

Hoosier Academy, Inc.
Regular Board Meeting Minutes
November 20, 2018

Upon determining the presence of a quorum, acting Board President Gary Meyer called the meeting to order at 5:38P.M. Tuesday, November 20, 2018.

Chairman Marske read the Board Mission: 1) make sure that our school accomplishes the outcomes it was chartered to produce (i.e. student achievement) and 2) Make sure that nothing illegal, unethical, or imprudent occurs.

Name	Present	Absent	Arrived Late	Departed Early	Electronic Participation
John Marske					
George Giltner	✓				✓
Gary Meyer	✓				
Maurice Boler	✓				
Michelle Study-Campbell	✓				✓

Others in Attendance:

K12 Representatives	HA Staff	Community Members
Enrico Rudolph Kathy Coe Elizabeth Lamey Liz Roth, phone Amelia Torres Jill Landers	Stephen Giannotti	

B. Approval of the October Minutes:

Mr. Boler motioned to approve the October 23, 2018 minutes. Mr. Giltner seconded. ROLL CALL: Mr. Boler, yes; Mr. Marske, absent; Mr. Meyer, yes; Ms. Study-Campbell, yes; and Mr. Giltner, yes. The motion passed.

C. Adoption of the November Agenda:

Mr. Meyer presented the November 20, 2018 agenda as presented. Mr. Boler motioned to approve the November 20, 2018 agenda as presented. Mr. Meyer seconded. ROLL CALL: Mr. Boler, yes; Mr. Marske, absent; Mr. Meyer, yes; Ms. Study-Campbell, yes; and Mr. Giltner, yes. The motion passed.

D. Oral Communication:

None.

III. Hoosier Academy, Governance and Organization

A. Resolution 2018-25 Insight Vision and Mission Statement

Mr. Meyer presented the Insight Vision and Mission statement. Mr. Boler motioned to approve Resolution 2018-25, Resolution to Adopt Insight Vision and Mission Statement. Ms. Study-Campbell seconded.

The Insight vision and mission statement has gone through collaboration with staff, administration, parents and the board. The final Insight Vision states: *To graduate successful and productive career-minded students who are prepared for the workforce.* The final Insight Mission states: *To provide educational and social support to all students regardless of circumstances. We believe that partnerships with parents, families, and the greater community contribute to student success as we strive to prepare our students for life beyond the classroom.*

ROLL CALL: Mr. Boler, yes; Mr. Marske, absent; Mr. Meyer, yes; Ms. Study-Campbell, yes; and Mr. Giltner, yes. The motion passed.

B. Resolution 2018-26 Suspension and Expulsion Letter

Mr. Meyer presented the Suspension and Expulsion letters. Mr. Boler motioned to approve Resolution 2018-26, Resolution to Adopt Suspension and Expulsion Letter template. Mr. Giltner seconded.

ROLL CALL: Mr. Boler, yes; Mr. Marske, absent; Mr. Meyer, yes; Ms. Study-Campbell, yes; and Mr. Giltner, yes. The motion passed.

C. Resolution 2018-27, Adopt Calendar Year 2019 Health Benefits

Mr. Meyer presented the Calendar Year 2019 Health Benefits. Mr. Boler motioned to approve Resolution 2018-27 Resolution to Adopt Calendar Year 2019 Health Benefits. Ms. Study-Campbell seconded.

HR Committee member, Ms. Study-Campbell reviewed what the HR committee reviewed and discussed during their meeting regarding 2019 health benefits. There was going to be a significant cost increase with the current plan moving into 2019, so we reviewed options for 2019 that could cut cost. When looking at other options that would cut cost, there would be a slight increase. There are more deductible plans offered than before, and we were going back and forth with K12 finance to determine how much we would be saving by going to these options but could not tell what we would save for 2019. The school is also looking at AFLAC coverage for next year.

Mr. Giltner also reviewed that during the HR committee meeting they also discussed services that Insperity provides to the school that we are currently not taking advantage of. Insperity can conduct exit interview for staff members that leave voluntarily. They have questions and a process in place, and Mr. Giltner believes that we should be taking advantage of this service, and also indicated using their climate survey. The climate survey is a pulse check of staff morale, how everyone is feeling, and this would be useful feedback for administration. Mr. Giltner expressed that Insperity does provide the school with a lot of services that we need to start looking at and taking advantage of. Insperity also has a MarketPlace that provides employees with discounts on things like cell phones, technology, travel, and other perks.

Ms. Coe did state that we do inform our employees of the MarketPlace perks, and that the school will be scheduling info/educational sessions with Insperity regarding the new 2019 health benefits for staff.

ROLL CALL: Mr. Boler, yes; Mr. Marske, absent; Mr. Meyer, yes; Ms. Study-Campbell, yes; and Mr. Giltner, yes. The motion passed.

D. Insight Renewal Update

Ms. Lamey provided the board with additional information regarding the onsite visit that is scheduled for December 11th-13th. The school is ready and are in the final stages of getting parents and teachers lined up for the visit. The board will also be part of the onsite visit but are via phone. The review panel will be holding 15-minute board member phone calls on the 12th. Ms. Lamey will follow up with questions for the board to prepare, but essentially the team will want to know celebrations; things that are going well; what challenges are; and may ask how you feel about K12, and how the school is being managed.

II. Hoosier Academy, Financial, Legal, and School Operations

A. Financial Report, Enrico Rudolph

Mr. Rudolph reviewed the financials for October. There was a \$63k increase for ISIN and a \$16k decrease for Indy in revenue due to new enrollment. There was also an overall increase in school expenditures; a \$13k decrease in personnel expenses due to open positions; and \$27k increase in K12 invoices. The surplus/deficit forecast is \$3.5M prior to audit. There was \$123k increase in overall cash balance and a decrease in accounts receivable and other current assets. There was a \$316k liability increase in accounts payable (mostly K12), and a \$16k decrease in other liabilities mostly for payroll and accrued expenses. Inflows from state aid FY19 enrollment projection and restricted funding; outflows from payroll, K12, rent, travel, phone... etc.

Mr. Boler motioned to accept the October financials subject for review and audit. Mr. Giltner seconded. ROLL CALL: Mr. Boler, yes; Mr. Marske, absent; Mr. Meyer, yes; and Mr. Giltner, yes. The motion passed.

Mr. Rudolph reviewed the October vouchers. Total spent \$513k.

Mr. Boler stated that the finance committee to review the vouchers and found nothing unusual and motioned to accept the October 2018 vouchers for Insight and Indy for audit. Next month vouchers will likely go up because of testing. Mr. Giltner seconded.

ROLL CALL: Mr. Boler, yes; Mr. Marske, absent; Mr. Meyer, yes; and Mr. Giltner, yes. The motion passed.

B. Resolution 2018-28, Election to Join the Public Employees' Retirement Fund as Administered by the Indiana Public Retirement System

Mr. Meyer presented resolution 2018-28, election to join the public employee's retirement fund. Mr. Boler motioned to approve Resolution 2018-28, Election to Join the Public Employee's Retirement Fund. MR. Giltner seconded.

Ms. Coe informed the board of PRF, which is the state retirement for non-teaching positions. Currently the board offers TRF, teachers only, and a 403b, but we are going to offer PRF so that non-teaching staff

can participate. There is no additional financial impact. We are mirroring what we offer for TRF; the employer contributes 7.5% and the employee contributes 3%.

ROLL CALL: Mr. Boler, yes; Mr. Marske, absent; Mr. Meyer, yes; and Mr. Giltner, yes.
The motion passed.

V. Board Development

A. Items for next month:

1. ISTEP/report card discussion
2. Insight renewal update
3. Student teacher ratio
4. Tracking tools

Next Board meeting is December 18, 2018, Franklin Rd, at 5:30pm.

Being no further business, the meeting adjourned at 6:23pm

Signatures for Approval of the November 20, 2018 Minutes.



John Marske, Board President



George Giltner, Board Secretary

12/1

Date

12/18/18

Date

DRAFT

HOOSIER ACADEMY, INC.

Resolution No. 2018-25

Resolution to Adopt
Insight School of Indiana Vision and Mission Statements

November 20, 2018

WHEREAS, the Board of Directors of Hoosier Academy, Inc. (“Corporation”) deems it to be prudent and in the interest of the Corporation to update the Vision and Mission Statements for the Insight School of Indiana (“ISIN”) to guide the school and employees in fulfilling their duties and responsibilities; and

WHEREAS, the Head of Schools and school administration have worked to develop Vision and Mission Statements that reflect the values and objectives of ISIN; and

WHEREAS, the Board of Directors has reviewed and considered the ISIN Vision and Mission Statements in the form attached hereto as Exhibit A and deems it in the interest of the Corporation to adopt the Vision and Mission Statements as presented.

IT IS THEREFORE RESOLVED that the attached Vision and Mission Statements are approved and adopted by the Corporation for the Insight School of Indiana.

Voice Vote:

Ayes: 4 No: 0

Date: 11/20/2018

Certification of Board Secretary: 

EXHIBIT A

INSIGHT SCHOOL OF INDIANA VISION AND MISSION STATEMENTS

INSIGHT VISION:

To graduate successful and productive career-minded students who are prepared for the workforce.

INSIGHT MISSION:

To provide educational and social support to all students regardless of circumstances. We believe that partnerships with parents, families, and the greater community contribute to student success as we strive to prepare our students for life beyond the classroom.

HOOSIER ACADEMY, INC.

Resolution No. 2018-26

Resolution to Adopt
Suspension and Expulsion Letter Templates

November 20, 2018

WHEREAS, the Board of Directors of Hoosier Academy, Inc. ("Corporation") has previously adopted School Handbooks for the charter schools operated by the Corporation, each of which includes a Student Code of Conduct and prescribes certain disciplinary measures in accordance with state and federal law, including but not limited to Indiana Code §§ 20-24-8-5 and 20-33-8-19 through -22; and

WHEREAS, the Head of Schools and school administration have created student suspension and expulsion letter templates to ensure consistency and compliance with the law in communicating with families about such disciplinary measures; and


WHEREAS, the Board of Directors has reviewed the suspension and expulsion letter templates in the form attached hereto as Exhibit A and deems it in the interest of the Corporation to adopt the templates as presented for use by the Head of Schools and school administration.

IT IS THEREFORE RESOLVED that the attached suspension and expulsion letter templates are approved and adopted by the Corporation for the charter schools operated by the Corporation.

Voice Vote:

Ayes: 4 No: 0

Date: 11/20/18

Certification of Board Secretary: 

HOOSIER ACADEMY, INC.

Resolution No. 2018-26

Resolution to Adopt
Suspension and Expulsion Letter Templates

November 20, 2018

WHEREAS, the Board of Directors of Hoosier Academy, Inc. ("Corporation") has previously adopted School Handbooks for the charter schools operated by the Corporation, each of which includes a Student Code of Conduct and prescribes certain disciplinary measures in accordance with state and federal law, including but not limited to Indiana Code §§ 20-24-8-5 and 20-33-8-19 through -22; and

WHEREAS, the Head of Schools and school administration have created student suspension and expulsion letter templates to ensure consistency and compliance with the law in communicating with families about such disciplinary measures; and

WHEREAS, the Board of Directors has reviewed the suspension and expulsion letter templates in the form attached hereto as Exhibit A and deems it in the interest of the Corporation to adopt the templates as presented for use by the Head of Schools and school administration.

IT IS THEREFORE RESOLVED that the attached suspension and expulsion letter templates are approved and adopted by the Corporation for the charter schools operated by the Corporation.

Voice Vote:

Ayes: 4 No: 0

Date: 11/20/18

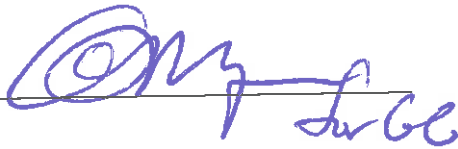
Certification of Board Secretary: 

EXHIBIT A
SUSPENSION AND EXPULSION LETTER TEMPLATES

[See attached two (2) pages]



HOOSIER
ACADEMIESSM

Hoosier Academy Network of Schools
2855 N. Franklin Road
Indianapolis, IN 46219
Phone: (317) 495-6494
Fax: (317) 454-0670

The Parents/Guardians/LC of (Student Name)
(Address)
(City/State/Zip)

(Date)

To the Parents/Guardians of (Student Name),

This letter is to provide notice of an out of school suspension for (Student Name). The suspension is in effect from (Start to End Dates).

The logged details of this suspension are:

Incident Date:

Incident Detail:

The decision to suspend was reached by joint agreement of the Superintendent Head of Schools and the Hoosier Academy-Indianapolis Administrator.

This notice is provided in accord with Indiana Code §§ 20-24-8-5 and 20-33-8-18 through -22.

The student's online curriculum and course information will be locked by school administration in accordance with the terms of suspension found in the Hoosier Academy Student Code of Conduct. Curriculum and course information will be reinstated following the last day of the school suspension.

Sincerely,

Elizabeth Lamey
Superintendent/Head of Schools
Hoosier Academies Network of Schools
elamey@k12.com

Amelia Torres
Academic Administrator/Principal
Hoosier Academy Indianapolis/
Insight School of Indiana
atorres@hoosieracademy.org



Hoosier Academy Network of Schools
2855 N. Franklin Road
Indianapolis, IN 46219
Phone: (317) 495-6494
Fax: (317) 454-0670

The Parents/Guardians/LC of (Student Name)
(Address)
(City/State/Zip)

(Date)

To the Parents/Guardians of (Student Name),

This letter is to provide notice of your right to request and appear at an expulsion hearing. If requested, the expulsion hearing will be conducted by the designated Expulsion Examiner and the Hoosier Academy Administration.

You may request to participate in an Expulsion Hearing by stating in writing your request to attend a hearing no later than 10 days of receipt of this notice.

Please notify the Head of School's office upon receipt of this notice at (317) 495-6494 x5007 if you plan to send written request for an Expulsion Hearing.

The cause of the expulsion proceeding is: (insert reason here). The expulsion will remain in effect until (insert date here).

Please note that Indiana Law states that failure to request and appear at an expulsion hearing results in a forfeiture of all administrative rights to contest and appeal the expulsion of the student. If you choose not to request a hearing or do not appear at the hearing, no hearing will take place and the recommended expulsion will become effective without further process.

A student who is at least sixteen (16) years of age and who wishes to re-enroll after an expulsion may be required to attend an alternative program with appropriate curriculum. Students wishing to re-enroll after an expulsion must reapply for admission and are subject to all enrollment policies.

This notice is provided in accord with Indiana Code §§ 20-24-8-5 and 20-33-8-19 through -22.

Sincerely,

Elizabeth Lamey
Superintendent/Head of Schools
Hoosier Academies Network of Schools
elamey@k12.com

Amelia Torres
Academic Administrator/Principal
Hoosier Academy Indianapolis/
Insight School of Indiana
atorres@hoosieracademy.org

HOOSIER ACADEMY, INC.

Resolution to Adopt Calendar Year 2019 Health Benefits

Resolution No. 2018-27

November 20, 2018

WHEREAS, Hoosier Academy, Inc. (the "Corporation") offers health benefits to its qualified employees pursuant to the Corporation's Client Service Agreement ("CSA") with Insperity, Inc. ("Insperity"); and

WHEREAS, the HR Committee of the Board of Directors and school administration have studied the various health benefits packages offered by Insperity for calendar year 2019 and have made recommendations to the Board in the form attached hereto as Exhibit A; and

WHEREAS, the Board of Directors deems it prudent and in the best interest of the Corporation to adopt said recommendations and to offer the Insperity Freedom Choice benefits package, as described in Exhibit B attached hereto, to qualified employees of the Corporation for calendar year 2019.

IT IS THEREFORE RESOLVED that the calendar year 2019 health benefit package, as presented and attached hereto as Exhibit B, is approved and adopted by the Corporation for its qualified employees.

Voice Vote:

Ayes: 4 No: 0

Date: 11/20/2018


Certification of Board Secretary: 

EXHIBIT A

INSPERITY SERVICES AND HR COMMITTEE REPORT

[See attached nine (9) pages]

Insperty Services

To: Hoosier Academy, Inc. Board of Directors

From: Nadina McFann

Date: November 20, 2018

Subject: Insperty Services & HR Committee Report

Hoosier receives the following services provided by Insperty:

- HR management (*HR rep, bi-weekly meetings, ongoing communication*)
- Job posting and scheduling (*school provides job description and offer letter*)
- Voluntary exit interview survey
- Climate survey
- Employee verification
- Unemployment claims
- Payroll specialist team
- Workers compensation
- Filing of Federal/State/Local tax income payments
- 1094-1095 Form (*school sends out, but Insperty provides data*)
- Support desk
- Employee assistance program (*unlimited telephone and online confidential support, counseling, customized resources and referrals, along with practical information on hundreds of work and home life topics, including substance abuse, material problems, family troubles, stress and domestic violence, as well as health education and disease prevention*)
- W-2 filing and distribution
- Employee handbook
- MarketPlace (*employee deals in following categories: learning; fun; electronics; travel; health; family; exclusives*)
- Payroll Processing
- State and Federal Law Compliance Assistance
- Leave and Disability Management
- Training and Development Libraries
- Safety Consultant Access
- Performance Specialist Access
- Onboarding – Paperless
- Flexible Spending Accounts
- Exit Assistance
- Self Service Portal – Premier
- Investigations of any Harassment complaint
- EPLI Policy
- Workplace Accommodation Assistance

Insperity Services

- Timekeeping
- PTO tracking
- Records Management
- Separation Agreement Assistance
- Layoff and Alternatives Assistance
- Emergency Preparedness
- FLSA Assistance
- Performance Management Tools

Other items Hoosier could utilize if we choose to:

- Resources to respond to an employee fatality including grief counseling services.
- Succession planning assistance
- Rewards and recognition assistance
- Total Compensation Statements
- Background Checks- (*use another vendor called Safe Hiring*)
- Drug Screens
- Cognitive Assessments
- Behavioral Based interview question assistance
- 401K
- Outplacement support
- Commuter benefits – should they apply
- Compensation Services – surveys, special projects, plan design, internal equity studies

Insperty Services

Health Benefits

Insperty offers four different benefits packages. Currently the school offers the Freedom package. This package offers the following benefits to our employees:

- Medical coverage
- Dental and vision coverage
- Employee assistance programs
- FSA plan for those who elect
- HSA plan
- 100% employer-paid basic term life and personal accident insurance
- 100% employer paid- basic short-term
- 100% employee paid voluntary group universal life insurance
- 100% employee paid voluntary personal accident insurance
- Insperty educational assistance program
- Insperty commuter benefits program
- Insperty adoption assistance program
- Insperty training and development opportunities

There are five different medical benefits level that is offered in the Freedom package. Currently the school offers the Freedom Select medical benefits level. This level offers the following deductible plans:

- \$500

Freedom Select	2018 Total	2018 Employee Monthly Cost	2018 Employer Monthly Cost	# of Participating Employees	% Hoosier	Client Annual Cost	2019 Total	Increase	Annual Increase
500 Deductible PPO									
Employee Only	\$488.12	\$95.17	392.95	18	81%	\$ 84,877.20	\$529.94	\$41.82	\$9,033.12
Emp. + Spouse	\$1,022.97	\$426.12	596.85	4	58%	\$ 28,648.80	\$1,110.69	\$87.72	\$4,210.56
Emp. + Child	\$924.86	\$358.31	566.55	3	61%	\$ 20,395.80	\$1,003.61	\$78.75	\$2,835.00
Emp. + Children	\$924.86	\$358.31	566.55	4	61%	\$ 27,194.40	\$1,003.61	\$78.75	\$3,780.00
Emp. + Family	\$1,509.13	\$746.79	762.345	7	51%	\$ 64,036.98	\$1,638.65	\$129.52	\$10,879.68
			2885.245	36		\$ 225,153.18			\$30,738.36

- \$2000

2000 Deductible PPO	2018 Total	2018 Employee Monthly Cost	2018 Employer Monthly Cost	# of Participating Employees	% Hoosier	Client Annual Cost	2019 Total	Increase	Annual Increase
2000 Deductible PPO									14%
Employee Only	\$434.34	\$83.23	351.115	1	80.84%	\$ 4,213.38	\$471.20	\$36.86	\$442.32
Emp. + Spouse	\$912.51	\$381.41	531.1	0	58.20%	\$ -	\$990.98	\$78.47	\$0.00
Emp. + Child	\$825.30	\$320.81	504.49	0	61.13%	\$ -	\$896.54	\$71.24	\$0.00
Emp. + Children	\$825.30	\$320.81	504.49	2	61.13%	\$ 12,107.76	\$896.54	\$71.24	\$1,709.76
Emp. + Family	\$1,346.35	\$668.52	677.835	0	50.35%	\$ -	\$1,462.42	\$116.07	\$0.00
				3		\$ 16,321.14			\$2,152.08

- \$2500

2500 Deductible PPO	2018 Total	2018 Employee Monthly Cost	2018 Employer Monthly Cost	# of Participating Employees	% Hoosier	Client Annual Cost	2019 Total	Increase	Annual Increase
2500 Deductible PPO									
Employee Only	\$968.94	\$69.68	299.265	1	87.63%	\$ 3,591.18	\$400.56	\$31.62	\$379.44
Emp. + Spouse	\$775.89	\$344.87	431.02	0	61.54%	\$ -	\$842.26	\$66.37	\$0.00
Emp. + Child	\$701.04	\$253.43	447.615	0	64.93%	\$ -	\$761.21	\$60.17	\$0.00
Emp. + Children	\$701.04	\$253.43	447.615	1	64.93%	\$ 5,371.38	\$761.21	\$60.17	\$722.04
Emp. + Family	\$1,144.33	\$560.72	583.61	0	52.02%	\$ -	\$1,242.32	\$97.99	\$0.00
				2		\$ 8,962.56			\$1,101.48

Insperty Services

- \$1500 High deductible

1500 Deductible HDHP

	Employee Only	Emp. + Spouse	Emp. + Child	Emp. + Children	Emp. + Family						
Employee Only	\$427.80	\$82.97	344.835	2	80.61%	\$ 8,276.04	\$464.51	\$36.71	\$881.04		
Emp. + Spouse	\$897.25	\$400.78	496.475	0	55.33%	\$ -	\$974.62	\$77.37	\$0.00		
Emp. + Child	\$810.77	\$295.74	515.03	0	63.52%	\$ -	\$880.18	\$69.41	\$0.00		
Emp. + Children	\$810.77	\$295.74	515.03	0	63.52%	\$ -	\$880.18	\$69.41	\$0.00		
Emp. + Family	\$1,323.09	\$650.32	672.775	1	50.85%	\$ 8,073.30	\$1,436.40	\$113.31	\$1,359.72		
				3		\$ 16,349.34			\$2,240.76		

- \$5000 High deductible

5000 Deductible - HDHP

	Employee Only	Emp. + Spouse	Emp. + Child	Emp. + Children	Emp. + Family						
Employee Only	\$270.37	\$ 00	270.37	3	84.65%	\$ 9,733.32	\$334.38	\$64.01	\$2,304.36		
Emp. + Spouse	\$567.04	\$ 00	567.04	0	61.68%	\$ -	\$700.97	\$133.93	\$0.00		
Emp. + Child	\$512.18	\$ 01	512.17	0	63.92%	\$ -	\$633.31	\$121.13	\$0.00		
Emp. + Children	\$512.18	\$ 01	512.17	0	63.92%	\$ -	\$633.31	\$121.13	\$0.00		
Emp. + Family	\$838.19	\$ 00	838.19	3	52.92%	\$ 30,174.84	\$1,036.34	\$198.15	\$7,133.40		

Out of Pocket:

2019 select medical coverage options at a glance

coverage options by state	coinsurance after deductible		medical calendar year deductible annual limit of benefit coinsurance applies				annual out-of-pocket maximum the most you will pay before plan pays 100%			
	in-network	out-of-network	individual	family	individual	family	in-network	out-of-network	in-network	out-of-network
National										
UnitedHealthcare Choice Plus 500/90	90%	70%	\$500	\$1,500	\$1,000	\$3,000	\$4,000	\$8,000	\$8,000	\$16,000
UnitedHealthcare Choice Plus 2000	100%	70%	\$2,000	\$6,000	\$4,000	\$12,000	\$4,000	\$8,000	\$8,000	\$16,000
UnitedHealthcare Choice Plus 2500	70%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,850	\$13,700	\$13,700	\$27,400
UnitedHealthcare Choice Plus HDHP 1500 aggregate deductible option	90%	70%	\$1,500	\$3,000	\$3,000	\$6,000	\$4,000	\$7,350	\$8,000	\$14,700
UnitedHealthcare Choice Plus HDHP 5000	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,650	\$13,300	\$13,300	\$26,600
UnitedHealthcare Out-of-Area 500	80%		\$500	\$1,500	no network limitation		\$6,350	\$12,700	no network limitation	
UnitedHealthcare Out-of-Area HDHP 1500 aggregate deductible option	80%		\$1,500	\$3,000	no network limitation		\$4,000	\$7,350	no network limitation	
UnitedHealthcare Out-of-Area HDHP 5000	80%		\$5,000	\$10,000	no network limitation		\$6,650	\$13,300	no network limitation	

Insperty Services

Important:

- *Of the 64 total Hoosier Academies employees, there are 50 employees who use medical benefits.*
- *There are 36 employees in the 500 deductible PPO.*
- *Currently employees have a 10% co-pay (90/10).*

Insperty Services

Health Benefits

Another level that we are asking the board to consider is the Freedom Choice. This level offers the same benefits as the Freedom Select:

- Medical coverage
- Dental and vision coverage
- Employee assistance programs
- FSA plan for those who elect
- HSA plan
- 100% employer-paid basic term life and personal accident insurance
- 100% employer paid- basic short-term
- 100% employee paid voluntary group universal life insurance
- 100% employee paid voluntary personal accident insurance
- Insperty educational assistance program
- Insperty commuter benefits program
- Insperty adoption assistance program
- Insperty training and development opportunities

Freedom Choice offers the following deductible plans:

- \$500

Freedom Choice	Monthly Increase	# of Participating Employees	% Hoosier	Employee cost proposed 2019	Client Cost Proposed 2019	Client Annual	Monthly Increase for Employee
500 Deductible PPO							
	\$490.53	18	81%	\$95.65	\$394.88	\$85,293.36	\$0.48
	\$1,029.64	4	58%	\$428.95	\$600.69	\$28,833.21	\$2.83
	\$932.23	3	61%	\$361.15	\$571.08	\$20,559.03	\$2.84
	\$932.23	4	61%	\$361.15	\$571.08	\$27,412.04	\$2.84
	\$1,520.42	7	51%	\$752.30	\$768.12	\$64,521.76	\$5.52
		36				\$226,619.39	

- \$1000

1000 Deductible	Compared to 2K Deductible	# of Participating Employees	% Hoosier	Employee cost proposed 2019	Client Cost Proposed 2019	Client Annual	Monthly Increase for Employee
	\$467.48	1	81%	\$91.16	\$376.32	\$4,515.86	\$7.93
	\$982.05	0	58%	\$409.12	\$572.93	\$0.00	\$27.71
	\$888.36	0	61%	\$345.32	\$543.04	\$0.00	\$24.51
	\$888.36	2	61%	\$345.32	\$543.04	\$13,032.90	\$24.51
	\$1,449.03	0	51%	\$716.98	\$732.05	\$0.00	\$48.47
		3				\$17,548.75	

- \$1500

1500 Deductible	N/A - No Comparison to 17-18	# of Participating Employees	% Hoosier	Employee cost proposed 2019	Client Cost Proposed 2019	Client Annual	Monthly Increase for Employee
			81%	\$83.62	\$345.19	\$0.00	
			58%	\$374.43	\$524.34	\$0.00	
			61%	\$315.05	\$498.20	\$0.00	
			61%	\$315.05	\$498.20	\$0.00	
			51%	\$656.27	\$670.07	\$0.00	
						\$0.00	

Insperity Services

- \$2500

2500 Deductible							
\$400.56	-\$27.24	1	81%	\$78.11	\$322.45	\$3,869.41	\$8.43
\$842.26	-\$54.99	0	58%	\$350.89	\$491.37	\$0.00	\$6.02
\$761.21	-\$49.56	0	61%	\$294.89	\$466.32	\$0.00	\$41.47
\$761.21	-\$49.56	1	61%	\$294.89	\$466.32	\$5,595.81	\$41.47
\$1,242.32	-\$80.77	0	51%	\$614.70	\$627.62	\$0.00	\$53.98
		2				\$9,465.22	

- \$6000

6000 Deductible		N/A - No Comparison to 17-18					
\$371.56				81%	\$72.45	\$299.11	\$0.00
\$778.31				58%	\$324.24	\$454.07	\$0.00
\$704.69				61%	\$273.00	\$431.69	\$0.00
\$704.69				61%	\$273.00	\$431.69	\$0.00
\$1,148.62				51%	\$568.34	\$580.28	\$0.00
							\$0.00

- \$1500 High deductible

1500 HD							
\$464.51	\$36.71	2	85%	\$71.32	\$393.19	\$9,436.44	
\$974.62	\$77.37	0	62%	\$373.51	\$601.11	\$0.00	
\$880.18	\$69.41	0	64%	\$217.60	\$562.58	\$0.00	
\$880.18	\$69.41	0	64%	\$317.60	\$562.58	\$0.00	
\$1,436.40	\$113.31	1	53%	\$676.22	\$760.18	\$9,122.12	
		3				\$18,558.56	

- \$3000 High deductible

3000 HD		N/A - No Comparison to 17-18					
\$371.56				85%	\$57.05	\$314.51	\$0.00
\$780.54				62%	\$299.13	\$481.41	\$0.00
\$706.92				64%	\$255.08	\$451.84	\$0.00
\$706.92				64%	\$255.08	\$451.84	\$0.00
\$1,153.08				53%	\$542.84	\$610.24	\$0.00

- \$5000 High deductible

5000 HD							
\$270.37	\$0.00	3	85%	\$41.52	\$228.86	\$8,238.78	\$41.52
\$567.04	\$0.00	0	62%	\$350.24	\$349.73	\$0.00	\$350.24
\$512.17	\$0.00	0	64%	\$317.11	\$327.36	\$0.00	\$317.10
\$512.17	\$0.00	0	64%	\$317.11	\$327.36	\$0.00	\$317.10
\$838.19	\$0.00	3	53%	\$574.31	\$443.59	\$15,969.24	\$574.31
		6				\$24,208.02	
						\$296,399.95	

Insperty Services

Out of Pocket Expenses:

2019 choice medical coverage options at a glance

coverage options by state	coinsurance after deductible		medical calendar-year deductible amount owed before coinsurance applies				annual out-of-pocket maximum the most you will pay before plan pays 100%			
	in-network	out-of-network	in-network individual	in-network family	out-of-network individual	out-of-network family	in-network individual	in-network family	out-of-network individual	out-of-network family
National										
UnitedHealthcare Choice Plus 500/80	80%	60%	\$500	\$1,500	\$1,000	\$3,000	\$5,000	\$10,000	\$10,000	\$20,000
UnitedHealthcare Choice Plus 1000	80%	60%	\$1,000	\$3,000	\$2,000	\$6,000	\$4,500	\$9,000	\$9,000	\$18,000
UnitedHealthcare Choice Plus 1500	80%	60%	\$1,500	\$4,500	\$3,000	\$9,000	\$6,350	\$12,700	\$12,700	\$25,400
UnitedHealthcare Choice Plus 2500	70%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,850	\$13,700	\$13,700	\$27,400
UnitedHealthcare Choice Plus 6000	100%	70%	\$6,000	\$18,000	\$12,000	\$16,400	\$7,000	\$14,000	\$14,000	\$28,000
UnitedHealthcare Choice Plus HDHP 1500 aggregate deductible option	90%	70%	\$1,500	\$3,000	\$3,000	\$6,000	\$4,080	\$7,350	\$8,000	\$14,700
UnitedHealthcare Choice Plus HDHP 3000	90%	70%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,650	\$13,300	\$13,300	\$26,600
UnitedHealthcare Choice Plus HDHP 5000	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,650	\$13,300	\$13,300	\$26,600
UnitedHealthcare Out-of-Area 500	80%		\$500	\$1,500	no network limitation		\$6,350	\$12,700	no network limitation	
UnitedHealthcare Out-of-Area HDHP 1500 aggregate deductible option	80%		\$1,500	\$3,000	no network limitation		\$4,000	\$7,350	no network limitation	
UnitedHealthcare Out-of-Area HDHP 3000	80%		\$3,000	\$6,000	no network limitation		\$6,650	\$13,300	no network limitation	
UnitedHealthcare Out-of-Area HDHP 5000	80%		\$5,000	\$10,000	no network limitation		\$6,650	\$13,300	no network limitation	

Important:

- This option would offer more deductible choices for employees.
- Co-pay would go for 10% to 20% (80/20).
- If switched to the Choice plan, versus staying on Select, approximate savings of \$56,000.

Insperty Services

HR Committee Recommendation

- Offer the Freedom Choice package.
- Leave the Hoosier contributions the same percentage as what has been set in Freedom Select.
 - *Employee only= 81%*
 - *Emp. + Spouse= 58%*
 - *Emp. + Child= 61%*
 - *Emp. + Children= 61%*
 - *Emp. + Family= 51%*
- Would like for the staff to be informed and educated about flexible spending accounts the week of 11/26.
- Would like to know the % as well as the total amount that was budgeted for health benefits increase.

EXHIBIT B

2019 BENEFITS AT A GLANCE / FREEDOM CHOICE

[See attached twelve (12) pages]

WORKFORCE OPTIMIZATION[®]

2019 benefits at a glance freedom choice

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This brochure provides an overview of your Insperty benefits package. Actual benefits are subject to the provisions and limitations of the agreements between Insperty and its benefits providers. Detailed benefits information is available on the Insperty Premier™ platform at portal.insperty.com.

Except where otherwise indicated, employees must be generally working 30 or more hours per week, on average (20 hours per week in Hawaii), or meet the requirements for continuing eligibility during an approved leave of absence, to be eligible for the health and welfare benefits in this package. Certain individuals are excluded from participation in Insperty Plans.

Please refer to the Summary Plan Description (SPD) for each Plan on Insperty Premier for full eligibility requirements.

Benefits at a glance	1
Medical coverage map	3
Medical coverage terms	4
Medical coverage options	6
Dental benefits at a glance	8
Vision benefits at a glance	9

Benefits at a glance

The following benefits are available to full-time (or full-time equivalent) Insperty employees that generally work 30 or more hours per week (20 or more hours in Hawaii) on average, and meet all other eligibility requirements:

The Insperty Group Health Plan

Medical coverage options include prescription coverage and vary by insurance carrier, region and coverage type. All coverage options also generally include wellness programs and telemedicine options (where permitted by state law). Availability is determined by benefits package and ZIP code service area. Dental and vision coverage is available through UnitedHealthcare Dental and Vision Service Plan nationwide, and may be elected independently of medical coverage.

The Insperty Health Care Flexible Spending Account (FSA) Plan

Make pretax contributions (if eligible) up to the annual maximum through payroll deduction for qualifying health care expenses incurred during the plan year.

The Insperty Health Savings Account (HSA) Program

If enrolled in an Insperty High Deductible Health Plan (HDHP) option, make contributions by payroll deduction on a pretax basis (if eligible) or on a post-tax basis up to established annual federal limits for qualifying health care expenses.

The Insperty Welfare Benefits Plan

Benefits include employer-paid basic term life and personal accident insurance equal to 1 x covered annual earnings (\$50,000 maximum), as well as disability coverage for up to 60% of covered weekly or monthly earnings. Voluntary life and personal accident insurance is also available to you and your eligible dependents. See the **Voluntary Benefits Book** for coverage amounts and rates.

The Insperty Adoption Assistance Program

Reimburses up to \$1,500 of qualifying expenses per qualified adoption. Requires 180 days of continuous service after obtaining eligible status.

The Insperty Educational Assistance Program

Reimburses up to \$1,500 per calendar year for approved undergraduate/graduate courses taken as part of a degree program, or up to \$500 per calendar year for approved continuing education expenses. Maximum reimbursement per calendar year is \$1,500.



Life, Personal Accident and Disability Coverage Amounts

Coverage amounts for benefits are determined by your covered annual earnings, which include base or estimated annual earnings plus amounts received as commissions, piece work and fee-based pay as paid by Insperty.

Benefits at a glance

The following benefits are available to all Insperity employees, whether full-time, part-time or seasonal:

The Insperity Employee Assistance Program

A counseling and consultation service available to all employees (and their dependents) with no hourly eligibility requirement. Most services are available at no cost.

The Insperity Commuter Benefits Program

Pay for job-related mass transit and/or parking expenses with pretax dollars (if eligible).

Learning and Development

Self-paced online, live virtual and classroom training programs to learn new skills, maintain safety and compliance, improve performance and develop careers.

Insperity Pay Options

Payroll direct deposit and debit pay card options are available.

MarketPlace™

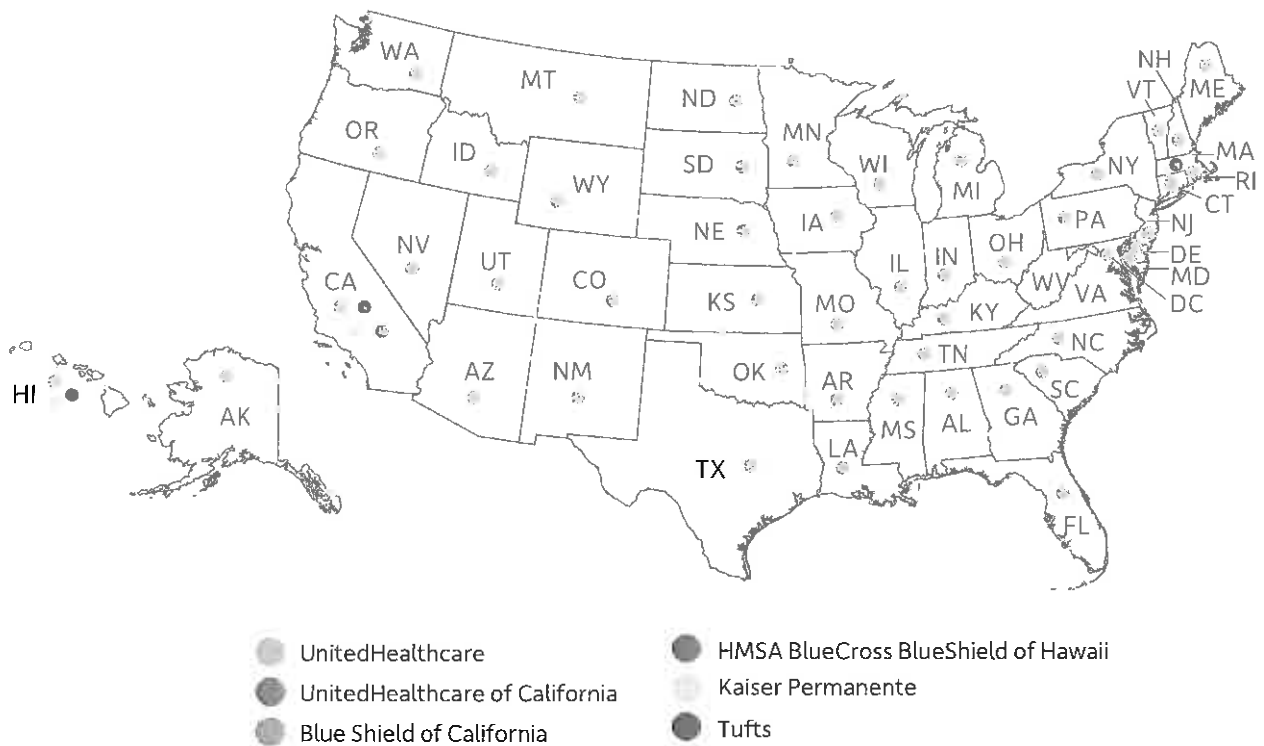
Offers online discounts on a variety of goods and services, including identity theft protection, pet health insurance, travel, electronics, gifts, household needs and more.



Medical coverage map

The Insperty Group Health Plan medical coverage options available to an eligible employee are determined by:

- The Insperty benefits package selected by the client company,
- The employee's residential ZIP code service area, and
- The insurance carrier(s) and networks available in that area.



To participate in a coverage option, an eligible employee must live in a ZIP code service area included in that insurance carrier's network. ZIP codes associated with an insurance carrier's network service area are determined by the insurance carrier (not Insperty) and are specific to the health insurance product offerings defined in the carrier's contract with Insperty.

Where offered, an indemnity (out-of-area) option is available to employees who live in a ZIP code service area not served by any Insperty insurance carrier's network.

Medical coverage terms

Calendar-year deductible

This is the amount owed for certain covered health care services before the plan begins to pay benefits. Not all covered services require this deductible to be met (e.g., office visit copays under non-HDHP coverage options).

Except as otherwise noted for certain HDHP-type coverage options, Insperity coverage options generally have “embedded” calendar-year deductibles and out-of-pocket maximums (OOPMs). For family coverage under the embedded design, each covered family member needs to satisfy only an individual calendar-year deductible (not the entire family deductible), before the individual member can receive covered medical services or prescription drugs at copay or coinsurance levels. Individual family members are responsible for their own out-of-pocket covered medical expenses up to the individual-level OOPM. Combined individual out-of-pocket covered medical expenses for a family will never exceed the family-level OOPM.

Certain Insperity HDHP coverage options have “aggregate” (non-embedded) deductibles and OOPMs. For family coverage under the aggregate design, the entire family calendar-year deductible must be met before copays or coinsurance will apply for any individual family member. Only after the full family deductible is met will any family member be able to receive covered medical services or prescription drugs at copay or coinsurance levels. A family is responsible for all its members’ out-of-pocket covered medical expenses up to the family-level OOPM.

All Insperity coverage options cover in-network physician office visits for preventive care services (as defined in the applicable Certificate of Coverage) at 100% with no copay or coinsurance, regardless of whether any deductible has been met.

Annual out-of-pocket maximum (OOPM)

This is the most a participant must pay out of their own pocket during the calendar year before the plan begins to pay 100% of eligible expenses. Medical calendar-year deductibles, copays and coinsurance (including prescriptions, unless otherwise noted) generally apply toward satisfying the annual out-of-pocket maximum. Insperity coverage options with embedded deductibles will have embedded OOPMs; HDHP coverage options with aggregate deductibles will have aggregate OOPMs.

Copays

A fixed amount you pay for a covered service from an in-network provider. Generally, whenever a medical copay applies, coinsurance will not apply, and you are not required to first satisfy any applicable medical calendar-year deductible.

Coinsurance

This is your share of the cost of a covered service, calculated as a percent of the allowed amount for the service. Coinsurance (where applicable) applies after the participant satisfies any applicable calendar-year deductible. Also, coinsurance generally will not apply where a copay applies.

In-network

Providers and facilities that contract with your health insurance carrier are considered in-network; you will pay in-network copays, deductibles and coinsurance rates for eligible expenses from network providers.

Out-of-network

Providers and facilities that do not contract with your health insurance carrier are considered out-of-network. If your coverage option does not include out-of-network coverage, no benefits will be paid for services received from out-of-network providers, except for emergency medical treatment.

If your elected coverage option pays benefits for services received from out-of-network providers, your financial responsibility will likely be much greater. It is important to understand how your specific insurance carrier reimburses for out-of-network services, and it is your responsibility to pay any cost difference between what the out-of-network provider charges and what the plan covers (i.e., what the insurance carrier pays). In addition, the cost difference, which could be substantial depending on the cost of the care received, does not apply to the out-of-pocket maximum.

**The plan year for the Insperty Group Health Plan is the calendar year.**

Plan design changes take effect each Jan. 1, and may include increases to out-of-pocket costs such as copays, coinsurance, annual deductibles and annual out-of-pocket maximums. Coverage periods under the Plan will last 12 months, and will vary by client company based on the renewal date of the client company's contract with Insperty.

2019 choice medical coverage options at a glance

coverage options by state	coinsurance after deductible		medical calendar-year deductible amount owed before coinsurance applies				annual out-of-pocket maximum the most you will pay before plan pays 100%				
	in-network	out-of-network	in-network individual	in-network family	out-of-network individual	out-of-network family	in-network individual	in-network family	out-of-network individual	out-of-network family	
National											
UnitedHealthcare Choice Plus 500/80	80%	60%	\$500	\$1,500	\$1,000	\$3,000	\$5,000	\$10,000	\$10,000	\$20,000	
UnitedHealthcare Choice Plus 1000	80%	60%	\$1,000	\$3,000	\$2,000	\$6,000	\$4,500	\$9,000	\$9,000	\$18,000	
UnitedHealthcare Choice Plus 1500	80%	60%	\$1,500	\$4,500	\$3,000	\$9,000	\$6,350	\$12,700	\$12,700	\$25,400	
UnitedHealthcare Choice Plus 2500	70%	50%	\$2,500	\$7,500	\$5,000	\$15,000	\$6,850	\$13,700	\$13,700	\$27,400	
UnitedHealthcare Choice Plus 6000	100%	70%	\$6,000	\$13,200	\$12,000	\$16,400	\$7,000	\$14,000	\$14,000	\$28,000	
UnitedHealthcare Choice Plus HDHP 1500 aggregate deductible option	90%	70%	\$1,500	\$3,000	\$3,000	\$6,000	\$4,000	\$7,350	\$8,000	\$14,700	
UnitedHealthcare Choice Plus HDHP 3000	90%	70%	\$3,000	\$6,000	\$6,000	\$12,000	\$6,650	\$13,300	\$13,300	\$26,600	
UnitedHealthcare Choice Plus HDHP 5000	80%	60%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,650	\$13,300	\$13,300	\$26,600	
UnitedHealthcare Out-of-Area 500		80%	\$500	\$1,500	no network limitation		\$6,350	\$12,700	no network limitation		
UnitedHealthcare Out-of-Area HDHP 1500 aggregate deductible option		80%	\$1,500	\$3,000	no network limitation		\$4,000	\$7,350	no network limitation		
UnitedHealthcare Out-of-Area HDHP 3000		80%	\$3,000	\$6,000	no network limitation		\$6,650	\$13,300	no network limitation		
UnitedHealthcare Out-of-Area HDHP 5000		80%	\$5,000	\$10,000	no network limitation		\$6,650	\$13,300	no network limitation		
California (choose national or regional options)	in-network	out-of-network	in-network individual	in-network family	out-of-network individual	out-of-network family	in-network individual	in-network family	out-of-network individual	out-of-network family	
UnitedHealthcare of California HMO	100%	n/a	n/a	n/a	n/a	n/a	\$3,000	\$6,000	n/a	n/a	
Blue Shield of California HMO	100%	n/a	n/a	n/a	n/a	n/a	\$3,000	\$6,000	n/a	n/a	
Blue Shield of California Deductible HMO 1000	90%	n/a	\$1,000	\$2,000	n/a	n/a	\$6,050	\$12,100	n/a	n/a	
Kaiser Permanente HMO	100%	n/a	n/a	n/a	n/a	n/a	\$3,000	\$6,000	n/a	n/a	
Kaiser Permanente Deductible HMO 1000	70%	n/a	\$1,000	\$2,000	n/a	n/a	\$6,050	\$12,100	n/a	n/a	
Kaiser Permanente HMO HDHP	90%	n/a	\$2,700	\$5,400	n/a	n/a	\$5,200	\$10,400	n/a	n/a	
Massachusetts (choose regional options only)	in-network	out-of-network	in-network individual	in-network family	out-of-network individual	out-of-network family	in-network individual	in-network family	out-of-network individual	out-of-network family	
Tufts CareLink Advantage PPO 500/80	80%	60%	\$500	\$1,500	\$1,000	\$3,000	\$5,000	\$10,000	\$10,000	\$20,000	
Tufts CareLink Advantage PPO 1000	80%	60%	\$1,000	\$3,000	\$2,000	\$6,000	\$4,500	\$9,000	\$9,000	\$18,000	
Tufts CareLink Advantage PPO 1500	80%	60%	\$1,500	\$4,000	\$3,000	\$8,000	\$6,350	\$12,700	\$10,000	\$20,000	
Tufts CareLink Advantage Saver PPO HDHP 1500 aggregate deductible option	90%	70%	\$1,500	\$3,000	combined in/out of network		\$4,000	\$7,350	combined in/out of network		
Tufts CareLink Advantage Saver PPO HDHP 3000 aggregate deductible option	90%	70%	\$3,000	\$6,000	combined in/out of network		\$4,000	\$7,350	combined in/out of network		
Tufts Value HMO	100%	n/a	n/a	n/a	n/a	n/a	\$3,000	\$6,000	n/a	n/a	
Tufts Advantage Deductible HMO 1000	100%	n/a	\$1,000	\$2,000	n/a	n/a	\$5,000	\$10,000	n/a	n/a	
Tufts Advantage Deductible HMO 2000	100%	n/a	\$2,000	\$4,000	n/a	n/a	\$6,350	\$12,700	n/a	n/a	
Tufts Advantage Saver HMO HDHP 1500 aggregate deductible option	90%	n/a	\$1,500	\$3,000	n/a	n/a	\$4,000	\$7,350	n/a	n/a	
Tufts Advantage Saver HMO HDHP 3000 aggregate deductible option	65%	n/a	\$3,000	\$6,000	n/a	n/a	\$4,000	\$7,350	n/a	n/a	
Hawaii (choose regional options only)	in-network	out-of-network	in-network individual	in-network family	out-of-network individual	out-of-network family	in-network individual	in-network family	out-of-network individual	out-of-network family	
UnitedHealthcare Options PPO	90%	70%	\$100	\$300	combined in/out of network		\$2,500	\$7,500	combined in/out of network		
HMSA BlueCross BlueShield of Hawaii HMO	90%	n/a	n/a	n/a	n/a	n/a	\$2,500	\$7,500	n/a	n/a	
							medical only				
Kaiser Permanente HMO	100%	n/a	n/a	n/a	n/a	n/a	\$2,000	\$6,000	n/a	n/a	

Choice Plus and PPO coverage options have in- and out-of-network coverage. HMO coverage options have in-network coverage only. Out-of-Area options have no network limitation. Coverage options have embedded deductibles and OOPMs unless otherwise noted. Additional limits and exclusions apply. See the Insurer Benefits Description for complete coverage details.

in-network copay or coinsurance for non-preventive care							prescription deductible		retail prescription copay			
physician	specialist	telemedicine	outpatient surgery	inpatient hospital	urgent care clinic	emergency room	applies to medical OOPM unless otherwise noted		applies to medical OOPM unless otherwise noted			
office visit	office visit	virtual visit	OPS	IPH	UC	ER	individual	family	tier 1	tier 2	tier 3	tier 4
\$35	\$60	\$20	20%	20%	\$75	\$250	\$100	\$300	\$10	\$35	\$60	\$120
\$35	\$60	\$20	20%	20%	\$75	\$250	\$100	\$300	\$10	\$35	\$60	\$120
\$35	\$60	\$20	20%	20%	\$75	\$250	\$100	\$300	\$10	\$35	\$60	\$120
\$40	\$70	\$20	30%	30%	\$75	\$250	\$100	\$300	\$10	\$35	\$60	\$120
\$40	\$70	\$20	0%	0%	\$75	\$500	\$200	\$600	\$10	\$35	\$60	\$120
10%	10%	10%	10%	10%	10%	10%	copays apply once medical deductible is met		\$10	\$35	\$60	\$120
10%	10%	10%	10%	10%	10%	10%	copays apply once medical deductible is met		\$10	\$35	\$60	\$120
20%	20%	20%	20%	20%	20%	20%	copays apply once medical deductible is met		\$10	\$35	\$60	\$120
20%	20%	\$20	20%	20%	20%	20%	\$100	\$300	\$10	\$35	\$60	\$120
20%	20%	20%	20%	20%	20%	20%	copays apply once medical deductible is met		\$10	\$35	\$60	\$120
20%	20%	20%	20%	20%	20%	20%	copays apply once medical deductible is met		\$10	\$35	\$60	\$120
20%	20%	20%	20%	20%	20%	20%	copays apply once medical deductible is met		\$10	\$35	\$60	\$120
office visit	office visit	virtual visit	OPS	IPH	UC	ER	individual	family	tier 1	tier 2	tier 3	tier 4
\$25	\$50	\$25	\$125	\$500	\$25	\$200	n/a	n/a	\$10	\$30	\$50	specialty rx 30% max \$200
\$25	\$50	\$5	\$150	\$500	\$25	\$200	n/a	n/a	\$10	\$25	\$40	specialty rx 30% max \$100
\$35	\$50	\$5	10%	10%	\$35	10%	\$100 per member for select drugs		\$10	\$30	n/a	specialty rx 30% max \$200
\$25	\$50	\$0	\$100	\$250	\$25	\$200	n/a	n/a	\$10	\$30	n/a	specialty rx 30% max \$150
\$35	\$50	\$0	30%	30%	\$35	30%	\$100 per member for brand drugs		\$10	\$30	n/a	specialty rx 30% max \$150
10%	10%	0%	10%	10%	10%	10%	copays apply once medical deductible is met		\$10	\$30	n/a	specialty rx 30% max \$150
office visit	office visit	virtual visit	OPS	IPH	UC	ER	individual	family	tier 1	tier 2	tier 3	tier 4
\$35	\$35	\$35	20%	20%	\$35	\$250	n/a	n/a	\$10	\$35	\$60	n/a
\$35	\$35	\$35	20%	20%	\$35	\$250	n/a	n/a	\$10	\$35	\$60	n/a
\$35	\$35	\$35	20%	20%	\$35	\$250	n/a	n/a	\$10	\$35	\$60	n/a
10%	10%	10%	10%	10%	10%	10%	copays apply once medical deductible is met		\$10	\$35	\$60	n/a
10%	10%	10%	10%	10%	10%	10%	copays apply once medical deductible is met		\$10	\$35	\$60	n/a
\$25	\$40	\$25	\$100	\$500	\$25	\$250	n/a	n/a	\$10	\$30	\$60	n/a
\$25	\$40	\$25	0%	0%	\$25	\$250	n/a	n/a	\$15	\$30	\$60	n/a
\$30	\$45	\$30	0%	0%	\$30	\$250	n/a	n/a	\$15	\$30	\$60	n/a
10%	10%	10%	10%	10%	10%	10%	copays apply once medical deductible is met		\$10	\$35	\$60	n/a
35%	35%	35%	35%	35%	35%	35%	copays apply once medical deductible is met		\$15	\$30	\$60	n/a
office visit	office visit	virtual visit	OPS	IPH	UC	ER	individual	family	tier 1	tier 2	tier 3	tier 4
10%	10%	\$20	10%	10%	10%	10%	n/a		\$10	\$15	\$30	n/a
\$20	\$20	\$0	10%	10%	\$20	\$100	prescription-only OOPM \$3,600 \$4,200		\$7	\$30	\$30 + 45	\$100/\$200
\$20	\$20	\$20	\$20	\$50 per day	\$20	\$50	n/a		\$10	\$35	\$35	\$200
\$3 maintenance (generic tier only)												

Dental benefits at a glance

Insperty dental and vision benefits must be elected together, but may be elected independently of medical coverage. Benefits are generally available to eligible employees nationwide (if included in Insperty benefits package).

Benefit levels shown below are in-network. Services received from non-network providers will be paid at reasonable and customary rates, and the participant will be responsible for any remaining balance.

UnitedHealthcare Dental | myuhc.com | 877.816.3596

calendar-year deductible per person	calendar-year maximum per person	orthodontia lifetime maximum	preventative and diagnostic services	basic services	major services	orthodontic services
\$50 \$150 max per family	\$1500 per year	\$1500 to age 19 only	plan pays 100% no deductible	plan pays 80% after deductible	plan pays 50% after deductible	plan pays 50% no deductible

- **Preventive and diagnostic services** include routine exams, cleaning, topical application of fluoride, diagnostic cast, bite-wing x-rays, sealants and space maintainers.
- **Basic (restorative) services** include extractions, fillings, oral surgery, palliative emergency treatment, apicoectomy, occlusal guards, periodontic services, root canal therapy, and therapeutic pulpotomy.
- **Major services** include inlays, crowns, bridges, dentures, denture rebase or relines, repair of removable dentures, re-cementing of crowns and bridges, and repairs to fixed bridges.
- **Orthodontic services** include braces, retainers, and other appliances that correct misalignments for dependent children to age 19 only.
- There is no coverage for placement/replacement of dental implants, implant-supported crowns, implant-supporting structures, abutments or prostheses.

Additional limits and exclusions apply; see the Insurer Benefits Description for complete coverage details.

ID cards are issued when enrollment is processed.

Vision benefits at a glance

Insperty dental and vision benefits must be elected together, but may be elected independently of medical coverage. Benefits are generally available to eligible employees nationwide (if included in Insperty benefits package).

Benefit levels shown below are in-network. The plan generally pays 100% of eligible expenses after copay when network providers are used. Services from non-network providers must be paid at full cost by the participant at the time of service. A claim may then be filed for reimbursement of eligible expenses up to the out-of-network benefit allowance.

Vision Service Plan | vsp.com | 800.877.7195

WellVision® exam every 12 months	glasses frames every 24 months	single vision lenses every 12 months	lined bifocal lenses every 12 months	lined trifocal lenses every 12 months	lenticular lenses every 12 months	contact lens every 12 months
\$15 copay	up to \$130 frame allowance	\$25 copay	\$25 copay	\$25 copay	\$25 copay	up to \$125 lens/exam allowance

- You may receive a benefit for either glasses (lenses and frames) or contact lenses per 12-month period, but not both.
- **Diabetic Eyecare Program Plus** provides medical exams for diabetic eye disease, glaucoma, and age-related macular degeneration (AMD), as well as retinal screening for eligible members with diabetes, at a \$20 copay. Limitations and coordination with medical coverage may apply.
- **Retinal screening** for non-diabetic members is covered on an as-needed basis after a \$39 copay.
- **Visually necessary contact lenses** are covered 100% after a \$25 copay upon review and authorization by VSP.
- **Progressive, polycarbonate, tinted and photochromic lenses**, as well as anti-reflective or scratch-resistant coatings and other lens enhancements, will generally receive a 20-25% discount off provider price after base lens copay.
- **Additional discounts for contact lens exams, laser eye surgery, eyeglass frames, sunglass frames and other eligible items are available.**

Additional limits and exclusions apply; see the Insurer Benefits Description for complete coverage details.

No ID card is required. Simply tell your network provider you are a VSP member.



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**RESOLUTION ELECTING TO JOIN THE PUBLIC EMPLOYEES' RETIREMENT
FUND AS ADMINISTERED BY THE
INDIANA PUBLIC RETIREMENT SYSTEM**

Resolution 2018-28

WHEREAS, the Board of Directors of Hoosier Academy, Inc is the governing body of Hoosier Academy, Inc, a political subdivision or miscellaneous participating entity in the STATE OF INDIANA; and

WHEREAS, for the purposes of this document and interpretation of statutes governing the Public Employees Retirement Fund ("PERF"), "Plan" refers to the public employees' defined contribution plan under IC 5-10.3-12 ("My Choice: Retirement Savings Plan"). "Fund" refers to the PERF Hybrid defined benefit pension fund ("PERF Hybrid").

WHEREAS, political subdivisions may participate in the My Choice: Retirement Savings Plan and choose whether employees are required to become members of the **Plan**, the **Fund** or may choose membership in either the **Plan** or the **Fund**.

WHEREAS, The governing body is fully cognizant that, if it is resolved that the governing body will require employees to enter the **Plan** or offer employees a choice between **Fund** and **Plan** membership, the governing body shall submit a resolution with the following information regarding their participation in the **Plan**:

1. Specify the political subdivision's contribution rate to the plan as a percentage of each member's compensation AND pay such contributions as required under IC 5-10.3-12-23; and IC 5-10.3-12-24.5. Such rates must be greater than or equal to zero percent (0%) and may not exceed the percentage that would produce the normal cost for participation in the fund under IC 5-10.2-2-11.
2. Specify the political subdivision's matching rate that is the percentage of each member's additional contributions to the plan that the political subdivision will match. A political subdivision may specify only:
 - (1) zero percent (0%); or
 - (2) fifty percent (50%).
3. Specify whether the political subdivision will pay any part of a member's contribution on behalf of the member;
4. Specify whether employees will automatically be enrolled in the **Fund** or the **Plan** if an eligible employee does not make an affirmative election.

_____ My Choice: Retirement Savings Plan, in addition to PERF Hybrid, for which this governing body has already submitted a resolution to join PERF Hybrid.

_____ PERF Hybrid only to certain classes of employees and My Choice: Retirement Savings Plan to certain classes of employees as set forth in an attached document.

_____ Both PERF Hybrid and My Choice: Retirement Savings Plan to certain classes of employees, as set forth in an attached document, allowing those employees to chose in which retirement plan the employee will participate, based upon the employee's previous participation in the **Fund** or the **Plan**.

SECTION THREE: Intentionally omitted

SECTION FOUR: That, effective as of the 1st day of July, 2019, this participating political subdivision or miscellaneous participating entity shall pick up 0% of the mandatory contribution for **all** employees who are members of PERF.

CHOOSE EITHER 4A OR 4B

X **4A. New Money Pick-Up** - That the above contributions, even though designated as employee contributions for state law purposes, are being paid by the employer in addition to regular compensation as a supplemental contribution that is separate and distinct from the employees' current or future compensation, and in lieu of contributions by the employees. Such contributions will not be included in the gross income of the employees for any tax reporting purposes, such as for federal, state or local income tax withholding, or FICA taxes, until distributed either through a pension benefit or a lump sum payment. These contributions are made on a pre-tax basis and are paid by the employer on behalf of the employee.

_____ **4B. Salary Reduction Pick-Up** - That said contributions, even though designated as employee contributions for state law purposes, are being paid by the employer via a reduction in salary. Such contributions will not be included in the gross income of the employees for certain

**RESOLUTION ELECTING TO JOIN THE PUBLIC EMPLOYEES' RETIREMENT
FUND:**

Adopted this 20th day of November, 2018

By:



TREASURER

GARY J. MEYER

Signature

Title

Printed Name

On Behalf of Hoosier Academy, Inc Board of Directors