

May 1, 2014-January 1, 2015

Health Insurance Changes

Why?

- When health insurance renewal was returned with an 18% cost increase, the district planned to move to Plan F for May-December 2014.
 - Slight decrease in cost with significant increase in deductibles and out of pocket maximums.
 - Stated intent to move to a health insurance marketplace with annual open enrollment in January 2015 and to provide employee raises.
- ETA expressed concerns about the financial impact during the bridge period on those who utilize the insurance the most and continued to work with the district on a solution.

The cost increase put the district very close to the 112% threshold in state law. If a school corporation exceeds 112% of the cost of the state health insurance plan, state law requires that they move to the state health insurance plan.

Why?

- Ongoing discussions between ETA and EVSC resulted in a Memorandum of Understanding which was ratified by ETA members the week of April 29, 2014.
 - Allows an Insurance Marketplace to be offered with an effective date of July 1, 2014.
 - Provides individuals with a choice in insurance plan designs that best fits their financial and medical needs.
 - Closed enrollment during May-June for July 1, 2014; open enrollment during Oct-Nov for January 1, 2015.

Closed enrollment means that you may only make changes (type of plan, # of dependents, etc.) if there is a qualifying event.

Timeline



During May-June enrollment, employees may make Section 125 elections as well.

During Oct-Nov enrollment, there will be a dependent audit conducted by American Fidelity (required by law to occur once every 5 years).

The Jan. 1 Insurance Marketplace may have different offerings/pricing than the July 1 Insurance Marketplace.

Plan Details – Plan F (May 1-June 30)

| Monthly Premium (employee) | Deductible (in-network) | Out of Pocket Maximum (in-network) |
|---|---|--|
| \$67.93 single \$128.04 single +1 \$154.52 family | \$2,500 per individual \$7,500 aggregate | \$6,000 per individual \$12,000 aggregate |

Office Visit Copay (Primary Care/Specialist) - \$40/\$40

Coinsurance – 20% (in-network)

Rx Retail (30 day supply) - \$10 / \$45 / \$75

Rx Mail (90 day supply) - \$15 / \$115 / \$225

Assumes covered, in-network services

Insurance Marketplace

- Employees will choose 1 of 6 different insurance plan designs. American Fidelity representatives will be available to assist individuals in choosing a plan. Employees who do not make a selection will automatically be enrolled in Plan F.
- EVSC will contribute an amount equivalent to their contribution prior to May 1, 2014:
 - \$503.18 per month for an employee only plan
 - \$948.41 per month for an employee +1 plan
 - \$1,144.60 per month for a family plan
- Closed enrollment in buildings May 27-June 11, with July 1 start date
- Open enrollment in Oct/Nov 2014 (TBD), with January 1, 2015 start date

Closed enrollment means that you may only make changes (type of plan, # of dependents, etc.) if there is a qualifying event.

ENROLLMENT MEETINGS:

- Sign up in your building (sign up sheets should have been out Monday, May 12)
- Spouses, children are welcome – come as you are
- Also includes Section 125 (pre-tax premiums) signups for October 1-December 31
- There will be no flexible spending accounts (medical or dependent daycare) from October 1-December 31
- You will receive a personalized enrollment form BY EMAIL by May 20. Print and take that to your enrollment meeting
 - If you choose to complete enrollment without going to the meeting, you must turn it in to the Insurance Coordinator at the Office of Business Affairs by June 11
- If you choose plan G or H and open an HSA (health savings account) you must have your driver's license and must meet with an American Fidelity representative to complete an HSA enrollment form.

Marketplace Plans – PPO options

| Plan | Monthly Premium (employee) | Deductible (in-network) | Out of Pocket Maximum (in-network) |
|------|--|---|--|
| A | \$245.67 single \$459.46 single +1 \$555.30 family | \$250 per individual \$750 aggregate | \$2,000 per individual \$4,000 aggregate |
| C | \$170.60 single \$318.32 single +1 \$384.89 family | \$1,000 per individual \$3,000 aggregate | \$4,000 per individual \$8,000 aggregate |
| E | \$123.49 single \$229.75 single +1 \$277.94 family | \$2,000 per individual \$6,000 aggregate | \$5,000 per individual \$10,000 aggregate |
| F | \$79.87 single \$150.56 single +1 \$181.70 family | \$2,500 per individual \$7,500 aggregate | \$6,000 per individual \$12,000 aggregate |

Assumes covered, in-network services

Maximum financial exposure is PREMIUM + OUT OF POCKET MAXIMUM

Rates (premiums) could change after 90 days depending on the impact of the addition of employees from Teamster-represented groups who are currently on Central States insurance

Coverages (services that are covered) are the same across all of the plans; costs and cost-sharing are different

Marketplace Plans – PPO options

ALL PLANS: Office Visit Copay (Primary Care/Specialist) - \$40/\$40

ALL PLANS: Coinsurance – 20% (in-network)

Plan A: Rx Retail (30 day supply) - \$10 / \$30 / \$60

Plan A: Rx Mail (90 day supply) - \$10 / \$75 / \$180

Plans C, E, F: Rx Retail (30 day supply) - \$10 / \$45 / \$75

Plans C, E, F: Rx Mail (90 day supply) - \$15 / \$115 / \$225

Copay – the amount you pay for an office visit in lieu of paying all or a percentage of the actual office visit cost (does not apply to deductible, does apply to out-of-pocket maximum).

Coinsurance – the percentage you pay for services after the deductible has been satisfied (applies to out-of-pocket maximum).

Deductibles apply only to covered medical services listed with a percentage coinsurance, including 0%. However, the deductible does not apply to Emergency Room Services where a copayment and coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies (see Summary of Benefits or contact Anthem).

Prescription drug copays do not apply to the out-of-pocket maximum.

Wellness visits are all covered at 100%.

Marketplace Plans – HDHP w/ HSA options

| Plan | Monthly Premium (employee) | Monthly HSA Contribution (employer) | Deductible (in-network) | Out of Pocket Maximum (in-network) |
|------|---|--|--|--|
| G | \$59.93 single \$110.27 single +1 \$133.67 family | \$0.00 single \$0.00 single +1 \$0.00 family | \$3,000 per individual \$6,000 aggregate | \$4,000 per individual \$8,000 aggregate |
| H | \$0.01 single \$0.01 single +1 \$0.01 family | \$46.77 single \$90.34 single +1 \$108.55 family | \$5,000 per individual \$10,000 aggregate | \$6,350 per individual \$12,700 aggregate |

Assumes covered, in-network services

Marketplace Plans – HDHP w/ HSA options

NOTE: Copays/Coinsurances do not apply until AFTER the deductible has been satisfied for these plans

Plan G: Office Visit Copay (Primary Care/Specialist) – \$40/\$40

Plan H: Office Visit Copay (Primary Care/Specialist) – 0%/0%

BOTH PLANS: Coinsurance – 0% (in-network)

Plan G: Rx Retail (30 day supply) – After deductible \$10 / \$30 / \$60

Plan G: Rx Mail (90 day supply) – After deductible \$10 / \$75 / \$180

Plan H: Rx Retail (30 day supply) – After deductible \$10 / \$45 / \$75

Plan H: Rx Mail (90 day supply) – After deductible \$10 / \$75 / \$180

Deductible must be satisfied prior before copays/coinsurance applies.

Prescription drug copays apply to the out-of-pocket maximum.

Wellness visits are all covered at 100%.