



## Early Retiree Plan Benefit Options

November 2017

# Agenda

- Introductions
- Plans and Rates
- Benefit Plan Options (Plan Year 2017/18)
  - \$900 Deductible PPO
  - \$2,000 Deductible PPO
  - \$3,500 High Deductible Health Plan
  - \$4,000 High Deductible Health Plan
- Health Savings Accounts
- How to Enroll

# Introductions

NSEA-Retired - Roger Rea

Union Bank - Jennifer Ainsworth

EHA Field Representative

Greg Long

Blue Cross Blue Shield of Nebraska

Kent Trelford-Thompson

Sue Warner

Tara Stevenson

Linda Farahani

Scott Fowler

# 2017–18 Medical Rates for Early Retirees

## EHA Early Retiree Rates

Benefit Option	Employee	Employee + Children	Employee + Spouse	Family
\$900 Deductible	\$668.72	\$1,185.45	\$1,404.29	\$1,775.13
\$2,00 Deductible	\$564.23	\$1,000.18	\$1,184.84	\$1,497.71
\$3,500 Deductible	\$564.23	\$1,000.18	\$1,184.84	\$1,497.71
\$4,000 Deductible	\$501.54	\$889.09	\$1,053.23	\$1,331.34

# Early Retiree Rate Comparison

EHA Early Retiree Rates				
Benefit Option	Employee	Employee + Children	Employee + Spouse	Family
\$900 Deductible	\$688.72	\$1,185.45	\$1,404.29	\$1,775.13
\$2,000 Deductible \$3,500 Deductible	\$564.23	\$1,000.18	\$1,184.84	\$1,497.71
Premium Difference to \$900 Plan	Monthly \$124.49 Yearly \$1,493.88	Monthly \$185.27 Yearly \$2,223.24	Monthly \$219.45 Yearly \$2,633.40	Monthly \$277.42 Yearly \$3,329.04
\$4,000 Deductible	\$501.54	\$889.09	\$1,053.23	\$1,331.34
Premium Difference to \$900 Plan	Monthly \$187.18 Yearly \$2,246.16	Monthly \$296.36 Yearly \$3,556.32	Monthly \$351.06 Yearly \$4,212.72	Monthly \$443.79 Yearly \$5,325.48

# \$900 Deductible PPO Option

Benefit Item	In-Network	Out-Of-network
Deductible <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$900 \$1,800	\$1,800 \$3,600
Coinsurance	20%	40%
Out-Of-Pocket Maximum Individual Family <small>Includes Deductible, Coinsurance for all services including Prescriptions Drugs</small>	\$4,650 \$9,300	\$9,300 \$18,600
Office Visits <ul style="list-style-type: none"> <li>Primary Care</li> <li>Specialist</li> </ul>	\$30 \$50	Ded & Coins Ded & Coins
Hospital Services <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	Ded & Coins Ded & Coins	

# \$900 Deductible PPO Option

Benefit Item	In-Network	Out-Of-Network
Emergency Services <ul style="list-style-type: none"> <li>Urgent Care</li> <li>Emergency Room</li> </ul>	\$50 Copay then Ded & Coins \$75 Copay then Ded & Coins	
Preventive Services	Covered at 100%	Ded & Coins
Prescription Drugs <ul style="list-style-type: none"> <li>Generic Copay</li> <li>Formulary Brand Copay</li> <li>Non-Formulary Brand Copay</li> <li>Specialty In-Network Copay</li> </ul>	25% Coins (\$5 Min \$25 Max) 25% Coins (\$40Min \$80 Max) 50% Coins (\$70 Min \$110 Max) 25% Coins (\$60 Min \$120 Max)	25% Coins + 25% penalty 25% Coins + 25% penalty 50% Coins + 25% penalty 50% Coins Deductible waived
Mental Health Substance Abuse <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	Ded & Coins Ded & Coins	

# \$2,000 Deductible PPO Option

Benefit Item	In-Network	Out-Of-network
Deductible <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$2,000 \$4,000	\$4,000 \$8,000
Coinsurance	30%	40%
Out-Of-Pocket Maximum Individual Family <small>Includes Deductible, Coinsurance for all services including Prescriptions Drugs</small>	\$6,850 \$13,700	\$13,700 \$27,400
Office Visits <ul style="list-style-type: none"> <li>Primary Care</li> <li>Specialist</li> </ul>	\$45 \$65	Ded & Coins Ded & Coins
Hospital Services <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	Ded & Coins Ded & Coins	



# \$2,000 Deductible PPO Option

Benefit Item	In-Network	Out-Of-Network
Emergency Services <ul style="list-style-type: none"> <li>Urgent Care</li> <li>Emergency Room</li> </ul>	\$65 Copay than Ded & Coins \$90 Copay then Ded & Coins	
Preventive Services	Covered at 100%	Ded & Coins
Prescription Drugs <ul style="list-style-type: none"> <li>Generic Copay</li> <li>Formulary Brand Copay</li> <li>Non-Formulary Brand Copay</li> <li>Specialty In-Network Copay</li> </ul>	30% Coins (\$7 Min \$30 Max) 30% Coins (\$45Min \$90 Max) 50% Coins (\$70 Min \$110 Max) 25% Coins (\$60 Min \$120 Max)	30% Coins + 25% penalty 30% Coins + 25% penalty 50% Coins + 25% penalty 50% Coins Deductible waived
Mental Health Substance Abuse <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	Ded & Coins Ded & Coins	

# \$3,500 Deductible PPO Option

Benefit Item	In-Network	Out-Of-network
Deductible <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> <li>Aggregate Only</li> </ul>	\$3,500 \$6,850	\$7,000 \$13,700
Coinsurance	0%	20%
Out-Of-Pocket Maximum Individual Family <small>Includes Deductible, Coinsurance for all services including Prescriptions Drugs</small>	\$3,500 \$6,850	\$12,000 \$23,700
Office Visits <ul style="list-style-type: none"> <li>Primary Care</li> <li>Specialist</li> </ul>		Ded & Coins Ded & Coins
Hospital Services <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>		Ded & Coins Ded & Coins

# \$3,500 Deductible PPO Option

Benefit Item	In-Network	Out-Of-Network
Emergency Services <ul style="list-style-type: none"> <li>Urgent Care</li> <li>Emergency Room</li> </ul>		Ded & Coins Ded & Coins
Preventive Services	Covered at 100%	Ded & Coins
Prescription Drugs <ul style="list-style-type: none"> <li>Generic Copay</li> <li>Formulary Brand Copay</li> <li>Non-Formulary Brand Copay</li> <li>Specialty In-Network Copay</li> </ul>	Deductible Deductible Deductible Deductible	20% Coins + 25% penalty 20% Coins + 25% penalty 20% Coins + 25% penalty 20% Coins
Mental Health Substance Abuse <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>		Ded & Coins Ded & Coins

# \$4,000 Deductible PPO Option

Benefit Item	In-Network	Out-Of-network
Deductible <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$4,000 \$8,000	\$8,000 \$16,000
Coinsurance	30%	50%
Out-Of-Pocket Maximum Individual Family <small>Includes Deductible, Coinsurance for all services including Prescriptions Drugs</small>	\$6,350 \$12,700	\$12,700 \$25,400
Office Visits <ul style="list-style-type: none"> <li>Primary Care</li> <li>Specialist</li> </ul>		Ded & Coins Ded & Coins
Hospital Services <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>		Ded & Coins Ded & Coins

# \$4,000 Deductible PPO Option

Benefit Item	In-Network	Out-Of-Network
Emergency Services <ul style="list-style-type: none"> <li>Urgent Care</li> <li>Emergency Room</li> </ul>		Ded & Coins Ded & Coins
Preventive Services	Covered at 100%	Ded & Coins
Prescription Drugs <ul style="list-style-type: none"> <li>Generic Copay</li> <li>Formulary Brand Copay</li> <li>Non-Formulary Brand Copay</li> <li>Specialty In-Network Copay</li> </ul>		Ded & Coins Ded & Coins Ded & Coins Ded & Coins
Mental Health Substance Abuse <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>		Ded & Coins Ded & Coins

# Direct Bill Dental Option

Payments for Services	In-Network Provider	Out-of-Network Provider
Deductible (the amount the covered person pays each year for combined covered services before the coinsurance is payable)		
Individual	\$25	\$50
Family	\$50	\$100
Calendar year deductible applies to the following coverage benefits	B & C Services	B & C Services
Coinsurance Benefits (% covered person pays)		
Coverage A (Preventive and Diagnostic)	0%	50%
Coverage B (Maintenance, Simple Restorative, Oral Surgery, Periodontics and Endodontics)	25%	50%
Coverage C (Complex Restorative )	50%	50%

# Direct Bill Dental Benefits

- Coverage “A” – Preventive & Diagnostic Dentistry
  - Includes oral exams, cleanings, scaling and polishing, and one full mouth or panorex series of X-rays every three years.
- Coverage “B” – Maintenance & Simple Restorative Dentistry: Oral Surgery, Periodontics & Endodontic Services
  - Includes simple and impacted extractions, alveoloplasty, removal of dental cysts and tumors, tooth replantation, up to four periodontics cleanings per year, pulp cap and root canal.
- Coverage “C” – Complex Restorative Dentistry
  - Includes crowns, inlays, permanent bridges, and full and partial dentures.

## What is a Health Savings Account

A health savings account (HSA) is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high deductible health plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit. HSA's are owned by the individual and funds may be used to pay for qualified medical expenses.



# Please Welcome

Jennifer Ainsworth  
Union Bank

# Examples of Out-of-Pocket Cost's

Hypothetical Out-of-Pocket Expense	\$900 PPO	\$2,000 PPO	\$3,500 HDHP	\$4,000 HDHP
Allowable Charge is \$750	Members Cost Share \$750	Members Cost Share \$750	Members Cost Share \$750	Members Cost Share \$750
Allowable Charge is \$3,750	Ded = \$900 20% of \$2,850 = \$570 Total Cost Share \$1,470	Ded = \$2,000 30% of \$1,750 \$525 Total Cost Share \$2,525	Ded = \$3,500	Ded = \$3,750
Allowable Charge is \$35,000	Ded = \$900 Coins = \$3,750 Total Cost Share \$4,650	Ded = \$2,000 Coins = \$4,850 Total Cost Share \$6,850	Ded = \$3,500	Ded = \$4,000 Coins = \$2,350 Total Cost Share \$6,350

# Key Points to Remember

- You must be a Special Services member.
- Single Dental coverage is required with all plans.
- If you have Employee and Spouse coverage, you both may apply for single coverage.
- If you move to on of the higher deductible plans, you must stay on that option for 3 years or until you reach age 65, whichever comes first.
- Remember if you receive services Out-Of-Network the Provider may **Balance Bill** you.
- Health Savings Accounts provide a Triple Tax Savings.
- If a member elects to move to the Federal Market Place, the member would not be able to return to Direct Bill Coverage.
- Once you have sent your application to BCBSNE all questions should be referred to Member Services at 1-877-721-2583
- Application Deadlines:
  - For January 1, 2018 effective date; all applications due to the Lincoln BCBSNE office no later than December 1, 2017.

# QUESTIONS

