

2017-2018 HEALTH INSURANCE CHANGES

STURGEON BAY
SCHOOL DISTRICT



WHAT WE'LL COVER

- **BACKGROUND**
- **CHANGES TO THE BASE PLAN**
- **BUY-UP PLAN**
- **HSA PLAN**



BACKGROUND

- **ON MAY 16th WE WERE CONTACTED AND TOLD THAT NETWORK HEALTH PROVIDERS WOULD OFFER US A SUBSTANTIAL DISCOUNT, NO QUESTIONS ASKED**
- **ON MAY 18th, THE CO-OP VOTED 6-2 IN FAVOR OF SWITCHING HEALTH INSURANCE COMPANIES**
- **ON MAY 19th, WE RECEIVED INITIAL PLAN DESIGNS AND PREMIUM COSTS**

COMPANY OVERVIEW

- Wisconsin-owned and operated for over 30 years
- Currently working with 650 employers with over 138,000 members
- 4.5 Star Plan by National Committee for Quality Assurance (NCQA)
- Ranked in the **top 10 percent** in the nation (Latest NCQA/Consumer Reports)

FREEDOM TO MOVE FORW



2017 Open Enrollment


- **Open Enrollment is extended to June 2, 2017**
- **You must complete your school's enrollment form if you want to be enrolled in any of the District's plan**
- **Employees/Dependents may enroll or make changes to their insurance elections during open enrollment period**
- **Insurance changes will go into effect 7/1/2017**

AVAILABLE PROVIDERS

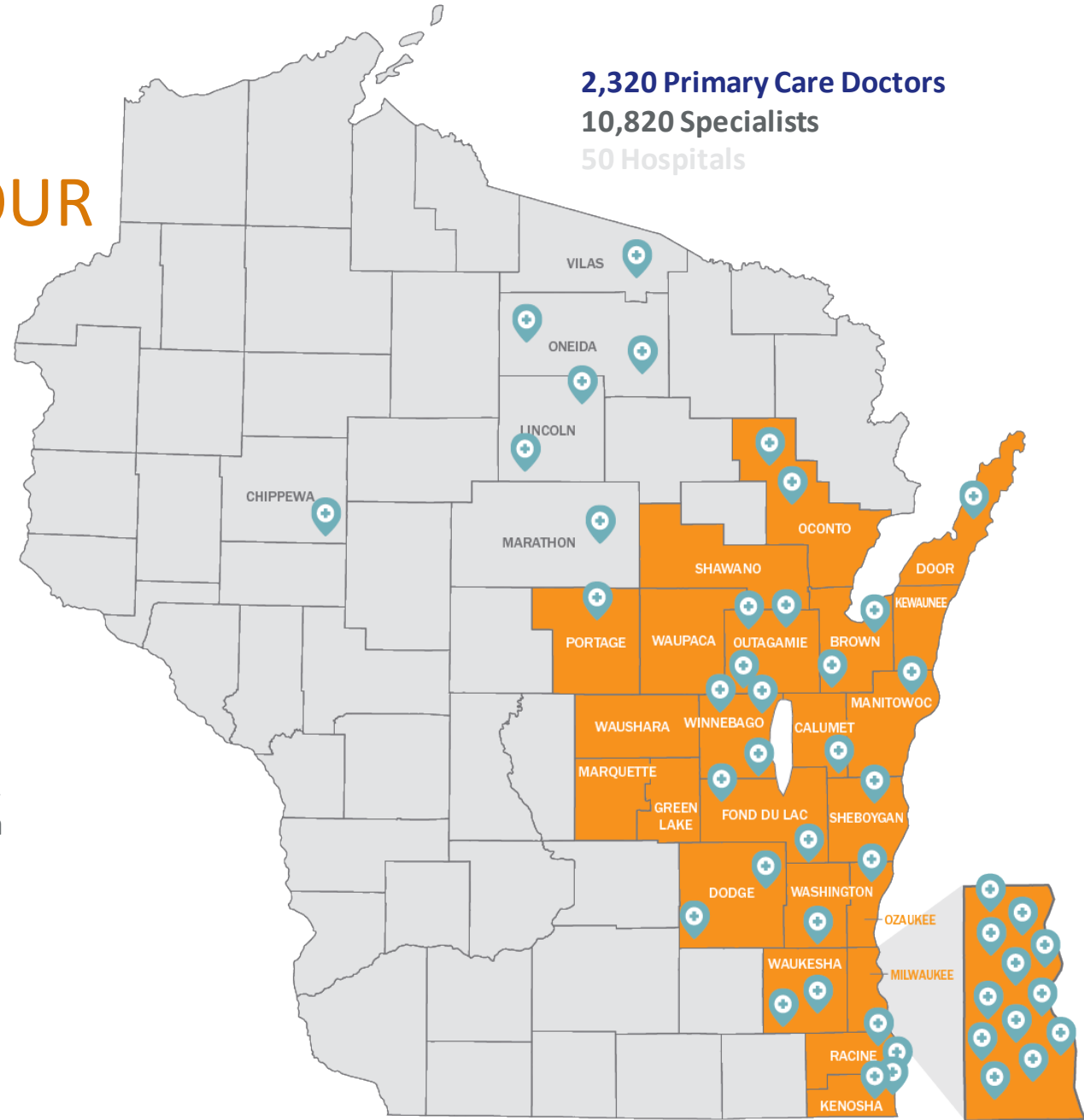
- THE IN NETWORK PROVIDERS WITH NHP ARE MUCH MORE NARROW.
- MAJOR LOCAL AND REGIONAL PROVIDERS THAT ARE NOT IN NETWORK INCLUDE (BUT ARE NOT LIMITED TO)
 - AURORA
 - THEDA CARE
 - MAYO CLINIC
- IF YOU ARE UNSURE OF A SPECIFIC PROVIDER, PLEASE VISIT www.networkhealth.com

WE'RE GROWING OUR NETWORK

2,320 Primary Care Doctors
10,820 Specialists
50 Hospitals

 Counties in Network Health's service area

 Hospitals



MAJOR PROVIDER SYSTEMS



FREEDOM TO MOVE FORW



BASE PLAN (CHANGES)

"2017-2018 WCA Base Plan"			"2017-2018 HMO Base Plan"			
	<u>Single</u>	<u>Family</u>		<u>Single</u>	<u>Family</u>	
Annual Deductible	\$2,000	\$4,000	Annual Deductible	\$2,000	\$4,000	
District Paid HRA	\$1,000	\$2,000	District Paid HRA	\$1,000	\$2,000	
	<u>WCA Pays</u>	<u>You Pay</u>	O.O.N. Deductible	Out of Network Not Covered		
Coinsurance:	90%	10%	Coinsurance	NHP Pays 100%	You Pay 0%	
	<u>Single</u>	<u>Family</u>	Deductible/Coin.	<u>Single</u>	<u>Family</u>	
Out of Pocket:	\$4,750	\$9,500	Out of Pocket:	\$2,000	\$4,000	
	<u>Single</u>	<u>Family</u>	Max OOP Including	<u>Single</u>	<u>Family</u>	
Prescriptions copay	\$7,150	\$14,300	Prescriptions copay	\$6,850	\$13,700	
Your actual Max OOP	\$6,150	\$13,300	Actual Max OOP	\$5,850	\$11,700	
Telehealth		\$10	Telehealth	\$0		
Primary Care Physician		\$20	PRIM Care Phys.	\$20		
Specialty Care Physician		\$50	Sp. Cary Phys.	\$50		
Urgent Care		\$200**	Urgent Care	\$200**		
Emergency Room		\$200	Emergency Room	\$200		
Prescription Drug Costs	\$20/\$40/\$60/\$100		Rx Drug Costs	\$20/\$40/\$60/\$60		
<u>Your Estimated Cost*</u>	<u>Single</u>	<u>Family</u>	<u>Your Est. Cost*</u>	<u>Single</u>	<u>Emp +1</u>	<u>Family</u>
Monthly	\$ 91.72	\$ 204.36	Monthly	\$ 75.84	\$ 151.66	\$ 189.58
Annually	\$ 1,100.64	\$ 2,452.32	Annually	\$ 910.08	\$ 1,819.92	\$ 2,274.96

DEDUCTIBLE

"2017-2018 WCA Base Plan"			"2017-2018 NHP HMO Base Plan"		
	<u>Single</u>	<u>Family</u>		<u>Single</u>	<u>Family</u>
Annual Deductible	\$2,000	\$4,000	Annual Deductible	\$2,000	\$4,000
District Paid HRA	\$1,000	\$2,000	District Paid HRA	\$1,000	\$2,000

- **WE ARE KEEPING THE DEDUCTIBLE AND HRA AMOUNTS THE SAME**

- **BUT....**

- **NOTICE THAT THE NEW, NHP, PLAN IS HMO – MEANING A MORE NARROW NETWORK**

WHAT IS AN HRA??

- **FROM PROFESSOR GOOGLE:**

- A Health Reimbursement Arrangement (HRA), commonly referred to as a health reimbursement account, is an IRS-approved, employer-funded employer health benefit plan that reimburses employees for out-of-pocket medical expenses.

- **SO, ONCE YOU REACH \$1,000 (or \$2,000) OF YOUR DEDUCTIBLE, WE (THROUGH A THIRD PARTY) WILL REIMBURSE THE NEXT HALF OF YOUR DEDUCTIBLE.**

- **THIS MEANS THAT YOUR DEDUCTIBLE IS, ESSENTIALLY, STAYING AT \$1,000 or \$2,000**

COINSURANCE

- A LITTLE BIT OF A CHANGE...
- NO COINSURANCE ON THE BASE HMO PLAN

"2017-2018 WCA Base Plan"			"2017-2018 NHP HMO Base Plan"		
	<u>WCA Pays</u>	<u>You Pay</u>			
Coinsurance:	90%	10%	Coinsurance	NHP Pays 100%	You Pay 0%

OUT OF POCKET (OOP) MAXIMUMS

"2017-2018 WCA Base Plan"			"2017-2018 NHP HMO Base Plan"		
Deductible/Coin.	<u>Single</u>	<u>Family</u>	Deductible/Coin.	<u>Single</u>	<u>Family</u>
Out of Pocket:	\$4,750	\$9,500	Out of Pocket:	\$2,000	\$4,000
Max OOP Including	<u>Single</u>	<u>Family</u>	Max OOP Including	<u>Single</u>	<u>Family</u>
Prescriptions copay	\$7,150	\$14,300	Prescriptions copay	\$6,850	\$13,700
Your actual Max OOP	\$6,150	\$13,300	Actual Max OOP	\$5,850	\$11,700

- **WHAT IS THE DIFFERENCE BETWEEN THE TWO AMOUNTS?**
 - THE TOP NUMBER WILL BE MOST OF YOUR MEDICAL EXPENSES, EXCLUDING YOUR PRESCRIPTIONS. THE BOTTOM NUMBER IS YOUR MAX OOP, INCLUDING PRESCRIPTIONS.
- **COPAYS DO NOT COUNT TOWARDS THE DEDUCTIBLE, HOWEVER, THEY DO COUNT TOWARDS YOUR MAX OOP.**
- **KEEP IN MIND, WITH THE HRA's, THESE NUMBERS WILL ACTUALLY BE \$1,000 (or \$2,000) LESS.**

COPAYS

"2017-2018 WCA Base Plan"		"2017-2018 NHP HMO Base Plan"	
Telehealth	\$10	Telehealth	\$0
Primary Care Physician	\$20	PRIM Care Phys.	\$20
Specialty Care Physician	\$50	Sp. Cary Phys.	\$50
Urgent Care	\$200**	Urgent Care	\$200**
Emergency Room	\$200	Emergency Room	\$200
Prescription Drug Costs	\$20/\$40/\$60/\$100	Rx Drug Costs	\$20/\$40/\$60/\$60

- **TELEHEALTH IS NOW FREE**
- **TOP TIER PRESCRIPTIONS ARE NOW \$60**

****DOOR COUNTY MEDICAL CENTER BILLS URGENT CARE VISITS AS IF THEY ARE REGULAR DOCTOR VISITS. SO, THAT COPAY WOULD BE \$20.**

ON SITE/NEAR SITE CLINICS

**WE NO LONGER WILL HAVE THE
FREE ON SITE/ NEAR SITE
CLINICS**

WHAT'S MY COST?

"2017-2018 WCA Base Plan"			"2017-2018 NHP HMO Base Plan"			
<u>Your Estimated Cost*</u>	<u>Single</u>	<u>Family</u>	<u>Your Est. Cost*</u>	<u>Single</u>	<u>Emp +1</u>	<u>Family</u>
Monthly	\$ 91.72	\$ 204.36	Monthly	\$ 75.84	\$ 151.66	\$ 189.58
Annually	\$ 1,100.64	\$ 2,452.32	Annually	\$ 910.08	\$ 1,819.92	\$ 2,274.96

- **WE WERE ABLE TO ADD AN EMPLOYEE +1 (TWO PERSON) PLAN**
- **ANNUALLY, A SINGLE PLAN WILL SAVE YOU \$190.56**
- **AN EMPLOYEE +1 PLAN WILL SAVE \$632.40**
- **A FAMILY PLAN WILL SAVE \$177.36**

BUY UP PLAN



DEDUCTIBLE AND HRA

"Buy Up - NHP POS"

	<u>Single</u>	<u>Family</u>
Annual Deductible	\$1,000	\$2,000
O.O.N. Deductible	\$1,500	\$3,000

- **THE IN NETWORK DEDUCTIBLE WILL BE \$1,000/\$2,000**
- **THE OUT OF NETWORK DEDUCTIBLE WILL BE \$1,500/\$3,000**

THESE ARE TWO COMPLETELY DIFFERENT DEDUCTIBLES

TO HELP EXPLAIN...



- **ODIN AND I ARE ON A (PRETEND) FAMILY PLAN.**

- **HE TEARS HIS ACL (TRUE STORY)**



IF I TAKE HIM TO DOOR COUNTY MEDICAL CENTER TO GET HIS X-RAYS AND THE BILL IS \$471.00, THAT BILL GOES TOWARDS MY IN-NETWORK PREMIUM

**BUT, IF HE THEN HAS HIS SURGERY AT THE MAYO CLINIC,
THAT \$2,742 BILL COUNTS ONLY TOWARDS MY OUT OF
NETWORK DEDUCTIBLE.**

**IN NETWORK
DEDUCTIBLE**

**I HAVE SPENT \$471
TOWARDS OUR \$2,000
IN NETWORK
DEDUCTIBLE**



**OUT OF NETWORK
DEDUCTIBLE**

**I HAVE SPENT \$2,742
TOWARDS OUR \$3,000
OUT OF NETWORK
DEDUCTIBLE**

BUY UP PLAN HRA'S

- **WE WILL BE PROVIDING \$1,000 (SINGLE) AND \$2,000 (FAMILY) HRAs FOR OUT OF NETWORK DEDUCTIBLES ONLY.**
- **THIS, ESSENTIALLY, BRINGS YOUR OUT OF NETWORK DEDUCTIBLES DOWN TO \$500 (SINGLE) AND \$1,000 (FAMILY)**

COINSURANCE

"Buy Up - NHP POS"

O.O.N. Coinsurance

NHP Pays 80%

You Pay 20%

- **COINSURANCE FOR OUT OF NETWORK EXPENSES ONLY WILL BE 80%.**
- **THIS MEANS THAT ONCE YOU REACH YOUR OUT OF NETWORK DEDUCTIBLE, NHP WILL PAY 80% AND YOU WILL PAY 20% OF COSTS, UNTIL YOU REACH YOUR MAXIMUM OUT OF POCKET**

MAX OUT OF POCKET

"Buy Up - NHP POS"

Deductible/Coin.	<u>Single</u>	<u>Family</u>
O.O.N Out of Pocket	\$2,750	\$5,500
Max OOP Including	<u>Single</u>	<u>Family</u>
Prescriptions copay	\$6,850	\$13,700
Actual Max OOP	\$5,850	\$11,700

- **WITH THE COINSURANCE, YOUR MEDICAL EXPENSE MAX OOP WILL GO UP TO \$2,750/\$5,500**
- **HOWEVER, YOUR TOTAL MAX OUT OF POCKET WILL REMAIN THE SAME.**

COPAYS

"Buy Up - NHP POS"

Telehealth	\$0
PRIM Care Phys.	\$20
Sp. Cary Phys.	\$50
Urgent Care	\$200**
Emergency Room	\$200
Rx Drug Costs	\$20/\$40/\$60/\$60

- **THE COPAY AMOUNTS WILL REMAIN THE SAME – FOR IN NETWORK EXPENSES ONLY**
- **THOSE EXPENSES COMING OUT OF NETWORK WILL NOT HAVE A COPAY BUT WILL COUNT TOWARDS YOUR MAXIMUM OUT OF POCKET**

THE COST

"Buy Up - NHP POS"

<u>Your Est. Cost*</u>	<u>Single</u>	<u>Emp +1</u>	<u>Family</u>
Monthly	\$ 223.18	Not	\$ 354.32
Annually	\$ 2,678.16	Offered	\$ 4,251.84



HSA PLANS

HIGH DEDUCTIBLE HEALTH PLANS (HDHP)

DEDUCTIBLE

"Buy Down - HSA Plan #1"			"Super Buy Down - HSA Plan #2"		
	<u>Single</u>	<u>Family</u>		<u>Single</u>	<u>Family</u>
Annual Deductible	\$2,000	\$4,000	Annual Deductible	\$3,000	\$6,000
O.O.N. Deductible	Out of Network Not Covered		O.O.N. Deductible	Out of Network Not Covered	

- **WE ARE NOW OFFERING TWO (2) HDHP – HSA PLANS**
 - **A \$2,000/\$4,000 PLAN AND A \$3,000/\$6,000 PLAN**
- **AS WITH THE BASE PLAN, THESE ARE BOTH HMO PLANS**
 - **THIS MEANS THAT OUT OF NETWORK COSTS ARE NOT COVERED**

HSA

"Buy Down - HSA Plan #1"			"Super Buy Down - HSA Plan #2"		
District Paid HSA	\$350	\$700	District Paid HSA	\$1,000	\$2,000

- **FOR HSA PLAN #1 THE DISTRICT WILL PAY \$350 (SINGLE) OR \$700 (FAMILY) INTO YOUR HSA**
- **FOR HSA PLAN #2 THE DISTRICT WILL PAY \$1000 (SINGLE) OR \$2000 (FAMILY) INTO YOUR HSA**
- **BOTH PLANS HAVE EMBEDDED DEDUCTIBLES**

WHAT IS AN HSA?

- **DEPOSITED ON A REGULAR BASIS**
- **YOU MUST HAVE A SEPARATE BANK ACCOUNT**
- **THE MONEY IS YOURS FOREVER (UNTIL YOU SPEND IT)**
- **YOU CAN NOT ALSO HAVE AN FSA FOR UNINSURED MEDICAL**
 - **HOWEVER, YOU CAN USE THE HSA FOR EVERYTHING YOU USED**
 - **YOU CAN, THOUGH, HAVE A DEPENDANT CARE FSA**
- **YOU ARE ABLE TO CONTRIBUTE YOUR OWN MONEY, PRE-TAX, THROUGH PAYROLL TO YOUR HSA.**
 - **YOU CAN ALSO MAKE A DIRECT POST-TAX CONTRIBUTION**

DOCTOR VISITS AND DRUGS

"Buy Down - HSA Plan #1"		"Super Buy Down - HSA Plan #2"	
Telehealth	\$40	Telehealth	\$40
PRIM Care Phys.	Deductible	PRIM Care Phys.	Deductible
Sp. Cary Phys.	And	Sp. Cary Phys.	And
Urgent Care	Coinsurance	Urgent Care	Coinsurance
Emergency Room		Emergency Room	
Rx Drug Costs	Deductible/Coinsurance	Rx Drug Costs	Deductible/Coinsurance

- **ALL IN NETWORK DOCTOR VISITS AND PRESCRIPTION DRUG COSTS WILL GO TOWARDS YOUR DEDUCTIBLE AND MAX OOP AMOUNTS.**
 - **TELEHEALTH WILL BE \$40**

COINSURANCE AND MAX OOP

"Buy Down - HSA Plan #1"			"Super Buy Down - HSA Plan #2"		
Coinsurance	NHP Pays 100%	You Pay 0%	Coinsurance	NHP Pays 100%	You Pay 0%
Deductible/Coin.	<u>Single</u>	<u>Family</u>	Deductible/Coin.	<u>Single</u>	<u>Family</u>
Out of Pocket:	\$2,000	\$4,000	Out of Pocket:	\$3,000	\$6,000
Max OOP Including	<u>Single</u>	<u>Family</u>	Max OOP Including	<u>Single</u>	<u>Family</u>
Prescriptions copay	\$2,000	\$4,000	Prescriptions copay	\$3,000	\$6,000
Actual Max OOP	\$2,000	\$4,000	Actual Max OOP	\$3,000	\$6,000

- **COINSURANCE, FOR IN NETWORK COSTS IS 100%**
- **BECAUSE OF THIS, YOUR MAX OUT OF POCKET IS THE SAME AS YOUR DEDUCTIBLE**

PREMIUM COST

"Buy Down - HSA Plan #1"				"Super Buy Down - HSA Plan #2"			
<u>Your Est. Cost*</u>	<u>Single</u>	<u>Emp +1</u>	<u>Family</u>	<u>Your Est. Cost*</u>	<u>Single</u>	<u>Emp +1</u>	<u>Family</u>
Monthly	\$ 71.54	\$ 143.08	\$ 178.85	Monthly	\$ 68.16	Not	\$ 151.90
Annually	\$ 858.48	\$ 1,716.96	\$ 2,146.20	Annually	\$ 817.92	Offered	\$ 1,822.80

- **AGAIN, THE HSA PLAN #1 OFFERS AN EMPLOYEE, PLUS ONE OPTION**
- **THE HSA PLAN #2 ONLY OFFERS SINGLE OR FAMILY**

The background features a large, light pink, stylized letter 'E' shape on the right side. Below it, there are several horizontal, wavy lines in shades of grey and light pink, suggesting a landscape or water surface. The overall design is clean and modern.

OTHER CONCERNS

Emergency Care

- **Emergency care is covered no matter where you are.**
- **College students – authorizations required for follow up care.**
- **You never need approval to receive emergency care.**
- **If you have an emergency go to the closest emergency facility.**
- **If you are not sure, call your doctor or the Nurseline.**

Access to Nurses 24/7

- **We offer our Network Health Nurse Line 24 hours a day, seven days a week for those need-it-right-now situations**
- **Help figuring out where to go for care if it's not an emergency**
- **Advice on general health issues**
- **Instructions for current or newly prescribed medications**
- **Phone number on the back of your I.D card**
- **888-879-8960**

Employee hotline and onsite visits

- **Options for personalized help from Network Health Plan:**
 - 1-920-720-1300, then wait for option, “if you are with the Door-Kewaunee Co-Op, press 4”
 - **Email*:** <https://networkhealth.com/contact/#contact-form>
 - ***Please note that email should only be used for non-personal health questions – if you ask questions personal health questions, please leave a call back number, as Network Health Plan will need to call you back**
- **Network Health Plan representatives will be onsite at a number of the districts to answer 1x1 questions. Please look for additional communication from your district.**

The background features a large, stylized pink graphic on the right side that resembles a tree or a complex branching structure. Below this, there are several horizontal, wavy grey lines that suggest a landscape or water surface. The overall aesthetic is clean and modern.

QUESTIONS?