

**IDAHO SCHOOL BENEFIT TRUST  
EMPLOYER PARTICIPATION AGREEMENT**

**Plan Year: September 1, 2023 – August 31, 2024**

**This is a 12-Month Binding Contract**

The Idaho School Benefit Trust (the "Trust") provides certain medical, dental, and vision benefits to active employees and pre-65 retirees of participating Employers. These medical, dental and vision benefits are not fully insured coverage. The Trust does not participate in the state guaranty association. Rather, the Trust funds the payment of claims through Employer and employee contributions up to a certain limit and then has an agreement for stop-loss coverage that pays for all claims that exceed that limit. The Idaho Department of Insurance requires the Trust to provide an annual audit and to have an independent accredited actuary provide annual certification of the funding amounts and the contributions.

**1. Participating School District (the "Employer")**

School District Name: North Star Charter School  
Mailing Address: 839 N Linder Rd City: Eagle Zip: 83616  
District Superintendent: Andy Horning  
Email: ahorning@northstarcharter.org Phone: (208) 939-9600 Fax: 208-939-6090

2. Benefit Programs Selected for the Upcoming Year. The Employer will offer the benefit options selected in the accompanying Trust Benefit Selection Agreement(s), which show the plan type, deductible, coinsurance, copayment, and rates selected by the Employer for the upcoming 12-month Plan Year. The Employer's superintendent or official designee must sign the Trust Benefit Selection Agreement(s).
3. Trust Contributions. The Employer understands and agrees that continued participation in the Trust and the continued coverage of employees and dependents is conditioned on the Employer making full and timely contributions to the Trust (or its designee) each month of the Plan Year. Failure to make full and timely contribution payments will result in claims payments being delayed and may result in termination of the Employer's participation in the Trust. In addition, the Trustees may terminate an Employer's participation in the Trust for a material failure to comply with the terms of this Agreement. Any early termination of the Employer's participation, either by the Trust or by the Employer, will be subject to the Delinquent Contribution Policy in Appendix A.
4. Additional Required Information. The Trust (or its designee) may request additional information from the Employer to satisfy certain compliance requirements. The Employer agrees to cooperate in a timely manner to provide such requested information.
5. Additional Terms & Conditions. By entering into this Agreement, you agree to abide by the additional terms and conditions in Appendix A, which is attached hereto. The Trust's delay in exercising or failure to exercise any right, power or privilege under this Agreement on any occasion shall not operate as a waiver; nor shall any single or partial exercise of any right, power or privilege preclude any other or further exercise thereof.
6. Broker Commissions and Disclosure. The Trust (or its designee) will honor an Employer's written request to pay compensation in the form of a commission to the Employer's broker. Such commissions will be included in the Employer's rates.
7. Acknowledgement. I have reviewed this Agreement, including the Trust Benefit Selection Agreement(s) and the Additional Terms & Conditions, which are incorporated herein and made part of this Agreement. On behalf of my District, I agree to the terms herein for the September 1, 2023, through August 31, 2024, Plan Year.

**Signature of Employer Representative (as authorized by the Superintendent):**

Signed: R. Marcus Young Date: 23 May 2023

## **APPENDIX A**

### **IDAHO SCHOOL BENEFIT TRUST EMPLOYER PARTICIPATION AGREEMENT**

**Plan Year: September 1, 2023 – August 31, 2024**

This Appendix is incorporated into and part of the Employer Participation Agreement. Defined terms (i.e., capitalized terms such as Trust, and Employer) in this Appendix have the same meanings as in the Employer Participation Agreement.

#### **Employee Participation Requirements**

You must offer participation in the Trust to at least **85%** of your eligible employees. An eligible employee is one who works the required number of hours (on average) per week and who has completed the Employer's required probationary period (not to exceed 90 calendar days). Should the total enrollment of eligible employees fall below the required **85%**, you will be subject to a surcharge or discontinuation at the next renewal date. Existing districts that do not meet this criterion must submit to the Trust office a written plan showing how and when compliance will be accomplished. Eligibility for participation in the plan may be audited at any time.

#### **Monthly Contributions**

The Trustees approve the annual amount of the contributions, as determined by a qualified actuary, that are payable by participating Employers. The Trustees have the right to change the contribution amounts and how the amount is determined. By entering into this Agreement, you agree to the amounts that the Trustees have established for your group. You further agree to pay all contributions for the 12-month Plan Year by the due date in each month's invoice and to abide by the Trust's Delinquent Contributions Policy below.

#### **Delinquent Contribution Policy**

Employer and employee contributions are due from the Employer in a timely manner each month. The Employer's account will be considered delinquent if payment is not received, in full, by the due date on the monthly invoice. If payment is 30 days late, benefit coverage for the entire Employer group may be terminated back to the last day of the month in which a full contribution was paid. Contributions are due in full; partial payments will not be accepted as full payment. If an Employer leaves the Trust at the end of a Plan Year and has outstanding payments, the Trust is authorized to collect the outstanding payments. If an Employer is terminated during the Plan Year for non-payment or other material failure to comply with the terms of the Employer Participation Agreement, the Employer will still be responsible for paying the remaining contributions through the end of the Plan Year. If an Employer breaches this Employer Participation Agreement by leaving the Trust during the Plan Year, the Employer will still be responsible for paying the remaining contributions through the end of the Plan Year. The obligation to pay all contributions for the full 12-month Plan Year exists to protect the other Employers participating in the Trust and to protect the financial integrity of the Trust. If there is an outstanding balance and the Employer does not bring the account current within 30-days, the Trust is authorized to take legal action to collect the outstanding payments. If an Employer is delinquent or terminated due to non-payment of all or a portion of its contribution, employees and former employees may lose their coverage rights, and such liability will be the responsibility of the Employer.

#### **Changes to Benefit Options**

The Trustees have the right to make changes to the benefits from time to time, as they deem necessary in the operation and administration of the Trust. You will be notified of such changes, and you agree to notify your covered employees and their dependents within 30 days of receipt of such notice of changes to the benefits.

#### **Plan Summaries, Policies and Procedures**

The Trustees have the authority and right to establish plan documents (including summary plan descriptions and benefit outlines), policies and procedures, as they deem necessary, for the operation and administration of the Trust. Such policies and/or procedures may include rules for minimum waiting periods applied to Employers that leave the Trust and for reserve contributions from Employers that were not recently participating in the Trust. By entering into this Agreement, you agree to abide by the terms and conditions of these documents, policies, and procedures.

#### **Summary of Benefits and Coverage (SBC)**

Employers must complete and return all enrollment/renewal materials, including an SBC attestation of delivery, in a prompt and timely manner to the Trust office (or its designee). Incomplete or delayed enrollment/renewal materials may cause delays in processing and affect the Employer's ability to view SBCs. The Employer must register for access to the Blue Cross of Idaho Employer portal if you are new to the Trust or don't currently have a login. Employers must deliver the SBCs to all eligible employees (even those not enrolled) and dependents for all selected plan options 30 days prior to the start of the new Plan Year. The Employer must promptly notify the Trust office of any changes to coverage or issues regarding SBCs.

#### **Employer Benefit Selections**

Group enrollment in the benefit options is available annually for a September 1 effective date of coverage. Employer changes between benefit options are not available during the Plan Year, unless allowed by law and approved by the Trustees.



## **Employer Changes**

You will notify the Trust office in writing within 30 days of any changes to your waiting periods, eligibility requirements, or other information described in this Agreement. These changes, if approved by the Trustees (or their designee), will be effective the first of the month following receipt of the notice to the Trust office. Employees hired before the effective date of the change will remain subject to the previous rules set by the Employer for the remainder of the Plan Year.

### **Changes in Employee Information, Eligibility or Enrollment**

Within 30 days following the event, you must notify the Trust office (or its designee) of any of the following changes:

- Change to an employee's or dependent's address.
- Change in enrollment or eligibility, including but not limited to:
  - termination of employment or reduction in hours.
  - employee's death or entitlement to Medicare.
  - ineligible dependents if participating Employer is notified.
  - newly eligible dependents due to marriage, birth, or adoption.
- Leave of absence, including when an employee takes an FMLA leave or a USERRA leave, or fails to return to covered employment from an FMLA leave or a USERRA leave.
- Receipt of Qualified Medical Child Support Orders.

The Employer will be responsible to reimburse the Trust for any claims paid on behalf of ineligible employees and/or their dependents that result from a failure of the Employer to notify the Trust in a timely manner of changes or terminations. In addition, the Employer will be responsible to reimburse the Trust for any claims paid on behalf of ineligible employees and/or their dependents that are covered because of incorrect information.

### **Leaves of Absence**

The Trust office must receive notified, in writing, containing the employee's name, the date the leave was granted, and the length of the leave within 30 days of the date of the leave event. A leave of absence can only be allowed when an employee is experiencing a personal or medical situation that is requiring the employee to be off the job for an extended period or for an employee that is working reduced hours, but not separated from the Employer. The Employer is responsible for contribution payments for the entire length of the leave of absence.

### **Open Enrollment**

The Employer agrees to provide an open enrollment each year to all eligible employees prior to a September 1 effective date. During open enrollment, an employee or dependent who was not enrolled when he or she first became eligible, or as allowed under special enrollment conditions, may be enrolled, and enrollees may change plans if the Employer offers a dual choice.

### **COBRA**

An Employer is subject to COBRA during the current calendar year if the Employer employed 20 or more employees on more than 50% of its typical business days in the preceding calendar year. This number is based on the total number of employees, not the number of employees covered. Part-time employees are included in the total employee count expressed as a fraction. The Trust's third-party administrator will send the required COBRA election notice and collect COBRA payments. However, the Employer will be required to comply with COBRA by, for example, properly providing the applicable COBRA general notice, timely notifying the Trust or its designee of COBRA qualifying events and satisfying other COBRA compliance requirements.

### **Legal Compliance**

You understand and agree that as an Employer sponsoring an employee benefit plan for your employees you have certain legal obligations under state and federal law. By entering into this Agreement, you agree that you or your staff employees are familiar with or will become familiar with your compliance requirements under COBRA, FMLA, HIPAA, USERRA, PPACA and other applicable laws and regulations. Also, you agree that you will take the necessary steps and actions to comply with these laws and regulations and to cooperate with the Trust (or its designee) in satisfying its obligations to comply with applicable laws and regulations.

### **Trustees and Trust Agreement**

By entering into this Agreement, you accept the appointment of the current Trustees of the Trust. By entering into this Agreement, you agree to abide by the terms and conditions of the Trust Agreement and the terms and conditions of the benefit options offered under the Trust, including the information described in this Agreement.

### **Miscellaneous**

This Agreement supersedes any previous Employer participation or similar agreement. The laws of the State of Idaho shall govern this Agreement.



Idaho School Benefit Trust

North Star Charter  
Group #10039081  
Renewal Rates Effective

09/01/2023--08/31/2024

Medical Benefit	PPO 750	HSA 3000
Product	PPO	HSA
Deductible IN (Indiv/Fam)	\$750/\$1,500	\$3,000/\$6,000
Deductible OON (Indiv/Fam)	Combined w/ IN	Combined w/ IN
Medical OOP Max IN (Indiv/Fam)	\$3,750/\$7,500	\$5,800/\$11,600
Medical OOP Max OON (Indiv/Fam)	\$5,750/\$11,500	Combined w/ IN
Member Coinsurance (IN/OON)	20%/40%	30%/50%
Physician Copay	Tier 1 \$0/Tier 2 \$20	Ded, Coin
Specialist Copay	Tier 1 \$20/Tier 2 \$40	Ded, Coin
Prescription Drugs	10/25/40	30% coin aft Ded, \$0 prev
Prescription Drugs OOP (Indiv/Fam)	\$3,000/\$6,000	Subject to Medical
Commission PEPM	\$38.29	

Dental Benefit	N/A
Enrollment	
Deductible	
Coinurance	
Benefit Max	
Ortho	
DBC Benefit	N/A
Commission PEPM	N/A
Vision Benefit	N/A
Enrollment	
Exam Copay	
Frame Frequency	
EAP Benefit	N/A
Cobra	N
Wellness	None

Current Rates	PPO 750	HSA 3000	Dental	Vision	EAP	Wellness
Enrollee	\$729.95	\$536.35	\$0.00	\$0.00	\$0.00	\$0.00
Ee + Spouse	\$1,532.95	\$1,126.40	\$0.00	\$0.00	\$0.00	\$0.00
Ee + 1 Child	\$1,021.85	\$750.85	\$0.00	\$0.00	\$0.00	\$0.00
Ee + Children	\$1,459.85	\$1,072.70	\$0.00	\$0.00	\$0.00	\$0.00
Ee + Sp + Child(ren)	\$2,262.85	\$1,662.75	\$0.00	\$0.00	\$0.00	\$0.00

Renewal Rates	PPO 750	HSA 3000	Dental	Vision	EAP	Wellness
Enrollee	\$777.65	\$570.70	\$0.00	\$0.00	\$0.00	\$0.00
Ee + Spouse	\$1,636.10	\$1,201.50	\$0.00	\$0.00	\$0.00	\$0.00
Ee + 1 Child	\$1,089.70	\$800.00	\$0.00	\$0.00	\$0.00	\$0.00
Ee + Children	\$1,557.95	\$1,144.05	\$0.00	\$0.00	\$0.00	\$0.00
Ee + Sp + Child(ren)	\$2,416.35	\$1,774.85	\$0.00	\$0.00	\$0.00	\$0.00

Percent Increase 6.5% 6.4%

Current Enrollment	PPO 750	HSA 3000	Dental	Vision
Enrollee	31	14	0	0
Ee + Spouse	1	1	0	0
Ee + 1 Child	3	6	0	0
Ee + Children	1	0	0	0
Ee + Sp + Child(ren)	2	3	0	0

This document contains proprietary and confidential information. Copy and distribution of this document is prohibited without the written consent of Blue Cross of Idaho.

The quote conditions along with the rate page(s) together comprise the entire quote.

By signing you are agreeing to all Underwriting conditions and quote assumptions provided herein.

Authorized Representative:

R. Marcus Young

Printed Name:

R. Marcus Young

Date:

23 May 2023



#### Underwriting Quote Conditions

- \* Unless stated otherwise, this proposal assumes the current plan of benefits remains in place.
- \* For dual/multiple plan offerings, each plan must have at least 5% of the total group enrollment.
- \* Rates are effective from 09/01/2023 through 08/31/2024. This offer must be accepted at least 15 days prior to the effective
- \* Rates are based on the assumption of participation of at least 75% of all eligible employees.
- \* Dependent eligibility must flow through the enrolled subscriber.
- \* The attached rates assume common eligibility between all lines of coverage.
- \* Rates assume at least 50% employer contribution for employees.
- \* We are not issuing a renewal rate guarantee.
- \* No member is allowed to opt off coverage in lieu of compensation.
- \* The broker/agent, if applicable, is acting as the representative of the group/employer.

#### Idaho School Benefit Trust reserves the right to adjust the quoted rates if:

- \* The actual number of enrollees changes by more than 10% from the number of enrolled contracts noted above.
- \* Deductibles, coinsurance and/or co-payments will be self-funded by the employer and this was not disclosed during the
- \* New or revised State or Federal mandated benefits or fees/taxes become effective during the group's contract period.
- \* New or revised reports are to be received by the group/broker.
- \* Changes to the benefit plan(s) are requested by the group and agreed to by Blue Cross of Idaho.
- \* Changes are made to the employer contribution, employee eligibility, or probationary period.
- \* Enrollee participation falls below 75%.
- \* Any of the conditions listed above need to be changed.

#### ~ Important Summary of Benefits and Coverage Information ~

To view and print a copy of the Summary of Benefits and Coverage (SBC) for your groups current coverage options and the uniform glossary, please log in to the employer portal of our website at [bcidaho.com/employers](https://bcidaho.com/employers).  
If you need assistance registering on the Blue Cross of Idaho website, please contact your Account Representative.

If you have questions about the SBC, need language assistance or would like a paper copy free of charge, please refer to the Customer Service number on the back of your Blue Cross of Idaho ID cards or call 1-800-627-1188. You can also visit our website at [bcidaho.com/SBC](https://bcidaho.com/SBC) for more information.

**The quote conditions along with the rate page(s) together comprise the entire quote.**