

# Benefit NEWS 2022

December 2021 (2)

# IMPORTANT INFORMATION

Regarding your 2022 Benefit Program

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



Please note CVS and Target are not participating BCBS pharmacies.

\*See the KeyRx preferred (formulary) drug list at www.bluecrossmnonline.com.

(When searching for a pharmacy, choose the CLASSIC pharmacy network.)

# **HEALTH PLAN –** January 1, 2022

ATC-NY offers two plans from BlueCross BlueShield of Minnesota.

### **Health Plan Highlights**

BCBS Plan Feature/Service	<b>BCB\$</b> Group #10289453	
Using Network Providers	2000 Plan	<b>NEW!</b> 4000 Plan
Network Names	MN: BCBS Aware®	
	Other: National BlueCard® PPO	
Deductible	\$2,000/person	\$4,000/person
Per calendar year	\$6,000/family	\$12,000/family
Out of Pocket Maximum	\$4,500/person	\$8,700/person
Per calendar year	\$9,000/family	\$17,400/family
Preventive Care,	No charge	No charge
Screenings, Immunizations		
Physician Office Visit	\$40 Copay	100% covered after
Specialty Provider Visit	\$40 Copay	deductible
Retail Clinic Visit	\$40 Copay	
E-visits @ DoctorOnDemand	First 5 visits free; other	First 5 visits free; other
	e-visits \$20 Copay	e-visits \$20 Copay
Behavioral Health Care		
Office visit - therapy	\$40 Copay	\$40 Copay
Office visit - other	70% covered after	70% covered after
	deductible	deductible
Prescriptions	KeyRx*	KeyRx*
Retail: 31-day supply limit	Tier 1: \$15 Copay	Tier 1: \$15 Copay
Mail Order & 90day Rx offer a	Tier 2: \$50 Copay	Tier 2: \$50 Copay
90-day supply for 3 copays	Tier 3: \$70 Copay	Tier 3: \$70 Copay
	Tier 4: \$120 Copay	Tier 4: \$120 Copay
Hospital Stay	70% covered after	70% covered after
Harris and Course (Add HC Climics)	deductible	deductible
Urgent Care (At UC Clinic)	\$40 Copay	\$40 Copay
Hospital Emergency Room	70% covered after	70% covered after
	deductible	deductible
Out of Network Care You pay	Most services covered	Most services covered
the difference between billed charges and allowed amounts.	at 50% after deductible of \$5,000/person.	at 50% after deductible of \$7,500/person.
	revail in case of error and for a	

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

\*View the KeyRx Prescription Drug List at:

https://www.myprime.com/en/medicines.html#find-medicine

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# **Health Plan Contributions - 2022**

ATC-NY pays a significant portion of your health plan premium.

These are your contributions, paid pre-tax through payroll deductions.

Covered Member	2000 Plan	4000 Plan
Employee Only	\$250.00/month \$125.00/pay period	\$200.00/month \$100.00/pay period
Add Spouse	Add \$531/month \$265.50/pay period	Add \$425/month \$212.50/pay period
Add Child/ren	Add \$187 per child/month \$93.50/pay period	Add \$150 per child/month \$75.00/pay period



# Find a Health Provider

Always use a network provider for maximum benefit levels from your health plan.

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

To find a network provider:

- Call BCBS Customer Service at (651) 662-8000,
   (800) 382-2000, TDD (888)878-0137, or the number on your BCBS ID card.
- Visit www.bluecrossmnonline.com/home. Go to the tab called Find a Doctor or Rx.
- For the most accurate information, register as a BCBS member at www.bluecrossmnonline.com/home.



# DoctorOnDemand.com/bcbsmn

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.

Both physical and mental health care is offered. (877) 515-9990

www.DoctorOnDemand.com/bcbsmn

Not available in all states.

# BCBS Health Support Tools

#### Online Mental Health Program

For insomnia, stress, excessive worry or depression, Learn to Live is a confidential, online cognitive behavioral program proven to work. Use in the privacy of your own home—there's no cost. Visit learntolive.com/partners.

Use code Blue4.

#### **Health Coaching**

Receive professional support for managing chronic or serious health conditions, including treatment plan support and community resources.

(800) 961-4758



#### **Tobacco Cessation**

BCBS offers free, personalized guidance for a tobacco quit plan and provides ongoing support from a wellness coach. 1-(888) 662 BLUE (2593)

Mobile apps are also available: Quit for Life, NCI QuitPal, and QuitStart. Visit the Do.Wellbeing tab at bluecrossmnonline.com.

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# **DENTAL PLAN** – January 1, 2022

ATC-NY offers a dental plan from MetLife. The Preferred Dentist Program (PDP) allows you to see any dentist you wish, but benefits are highest when you visit a Preferred Dentist.

### **Dental Plan Highlights**

Dental Plan Feature/Service	In-Network Benefit	Out-of-Network Benefit
Network Name	MetLife PDP	n/a
Annual Maximum Per calendar year	\$1,000/person	\$1,000/person
<b>Deductible</b> Per calendar year	\$50/person \$150/family	\$50/person \$150/family
Preventive Services Exams, Bitewing X-rays, Fluoride, Cleanings	100% covered No deductible	100% covered No deductible
Basic Services Fillings, Oral Surgery, Endodontics, Periodontics	80% covered after deductible	80% covered after deductible
Major Services Crowns, Inlays, Onlays, Dentures, Bridges, Implants	50% covered after deductible	50% covered after deductible
Orthodontia Services	Not covered	

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

# **Dental Plan Contributions**

ATC-NY pays 100% of your employee-only (single) premium. You pay for any spouse/dependent coverage you may elect. These are your monthly contributions:

Coverage Status	2022	
Employee Only	\$0	
Employee + One or More	\$35.00/month \$17.50/pay period	



# Find a Dental Provider

See a participating Preferred Dentist Program (PDP) dentist for best coverage. Find one at:

www.metlife.com/dental (800) ASK-4MET (800-275-4638)



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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.

### Life Plan Enrollment

If you are eligible, you are automatically enrolled in the life insurance plan.

#### **Designate Your Beneficiary**

If you need to update your life insurance beneficiary, please contact Human Resources for a Beneficiary Designation form.

# **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 you. Premiums are added to your gross salary so you pay taxes on them. This arrangement ensures tax-free disability benefits in the event you receive any.

# **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 8<sup>th</sup> 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 abuserelated disabilities, for partial disabilities, or if disability occurs at age 62 or older.

# Your Life and Disability Carrier is



Group #G000ANH1

#### **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

# Will Preparation

Mutual of Omaha offers free, online will preparation at <a href="https://www.willprepservices.com">www.willprepservices.com</a>. Use code MUTUALWILLS (case sensitive) to register.

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.

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# **FLEXIBLE BENEFIT PLAN**



## Plan year January 1 – December 31, 2022

ATCorp sponsors a calendar-year flex plan through Further to help you pay less tax with flexible spending accounts (FSAs).

**Health Care FSA:** You may use pre-tax deductions to help pay for medical, dental or vision expenses not covered by your or your spouse's health and dental plans from \$360 - \$2,850, depending upon your election.

**Dependent Care FSA:** You may use pre-tax deductions to help pay for dependent child/elder care expenses up to \$5,000/year if married or single, or to \$2,500 if married, filing separately.

# Flex Plan Features

- If you have unused Health Care FSA funds at year-end, you
  may carry over up to \$570 for use in the next flex plan year
  (2023). Dependent Care funds do not qualify for carry over
  according to IRS rules.
- Debit cards are issued for all flex plan members participating in the Health Care FSA. These cards are loaded with your current flex dollars for use when paying eligible expenses.
- You may continue to have your eligible health care services paid directly from your Health Care spending account (no claim submission needed) via "crossover." To add crossover, visit www.hellofurther.com and log into your account. Follow the prompts.



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

Group #001739

# What's an Eligible FSA Expense?

See a list of expenses eligible for reimbursement from your flex plan.

Visit www.hellofurther.com and go to the Learn tab.

Visit the Learning Center.

# 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.

Please contact Human Resources for more information.

John Hancock.

## For more information about the ATCorp benefit program, please contact:

Megan Elder
Director of Human Resources
Architecture Technology Corporation
P.O. Box 24859
Minneapolis, MN 55424

Phone: (952) 829-5864 x163 Fax: (952) 944-1859

Email: melder@atcorp.com



This newsletter is intended to give you a summary of the benefits you may personally receive. Please realize that this personalized 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.

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# **BCBS Value Adds**

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



# **Osharecare**Fitness Incentive

No gym is required for fitness rewards when you sign up at **bluecrossmn.sharecare.com**. Log 7,500 steps/day for 21 out of 30 days to get rewards to spend in Marketplace. Choose a Visa e-Rewards card, retail gift card or premium merchandise. Other activities count toward rewards tool Call BCRS at the number on

activities count toward rewards, too! Call BCBS at the number on the back of your ID card for more.



#### An Online Mental Health Program

For insomnia, stress, excessive worry or depression, Learn to Live is a confidential, online cognitive behavioral program proven to work.

Use in the privacy of your own home—there's no cost. Visit learntolive.com/partners, use code Blue4.



#### Lowering risks for diabetes & heart disease

This online program can help you lose weight, feel great and lower your risk for type 2 diabetes and heart disease. Available at no cost to you and adult family members. Visit **omadahealth.com/bcbsmn1**.



#### **Maternity Management**

This is a special program that supports moms with high-risk pregnancies. It matches you with a registered nurse who, along with your provider, helps you throughout your pregnancy and for six weeks after birth. (651) 662-1818 or (866) 489-6948



# About Prescription Drug Benefits

#### Insulin

Tier 1 and Tier 2 insulin options will be covered at \$0 for health plan members.

#### Use the BCBS Classic Pharmacy Network

It does not include Target/CVS pharmacies. Prescriptions from Target/CVS may be charged at full retail price. Go to bluecrossmn.com/classicpharmacy network.

#### Use Rx Mail Order

Using mail order for maintenance medications may save you money. For questions about Rx Mail Order, call PrimeMail® at 877-357-7463.

