

EHA Early Retiree Options for Health Insurance for 2016-2017 and How to sign up for an HSA

How to make the best decision for
you!

www.nsea.org/retired

Review of options

- Current \$900 deductible PPO plan
 - To maintain, do nothing!
- Other options available
 - \$2,000 deductible PPO plan
 - To start, call Blue Cross for application
 - \$3,500 HDHP plan
 - Call Blue Cross for application, consider enrolling in Health Savings Account (HSA)
 - \$4,000 HDHP plan

BC/BS rates for 2016-2017

Includes PPO Dental rate per plan (80% A,B & 50% C)

	<u>Employee</u>	<u>Ee&spouse</u>	<u>Ee&child</u>	<u>Ee&family</u>
\$900 ded.	\$589.50	\$1,237.92	\$1,090.56	\$1,662.26
\$1,150 ded.	\$570.50	\$1,198.06	\$1,055.46	\$1,608.73
\$1,500 ded.	\$547.65	\$1,150.05	\$1,013.15	\$1,544.27
\$2,000 ded.	\$501.52	\$1,053.18	\$ 927.81	\$1,414.19
\$3,500 HSA	\$501.52	\$1,053.18	\$ 927.81	\$1,414.19

Retirees before Age 65

\$900 ded.	\$645.79	\$1,356.12	\$1,146.83	\$1,718.66
\$2,000 ded.	\$549.03	\$1,152.91	\$ 975.27	\$1,461.77
\$3,500 HSA	\$549.03	\$1,152.91	\$ 975.27	\$1,461.77

For EHA rates: www.ehaplan.org

How can you decide which EHA plan to choose?

- Consider what you paid for health care last year in:
 - Office visit co-pay
 - Deductible for medical care
 - Co-pay for medical care
 - Co-pay for prescriptions
 - Premium saving for making a change

Example of Costs for 6 office visits (2 primary care & 4 specialty), \$800 in tests, and 2 drugs per month

\$900 PPO		\$2,000 PPO		\$3,500 HDHP	
6 o.v. @ \$30 & \$50	\$260	6 o.v. @ \$45 & \$65	\$350	6 o.v. @ \$195	\$1,170
Ded. for tests	\$800	Ded. for tests	\$800	Ded. for tests	\$800
24 Rx @ \$40	\$960	24 Rx @ \$45	\$1,080	24 Rx @ \$80	\$1,920
Co-pay @ 80/20	\$0	Co-pay @ 70/30	\$0	Total charges of \$3,890 exceeds \$3,500 deductible	
Cost	\$2,020	Cost	\$2,230	Cost	\$3,500
Prem sav	\$0	Prem sav	\$ -1,161	Prem sav	\$ -1,161
Total	\$2,020	Total	\$1,069	Total	\$2,339
No tax break		No tax break		Tax break for \$4,400 @30%	\$ -1,300
				Net cost	\$ 1,039

Plan Comparison for single coverage

Feature	\$900 ded.	\$2,000 ded.	\$3,500 ded. HDHP
Deductible	\$900	\$2,000	\$3,500
Max co-insurance	\$3,500* <small>* Includes copays for both medical and pharmacy claims</small>	\$4,500*	n/a
Max out of pocket (with deductible)	\$4,650*	\$6,850*	\$3,500
Office visit	\$30 & \$50 & \$75	\$45 & \$65 & \$90	Inc. in ded.
Coins.	80/20	70/30	Inc. in ded.
Drugs – % copay \$ minimums	25% / 50% \$5 / \$40 / \$80	30% / 50% \$7 / \$45 / \$70	Inc. in ded.
Routine care	Benefits for covered services are paid at 100%, subject to age, gender and frequency limits		
Premium savings	None	\$1,161 per year	\$1,161 per year PLUS tax break

Example of out-of-pocket cost

Hypothetical out-of-pocket expense	\$900 PPO	\$2,000 PPO	\$3,500 HDHP
\$900 in covered charges	You pay entire amount \$900	You pay entire amount \$900	You pay entire amount \$900
\$2,000 in covered charges	\$900 applied to deductible; \$1,100 paid 80/20%: You pay \$1,120	You pay entire amount \$2,000	You pay entire amount \$2,000
\$25,000 in covered charges	\$900 applied to deductible; co-insurance max. is \$3,750*: member pays \$4,650 <i>(*Co-insurance max. also includes drug co-pays)</i>	\$2,000 applied to deductible; co-insurance max. is \$4,850*: member pays \$6,850 <i>(*Co-insurance max. also includes drug co-pays)</i>	\$3,500 applied to deductible; 100% coverage after deductible: member pays \$3,500

To make a change, do this:

- Call Blue Cross at 1-800-562-6394
 - Tell them you are with EHA
 - Ask for application to change policy
 - Have your Blue Cross ID number ready
 - Fill out application and return to Blue Cross
- If you want to open a Health Savings Account, contact Union Bank (or your financial provider) after you sign up for the HDHP
 - Go to EHA web site, www.ehaplan.org, for details on the plans available
 - Go to Union Bank web site, www.ubt.com/health



www.ehaplan.org

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Click here to see retiree information

- FAQ about the \$3,100 plan
- Making the transition to Medicare
- Special Services: Providing Health Insurance for Retired School Employees

EHA & BCBS Retiree Update 4-4-2016

2016-04-04 10.11 EHA and BCBS Retiree Update

from Megan Hillabrand

Out-of-Pocket Expense	PPO	\$2,000 PPO	\$3,500 HDHP	\$4,000 HDHP
Allowable Charge is \$900	Members Cost Share \$900	Members Cost Share \$900	Members Cost Share \$900	Members Cost Share \$900
Allowable Charge is \$2,000	Ded = \$900 20% of \$1,100 = \$220 \$1,120	Members Cost Share \$2,000	Members Cost Share \$2,000	Members Cost Share \$2,000
	Ded = \$900 Coins = \$3,750	Ded = \$2,000 Coins = \$4,850	Ded = \$3,500	Ded = \$4,000 Coins = \$2,350

IN THE NEWS

- Educators Health Alliance Selects Blue Cross Blue Shield of Nebraska as Insurer**
[Read More](#)
- New 2016/2017 EHA Summary of Benefits and Coverage**
[Read More](#)
- EHA Announces An Optional Open Enrollment**
[Read More](#)

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E-Newsletter Signup

Name *

Email *

Browser address bar: <https://mywealthcareonline...>

Page title: UBT Health Benefit Solution...

Navigation: File Edit View Favorites Tools Help

Tools: Convert Select

System tray: Home, Star, Gear, Smile

Register | Login

**From the Union Bank web site:
www.ubt.com/health
This screen pops up**



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Password is entered on next page.

Forgot your Username? [Click here.](#)

New User? Please [click here](#) to create a username and password.

Advantage of all the Resources

- CDH Account Access
- Tools and Calculators
- Frequently Asked Questions
- Submit Claims Online
- WealthCare Mobile

LEARN MORE

Click on "Enrollment" and then "HSA Application" to open an account online



UBT Union Bank & Trust

HEALTH BENEFIT SOLUTIONS

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HSA Application

If you have any questions during the application process, or if you do not have an Employer/Enrollment ID, please contact us at 844-472-6567.

Employer/Enrollment ID:

**This page opens.
The EHA Employer ID is:
HBS1160
Then click, "Submit"**

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Please enter the following information to begin:

Employer/Enrollment ID*	<input type="text" value="HBS1160"/>
Employee ID/Participant ID* 	<input type="text"/>
Last Name*	<input type="text"/>

Enter text for verification:



* = required

Your Employee ID is your Social Security Number, no dashes or spaces!

Confirm the "text," then click, "Start Application"

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HSA Application

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Enroll Online

Welcome to online enrollment for your Health Savings Account (HSA). Your online enrollment schedule is listed below.

Plan ID	Plan Name	Open Enrollment Date
HBS1160	Health Savings Account	Rolling Enrollment

Click on "Enroll Now" to begin the process

Enrollment Summary

Below are benefit plans that you are eligible to enroll. Please click on the "Enroll Now" or "Waive Now" link under the Action column to either enroll or waive your enrollment for each plan.

Plan ID	Plan Name	Election	Dependents	Status	Action
HBS1160	Health Savings Account		No	New	Enroll Now

Privacy Information: Offering you exceptional service, along with protecting your privacy, is important to us. To understand what type of information we collect, and what we do with this information, please see our [Privacy Notice](#).

Participant Demographics

Demographics

First Name*: *

Initial:

Last Name*: *

Date of Birth*: (mm/dd/yyyy) *

SSN*: *

Marital Status: --Select One-- ▾

Citizenship Status*: --Select One-- ▾ *

Employment Status*: Employed ▾

Employer Name*: EHA

Employer City*: Lincoln

Employer State*: Nebraska ▾

Employee Job Title*: Retired

Mother's Maiden Name*:

Phone*:

Email*:

Re-enter Email*:

HOME ADDRESS (Not PO Box)*:

Address 1:

Address 2:

City:

State: --Select One-- ▾

Zip: -

Enter your information

For employment status, select "Employed" to get low-fee HSA. Your employer will be "EHA," your job title is "Retired"

Authorized Signer:

You have the option to add an authorized signer to your account but are not required to do so. If you would like to add an authorized signer, please select 'Add Authorized Signer' below.

Add Authorized Signer:

Previous Save Next

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You can add an authorized signer if you wish – it can be your spouse – even if they are not covered directly by the HDHP insurance policy

Enter info for authorized signer on this pop-up screen

The screenshot shows a web browser window displaying the "Participant Demographics" form. The form includes the following fields:

- Authorized Signer ID*:
- Relationship*:
- Date of Birth*: (mm/dd/yyyy)
- SSN*:
- Home Phone:
- ADDRESS*:
- Address 1:
- Address 2:
- City:
- State:
- Zip: -
- Country:

At the bottom of the form, there are "Save" and "Cancel" buttons. Below the form, the "HOME ADDRESS (Not PO Box)*:" section is partially visible, showing "Address 1: 12914 Pacific Street" and "City: Omaha".

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Account Details

Plan ID: HBS1160
Plan Description: Health Savings Account
Coverage Tier: Single Family

Paper/Electronic Statements:

How would you like to receive your statements?
 Electronic Statements Only. See Electronic Statement and Tax Form Agreement below.
 Paper and Electronic Statements (Additional fee of \$2.00 per month for paper statements.)

Paper/Electronic Tax Forms:

How would you like to receive your Tax forms (1099-SA and 5498-SA)?
 Electronic Only
 Paper

Select what kind of statements and tax forms you want, electronic or paper (paper statements are \$2 per month extra)

If you choose electronic documents, open this file for a code number

In order to elect Electronic Documents, you must verify your ability to access Electronic Documents.

Please open the Sample PDF File, and enter the PDF PIN Number below.

[Open Sample PDF File](#)

Confirm PDF PIN Number:



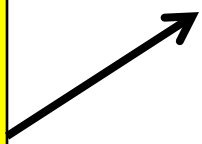
Sample PDF

You have successfully opened the Sample PDF document.

Please enter the following code where instructed on the page to verify that you were able to view this PDF Sample document:

If you choose electronic documents, enter the code on the line in the prior screen

CODE TO ENTER:



Primary Beneficiaries

There currently is no primary beneficiary.

[Add Beneficiary](#)

Contingent Beneficiaries

There currently is no contingent beneficiary.

[Add Beneficiary](#)

You can add beneficiaries now (or later), or use your will or estate plan to control who gets any remaining money if you die with an unused account balance

Form of Identification

Please complete this section by providing us your US Government issued identification (e.g. Driver's License, Passport, State or Military ID).

Other Information

Identification Type*	<input type="text"/>
Identification Number*	<input type="text"/>
Issue Date*	<input type="text"/> mm/dd/yyyy
Expiration Date*	<input type="text"/> mm/dd/yyyy
State of Issuance*	--Select One--

Form of Identification

Please complete this section by providing us your US Government issued identification (e.g. Driver's License, Passport, State or Military ID).

Other Information

Identification Type*	<input type="text"/>
Identification Number*	<input type="text"/>
Issue Date*	<input type="text"/> mm/dd/yyyy
Expiration Date*	<input type="text"/> mm/dd/yyyy
State of Issuance*	--Select One--

You will also need to provide some form of government-issued ID information

By Checking this Box, you understand that you are about to begin the process of applying for a Health Savings Account.

Privacy Information: Offering you exceptional service, along with protecting your privacy, is important to us. To understand what type of information we collect, and what we do with this information, please see our [Privacy Notice](#).

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Disclosures

Important Disclosures for your account are below. Please review all pages carefully to understand your responsibility and costs you may incur with your account, and save them for future reference.

 [HSA Disclosures and Account Terms](#)

Please review all pages carefully to understand your responsibility and costs you may incur with your account, and save them for future reference.

 [HSA Custodial Agreement](#)

Please review all pages carefully to understand your requirements to establish and maintain your HSA account, and save it for future reference.

By clicking "I Accept" below, you agree to the above disclosures and agreements. Additionally, you agree that you understand the terms of the disclosures and agreements and have saved them for your records and future reference.

I Accept

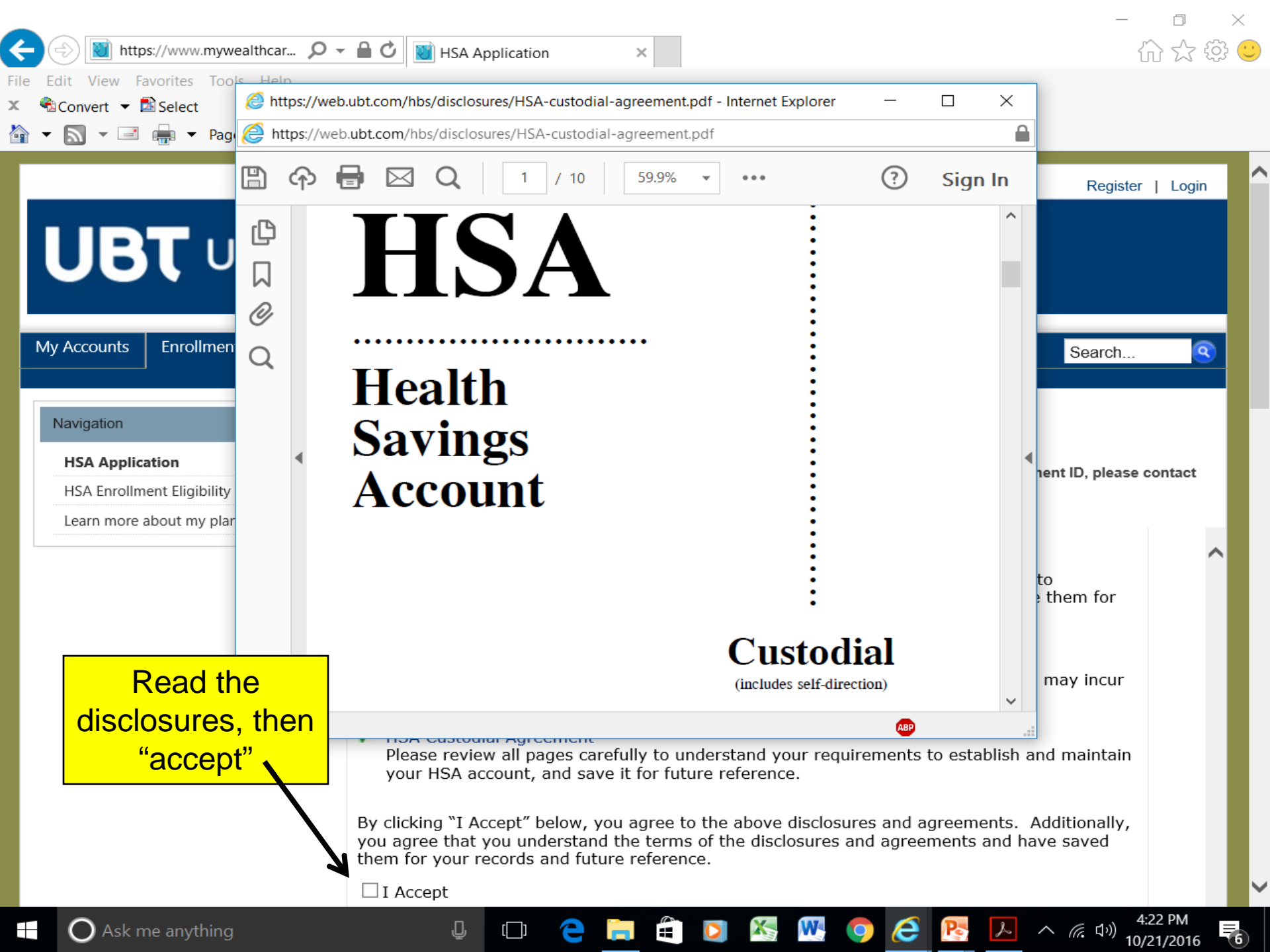
You must open and review all disclosures prior to providing your consent and proceeding with enrollment.

Agreements

E-Sign Agreement

Disclosures can be provided in electronic form for the HSA account you have selected to be opened online. Before obtaining products or services electronically, you must read

A summary of all information you entered will be next, and you can edit anything that is not OK. You must open all of the disclosures to complete the application.



Read the disclosures, then "accept"

HSA

Health Savings Account

Custodial (includes self-direction)

Please review all pages carefully to understand your requirements to establish and maintain your HSA account, and save it for future reference.

By clicking "I Accept" below, you agree to the above disclosures and agreements. Additionally, you agree that you understand the terms of the disclosures and agreements and have saved them for your records and future reference.

I Accept

QHDHP Certification

By clicking I Agree, you certify that you are covered by a Qualified High Deductible Health Plan (QHDHP); you are not covered by any other health plan that has first dollar coverage; you are not enrolled in Medicare, and you are not claimed as a dependent on another person's tax return.

I Agree

Agree to all of the other terms, add your electronic signature, then submit application.

Electronic Signature

By signing below, under penalties of perjury, you certify the accuracy of the information provided in this application and agree to the disclosures and agreements above. Additionally, you authorize Union Bank and Trust Company to access credit records and related information for all applicants in order to process this application.

First Name*	Last Name*	Date Signed
<input type="text"/>	<input type="text"/>	10/21/2016
Confirm First Name*	Confirm Last Name*	
<input type="text"/>	<input type="text"/>	

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Last steps for HSA account

- You will get an email confirming your application, and a link to an HSA Welcome Kit
- Wait for your ID card to be issued (it is a debit card that can be used for office visit costs, drug costs, etc.)
- **FUND** your account by making check payable to Union Bank and mailing in your funding deposit
 - Must wait until after January 1 of the year you will use the HSA

If you change plans, you will need to stay in the plan you choose for 3 years before you can switch back to the older plan. You can change by August 1, or Dec. 1, or next year....

Questions?