

# Early Retiree Plan Benefit Options

October 2016

*Count on us for the road ahead.*



**NEBRASKA**

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association.



# Introductions

NSEA-Retired President - Roger Rea

Union Bank - Donna Crownover

EHA Field Representative - Greg Long

Blue Cross Blue Shield of Nebraska

Kent Trelford-Thompson

Sue Warner

Tara Stevenson

Linda Farahani

Scott Fowler

# Agenda

- ❖ Plan and Rates
- ❖ Benefit Plan Options (Plan Year 2016/17)
  - ❖ \$900 Deductible PPO
  - ❖ \$2,000 Deductible PPO
  - ❖ \$3,500 Deductible High Deductible Health Plan
  - ❖ \$4,000 Deductible High Deductible Health Plan
- ❖ Health Savings Accounts
- ❖ Overview of Plan Changes 2016/17
- ❖ How to Enroll

# 2016 – 17 Rates for Early Retirees

## EHA Early Retiree Rates

Benefit Option	Employee	Employee + Children	Employee + Spouse	Family
\$900 Deductible	\$619.24	\$1,097.74	\$1,300.39	\$1,643.79
\$2,000 Deductible	\$522.48	\$926.18	\$1,097.18	\$1,386.90
\$3,500 Deductible	\$522.48	\$926.18	\$1,097.18	\$1,386.90
\$4,000 Deductible	\$464.43	\$823.31	\$975.30	\$1,232.84

# Early Retiree Rate Comparison

EHA Early Retiree Rates				
Benefit Option	Employee	Employee + Children	Employee + Spouse	Family
\$900 Deductible	\$619.24	\$1,097.74	\$1,300.39	\$1,643.79
\$2,000 Deductible \$3,500 Deductible	\$522.48	\$926.18	\$1,097.18	\$1,386.90
Premium Difference to \$900 Plan	Monthly \$96.76 Yearly \$1,161.12	Monthly \$171.56 Yearly \$2,058.72	Monthly \$203.21 Yearly \$2,438.52	Monthly \$256.89 Yearly \$3,082.68
\$4,000 Deductible	\$464.43	\$823.31	\$975.30	\$1,232.84
Premium Difference to \$900 Plan	Monthly \$154.81 Yearly \$1,857.72	Monthly \$274.43 Yearly \$3,293.16	Monthly \$325.09 Yearly \$3,901.08	Monthly \$410.95 Yearly \$4,931.40

# \$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> </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	0% Coins + 25% penalty 0% Coins + 25% penalty 0% 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

# Dental Option

	In-Network	Out-Of-Network
Coverage "A" Preventive and Diagnostic Dentistry		
Calendar Year Deductible	None	None
Coinsurance	20% of allowable charges	30% of allowable charges*
Coverage "B" Maintenance and Simple Restorative Dentistry; Oral Surgery, Periodontics & Endodontic Services		
Calendar Year Deductible	None	\$50
Coinsurance	20% of allowable charges	30% of allowable charges*
Coverage "C" Complex Restorative Dentistry		
Calendar Year Deductible	\$25	\$50
Coinsurance	50% of allowable charges	50% of allowable charges*

\* Out-Of-Network Providers may Balance Bill Members for amounts over the contracted rate.

# NSEA-Retired BlueSenior Classic Dental Plan

- Coverage “A” – Preventive & Diagnostic Dentistry
  - Includes two 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.

# Dental Premium

Employee	Employee + Children	Employee + Spouse	Employee + Family
\$26.55	\$49.09	\$55.73	\$74.87



# 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 \$2850 = \$570 Total Cost Share \$1,470	Ded = \$2,000 30% of \$1750 \$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 one 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, 2017 effective date; all applications due to the Lincoln BCBSNE office no later than Thursday December 1, 2016.

# Please Welcome

Donna Crownover  
Union Bank

# QUESTIONS

