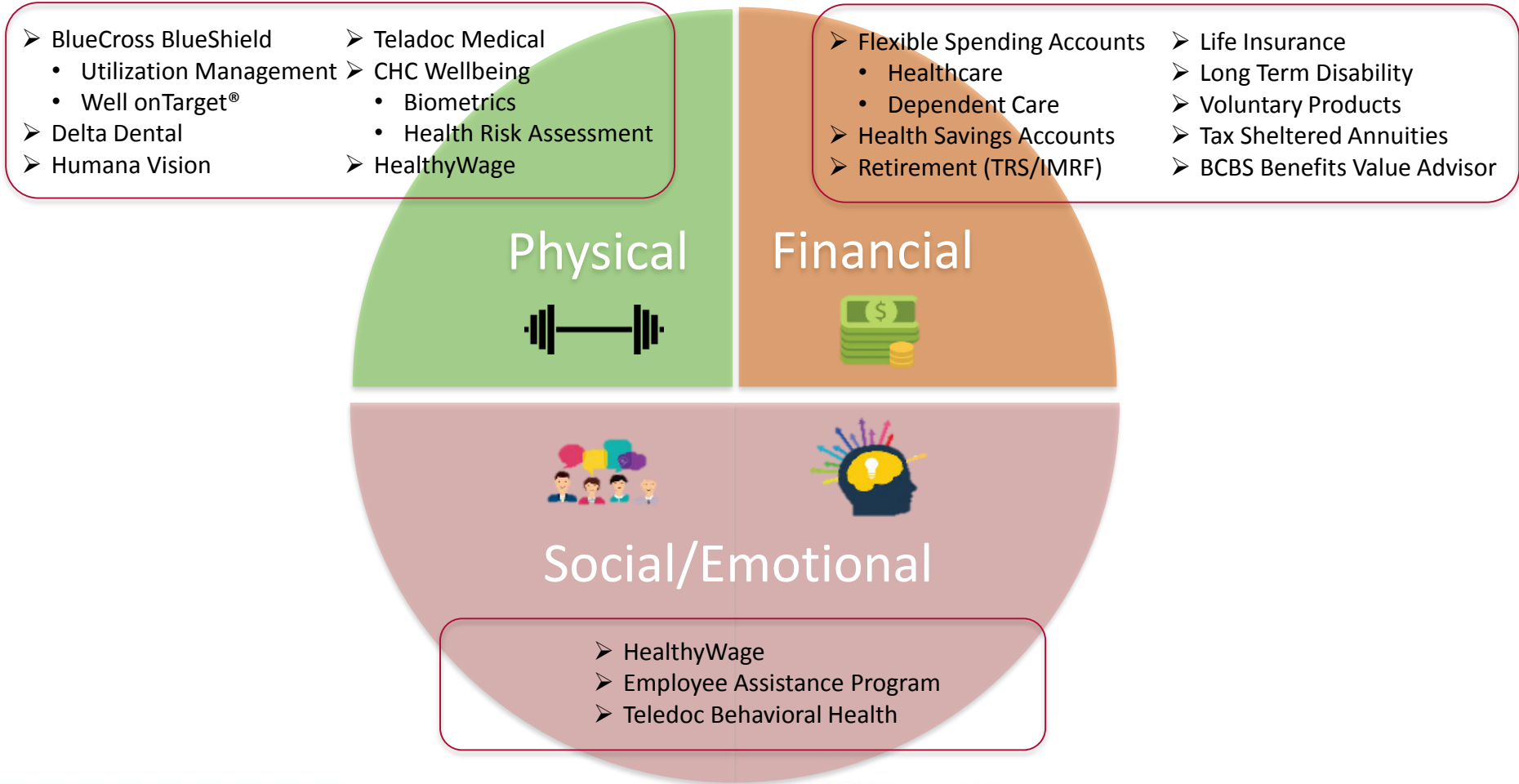


Health & WellBeing Programs



Here's What We're Going to Cover

- Health Insurance Plans
- Incentives for 2020
- High Deductible Health Plans and How They Can Work for You
 - Health Savings Account
 - Eligibility
 - Benefits Value Advisor
- Wellness Screening Dates
- Open Enrollment Dates

No Changes to Your Plan Choice

- Platinum PPO
- Platinum Limited PPO
 - \$350/\$700 deductible
- Gold HDHP PPO
- Gold HDHP Limited PPO
 - \$2,800/\$5,600 deductible
 - Maximum HSA Contribution: \$3,550/\$7,100, plus \$1,000 catch-up contribution for age 55+



What's in it for You in 2020?

- One-month Premium Holiday if you newly elect or switch from a full-network plan to either Limited Network Plan, Platinum or Gold
- One-time bonus contribution to your Health Savings Account (HSA) of \$500 single; \$1,000 family. **Total District contribution to your HSA in 2020 is \$1,500 single; \$3,000 family**



High Deductible Health Plans and How They Can Work for You



- All in-network preventative care services are covered at 100% - there is no deductible
- Comes with an HSA, a tax-savings tool
- Lower premium than Platinum Plan
- Once the deductible is met, you do not incur additional expenses for in-network care
- Access to the Benefits Value Advisor tool

Health Savings Account (HSA)

HSAs allow you to save for healthcare costs **tax free**.

- Pay for eligible medical, dental and vision expenses, including deductibles
- You decide when to use the money – the HSA is **your** account
- Unused funds rollover from year to year
- May be used as a retirement account for healthcare: long-term care, COBRA premiums and Medicare premiums (age 65+)



Less Taxes = \$AVING\$!

Contributions are **tax free**.

- You decide if you want to contribute
- Catch-up contributions available for age 55+
- District contribution regardless of your contribution decision

Withdrawals are **tax free** when used for eligible medical expenses.



Do I Pay More for an HDHP?



Not necessarily.

- The deductible is higher, but your premium is significantly less, and you receive HSA contributions from the District
- District contribution is available at the beginning of the plan year to help lighten the load, and providers will work with you to create a payment plan for higher expenses
- Remember – you never lose your money

How Do the Plans Compare?



In-Network	Gold HDHP Limited PPO	Platinum Limited PPO
Out-of-Pocket Maximum (includes deductible)	\$2,800 x 2 = \$5,600	\$1,350 x 2 = \$2,700 plus Copays and Rx ⁽⁴⁾
Annual Employee Premium ⁽¹⁾	\$2,320	\$2,991
District HSA Contribution	(\$3,000)	N/A
Potential Maximum⁽²⁾	\$4,920	\$5,691 plus Copays and Rx ⁽⁴⁾
Potential Minimum⁽³⁾	(\$680)	\$2,991

- (1) Family coverage with subscriber plus one dependent
 (2) Out-of-pocket maximum + premium – HSA contribution
 (3) Premium minus HSA contribution
 (4) Out-of-pocket maximum for Rx is \$3,000 (x 2 for family coverage)



BCBS Networks

- **Participating Provider Organization –**
Full Network of BCBS providers
 - Platinum PPO
 - Gold HDHP PPO
- **Blue Choice Select PPO –**
Limited Network of BCBS providers
 - Platinum Limited PPO
 - Gold HDHP Limited PPO

Am I Eligible for an HSA?

- You must be enrolled in a High Deductible Health Plan (HDHP)
- You cannot be enrolled in Medicare
- You cannot be covered by **any** non-HDHP health plan
- You cannot be claimed as a dependent on another person's tax return
- You cannot be covered by a healthcare flexible spending account



Teladoc



- Convenient and affordable healthcare option through phone and video consults
- Available for medical and behavioral health concerns
 - Medical – certified doctors in internal medicine, family practice and pediatrics
 - Behavioral Health – experienced psychiatrists, psychologists, therapists and social workers
- 24/7/365 access
- Provides significant costs savings versus office visits

What Questions Should I Ask Myself?

- Do I have a doctor?
- What network is my doctor in? My preferred hospital?
- What medications do I take?
- Do I know how Teladoc works?
- Do I have money today to cover medical expenses?
- How will I pay for healthcare when I retire?
- Could I use a little more money?

Outcomes Based Wellness Program

WELLNESS SCREENINGS September 10 – November 9, 2019

How do I receive the “with-Wellness” premium rate?

- Participate in the Wellness Screening through the district
- Meet one of the following criteria:
 1. **HEALTHY** Covered employee and covered spouse are in range for three of the five health metrics defined by the district
 2. **IMPROVEMENT** Covered employee and covered spouse have improved by 5% on three of the five health metrics on their 2019 wellbeing assessment as compared to 2018 results
 3. **REASONABLE ALTERNATIVE** Submitted to CHC directly, a Reasonable Alternative Form is completed and signed by your doctor

If you do not qualify, the premium rate is an additional \$300 per year if you carry Employee Only coverage; \$600 for Family coverage.

Annual Open Enrollment



**October 17 – November 6, 2019
for an effective date of January 1, 2020**

- Elect, drop or waive benefits
- Enroll/drop spouse and/or dependent children
- Change medical plan election
- Enroll in a Flexible Spending Account

**ENROLLMENT ACTION - ELECT OR WAIVE - IS
REQUIRED FROM ALL BENEFIT-ELIGIBLE EMPLOYEES.
ALL 2019 PLAN YEAR HEALTH BENEFITS WILL
END ON **DECEMBER 31, 2019** IF NO ACTION IS TAKEN**



Important