurance in increments of \$25,000 up to \$200,000. You may purchase spouse coverage in increments of \$5,000, not to exceed 50% of the employee amount and \$10,000 of child coverage not to exceed 50% of the employee amount (max child coverage is \$1,000 from birth to 14 days).	
Employer Paid Long Term Disability Insurance		EMS provides eligible full-time employees with Long Term Disability Insurance. Benefits begin on the 91 st day of disability and the amount is 60% of salary (excluding bonus and commissions) to a maximum benefit of \$6,000 per month. The duration of benefits is based on your Social Security normal retirement age.	
Who to Contact HR Contact at EMS Medical #694969, #760166 Dental Vision HSA/FSA/DCA Life/AD&D Disability	Name Keila Pernia Aetna Principal Principal Infnisource Principal Principal	Contact Number 201-568-5566 x7104 800-364-2386 800-247-4695 800-877-7195 866-370-3030 800-247-4695 800-247-4695	Website/Email kpernia@elisabethmorrow.org www.aetna.com www.principal.com www.principal.com/vsp www.infnisource.com www.principal.com www.principal.com
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