

2019 Deductible Election Roster for Non-Collectively Bargained Employees of the PTSMN Contractor Plan

You will need to return this document to indicate the Deductible Election that you are choosing to pay for each Employee's family for the plan year beginning 1/1/2019.

Formerly this election opportunity was sent directly to the Employee. Because the Employer is directly responsible for paying the correct contribution rates, PTSMN has changed the Deductible Election process related to employees covered other than by the Collective Bargaining Agreements.

The following table lists the Individual Deductible plans available and the associated monthly premium. Each Individual rate has an associated Family Deductible rate listed with it. The family maximum deductible is always 3 times the Individual deductible rate and is the most that the plan would apply to the deductible for any family. (Only applies to families with more than 3 members.)

For July 1, 2019 coverage through December 31, 2019.

Individual Calendar Year Deductible	Family Calendar Year Deductible	Monthly Premium paid by employer
\$150	\$450	\$1,379
\$500	\$1,500	\$1,331
\$750	\$2,250	\$1,283
\$1,000	\$3,000	\$1,252
\$1,500	\$4,500	\$1,198
\$2,000	\$6,000	\$1,144

What is the deadline for the Deductible Election Form to be returned?

In order to allow sufficient time to enter and update the deductible level chosen for each family, the deductible election form MUST be received at the Pipe Trades Services MN Office **within 30 days**

What happens if the Deductible Election Form is not received by the deadline?

Employers that do not return the Deductible Election Roster to the Pipe Trades Services MN Office by the deadline will be "defaulted" to the deductible rate elected for the year 2018.

Can I make changes to the deductible level during the year?

In October of each year there will be a Deductible Election period in which you will receive an election form to select your Employee's deductible for the upcoming calendar year.

You can only make a change to the deductible during the Deductible Election period. That election will become effective on the following January 1st. This is an annual election, so the choice made for January 1, 2019 will be in effect through December 31, 2019, at which time you will be able to either keep the same deductible or select a different one.

Will the monthly premium amount change during the year?

The monthly premium for each of the different deductible levels is subject to change during the year. The plan's fiscal year begins on May 1st of each year and, based upon medical trend and the claims experience of the plan, premiums may change at that time.

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Employer Name: _____

Employer Phone: _____

Employer Contact: _____

Last 4 SSN	Employee LAST NAME	Employee FIRST NAME	Monthly Premium Paid by Employer

Signature of Contractor representative: _____ Date _____

Office Use Only:	_____	_____	_____
	(Date Received)	(Date Entered)	(Initials)