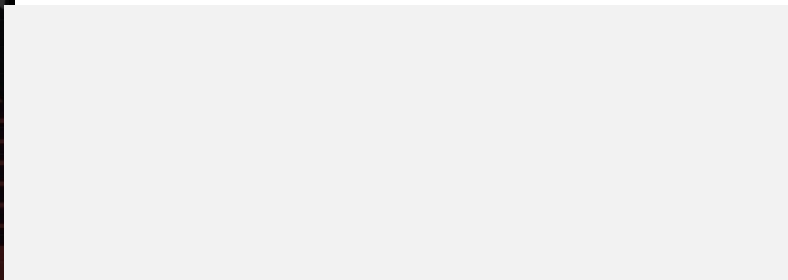


2024

EMPLOYEE BENEFITS GUIDE

Minneapolis College of Art
and Design



The background of the slide is an abstract, textured painting with vibrant colors including red, orange, yellow, blue, and purple. A large black rectangular box is overlaid on the left and center of the image, containing white text. The text is organized into sections with bold headers and bullet points.

WHAT IS NEW FOR 2024?

Medical Plan:

- Adding a new High Deductible Health Plan: \$7000-100% HDHP (HSA compatible).
- No more Preferred/Nonpreferred options.
- WELL+ will not continue into 2024
- Weight loss medications are excluded from the health plan (HealthPartners mandated change)
- Contraceptives are limited to a 12 month supply per fill (benefit enhancement)

Flexible Spending Accounts (FSA)

Medical Flexible Spending Account (FSA) & Limited Purpose Flexible Spending Account (LP-FSA)

- IRS limits for FSA & LP-FSA increased to \$3,200 for 2024

Health Savings Accounts (HSA):

IRS limits for HSA increased for 2024

- Employee Only: **\$4,150**
- All Other Tiers: **\$8,300**

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Benefits At A Glance

MCAD offers a competitive benefit program that is reviewed annually to ensure it meets the needs of our diverse employee base.

BENEFIT	SUMMARY
Health Insurance	<p>Four plan design options:</p> <ul style="list-style-type: none"> ● PLAN ONE (CO-PAY PLAN): \$1,500-\$45-75% ● PLAN TWO (THREE FOR FREE PLAN): \$2,500-75% ● PLAN THREE (High Deductible Health Plan/HDHP): \$4,000-100% HDHP/HSA Preventive RxPlus ● PLAN FOUR (High Deductible Health Plan/HDHP): \$7,000-100% HDHP/HSA Preventive RxPlus <p>Three network options:</p> <ul style="list-style-type: none"> ● Open Access + Mayo ● Perform (w/o Mayo) ● Achieve (HealthPartners/Park Nicollet systems)
Health Savings Account (HSA)	Pre-tax savings account for high deductible health plan participants
Medical Flexible Spending Accounts (FSA)	Pre-tax account used for eligible health care expenses
Limited Flexible Spending Accounts (LP-FSA)	Additional pre-tax account for HSA participants used for eligible dental and vision expenses
Dependent Care FSA	Pre-tax account used for eligible dependent care expenses
Dental Insurance	Dental plan coverage for preventive, basic, major services, and orthodontia for dependents
Vision Insurance	Vision plan coverage for eye exams, lenses, frames and/or contacts, and other vision services
Life and AD&D	Basic life coverage provided. Employees may purchase additional coverage for themselves, their spouse, and/or their dependents.
Short and Long Term Disability	A continuation of partial income due to a disability
Transit Benefits	Metropass pre-tax program and Qualified Bicycle Commuting Reimbursement program
Tuition Benefits	Tuition waiver, tuition reimbursement, and tuition exchange scholarship
Retirement Plans	403(b) and Supplemental Retirement Account (SRA) plans
Paid Time Off Benefits	PTO includes Sick, Vacation, Volunteer Time Off, Personal Holidays, and Summer Days
Additional Perks	Miscellaneous discounts and services

Eligibility

You are eligible to participate in the MCAD health benefit program on the first of the month following your date of hire if you are a:

- Full time benefit-eligible faculty member
- Full time benefit-eligible staff member (scheduled 32+ hours per week and at least 1,000 or more hours annually)
- Part time benefit-eligible staff member (scheduled 20-31 hours per week and at least 1,000 or more hours annually)

If your position changes and you have averaged 30 hours per week over the previous year, MCAD will notify you of your status change to benefit-eligible status. Children (up to age 26) and spouses of benefit-eligible employees are eligible for most benefits as outlined below.

	Benefits-Eligible MCAD Employee	Spouse/Partner	Child
Medical	✓	✓	✓
Dental	✓	✓	✓
Vision	✓	✓	✓
Health Savings Account	✓	✓	✓ Age 6 and older
Medical Flexible Spending Accounts	✓	✓	✓
Dependent Care FSA	✓		✓
Tuition Benefits	✓	✓	✓
Voluntary Life Insurance and AD&D	✓	✓	✓
Basic Life Insurance and AD&D	✓		
Short and Long Term Disability	✓		
Metropass	✓		
Qualified Bicycle Commuting Reimbursement Program	✓		
Retirement Plan (403(b) and SRA)	✓		

How to Enroll

The Paylocity benefits enrollment portal is used to enroll in all benefit plans offered by MCAD. Benefits can be updated once per year during Open Enrollment or when an employee experiences a qualifying life event.

Open Enrollment Steps

- Login to Paylocity
- Access Benefits from the drop-down menu in the upper left-hand corner
- Select Action Needed in the sidebar menu
- Select Start
- Select Start Your Enrollment
- Review Family information (note: adding dependents here does not impact or update your Form W-4)
- Enter Benefit Elections
 - Select the dependents to cover. The system will calculate tier and cost based on the dependents selected.
 - Select the checkmark next to the appropriate Plan or Waive option
- Select Submit to complete the enrollment

Qualifying Life Event Steps

- Login to Paylocity
- Access Benefits from the drop-down menu in the upper left-hand corner
- Hover over Benefits and select My Benefits
- Select Change My Coverage
- Select Reason for life event and effective date
- Select Start
- Review Family information (note: adding dependents here does not impact or update your Form W4)
- Enter Benefit Elections
 - Select the dependents to cover. The system will calculate tier and cost based on the dependents selected.
 - Select the checkmark next to the appropriate Plan or Waive option
- Select Submit to complete the enrollment

Qualifying Life Events

Due to IRS regulations, Open Enrollment is the one time per year you are able to make benefit changes. The benefit elections you make during your initial new hire eligibility period and during annual Open Enrollment remain in effect for the entire calendar year. Some plans, such as the Flexible Spending Accounts, have additional limitations as to when changes can be made after benefit elections are in place for the year.

You are allowed to modify most benefit elections during a qualifying life event. If you experience a qualifying life event, you may make changes to your benefits within 30 days of the event or 60 days if the event is due to birth or adoption of a child. Qualifying events due to loss of eligibility or loss of coverage will usually allow entry into the plan on the first of the month following the event. Other events, such as marriage or birth of a child, allow entry into the plan on the marriage or the birth date.

A qualifying life event may include a change in:

Legal marital status – marriage, death of spouse, divorce, legal separation, or annulment

Number of dependents – birth, adoption, placement for adoption, divorce or death of a dependent, or assuming primary support of a child of an unmarried dependent child

Employment status – eligible employee gains or loses access to coverage

Dependent status – change due to age or other circumstance which causes your dependent to satisfy or cease to satisfy eligibility requirements under the plan

Medicare or Medicaid eligible status – you or your spouse become Medicare or Medicaid eligible

Health Insurance

MCAD offers comprehensive protection against the financial hardship that can accompany a medical need. For 2024, MCAD will continue to offer medical coverage through HealthPartners.

Health Plan Choices

MCAD offers four health plan options:

- **PLAN ONE** (CO-PAY PLAN): \$1,500-\$45-75%
- **PLAN TWO** (THREE FOR FREE): \$2,500-75%
- **PLAN THREE** (HDHP): \$4,000-100% HDHP/HSA Preventive RxPlus
- **PLAN FOUR** (HDHP): \$7,000-100% HDHP/HSA Preventive RxPlus

Network Options

MCAD offers three network options:

- Open Access + Mayo
- Perform (w/o Mayo)
- Achieve (HealthPartners/Park Nicollet systems)



Plan One (Co-pay Plan): \$1,500-\$45-75%

Preventive care is covered at 100%. This plan requires that you pay a copay for office visits and prescription drugs. All other covered services, including imaging and x-rays associated with an office visit, are subject to the coinsurance and out-of-pocket maximum. Once you've met the annual out-of-pocket maximum, the plan pays 100% of covered services for the rest of the calendar year as long as services are in-network.

Qualified health care expenses can be covered through your contributions to a Medical Flexible Spending Account on a pre-tax basis through payroll deduction. You can use the medical FSA to reimburse expenses for yourself and your dependents up to age 26.



Plan Two (Three for Free): \$2,500-75%

Preventive care is covered at 100%. You get your first three doctor visits for free – even if you haven't reached your deductible yet. You can go to your regular clinic, urgent care, or a convenience care clinic. Everyone on your plan gets three free visits.

This plan requires covered participants to meet an annual deductible before the plan will start to pay for other covered services (with the exception of preventive care). Once the deductible is met, the plan pays 75% of all covered in-network expenses for the remainder of the calendar year.

Qualified health care expenses can be covered through your contributions to a Medical Flexible Spending Account on a pre-tax basis through payroll deduction. You can use the medical FSA to reimburse expenses for yourself and your dependents up to age 26.



Plan Three (HDHP): Open Access \$4,000-100% HDHP/HSA Preventive Rxplus

Preventive care is covered at 100%. This plan requires covered participants to meet an annual deductible before the plan will start to pay for covered services – with the exception of preventive care which is covered at 100% and preventive Rx drugs (on IRS list) which are covered subject to a copay. Once a participant has met the deductible, the plan pays 100% of all covered in-network expenses for the remainder of the calendar year.

This plan is paired with a Health Savings Account. Participants may contribute to a Health Savings Account (HSA) to help cover out-of-pocket costs on a pre-tax basis. Federal rules limit reimbursement to family members who are legal tax dependents or a legal spouse.



Plan Four (HDHP): Open Access \$7,000-100% HDHP/HSA Preventive RxPlus

Preventive care is covered at 100%. This plan requires covered participants to meet an annual deductible before the plan will start to pay for covered services – with the exception of preventive care which is covered at 100% and preventive Rx drugs (on IRS list) which are covered subject to a copay. Once a participant has met the deductible, the plan pays 100% of all covered in-network expenses for the remainder of the calendar year.

This plan is paired with a Health Savings Account. Participants may contribute to a Health Savings Account (HSA) to help cover out-of-pocket costs on a pre-tax basis. MCAD will seed the account with \$100 at the start of the plan year. Federal rules limit reimbursement to family members who are legal tax dependents or a legal spouse.

Network Options



Open Access + Mayo Clinic

Choose from more than 950,000 doctors and 6,000 hospitals in the United States. Simply go to your network doctor when you need care. No need to select a primary care clinic, nor do you need referrals to see specialists. The network includes the Mayo Health System, Mayo Clinic–Rochester, St. Mary’s Hospital, and Rochester Methodist Hospital.



Perform: W/O Mayo Clinic

The Perform network provides access to more than 950,000 doctors and 6,000 hospitals in the United States. The network excludes the Mayo Health System, Mayo Clinic–Rochester, St. Mary’s Hospital, and Rochester Methodist Hospital. There is no need to select a primary care clinic, nor do you need referrals to see specialists.



Achieve: HealthPartners / Park Nicollet Systems

The Achieve network includes Park Nicollet and HealthPartners doctors, clinics and hospitals, and a select group of independent doctors, clinics and hospitals. It is designed to provide top-notch care options for those living in the Twin Cities metro or St. Cloud areas. There is no need to select a primary care clinic, nor do you need referrals to see specialists. The Achieve network will provide greater cost savings compared to the Open Access and Perform Networks.



HINT: For all these network options, it is always in your best interest to seek providers who are in-network. If you see a provider that is not in your HealthPartners network, your costs will be significantly higher because you will receive a lower coverage amount under your benefit plan – and your share of the costs will be based on the provider’s full charges rather than the discounted rate HealthPartners negotiates with network providers. In addition, the costs above the usual and customary (U&C) rate are not subject to the out-of-pocket maximum. This means that once the total of your out-of-network U&C charges reach your out-of-pocket maximum, the plan will pay 100% of the remaining U&C charges, but you will continue to pay the full cost of any charges above U&C.

Benefit Summary

Visit www.healthpartners.com for more information. All medical plans provide creditable drug coverage under ACA.

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In-Network	Plan 01 (Co-pay Plan)	Plan 02 (Three for Free Plan)	Plan 03 (HDHP)	Plan 04 (HDHP)
	\$1500-\$45-75%	\$2,500-75%	\$4,000-100% HDHP/HSA Preventive. Rxplus	\$7,000-100% HDHP/HSA Preventive. Rxplus
Deductible	\$1,500 per person \$4,500 per family	\$2,500 per person \$7,500 per family	\$4,000 per person \$8,000 per family	\$7,000 per person \$14,000 per family
Out-of-Pocket Maximum	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family	\$4,000 per person \$8,000 per family	\$7,000 per person \$14,000 per family
Preventive Care - Routine				
Well-child, adult physical and eye exams / immunizations	100% coverage	100% coverage	100% coverage	100% coverage
Physician Services				
Physician and specialist visits; urgent care	\$45 co-pay	No charge for the first 3 visits; then 75% coverage after deductible.	100% coverage after deductible	100% coverage after deductible
Convenience care	\$20 co-pay	No charge for the first 3 visits; then 75% coverage after deductible.	100% coverage after deductible	100% coverage after deductible
Virtuwell	100% Coverage	100% Coverage	100% coverage after deductible	100% coverage after deductible
Imaging	75% coverage after deductible	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible
Hospital Services				
Inpatient / Outpatient Hospitalization	75% coverage after deductible	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible
Emergency Service				
Emergency room	\$45 co-pay	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible
Ambulance	75% coverage after deductible	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible

In-Network	Plan 01 (Co-pay Plan)	Plan 02 (Three for Free Plan)	Plan 03 (HDHP)	Plan 04 (HDHP)
	\$1500-\$45-75%	\$2,500-75%	\$4,000-100% HDHP/HSA Preventive. Rxplus	\$7,000-100% HDHP/HSA Preventive. Rxplus
Mental Health / Chemical Dependency				
Inpatient	75% coverage	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible
Outpatient	\$45 co-pay	No charge for the first 3 visits; then 75% coverage after deductible.	100% coverage after deductible	100% coverage after deductible
Pharmacy (on HealthPartners Formulary)				
Retail – up to 31-day supply	Generic: Low \$5 / High \$25 Brand: \$60 Non-formulary: \$150	Generic: Low \$5 / High \$25 Brand: \$60 Non-formulary: \$150	100% coverage after deductible Preventive Rxplus Generic \$0 co-pay and Brand \$25 copay	100% coverage after deductible Preventive Rxplus Generic \$0 co-pay and Brand \$25 copay
Mail Order – up to 93-day supply	Generic: Low \$15 / High \$75 Brand: \$180 Non-formulary: \$450	Generic: Low \$15 / High \$75 Brand: \$180 Non-formulary: \$450	100% coverage after deductible Preventive Rxplus Generic \$0 co-pay and Brand \$75 co-pay	100% coverage after deductible Preventive Rxplus Generic \$0 co-pay and Brand \$75 co-pay
Specialty – up to 31-day supply from designated specialty pharmacy	75% coverage after deductible	75% coverage after deductible	100% coverage after deductible	100% coverage after deductible
Out-of-Network	\$1500-\$45-75%	\$2,500-75% three for free	\$4,000-100% HDHP/HSA Preventive. Rxplus	\$7,000-100% HDHP/HSA Preventive. Rxplus
Deductible	\$7,500 per person \$22,500 per family	\$7,500 per person \$22,500 per family	\$13,000 per person \$26,000 per family	\$13,000 per person \$26,000 per family
Out-of-Pocket Maximum	\$15,000 per person \$30,000 per family	\$15,000 per person \$30,000 per family	\$20,000 per person \$40,000 per family	\$20,000 per person \$40,000 per family
Coinsurance	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible

Prescription Drug Coverage

Pharmacy Benefit

When you enroll in medical coverage, you automatically have coverage for prescription drugs. All plans provide coverage for drugs on HealthPartners' formulary as well as drugs not on this list. This list is comprised of drugs that meet the participant's medical needs and have proven to be safe and effective – while providing the most value. The list includes brand name and generic drugs that have been approved by the Food and Drug Administration (FDA). A team of physicians and pharmacists meets regularly to review and update the list. All four plans offer coverage for prescription drugs; however, how you pay for your prescriptions will vary by plan and where you fill your prescription.

Retail Pharmacy: Participants in each of the plans will pay a co-pay based on the tier of the drug purchased. The High Deductible Health plans include a Preventive RxPlus benefit. This benefit allows participants to pay a co-pay for generic and brand name medications as long as the medications are listed in the RxPlus preventive drug list. For other prescription drugs, participants in the High Deductible Health Plans are responsible for the full cost until the deductible has been met. All plans have an out-of-pocket maximum. Once the out-of-pocket maximum is met, drugs are then covered at 100% for the remainder of the calendar year.

Mail Order Pharmacy: Participants in each of the plans offered can utilize the mail order pharmacy for maintenance medications. Mail order provides the convenience of receiving a 3-month supply mailed directly to your home. Participants in the copay plans will receive a 3-month supply for three co-pays. It is important to note that under the High Deductible Health Plans, only the preventive RxPlus drugs have co-pays. For all other medications, participants in the High Deductible Health Plan are responsible for the full cost until the deductible is met.

Generic Drugs: Generic medications are available once the patent expires on a brand-name drug. Each brand name drug and its generic equivalent share the same chemical ingredients and are often made by the same manufacturer. However, you pay more for the brand-name because their prices include the cost of development and marketing.



Note:

Plan Three (HDHO): \$4,000-100% HDHP/HSA Preventive RxPlus

Plan Four (HDHP): \$7,000-100% HDHP/HSA Preventive RxPlus

The HSA Preventive Maintenance Drug Benefit allows you to receive preventive medications at a copay. Preventive medications are defined as those medications taken by a person who has developed risk factors for a health condition, or to prevent a previous health condition from showing up again.

To qualify for the HSA preventive benefit, the maintenance medication MUST be prescribed for the condition (category) in which it is listed on the HealthPartners' Preventive Drug List.

The full list is available on the HealthPartners website at www.healthpartners.com.

Premium Costs for Health Coverage (Open Access + Mayo Clinic)

MCAD contributes to your premium. Rates are shown per month and per-pay period and are effective January 1, 2024.

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Plan / Tier	Open Access + Mayo Clinic Network			
	Total Monthly Premium	MCAD's Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period (24)
Plan One (co-pay): \$1,500-\$45-75%				
Employee	\$837.91	\$660.25	\$177.66	\$88.83
Employee + Spouse	\$2,304.25	\$980.20	\$1,324.05	\$662.03
Employee + Child(ren)	\$1,592.02	\$1,069.08	\$522.94	\$261.47
Family	\$2,555.61	\$1,364.11	\$1,191.50	\$595.75
Plan Two (Three for Free) \$2,500-75%				
Employee	\$769.83	\$681.64	\$88.19	\$44.10
Employee + Spouse	\$2,117.11	\$1,036.22	\$1,080.89	\$540.44
Employee + Child(ren)	\$1,462.73	\$1,108.86	\$353.87	\$176.94
Family	\$2,348.06	\$1,427.02	\$921.04	\$460.52
Plan Three (HDHP): \$4,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$767.34	\$665.41	\$101.93	\$50.97
Employee + Spouse	\$2,110.18	\$991.50	\$1,118.68	\$559.34
Employee + Child(ren)	\$1,457.94	\$1,077.96	\$379.98	\$189.99
Family	\$2,340.38	\$1,377.42	\$962.96	\$481.48
Plan Four (HDHP): \$7,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$633.37	\$581.14	\$82.23	\$41.12
Employee + Spouse	\$1,824.28	\$816.45	\$1,007.83	\$503.92
Employee + Child(ren)	\$1,260.41	\$930.46	\$329.95	\$164.98
Family	\$2,023.29	\$1,164.50	\$858.79	\$429.39

Premium Cost for Health Coverage | Perform (w/o Mayo)

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Plan / Tier	Perform Network			
	Total Monthly Premium	MCAD's Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period (24)
Plan One (co-pay): \$1,500-\$45-75%				
Employee	\$821.15	\$659.41	\$161.74	\$80.87
Employee + Spouse	\$2,258.16	\$977.91	\$1,280.25	\$640.12
Employee + Child(ren)	\$1,560.18	\$1,067.51	\$492.67	\$246.34
Family	\$2,504.50	\$1,361.57	\$1,142.93	\$571.46
Plan Two (Three for Free) \$2,500-75%				
Employee	\$754.46	\$680.45	\$74.01	\$37.01
Employee + Spouse	\$2,074.77	\$1,032.88	\$1,041.89	\$520.94
Employee + Child(ren)	\$1,433.47	\$1,106.55	\$326.92	\$163.46
Family	\$2,301.10	\$1,423.32	\$877.78	\$438.89
Plan Three (HDHP): \$4,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$751.99	\$664.52	\$87.47	\$43.74
Employee + Spouse	\$2,067.98	\$989.07	\$1,078.91	\$539.46
Employee + Child(ren)	\$1,428.78	\$1,076.28	\$352.50	\$176.25
Family	\$2,293.57	\$1,374.71	\$918.86	\$459.43
Plan Four (HDHP): \$7,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$650.11	\$581.10	\$69.01	\$34.50
Employee + Spouse	\$1,787.79	\$816.32	\$971.47	\$485.73
Employee + Child(ren)	\$1,235.20	\$930.38	\$304.82	\$152.41
Family	\$1,982.82	\$1,164.37	\$818.45	\$409.23

Premium Cost for Health Coverage | Achieve (HP/PN)

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Plan / Tier	HealthPartners			
	Total Monthly Premium	MCAD's Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period (24)
Plan One (co-pay): \$1,500-\$45-75%				
Employee	\$787.63	\$657.75	\$129.88	\$64.94
Employee + Spouse	\$2,165.99	\$973.34	\$1,192.65	\$596.33
Employee + Child(ren)	\$1,496.50	\$1,064.35	\$432.15	\$216.07
Family	\$2,402.28	\$1,356.52	\$1,045.76	\$522.88
Plan Two (Three for Free) \$2,500-75%				
Employee	\$723.67	\$678.03	\$45.64	\$22.82
Employee + Spouse	\$1,990.08	\$1,026.20	\$963.88	\$481.94
Employee + Child(ren)	\$1,374.97	\$1,101.94	\$273.03	\$136.51
Family	\$2,207.18	\$1,415.91	\$791.27	\$395.63
Plan Three (HDHP): \$4,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$721.30	\$662.74	\$58.56	\$29.28
Employee + Spouse	\$1,983.57	\$984.17	\$999.40	\$499.70
Employee + Child(ren)	\$1,370.46	\$1,072.90	\$297.56	\$148.78
Family	\$2,199.95	\$1,369.29	\$830.66	\$415.33
Plan Four (HDHP): \$7,000-100% HDHP/HSA Preventive Rxplus				
Employee	\$623.57	\$581.01	\$42.56	\$21.28
Employee + Spouse	\$1,714.82	\$816.09	\$898.73	\$449.37
Employee + Child(ren)	\$1,184.78	\$930.21	\$254.57	\$127.29
Family	\$1,901.89	\$1,164.11	\$737.78	\$368.89

No crowded waiting rooms. No Driving. See a doctor when you need a doctor.

A virtual visit lets you connect with a nurse practitioner or a doctor from your mobile device or computer. When you use one of the provider groups in our virtual visit network, you have benefit coverage for certain non-emergency medical conditions.

Plan 1: No charge for the first three visits; then you pay a **copay**

Plan 2: No charge for the first three visits; then you pay **\$59**

Plan 3: You pay **\$59**

Plan 4: You pay **\$59**

Virtual Care Options

HealthPartners offers two in-network options

Virtuwell: Nurse practitioner

Doctor on Demand: Chat with a doctor

Teladoc: Chat with a doctor

Online Health Care

24/7 Virtual Care

Save time and money by getting treated for common conditions right from your smartphone, tablet or computer. Your plan covers three options.

Virtuwell (online questionnaire)

Easy. Answer a few questions at virtuwell.com anytime, anywhere. *

Fast. Get a treatment plan and prescription from a nurse practitioner in usually just an hour.

Guaranteed. You're only charged if Virtuwell can treat you. Plus, follow-up calls about your treatment are free.

Affordable. Virtuwell visits are a fraction of the cost of walk-in, urgent or primary care visits. Use your member ID card to check your cost at: virtuwell.com/cost/HealthPartners

Doctor on Demand (video chat)

Convenient. Get started when and where it works for you at doctorondemand.com Video capabilities are required.

Quick. See a doctor in minutes. Live video visits include assessment, diagnosis and prescriptions when necessary.

Affordable. A visit to treat conditions like colds, the flu and allergies and costs less than a clinic visit. It's free to sign up and easy to check your coverage when you register.

Teladoc (video chat)

Fill out a brief medical history to connect with medical experts by phone, video or mobile app. Whether it's a prescription sent to the pharmacy of your choice, guidance on next steps or a review of a pre-existing condition, they're ready to help. Get started at teladoc.com.

Questions About Benefits

Member Services can answer your benefits and coverage questions. Call HealthPartners at **952-883-5000** or **800-883-2177**

Health Savings Account (HSA)

If you enroll in **PLAN THREE (HDHP) \$4,000-100% HDHP/HSA Preventive RxPlus** or **PLAN FOUR (HDHP) \$7,000-100% HDHP/HSA Preventive RxPlus**, you can contribute to a Health Savings Account (HSA) on a pre-tax basis through payroll deduction. Annual contributions are limited by federal law depending on the level of health coverage you elect. You can start, stop or change your HSA contribution at any time during the year. Employee Benefits Corporation (EBC) will continue to be the administrator for the Health Savings Accounts.

Eligibility For Health Savings Accounts (HSA)

Because of the tax-advantaged nature of an HSA, there are specific eligibility requirements that are important to keep in mind, including:

- You can't be covered by another Non-HDHP (high deductible health plan). For example, if you are also covered by your spouse or partner on a traditional medical plan, you cannot contribute to an HSA.
- You and your spouse can't enroll in a medical Flexible Spending Account (FSA) that could reimburse your MEDICAL expenses. Participation in a limited Flexible Spending Account that covers only dental and vision expenses is allowed.
- You can't be enrolled in a government health plan, such as Medicare A and/or B or Medicaid.
- Children who are not your tax dependents are not eligible for reimbursement from the HSA.
- You may not have an HSA and be claimed as a dependent on someone else's tax return.

If you have questions about any of these eligibility requirements, please contact benefits@mcad.edu!

Health Savings Account Contributions

NOTE: If you are married and your spouse is also enrolled in a HDHP through his/her employer, your combined HSA contributions cannot exceed the federal maximum shown above.

Coverage Level	Annual Maximum Contribution	Catch-Up Contribution if Age 55+
Employee	\$4,150	\$1,000
Family	\$8,300	\$1,000

Using Your HSA

Funds in an HSA can be used to pay for:

- Qualified medical expenses
- Qualified dental, vision and hearing expenses
- COBRA continuation coverage if you leave employment
- Qualified long-term care insurance premiums

Funds can also be used to build savings to cover future medical expenses on into retirement, including Medicare premiums and out-of-pocket expenses.

HSA participants receive an HSA debit card, which may be used to pay for qualified health care expenses directly. Or you may reimburse yourself from your HSA at a later date. You own the amount in your account and may take it with you if you leave MCAD.

NOTE: Changing your contribution amount during the year can be done by contacting benefits@mcad.edu

Managing Your HSA

It's easy to manage your HSA using the EBC portal. You can:

- Check your account balance
- File a claim
- View account activity
- Reimburse yourself
- Designate a beneficiary

You do not need to provide proof of your expense to Employee Benefits Corporation (EBC). However, you should keep your receipts in case you are audited and need to provide proof that your withdrawals were for qualified medical expenses.

Tax reporting is required for the HSA. IRS form 8889 must be completed with your tax return each year to report total deposits and withdrawals from your account (you do not have to itemize to complete this form).

For additional information, contact EBC's customer service at **800.346.2126** or www.ebcflex.com.

Medical Flexible Spending Account (FSA)

The Medical Flexible Spending Account gives participants in the \$1,500-\$45-75% and \$2,500-75% Three for Free plans the opportunity to set aside pre-tax dollars to pay for qualified medical, dental and vision expenses. Examples of eligible expenses include deductibles and co-pays, prescription drug costs, over-the-counter medicines (if prescribed by a doctor), and other non-covered medical, dental, vision and hearing care expenses.

Participants in the \$4,000-100% Preventive RxPlus or the \$7,000-100% Preventive RxPlus plan can contribute to a Limited Purpose Flexible Spending Account for dental and vision expenses ONLY.

Employee Benefits Corporation (EBC) will continue to be the administrator for the Medical Flexible Spending Accounts.

Medical FSA Contribution

You may contribute up to \$3,050 to your Medical FSA through pre-tax payroll deductions. Estimate expenses carefully, as a federal “use-it-or-lose-it” law applies. This means that if you have not incurred enough expenses to reimburse the funds in your account at the end of the year, your remaining account balance will be forfeited. Only \$610 may be carried over to the next plan year. Keep in mind that you cannot change your FSA election mid-year without a corresponding qualifying life event, as described on page 3.

Using Your Medical FSA

You can pay for eligible expenses in one of two ways – using the EBC debit card or filing a claim.

Debit card: Use the debit card to pay for eligible health care expenses at the point of service or write your debit card number on your provider’s bill – just as you would a credit card. Funds will be taken directly from your EBC medical FSA account.

FSA claim form: Pay the provider directly and then file a claim for reimbursement. You will need to complete an FSA claim form and submit it to EBC along with your receipts.

NOTE: Expenses must be incurred between January 1, 2024, and December 31, 2024. You will have until February 28, 2025, to submit claims.

For More Information Visit www.ebcflex.com to:

- File a claim
- Check account balance and claim status
- View account history
- Access forms
- Manage your profile

What Is the Difference? Comparing HSA and Medical FSA

	HSA	MEDICAL FSA
Who can have this plan?	\$4,000-100% HDHP/HSA Preventive RxPlus Plan participants AND \$7,000-100% HDHP/HSA Preventive RxPlus Plan participants	\$1,500-\$40-75% and \$2,500-75% Three for Free plan participants; \$4,000-100% HDHP/HSA Preventive RxPlus or \$7,000-100% HDHP/HSA Preventive RxPlus plan participants can have a limited purpose flexible spending account
What is the contribution limit?	Employee: \$4,150 Family: \$8,300	\$3,050
Can I make a catch-up contribution?	Yes, up to \$1,000 if you are age 55+ and not enrolled in Medicare	No
What are the tax advantages?	Contributions are tax-free Investment earnings on balance are tax-free Withdrawals for eligible expenses are never taxed	Contributions are tax-free Withdrawals for eligible expenses are never taxed
What expenses are eligible?	Any out-of-pocket expenses for medical, prescription drugs, dental, vision and hearing	
Can I make a contribution change?	Yes, allowed throughout the year at anytime	Maybe, changes are only allowed if you have a Qualifying Life Event (see page 3)
How can I use the funds?	You can spend them now on eligible health care expenses, or save for future health care expenses	You need to spend them on eligible health care expenses incurred in the year designated
Is there a time limit for using fund balance?	No limit	You must file your calendar year claims by February 28th
Can I roll-over my unused funds from year to year?	Yes	Yes – Typically, \$610 (projected IRS limit for 2024) may be carried over. Amounts over \$610 will be forfeited (use-it-or-lose-it).
What funds are available to reimburse expenses?	Limited to your current account balance	Entire contribution amount elected for the year
Do I need to provide proof of my expense?	EBC does not require proof; if you are audited, the IRS will require proof.	Yes, proof is required by EBC

Dependent Care FSA

The Dependent Care Flexible Spending Account (FSA) allows employees to set aside pre-tax dollars to pay for eligible dependent daycare expenses. Contributions are automatically deducted from your paychecks on a pre-tax basis, saving you money by not paying federal, state or Social Security taxes on the portion of your income that you contribute to the plan. Employee Benefits Corporation (EBC) will continue to be the administrator for the Dependent Care Flexible Spending Accounts.

How The Dependent Care FSA Plan Works

This account is for eligible work-related daycare expenses. Eligible dependents include children under age 13 and disabled dependents of any age who are incapable of self-care. You can use the funds to pay for daycare, preschool, summer camp, before/after school programs or eligible senior centers while you (and your spouse) are actively working or attending school. The primary purpose should be to provide for the dependent's well-being and protection. Education-focused expenses that can be separated from daycare expenses are not eligible. By law, any unused funds are forfeited after year-end. You may not carry a balance over to the next year. So, estimate your eligible expenses carefully and conservatively.

Dependent Care FSA Contributions

You may contribute up to \$5,000 (\$2,500 if married and filing separately) to your Dependent Care FSA through pre-tax payroll deductions. Estimate expenses carefully, as a federal "use-it-or-lose-it" law applies. This means that if you have not incurred enough expenses to reimburse the funds in your account at the end of the year, your remaining account balance will be forfeited. Keep in mind that you cannot change your FSA election mid-year without a corresponding qualifying life event.

Using Your Dependent Care FSA

When you have incurred dependent care expenses, you must submit a claim for reimbursement – along with proof of the expense. The claim form can serve as a receipt for payment if you have your provider sign the Provider Certification section of the form. Or, you can attach a third-party receipt or billing statement as proof of the expense (canceled checks are not acceptable). The form requires that you provide the federal tax identification number of each provider. Expenses must be incurred between January 1, 2024, and December 31, 2024. You will have until February 28, 2025, to submit claims.

For More Information visit www.ebcflex.com to:

- File a claim
- Check account balance and claim status
- View account history
- Access forms
- Manage your profile

Dental Insurance

Staying healthy includes good dental care. MCAD’s dental plan provides the comprehensive coverage necessary to help you and your family maintain good dental health.

For 2024, MCAD will continue to offer dental coverage through HealthPartners.

How The Plan Works

Plan participants have the flexibility to see any dentist they choose. But greater discounts and benefits are available by seeing an in-network dentist. The provider options include:

In-Network – contracted providers in HealthPartners Open Access network; better discounts

Out-of-Network – all other providers; no negotiated discounts

Benefit Summary

	HealthPartners Open Access Network	Out-of-Network
Diagnostic and Preventive: Exams & cleanings; x-rays; fluoride treatments; space maintainers; sealants	Covered at 100%	Covered at 80%
Basic I Services: Fillings, simple extractions; endodontics; non-surgical periodontics	Covered at 80%	Covered at 50%
Basic II Services: Surgical periodontics; other/complex oral surgery	Covered at 80%	Covered at 50%
Major Restorative: Crowns, inlays	Covered at 60%	Covered at 50%
Prosthetics: Dentures, bridges, & dental implants	Covered at 60%	Covered at 50%
Orthodontics: For covered dependents under age 19	Covered at 50% up to \$1,500 lifetime maximum	Covered at 50% up to \$1,500 lifetime maximum
Annual Deductible	None	\$50 Single \$150 Family
Annual Plan Maximum	\$1,500	\$1,500 combined
*Your Dental Plan includes the Little Partners benefit for children 12 and under. Get dental services covered 100 percent at an in-network dentist.		

Cost of Dental Coverage

This is an elective employee benefit. Rates are shown per month and per-pay period and are effective January 1, 2024.

Plan Tier	Open Access Network	
	Total Monthly Premium	Employee Cost Per Pay Period (24)
Employee	\$36.72	\$16.53
Employee + Spouse	\$72.69	\$32.46
Employee + Child(ren)	\$73.80	\$32.95
Family	\$119.62	\$53.24

Finding a Dentist

To check if your current dentist is in-network and/or to find in-network preferred providers, go to www.healthpartners.com and select the Open Access Dental Network. Enter your zip code and the distance you are willing to travel to find a provider in your area. Or you can also call **952.883.5000**.

For more plan information, such as the average cost of dental procedures, claims information, or to print an ID card, go to www.healthpartners.com.

Vision Insurance

This is a voluntary benefit that features coverage for prescription glasses and contact lenses, as well as other vision-related items. For 2024, MCAD will continue to offer vision coverage through EyeMed.

How The Plan Works

As with the dental plan, you have the freedom to receive services from any provider. You will, however, receive a greater level of benefit if you use a provider who participates in the EyeMed Insight network. By using a network provider, you may also receive discounts for services not otherwise covered by the vision plan (e.g., sunglasses and laser vision correction).

Please note: This plan provides coverage for eye exams materials and hardware. It is important to note that coverage for routine annual vision exams is also provided through your HealthPartners medical plan as a preventive appointment as long as you use an in-network provider.

Benefit Summary

	EyeMed Insight Network	Out-of-Network
Exams Services		
Exam	\$10 co-pay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
Eyeglass Lenses*		
Standard Single Vision	\$10 co-pay	Reimbursed up to \$30
Standard Bifocal	\$10 co-pay	Reimbursed up to \$50
Standard Trifocal	\$10 co-pay	Reimbursed up to \$70
Standard Lenticular	\$10 co-pay	Reimbursed up to \$70
Standard Progressive	\$65 co-pay	Reimbursed up to \$50
Premium Progressive		
Tier 1	\$95 co-pay	Reimbursed up to \$50
Tier 2	\$105 co-pay	Reimbursed up to \$50
Tier 3	\$120 co-pay	Reimbursed up to \$50
Tier 4	\$185 co-pay	Reimbursed up to \$50
Frames	\$0 co-pay; \$130 allowance; 20% off balance over \$130 With Freedom Pass, you pay nothing at: Lens Crafters, Target Optical or Sears Optical.	Reimbursed up to \$91
Contact Lenses		
Conventional	\$0 co-pay; \$130 allowance; 15% off balance over \$130	Reimbursed up to \$91
Disposable	\$0 co-pay; \$130 allowance	Reimbursed up to \$91
Medically Necessary	\$0 co-pay; Paid-in-full	Reimbursed up to \$210
Laser Vision Correction	15% off the retail price or 5% off the promotional price	N/A
Frequency	Exams, Lenses or Contact lenses: Once every 12 months** Frames: Once every 24 months	

**Please refer to the plan document for additional lens options and corresponding copays or % discounts (if applicable). **Contact lenses are in lieu of eyeglass lenses and frames. Members may, however, still be able to receive additional discounts off another complete pair of eyeglasses or conventional contact lenses once the covered benefit has been used.*

Freedom Pass

As an EyeMed member, you can enjoy a Freedom Pass, a special offer that goes above and beyond your frame allowance. Choose your favorite frame at Lens Crafters, Target Optical or Sears Optical and pay nothing.

Here's how it works: Say you love those brand-name frames that cost \$180. If you have a frame allowance of \$130, Freedom Pass covers the remaining \$50. Plus, you can still use your vision benefits to help pay for your lenses and complete your look. Shop these top brands and more:



In-Store Discounts

At participating network providers, members get 40% off an extra pair of eyeglasses or 20% off a partial pair (lenses only or frames only). You also get 20% off non-prescription sunglasses and accessories. Certain in-store promotions can be better than insurance – i.e., buy one pair get one free, select styles \$99, etc. You can take advantage of a promotion, and you can still submit an out-of-network claim to get reimbursed for the out-of-network portion of your purchase.

Cost of Vision Coverage

This is an elective employee benefit. Rates are shown per month and per-pay period and are effective January 1, 2024.

Plan Tier	Insight Network	
	Total Monthly Premium	Employee Cost Per Pay Period (24)
Employee	\$7.79	\$3.90
Employee + Spouse	\$14.80	\$7.40
Employee + Child(ren)	\$15.58	\$7.79
Family	\$22.90	\$11.45

For More Information

To find network providers, view your benefits and claims information or see special offers, go to www.eyemed.com. Access a list of Lasik providers at www.eyemedlasik.com or call **877-5LASER6**.

A network provider is a group of professional providers that EyeMed contracts with to provide vision care for members. The network includes opticians, credentialed optometrists, and ophthalmologists who can provide services, eyeglasses and contacts at preferred and discounted rates.

Life and AD&D Insurance

You can't always predict – or control – your life. But you can prepare for it. Protecting the financial interests of your loved ones in the event of your death or serious injury can be invaluable.

For 2024, MCAD will continue to offer life and AD&D (accidental death and dismemberment) benefits through New York Life.

Basic Term Life /AD&D: What the Plan Provides

Basic Term Life and AD&D – Eligible employees automatically receive the basic portion of the Life and AD&D benefit – there are no choices to be made. Any benefits paid out are tax-free to the recipient.

Voluntary Life / AD&D: How the Plan Works

You decide if you want to purchase voluntary coverage. You need to choose the level of coverage and who you want to cover – yourself, your spouse and/or your dependent children.

NOTE: You must purchase coverage for yourself in order to elect coverage for your spouse and/or child(ren). Children are eligible to participate to age 26.

New hires may elect up to the guarantee issue amounts without having to submit evidence of insurability. Existing employees making an increase or enrolling for the first time will be subject to evidence of insurability.

Life benefits are payable to your designated beneficiary in the event of your death. An additional AD&D benefit is payable to you in the event of a covered dismemberment or to your beneficiary if your death is the result of an accident.

Feature	Basic Term Life/AD&D	Voluntary Life/AD&D		
		Employee	Spouse	Child(ren)
Benefit Amount	1 x annual salary up to a maximum of \$50,000	Up to \$300,000; increments of \$10,000	\$150,000, may not exceed 50% of the employee amount in increments of \$5,000	\$20,000
Guarantee Issue*	Up to \$100,000	\$100,000	\$50,000	\$20,000
Employee Age Reduction	<p>At age 65, benefits will reduce to 65%</p> <p>At age 70, benefits will reduce to 40%</p> <p>At age 75, benefits will reduce to 15%</p>	At age 70 , benefits will reduce to 50%		

*Guarantee Issue (GI) refers to the amount of coverage you can purchase without providing evidence of good health

Premium Cost of Voluntary Life AD&D Coverage

Employee and Spouse Voluntary Life/AD&D Per Month – Per \$1,000 of Coverage											
Age	<29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Employee & Spouse Life	\$0.115	\$0.122	\$0.130	\$0.190	\$0.290	\$0.480	\$0.760	\$1.130	\$1.730	\$1.990	\$3.750
Dependent Child(ren)	\$0.18 per \$1,000 for Life										

Short-Term & Long-Term Disability

Short Term Disability (STD) and Long-Term Disability (LTD) insurance is available to all benefit eligible employees. Disability benefits are programs that continue a portion of your salary in case of lost time due to medical disability.

Employees must submit a Physician's Statement of Disability and a Claim Statement as soon as possible stating the nature and dates of disability with return-to-work date and any restrictions that may apply.

For 2024, MCAD will continue to offer Short-Term and Long-Term Disability coverage through New York Life.

Short-Term Disability Benefit Summary

Feature	
Weekly Benefit Amount	60% of your weekly covered earnings
Maximum Weekly Benefit	\$2,000
Benefit Waiting Period	<ul style="list-style-type: none">• 14 days for accident• 14 days for injury
Maximum Benefit Period	11 weeks (includes waiting period)

TAX IMPLICATIONS: Short Term Disability is a fully employer paid benefit! STD premiums **are taxed** as a default option. This is the approved IRS method to avoid paying taxes on the benefit amount if you go out on disability.

Long-Term Disability Benefit Summary

Feature	
Weekly Benefit Amount	60% of your monthly covered earnings
Maximum Weekly Benefit	\$6,000
Benefit Waiting Period	90 days
Maximum Benefit Period	To Social Security Normal Retirement Age (SSNRA)

TAX IMPLICATIONS: Long Term Disability continues to be a fully employer paid benefit. LTD premiums **are not taxed** as a default option. You will pay taxes on the benefit amount if you go out on disability.

Metropass Program

What the plan provides

With Metropass, you gain access to deeply discounted, unlimited-ride transit passes for bus, train, and commuter rail! This flexible program allows you to pay for only those passes that are in use on a monthly basis. Benefit eligible employees can participate in the Metropass program on the first of the month following your date of hire. You can enroll in the Metropass program at any time. If enrollment is received by the 15th of the month, your Metropass will be effective the 1st of the following month.

Metropass plan rates

Metropass is currently \$83 per month. Rates may change. MCAD will subsidize \$35 a month of this cost; the cost to the employee is \$48 per month, or \$24 per pay period. This cost will be deducted on a pre-tax basis from the first and second payroll check of each month, saving you approximately 30% by avoiding state, federal and social security tax on this benefit.

Lost or stolen cards, and canceling enrollment

If your card is lost or stolen, please contact benefits@mcad.edu as soon as possible. Please note that should you need a replacement card more than once, there is a \$5.00 fee to replace the card fee for each new card. Your enrollment can also be cancelled upon request. Just email benefits@mcad.edu for more information. MCAD and/or Metro Transit reserve the right to revoke or deactivate your card if you do not comply with the program guidelines.

Guaranteed ride home program

Metropass participants are eligible for the Guaranteed Ride Home Program, offered through Metro Transit. Enrollment can be done at <https://www.metrotransit.org/guaranteed-ride-home>.

Benefits Glossary

Coinsurance: Coinsurance is the rate at which you and the plan share expenses. For example, 75% coverage indicates 75% of the cost is paid by the plan and it is your responsibility as a participant to pay the remaining 25% of the cost of service. The coinsurance rates vary depending on the medical plan and whether the services are incurred in-network or out-of-network. (Note: coinsurance shown in other documents may indicate the participant's coinsurance percentage rather than the plan's percentage.)

Copay: The fixed dollar amount you pay for specific services. After you pay this amount, the plan pays the rest of the cost of your service or prescription.

Deductible: The annual amount you must pay for non-preventive services before the plan starts to pay benefits.

Embedded Deductible: The IRS regulates the minimum deductible level at which a high deductible health plan may have an embedded deductible. Plans with an embedded deductible have a single deductible "embedded" within the family deductible to help limit an individual's expenses. This means that if one person in a family meets the single deductible, the plan coinsurance would start. Without an embedded deductible, one person in a family would need to meet the entire family deductible before the plan coinsurance would go into effect.

Flexible Spending Account (FSA): An account that an employee may contribute to in order to pay for certain expenses on a pre-tax basis. An employee can have a medical flexible spending account to pay for medical, dental, vision and hearing expenses (limited to dental, vision and hearing if you also have an HSA) and/or a dependent care flexible spending account to pay for dependent care expenses. Use-it or lose-it rules apply.

Health Savings Account (HSA): A savings account used in conjunction with a high deductible health insurance policy that allows users to save money tax-free against medical expenses. Funds roll over from year to year.

Out-of-Pocket Maximum: For your protection, both plans have annual out-of-pocket maximums that "cap" the amount you must pay toward covered expenses. Once you meet your out-of-pocket maximum, the plan pays 100% of your covered expenses for the rest of the calendar year. Deductibles, co-pays and coinsurance count toward your out-of-pocket maximum. Out-of-pocket maximums differ for in-network and out-of-network services.

Pharmacy Formulary: A list of prescription drugs used by practitioners to identify drugs that offer the greatest overall value. A team of physicians and pharmacists regularly reviews new and existing drugs to be sure the Preferred Drug List continues to meet the needs of members and providers. Drugs may be added to the list at any time during the year; however, HealthPartners strives to limit removing drugs to no more than twice a year. If a change to the list affects a drug you are taking, HealthPartners will send you a letter telling you about the change.

Premium: The amount you pay out of your paycheck toward the cost of coverage.

Preventive Care: Routine preventive care is critical to maintaining your health and uncovering problems early. All MCAD's medical plans cover certain preventive services at 100% (no deductible or co-pay) from in-network providers. Services include annual wellness exams and certain screenings based on age for you and your covered dependents.

Prior Authorization: Prior Authorization approval is needed by HealthPartners for coverage of a certain medications, services or supplies. Medications that require Prior Authorization are noted on the Preferred Drug List with a "PA" next to the drug name. Examples of services or supplies that require Prior Authorization are listed in your Certificate of Coverage. To verify whether a specific service or supply requires prior authorization, call Customer Service. As a provider in the HealthPartners network, your doctor will know how to request Prior Authorization.

Step Therapy: Step Therapy is a program focused on using cost-effective prescription drugs as first-line treatment when appropriate. The program is used for certain conditions where there are many treatment options available. Drugs that require Step Therapy are noted on the Preferred Drug List. In Step Therapy, you try the preferred (Step 1) drug or drugs first. Step 1 drugs are cost efficient and effective options. If the Step 1 drug isn't effective, you can then try the Step 2 drug. In some cases, you may need to try more than one Step 1 drug before trying a Step 2 drug. If you don't try the Step 1 drug or drugs first, then a Step 2 drug won't be covered. Your doctor can request an exception to this process.

Usual and Customary (U&C): Payment for health care services received out-of-network is based on the U&C rates. The rate will be used to determine how much will be paid for a specific service. When out-of-network, you are responsible for the difference between what your provider charges and what the plan considers U&C, plus any co-insurance. The amount above and beyond the U&C rate is your responsibility and does not count towards the plan deductible or the out-of-pocket maximums.