

Benefit NEWS

November 2016 (3)

IMPORTANT INFORMATION Regarding your 2017 Benefit Program

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HEALTH PLAN – December 1, 2016

ATC-NY offers the \$2,000 Deductible Plan from
BlueCross BlueShield of Minnesota.

Health Plan Highlights

BCBS Plan Feature/Service Using Network Providers	BCBS \$2000 Plan Group #TP106-01	
	Current Benefits Until Nov. 30, 2016	New Benefits Dec. 1, 2016
Network Names	MN: BCBS Aware® Other: National BlueCard® PPO	
Deductible Per calendar year	\$2,000/person \$4,000/family	\$2,000/person \$4,000/family
Out of Pocket Maximum Per calendar year	\$6,000/person \$12,000/family	\$4,000/person \$8,000/family
Preventive Care, Screenings, Immunizations	No charge	No charge
Physician Office Visit	\$40 Copay	\$35 Copay
Specialty Provider Office Visit	\$60 Copay	\$35 Copay
Retail Clinic Visit	\$40 Copay	\$15 Copay
E-visits @ DoctorOnDemand	Three free visits, then \$40 Copay each	Two free visits, then \$15 Copay each
Therapy Services Speech, Occupational, Physical, Behavioral Health	75% covered after deductible	\$35 Copay
Prescriptions Retail: 31-day supply limit Mail Order & 90day Rx offer a 90-day supply for lower costs	GenRx \$10 Copay preferred generic \$50 Copay preferred brand \$90 Copay non- preferred drugs	FlexRx* \$15 Copay preferred generic \$50 Copay preferred brand \$100 Copay non- preferred drugs
Hospital Services	75% covered after deductible	70% covered after deductible
Urgent Care (At UC Clinic)	\$40 Copay	\$35 Copay
Hospital ER	75% covered after deductible	70% 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.	Most services covered at 50% after deductible of \$4,000/person.

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



(651) 662-8000 (800) 382-2000

www.bluecrossmnonline.com

New Member Portal

Register as a BCBS member to view your plan documents and specific information. If you previously registered, you must now re-register due to the new member portal.

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



Health Plan Contributions

ATC-NY pays a significant portion of your health plan premium. Here are your monthly contributions.

Covered Member	January 1, 2017
Employee	\$150.00
Spouse	\$325.00
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® PPO provider.**

To find a participating provider:

- Call BCBS Customer Service at (651) 662-8000, 1 (800) 382-2000, TDD 1 (888) 878-0137, or the number on your ID card.
- Visit www.bluecrossmnonline.com.

Register at myBlueCross for the most accurate information.



DoctorOnDemand.com/bluecrossmn



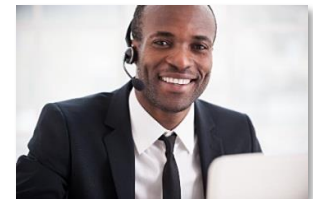
Talk on the phone, instant message or have a video conference with a doctor who can answer your questions, diagnose your condition and prescribe medications. (877) 515-9990
www.DoctorOnDemand.com/bluecrossmn

Not available in all states.



BCBS Nurse Line (800) 622-9524

This is the BCBS toll-free line for medical help and information 24 hours a day.
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



DENTAL PLAN – January 1, 2017

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
Deductible 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.

Find a Dental Plan 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)

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	2017
Employee	\$0
Employee + One or More	\$35.00



BASIC LIFE INSURANCE PLAN

ATC-NY 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. ATC-NY 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 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.

Your Life and Disability Carrier is

MUTUAL of OMAHA



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

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.

Please contact Human Resources for more information.

FLEXIBLE BENEFIT PLAN

Plan year January 1 – December 31, 2017

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

Premiums: Pre-tax deductions of your ATC health and dental plan premiums if you participate in those plans.

Health Care: Pre-tax deductions up to \$2,600/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 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.selectaccount.com and log into your account. Follow the prompts.



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

Group #001739

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.

For more information about your benefit program, please contact:

Megan Lee
Director of Human Resources
Architecture Technology Corporation
P.O. Box 24859
Minneapolis, MN 55424
Phone: (952) 829-5864 x163 Fax: (952) 944-1859
Email: mplee@atcorp.com





BCBS Value Adds

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

**minute
clinic**

Retail Clinics

For overall lower costs in most cases, BCBS has joined with MinuteClinic and other retail clinics to provide low-cost, convenience health care for many common illnesses and vaccinations without an appointment.



Tobacco Cessation Program

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



Maternity Management

This is a special program that supports moms with their pregnancies. It 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.

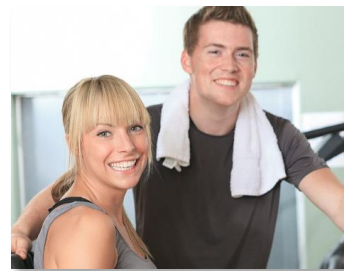
(866) 489-6948



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.bluecrossmnonline.com and register under **MyBlueCross** to see a participating list.