



# Employee Benefits Guide



2019 – 2020 Plan Year  
Effective October 1, 2019

Manara Academy takes great pride in providing you and your family with a cost-effective and high-quality benefits program. Your benefits are an important part of your overall compensation. We work year-round, thoroughly evaluating our benefits to ensure that we provide you with the most up-to-date competitive program. This open enrollment guide will help you decide how to choose the best benefit options for you and your family.

## **Open Enrollment**

Open Enrollment is the one time each year associates can review their current benefit selections, verify dependent information and enrollment, and make choices that will fit your benefit needs in the upcoming year.

**Please keep in mind that you will not be able to make plan changes after the open enrollment period unless you experience a “qualifying event”.**

Examples of qualifying events are:

- Loss of Other Coverage, Termination of Employment, Reduction in Hours, Divorce or Legal Separation, Death, Exhaustion of COBRA or state continuation
- Marriage
- Birth of a Child
- Adoption or Placement for Adoption

Please review the 2019 plan year information before making your final decisions.

All benefits listed in this packet take effect on **October 1, 2019**.

## **What needs to be done:**

- Everyone must complete an enrollment by enrolling with a Benefit Specialist through Building Blocks.
- All enrollment calls should be completed by **October 11, 2019**.

*For illustrative purposes only. For complete benefit information, please refer to the plan documents for each benefit. In the event of a discrepancy between this brochure and the plan document, the plan document will prevail. Possession of this document is not a guarantee of coverage.*

# Medical Benefits

*In-Network Benefits Only*

*See detailed benefit summary for Out-of-Network benefits*

	H.S.A. LocalPlus	Low LocalPlus	Buy Up PPO
<b>Coinsurance</b>	0%	30%	25%
<b>Deductible</b> Individual/Family	\$4,000 / \$8,000	\$5,000 / \$10,000	\$3,000 / \$6,000
<b>Out of Pocket Max</b> Individual/Family <i>(Includes deductible, coinsurance and copays)</i>	\$6,650 / \$13,300	\$7,350 / \$14,700	\$7,350 / \$14,700
<b>Office Visit</b>	0% after Ded.	\$40 Copay	\$30 Copay
<b>Specialist</b>	0% after Ded.	\$40 Copay	\$30 Copay
<b>Preventive Care</b> <i>(Diagnostic and Routine Preventive Mammograms, Pap Smears and PSA tests)</i>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Urgent Care</b>	0% after Ded.	\$65 Copay	\$50 Copay
<b>Emergency Room</b>	0% after Ded.	\$100 Copay	\$100 Copay
<b>Hospital Inpatient</b>	0% after Ded.	30% after Ded.	25% after Ded.
<b>Hospital Outpatient</b>	0% after Ded.	30% after Ded.	25% after Ded.
<b>Retail Prescriptions</b> Tiers 1/2/3/4	0% after Ded.	\$15/\$30/\$60	\$15/\$30/\$60

## Medical Monthly Rates

	H.S.A. LocalPlus	Base LocalPlus	Buy Up PPO
<b>Employee</b>	\$451.09	\$458.94	\$506.19
<b>Employee + Spouse</b>	\$1,197.28	\$1,213.76	\$1,313.00
<b>Employee + Child(ren)</b>	\$1,052.07	\$1,066.98	\$1,156.76
<b>Family</b>	\$1,803.27	\$1,826.84	\$1,968.61

# Dental Benefits

*In-Network Benefits Only*

See detailed benefit summary for *Out-of-Network benefits*

Manara Academy is excited to announce a **NEW** dental carrier. Effective October 1, 2019, CIGNA will be our new carrier. We will also be offering a new dental low plan with our high plan.

CIGNA DPPO Network	Base DPPO Plan	Buy Up DPPO Plan
<b>Individual Deductible</b>	\$50	\$50
<b>Family Deductible</b>	\$150	\$150
<b>Diagnostic &amp; Preventive Services</b>	Covered at 100% (Deductible Waived)	Covered at 100% (Deductible Waived)
<b>Basic Services</b> <i>(Fillings, Oral Surgery, Regular Restorative Services)</i>	Deductible then 20% Coinsurance	Deductible then 20% Coinsurance
<b>Major Services</b> <i>(Special Restorative &amp; Prosthodontics)</i>	Deductible then 50% Coinsurance	Deductible then 50% Coinsurance
<b>Annual Maximum</b>	\$1,000	\$2,000
<b>Orthodontics</b>	Not Covered	Child & Adult 50% up to \$1,500 (lifetime)

## How to Find a Provider

If you have a mycigna.com login, you will need to login to that site to search for a provider.

1. Go to <https://www.cigna.com/hcpdirectory/>
2. Click on "Plans through your employer or School"
3. Select CIGNA DPPO Advantage as your dental plan
4. List the requirement such as name, specialty and zip code as your search criteria
5. Click on **search for dentist**.

## Dental Monthly Rates

	Low DPPO Plan	High DPPO Plan
<b>Employee</b>	\$36.21	\$52.33
<b>Employee + Spouse</b>	\$72.81	\$104.26
<b>Employee + Child(ren)</b>	\$78.88	\$123.95
<b>Family</b>	\$122.71	\$189.15



# Vision Benefits

*In-Network Benefits Only*

*See detailed benefit summary for Out-of-Network benefits*

Manara Academy is excited to announce a **NEW** vision carrier. Effective October 1, 2019, CIGNA will be our new carrier. The vision plan utilizes the VSP network for providers.

	VSP Network
<b>Eye Exam Copay</b>	\$10 Copay
<b>Lenses Copay</b>	\$25 Copay
Single	
Bifocal Trifocal	
<b>Frames</b>	\$130 Allowance
<b>Contact Lenses</b>	\$130 Allowance
<b>Frequencies for Services</b>	
Exam	Every 12 Months
Lenses	Every 12 months
Frames	Every 24 months

*Vision Service Frequencies are computed by date of service, not calendar year.*

## Provider Look-Up

1. Go to <https://cigna.vsp.com/find-eye-doctors.html>
2. Type in desired zip code, select Insight as the network
3. Select **Search** button

## Vision Monthly Rates

<b>Employee</b>	<b>\$6.50</b>
<b>Employee + Spouse</b>	<b>\$11.89</b>
<b>Employee + Child(ren)</b>	<b>\$12.01</b>
<b>Family</b>	<b>\$18.49</b>



# Voluntary Life and AD&D Benefits

100% paid for by Employee

You have the option elect to obtain life insurance coverage for yourself, your spouse and your dependent children – all at an affordable group rate provided by CIGNA. Rates are age banded and available on the EaseCentral portal based on the amount you elect. The benefits are listed below:

	Benefit
<b>Employee Benefit</b>	<p>Increments of \$10,000 up to the lesser of 5 X Base Annual Earnings or \$500,000.</p> <ul style="list-style-type: none"> <li>• Maximum coverage is \$500,000</li> <li>• Guarantee Issue - \$100,000</li> <li>• Coverage reduces 35% upon age 65, 60% at age 70, reduces 75% at age 75, reduces 85% at age 80 and then terminates upon employee's retirement</li> </ul>
<b>Spouse Benefit</b>	<p>Spouse Coverage is available in \$5,000 increments up to 50% of employee's election up to \$250,000</p> <ul style="list-style-type: none"> <li>• Maximum coverage is \$250,000</li> <li>• Maximum coverage cannot exceed 50% of the employee's optional coverage amount.</li> <li>• Guarantee Issue - \$50,000</li> <li>• Spouse Coverage is available if the employee is enrolled in Voluntary Term Life coverage.</li> <li>• Coverage reduces 35% at age 65, reduces 75% at age 75, reduces 85% at age 80 and then terminates upon employee's retirement.</li> </ul>
<b>Child Benefit</b>	<p>Dependent Coverage is available if the employee is enrolled in Voluntary Term Life coverage. This benefit provides coverage for all dependent children in the following amounts:</p> <ul style="list-style-type: none"> <li>• From 6 months to 26 years old – \$5,000 or \$10,000</li> <li>• From birth to 6 months - \$500</li> </ul>

*If you had a life changing event such as marriage, divorce or birth of a child in the past year, please remember to check and update your Beneficiary information.*

# Voluntary Worksite Plans



A critical illness, accident, or visit to the hospital can derail your life. It can keep you from working and make it difficult to do the simple things that you take for granted every day. While no insurance product could ever erase the impact of these life altering situations, Colonial can help reduce your stress during recovery.

Empower College Prep will continue to offer voluntary products through Colonial. For full benefit details and pricing, please speak with your Building Blocks Benefit Enrollment Specialist.

## Critical Illness

*100% paid for by Employee*

Critical illness insurance pays a lump sum benefit amount upon the diagnosis of a covered disease or illness. You can use this money for any purpose you like, for example: to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs, or any of your regular household expenses.

## Accident

*100% paid for by Employee*

Accident insurance pays a lump sum benefit amount if an individual incurs a covered injury or dies as result of an accident. You can use this money for any purpose you like, for example: to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs, or any of your regular household expenses.

## Cancer

*100% paid for by Employee*

Cancer insurance pays a lump sum benefit amount for certain procedures, screenings and treatments related to a covered cancer diagnosis. You can use this money for any purpose you like, for example: to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs, or any of your regular household expenses.

## Hospital Indemnity

*100% paid for by Employee*

Hospital Indemnity insurance pays a lump sum benefit when you are admitted to a hospital, whether these charges are covered by your medical plan or not. You can use this money for any purpose you like, for example: to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs, or any of your regular household expenses.



# How Do I Enroll?

A Building Blocks Benefit Advisor will assist you with your enrollment in all employee benefits via Screen Share Enrollment Session which requires access to a computer and internet.



## Receive membership to the **WellCard Savings Program!**

After completing your enrollment session with a Building Blocks Benefit Advisor, you will receive your membership login information to the WellCard Savings Program!

You and your family will have access to receive discounts on Medical, Pharmacy, Vision & Dental Care, Health & Wellness, Pet Discounts, and more!



In addition to your Core Benefits (Medical, Dental, Vision) you may also apply in the following new benefit options:



### ★ Accident

For a covered accident, policyholders receive cash benefits for use as they see fit.



### ★ Cancer

The cancer plan is designed to pay cash benefits that can be used to help offset cancer-related expenses.



### ★ Critical Illness

Helps with medical expenses related to a covered serious health event.



### ★ Short-Term Disability

In the case of an illness or injury, it helps you maintain your standard of living and helps you pay your bills.



### ★ Medical Bridge/Hospital Confinement

Pays cash amounts to help with the non-covered expenses of a hospital stay.



### ★ Life Insurance

Helps you get the peace of mind knowing your family is taken care of.

★ *All benefits with this symbol have Guaranteed Issue available for New Enrollees!*

Contact a Building Blocks representative to schedule your enrollment session today!



Call: 775-382-1287

To schedule online, go to

<https://manaraacademybb4b.youcanbook.me>



# Important Contact Information

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## Medical

Medical Plan Customer Service Number 1-866-494-2111

Website [www.mycigna.com](http://www.mycigna.com)

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## Dental

Dental Customer Service 1-866-494-2111

Website [www.mycigna.com](http://www.mycigna.com)

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## Vision

Vision Customer Service 1-866-494-2111

Website [www.mycigna.com](http://www.mycigna.com)

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## Basic and Voluntary Life/AD&D

Customer Service Number 1-888-842-4462

Website [www.cigna.com](http://www.cigna.com)

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## Worksite Plans / Building Blocks



Customer Service Number 775.382.1287

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## Benefits Broker



AssuredPartners 972.461.7336

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*This booklet has been provided to you as an overview of Empower College Prep's Employee Benefits Program. Possession of this document does not constitute coverage. For a full description of all benefits, including any limitations and exclusions, please refer to the Certificate of Coverage, Plan Description Booklet, Summary of Benefits and Coverage (SBC), or employee handbook for each benefit.*

# Annual Notices

## Health Insurance Portability and Accountability Act (HIPAA)

For purposes of the health benefits offered under the Plan, the Plan uses and discloses health information about you and any covered dependents only as needed to administer the Plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options offered under the Plan will comply with the applicable health information privacy requirements of federal Regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's Notice of Health Information Privacy practices or Privacy Notice. Plan participants in the Company-sponsored health and welfare benefit plan are reminded that the Company's Notice of Privacy Practices may be obtained by submitting a written request to the Human Resources Department. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

## Newborns' and Mothers' Health Protection Act

Group health plans and health issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, if applicable).

## Notice Regarding Special Enrollment

If you are waiting enrollment in the Medical plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Medical plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## Special Enrollment Rights CHIPRA – Children's Health Insurance Plan

You and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
- You become eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance program).
- You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

## Genetic Nondiscrimination

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the Company asks Employees not to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## Qualified Medical Child Support Order

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

# Annual Notices continued...

## Notice of Required Coverage Following Mastectomies

In compliance with the Women's Health and Cancer Rights Act of 1998, the plan provides the following benefits to all participants who elect breast reconstruction in connection with a mastectomy, to the extent that the benefits otherwise meet the requirements for coverage under the plan:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and,
- Coverage for prostheses and physical complications of all stages of the mastectomy, including lymphedemas. The benefits shall be provided in a manner determined in consultation with the attending physician and the patient. Plan terms such as deductibles or coinsurance apply to these benefits

## Women's Preventive Health Benefits

The following women's health services are considered preventive. These services generally will be covered at no cost share, when provided in-network:

- Well-woman visits (annually and now including prenatal visits)
- Screening for gestational diabetes
- Human papilloma virus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breast-feeding support, supplies and counseling
- Generic formulary contraceptives are covered without member cost-share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

## Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

## Mental Health Parity and Addiction Equity Act of 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code, and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

## COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules.

If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it to the Plan Administrator with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1<sup>st</sup> of the month. If premium payments are not received in a timely manner, Federal law stipulates that your coverage will be cancelled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Plan Administrator.

Please note, if the terms of the Plan and any response you receive from the Plan Administrator's representatives' conflict, the Plan document will control.



