

Benefit NEWS

January 2016

HQ JobFair (3)

2016 Benefit Program

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HEALTH PLAN – December 1, 2015

ATCorp offers the \$2,000 Deductible Plan from BlueCross BlueShield of Minnesota.

Health Plan Highlights

BCBS Plan Feature/Service Using Network Providers	BCBS \$2000 Plan
Network Names	MN: BCBS Aware® Other: National BlueCard®
Deductible <i>Per calendar year</i>	\$2,000/person \$4,000/family
Out of Pocket Maximum <i>Per calendar year</i>	\$6,000/person \$12,000/family
Preventive Care, Screening, Immunization	No charge
Physician Office Visit	\$40 Copay
Specialty Provider Office Visit	\$60 Copay
Retail Clinic Visit	\$40 Copay
Online Care Anywhere®	Three free visits, then \$40
Children's Eyewear <i>Once per year</i>	75% covered after deductible
Therapy Services Chiropractic, Speech, Occupational, Physical	75% covered after deductible
Prescriptions * <i>Retail: 31-day limit</i>	<i>Preferred:</i> \$10 Copay generic \$50 Copay brand <i>Non-preferred:</i> \$90 Copay
Hospital Services In and Outpatient	75% covered after deductible
Urgent Care (At UC Clinic) Hospital ER	\$40 Copay or \$60 Copay Specialist 75% covered after deductible
Out of Network Care You pay the difference between billed charges and allowed amounts.	Most services covered at 50% after deductible of \$10,000/person.

The Master Contract will prevail in case of error and for all claim adjudication.



(651) 662-8000 (800) 382-2000
www.bluecrossmn.com

*See the GenRx preferred (formulary) drug list at www.bluecrossmn.com.

- Go to [Prescription Drugs](#).
- Search the [GenRx](#) list at MyPrime.

The above statements are intended to neither describe nor offer employment. This newsletter is intended to give you a summary of the benefits you may receive. Please realize that this benefits statement is not a legal document. All benefits are governed by the Summary Plan Descriptions and Master Contracts which have precedence over the information reported in this statement. Architecture Technology Corporation reserves the right to change, suspend, or cancel its benefit policies or practices with or without notice.



Health Plan Contributions

ATCorp pays a significant portion of the health plan premium. Here are the monthly contributions.

Covered Member	Cost per Month - December 1, 2015
Employee	\$115.00
Spouse	\$250.00
Child/ren	\$125.00 (\$375.00 maximum)



Find a Health Plan Provider

Always use a network provider for highest benefit levels.

- **In Minnesota, use an Aware® network provider.**
- **Outside of Minnesota, use a National BlueCard® provider.**

To find a participating provider:

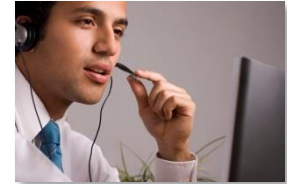
- Visit www.bluecrossmn.com
(Go to *Resources* and choose *Find a Doctor*. Select Blue Cross Aware® or National BlueCard®, depending upon your location.)



BCBS Nurse Line (800) 622-9524

This is the BCBS toll-free line for medical help and information 24 hours a day. This is a free and confidential service for BCBSM health plan members.

Always dial 911 for medical emergencies.



Employee Assistance Program (EAP)

Call the EAP 24/7 for assistance with financial matters, marriage and relationship problems, work-related issues, substance abuse, legal concerns, stress, mental health, child and elder care services, and other life challenges. This is a free and confidential service for BCBSM health plan members.



(651) 662-0900 (800) 432-5155
www.bluecrossmn.com/eap

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DENTAL PLAN – January 1, 2016

ATCorp offers a dental plan from Delta Dental of Minnesota.

Find a Dental Plan Provider



Although you may see any dentist you wish, benefits are highest when you see a Delta Dental Premier provider.

In Minnesota:

Visit www.deltadentalmn.org
Search the Premier network.

Outside of Minnesota:

Visit www.deltadental.com
Search the Premier network.



(651) 406-5916

(800) 553-9536

Dental Plan Highlights

Delta Dental Plan Service/Feature	Plan Benefit
Network Name	Delta Dental Premier
Maximum Annual Benefit Per calendar year	\$1,000/person
Deductible Per calendar year	\$50/person \$150/family
Preventive & Diagnostics Cleanings, exams, x-rays	100% covered No deductible
Basic Restorative Services Fillings Sealants for children through age 15 Oral Surgery Endodontics (Root canal therapy) Periodontics (Gum disease care)	80% covered
Major Restorative Services Restorative (Crowns) Prosthetics (Dentures, Bridges) Implants	50% covered

The Master Contract will be used in case of error and for all claim adjudication.

Dental Plan Contributions

ATCorp pays 100% of the employee-only (single) premium plus a significant portion of any spouse/dependent coverage. These are the monthly contributions:

2016 Coverage Status	Cost per Month
Employee	\$0
Employee + One or More	\$30.00

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BASIC LIFE INSURANCE PLAN

ATCorp provides a basic life insurance and matching accidental death and dismemberment (AD&D) benefit through Mutual of Omaha. We pay 100% of the premium.

Life Plan Benefit

Eligible employees receive \$50,000 of term life insurance plus \$50,000 of AD&D coverage. These amounts reduce at age 65 and again at age 70.

Your Life and Disability Carrier is

MUTUAL of OMAHA



DISABILITY PLANS

All eligible employees are covered under both a short-term (STD) and a long-term disability (LTD) plan through Mutual of Omaha. ATCorp provides 100% of the premiums for this coverage. Premiums are added to the employee's gross salary so taxes are paid on disability premiums. This arrangement ensures tax-free disability benefits.

Short-Term Disability (STD)

Receive 66.67% of your weekly pay up to \$1,500/week maximum benefit in the event of a qualifying disability. Benefits begin on the 1st day of a disability due to an accident and the 8th day due to illness. Benefits may continue for up to 13 weeks.

Long-Term Disability (LTD)

Receive 60% of your monthly pay up to \$6,000/month maximum in the event of a qualifying disability. Benefits begin after 90 days of a continuous disability and may be paid up to your normal social security retirement age. Limits may apply for mental health and substance abuse-related disabilities, for partial disabilities, or if disability occurs at age 62 or older.



Travel Assistance

Travel assistance services are available to you and your dependents anywhere in the world while traveling, either abroad or more than 100 miles from home:

- Pre-departure information
- Emergency medical assistance
- Travel support services
- Technical assistance
- Informational brochures

www.mutualofomaha.com
(800) 948-9478

This is only a summary of your life and disability plans. Please read your certificates for more detail. The Master Contracts will prevail in the case of error and for all claim adjudication.



401(k) Employees Savings Trust

You are eligible to join this plan if you have completed one quarter of service, have worked 250 hours in the preceding quarter and are age 21 years or older.

About the 401(k)

The 401(k) savings plan allows you to elect how much salary you wish to contribute (up to certain maximums) and direct the investments of your plan.

ATCorp also matches employee contributions with an additional \$0.25 per dollar of employee contributions on the first 8% of employee contributions.



FLEXIBLE BENEFIT PLAN

Plan year January 1 – December 31, 2016

ATCorp sponsors a calendar-year flex plan through SelectAccount to help you pay less tax three ways:

Premiums: Pre-tax deductions of the ATCorp health and dental plan premiums if the employee participates.

Health Care: Pre-tax deductions up to \$2,550/year to help pay for medical, dental or vision expenses not covered by your or your spouse's health and dental plans.

Dependent Care: Pre-tax deductions for dependent care expenses up to \$5,000/year if married or single or \$2,500 if married, filing separately.

Flex Plan Features

- Debit cards are issued for all flex plan members participating in the Health Care spending account. These cards are loaded with the current flex dollars for use when paying eligible expenses.
- Employees may continue to have eligible health care services paid directly from the Health Care spending account via "crossover" (no claim submission needed).



www.selectaccount.com
(651) 662-5065 (800) 859-2144

What's an Eligible FSA Expense?

See the SelectAccount list of expenses eligible for reimbursement from your flex plan. Visit www.selectaccount.com, choose Members, then Resources, then Education.



BCBS Value Adds

If you are a BCBS member, you have access to these services:



OnlineCareAnywhereMN.com

Online Office Visits

Talk on the phone, instant message or have a video conference with a doctor who can answer your questions, diagnose your condition and prescribe medications.



Not available in all states.



Healthy Start

Healthy Start is a special program that supports moms with high-risk pregnancies. This service matches you with a registered nurse who, along with your provider, helps you throughout your pregnancy and for six weeks after birth. This program is included in your health plan benefits.

www.myhealthystart.org
(866) 489-6948



Retail Clinics

For overall lower costs in most cases, BCBS has joined with MinuteClinic, Target Clinic, and other retail clinics to provide low-cost, convenience health care for many common illnesses and vaccinations.



Tobacco Cessation Program

Let BCBS help you stop using tobacco. The number is (888) 662-BLUE (2583).



BlueCrossMN App

Find doctors, check claims, view your ID card. Make sure you're registered at myBlueCrossMN.

Download the app on the App Store, Google play or visit mktg.bluecrossmn.com/gomobile for a QR code.



Fitness Discounts

Receive a \$20 credit off your monthly fitness center membership fee when you work out at least 12 days per month. Use the BCBS local and national network of fitness centers. Visit www.bluecrossmn.com and register under **MyBlueCross** to see a participating list.



ATCorp provides these additional benefits for eligible employees:

Paid Time Off (PTO)

Employees in their first year of service will earn PTO at the rate of 8 hours (1 day) per month for each month worked, up to a maximum of 96 hours (12 days).

Employees are eligible to earn PTO, after the employee has completed one full pay period. The PTO anniversary date will be the date of the first deposit of PTO hours.

PTO for full-time employees runs from pay period to pay period. PTO is earned each pay period. At the end of the pay period PTO is available for use. PTO can be used in minimum increments of one-half hour.

PTO earnings will be changed on PTO anniversary dates, where there is a change in the rate that PTO is earned for that anniversary date. For example, an employee who has worked for 6 years and earns PTO at a rate of 1.75 days per pay period will on their anniversary date, reach 7 years and a PTO earning rate of 2 days per pay period until the next tier change.

Employees may roll their unused PTO over to the next calendar year on December 31. Banked PTO rollover cannot exceed 15 days (120 hours) of PTO. Any additional unused PTO must be used or may be placed in the employees Extended Leave Bank (ELB), up to a maximum of 30 days (240 hours) PTO.

Paid Time Off (PTO) accrual schedule for a full-time employee:

Years of Eligible Service	PTO Earned Per Pay Period	Maximum PTO Hours Earned Per Year
<1 years of service	8 hours (1 day) per pay period	96 hours (12 days)
1 – 3 year of service	12 hours (1.5 days) per pay period	144 hours (18 days)
4 – 6 years of service	14 hours (1.75) days per pay period	168 hours (21 days)
7 – 15 years of service	16 hours (2.0 days) per pay period	192 hours (24 days)
16 – 16+ years of service	18 hours (2.25 days) per pay period	216 hours (27 days)

Holidays

Generally, ATC has a fixed holiday schedule and will grant holiday time off to all full-time employees on the holidays listed below:

- New Year's Day (January 1)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- (2) Thanksgiving (fourth Thursday & Friday in November)
- Christmas Eve (December 24) & Christmas (December 25)
- (2) Floating Holidays – Received on January 1

Holiday Benefit Eligibility

The following rules define holiday pay eligibility for new full-time employees:

1. Employees hired in the first quarter (January 1st – March 31st) of a year are eligible for two floating holidays during the year of hire and two floating holidays each year thereafter.
2. Employees hired in the second quarter (April 1st – June 30th) of a year are eligible for one floating holiday during the year of hire and two floating holidays each year thereafter.
3. Employees hired in the third or fourth (July 1st – December 31st) quarter of a year are not eligible for any floating holidays in the year of hire and two floating holidays each year thereafter.

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Extended Leave Bank (ELB)

ATCorp provides paid Extended Leave Bank (ELB) benefits to all eligible full-time employees for periods of temporary absence due to illnesses or emergency absence.

New employees will receive a one-time deposit of 40 hours (5 days) in their initial ELB.

ELB is designed to assist an employee with extended leaves. Extended leaves refer to; Family Medical Leave Act (FMLA), Short Term Disability (STD) bridge, Bereavement, Maternity Leave, Serious Health Condition and Military Duty. In many instances ELB may be used concurrently with FMLA.

Every December 31, employees may roll unused banked PTO hours in excess of 120 hours (15 days) into their ELB. Employees may bank up to 240 hours (30 days) of PTO in their ELB, once the ELB reaches the max of 240 hours (30 days) employees are no longer able to add to their ELB.

Professional Membership

ATCorp will pay 100% of the membership fee for a full-time employee to join one professional association related to the employee's discipline or work assignment.

To apply for one of our unique opportunities, please visit:
<http://atcorp.com/about/careers>.

Only resumes received through our careers website will be considered.
We do this to ensure that your resume gets to the correct hiring team.

