

YOU MATTER!

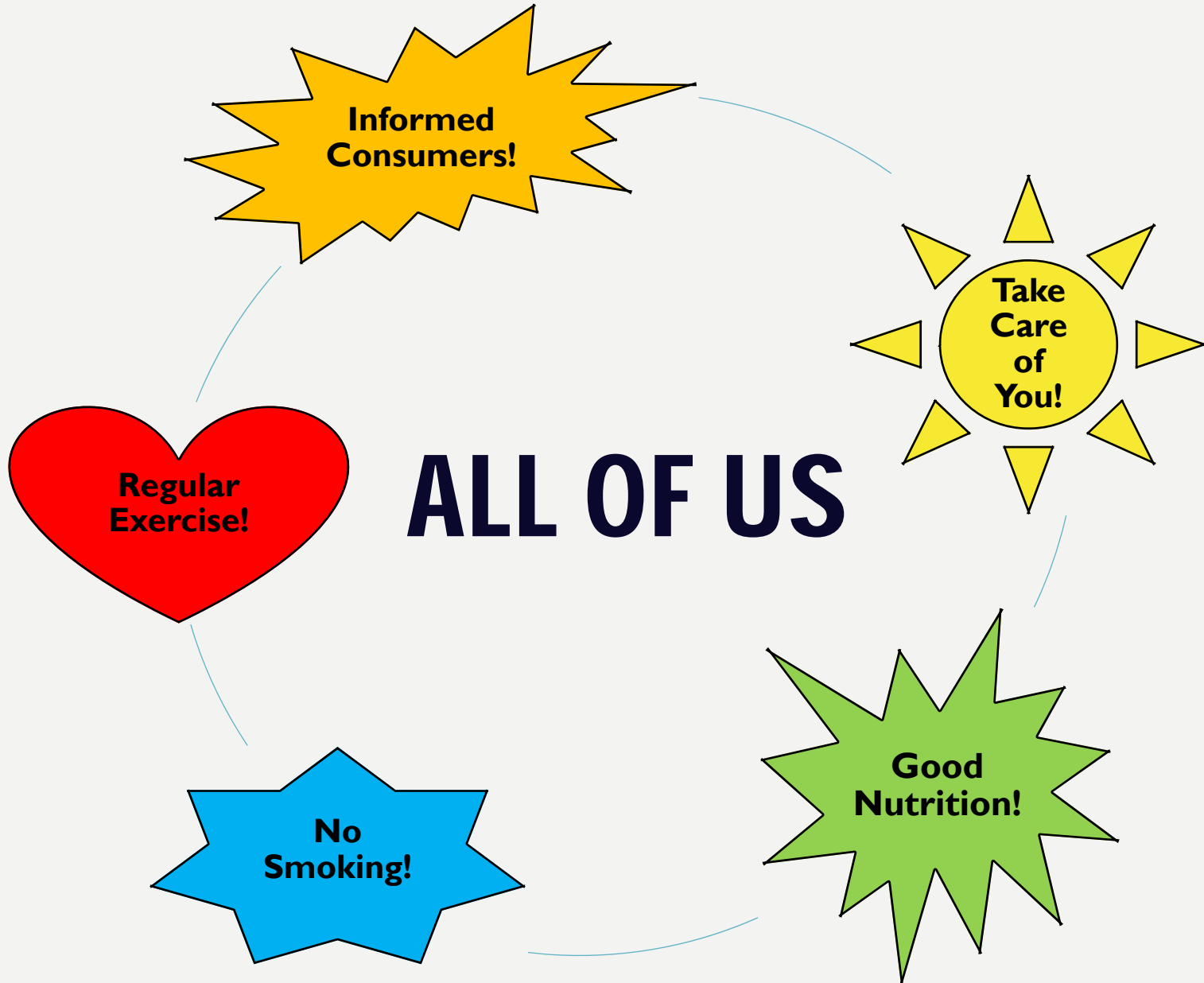
2017 EMPLOYEE HEALTH BENEFITS PLAN



TODAY'S AGENDA

- Communicate the Plan and Its Performance
 - No Rate Increase!
- Engage Members to Know their Plan Design
 - Same low deductible, co-insurance and co-payments
 - Prescription copayment change for Limited & Excluded Drugs
- Share Information on How to Save Money
- Encourage Wellness Program Utilization
 - You Matter!
- Access to Provider Contacts & Administrative Support Team
- Welcome Board of Developmental Disabilities to the Plan

FOUNDATION OF THE PLAN



FOUNDATION OF THE PLAN

- **Trustees:** Board of County Commissioners
 - Doris Herringshaw, Craig LaHote & Joel Kuhlman
- **Committee Members:**
 - Employee Health Benefits Committee Members
 - Wellness Sub-committee Members
 - Spousal Eligibility Exception Sub-committee Members
- **Insurance Consultant:** Jason Beaver, Mercer
- **Health Benefits:** Meritain Health
- **Prescription Drug Benefits:** PDMI
- **Dental Benefits:** Delta Dental
- **Administrative Support:** Cheryl Albrecht, April Hugg, Janese Diem, Steve Puffer, Erica Noel, Pamela Boyer, Andrew Kalmar
- **Engaged Members:** Plan Participants

WOOD COUNTY EMPLOYEE HEALTH BENEFITS PLAN

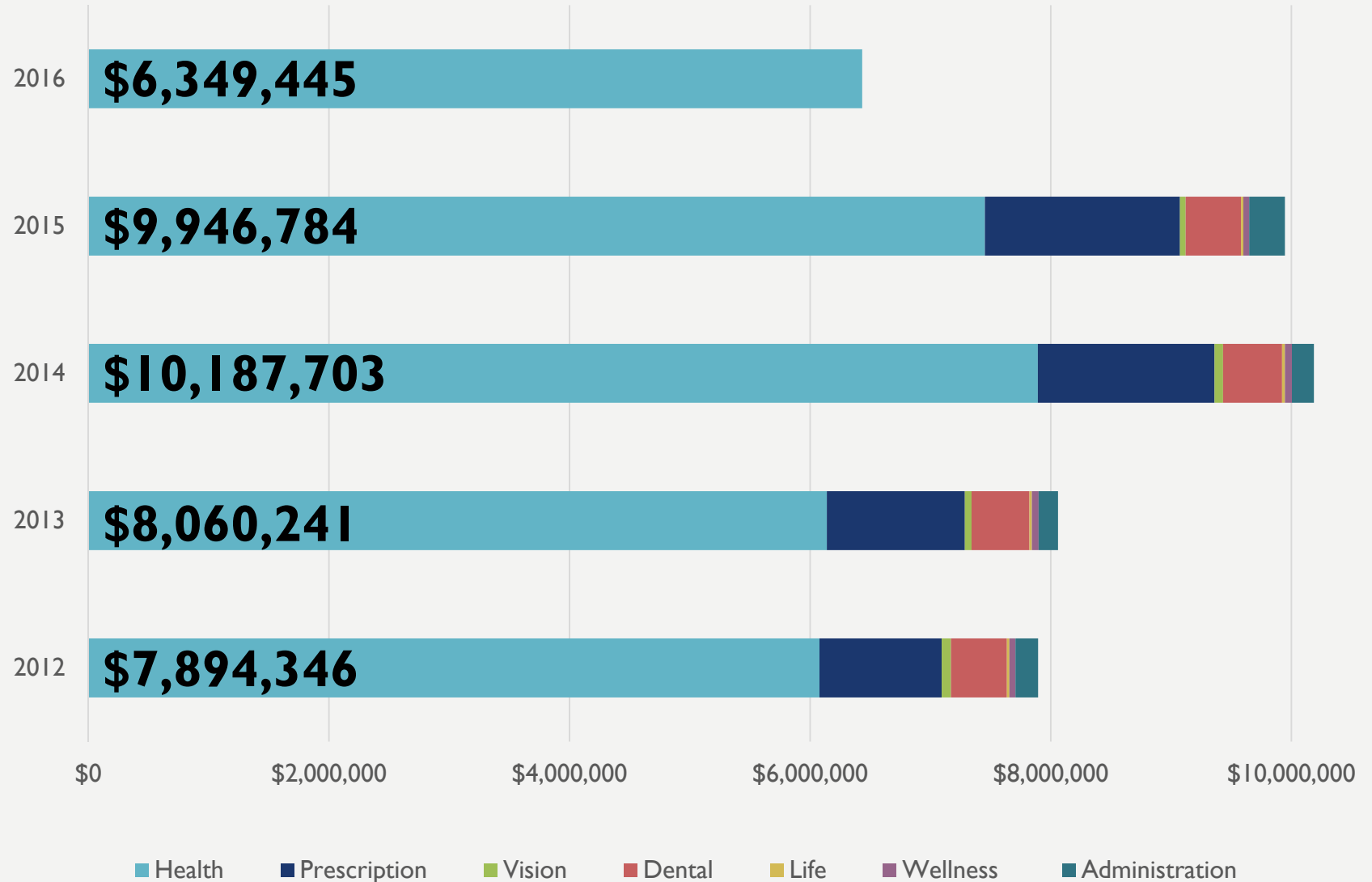
Self Insured Health Benefits Trust



**Be an engaged consumer when
pulling money out of our pocket.**

PLAN COSTS 2012 TO 2016 YTD

(9/30/16)



2017 MONTHLY RATES

No Rate Increase

<u>Coverage</u>	<u>Total</u>	<u>Employer</u>	<u>Employee*</u>
Health & Rx	\$ 609.48	\$ 518.06	\$ 91.42
Vision	\$ 7.84	\$ 6.66	\$ 1.18
Dental	\$ 31.62	\$ 26.88	\$ 4.74
Life**	\$ 7.22	\$ 7.22	\$ 0
Total Single	\$656.16	\$558.82	\$97.34

Health & Rx	\$ 1,584.62	\$ 1,346.92	\$ 237.70
Vision	\$ 20.42	\$ 17.36	\$ 3.06
Dental	\$ 82.18	\$ 69.86	\$ 12.32
Life**	\$ 7.22	\$ 7.22	\$ 0
Total Family	\$1,694.44	\$1,441.36	\$253.08

* Split between first and second pay dates of the month. May be deducted on a pre-tax basis. Employees are responsible to pay approximately 15% of the total cost for coverage. Spousal & Adult Child Premium rates are in addition to a family contract.

** Board of DD employees – Refer to the Life Certificate

IMPACT OF FEDERAL HEALTH CARE REFORM

- ACA Mandates the Plan
 - Evaluate Plan & Communicate to Members
 - Grandfathered Status
 - Provides Minimum Essential Coverage; and
 - Meets the Minimum Value standard
 - Play or Pay Assessments
 - Change Employee & Dependent Eligibility Rules
 - Measures Employees Monthly and/or Annually
 - Summarize & Report Eligibility Annually to IRS
 - 1095C
 - Provide to Members
 - Summary of Benefits & Coverage
 - Marketplace Notice

IMPACT OF FEDERAL HEALTH CARE REFORM

- Plan Retains Grandfathered Status in 2017
 - Permits our Plan to retain low financial participation features
 - Not all provisions of ACA are applicable such as:
 - Preventative care for free
 - Annual physicals, immunizations vaccines, birth control, and non-diagnostic genetic testing (including BRCA)
- Communicate with Providers to Avoid Confusion
 - Most plans are non-grandfathered
- Use Free Confidential Wellness Screenings
 - Provided since 1989
 - Available for New Enrollees and every three years

WE CHALLENGE YOU TO.....

- 1. Know Your Plan
 - Review the Summary Plan Description (SPD)
 - Eligibility Rules and Schedule of Benefits
- 2. Be Wise Consumers
 - Have a Primary Care Provider (PCP)
 - Select Quality Outcome Providers
 - Use FrontPath's website
 - Use Prescription Formulary
 - Price shop for low cost prescriptions
 - Save Money for You & the Plan
- 3. Improve/Maintain Your Current Health Status
 - Participate in monthly wellness programs

Employee Eligibility

- Offered to Full Time Employees
- Based on 30 Hours of Service (HOS) per week
 - Hours worked
 - Paid leave

**Hours of Service
Includes All Paid
Hours Plus**

**Unpaid
FLMA**

**Military
Leave**

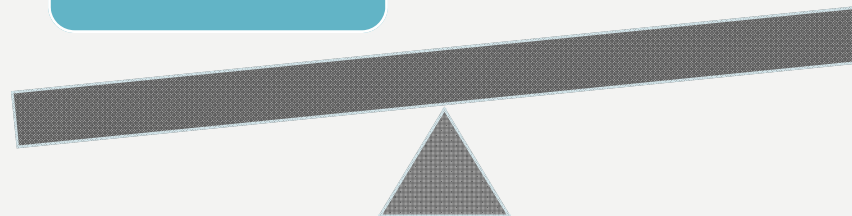
Jury Duty

**Hours of Service
Does Not
Include Unpaid**

**Workers'
Comp**

Discipline

**Leave of
Absence**



Look-back Measurement Method



- **ALL Employees Hours are Measured Each Year**
 - Standard Look-back Method (Oct-Oct)
- **Coverage offered for next calendar year if Hours of Service are 1560 or more**
 - 2017 Eligibility based on hours from 10/18/15 to 10/15/16
 - 2018 Eligibility based on hours from 10/16/16 to 10/14/17
- **New non-full time hires: part time, seasonal or variable hour**
 - Initial Look-back Method (12 mo. from date of hire)

Monthly Measurement Method

- New Hires with 30 or more Hours of Service per week (non-seasonal)
 - Applies to hires after Oct. 18, 2015
 - Measures until they complete a full Standard Measurement Period
- Measure each month to determine eligibility
 - Eligibility may change monthly based on hours of service



Looks at employee's hours each month until placed in a Standard Stability Period.

HEALTH INSURANCE



Schedule of Benefits listed in SPD

FrontPath In-Network or wrap around network

Pre-certification required

Co-Payments

\$10 Professional

\$35 Emergency Room

Do not apply toward Deductible or Co-insurance

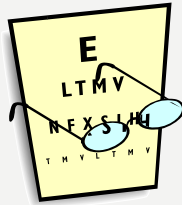
	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible	\$150 Single \$450 Family	\$300 Single \$900 Family
Co-Insurance	80% Plan 20% Participant \$250 per person	60% Plan 40% Participant \$500 per person
Out-of-Pocket Maximum	\$ 400 Single \$1,200 Family (Family based on 3 person max)	\$ 800 Single \$2,400 Family

PRESCRIPTION



- Pharmacy Network Required
- Retail Pharmacy Co-payments per Rx (Max 34 day supply)
 - Select OTC \$0
 - Tier 1 \$5
 - Tier 2 \$15 plus 20% of the AWP \$35 max out-of-pocket
 - Tier 3 \$15 plus 20% of the AWP \$65 max out-of-pocket
- Mail Order Co-Payments per Rx (Max 90 day supply)
 - Select OTC \$0
 - Tier 1 \$10
 - Tier 2 \$30 plus 20% of the AWP: \$70 max out-of-pocket
 - Tier 3 \$30 plus 20% of the AWP: \$130 max out of pocket
- Coverage for Excluded and Limited Services may be approved on a limited basis by the Medical Manager based on medical necessity
 - Purchase may be limited to specific pharmacy
 - ***\$20 plus 50% of AWP: max \$200 out-of-pocket***

VISION



- Reimbursement Program
 - Payable only as primary
 - Does not coordinate benefits
 - Requires original receipt
- Benefit Period and Reimbursement Limit
 - \$200 per participant during benefit period
 - Current benefit period: Jan 1, 2016 – Dec 31, 2017
 - All 2016 claims must be submitted prior to March 31, 2017
- Covers
 - Exams
 - Prescription glasses/frames and contacts
 - Refractive Surgery

DENTAL



- Delta Dental Network
- Schedule of Benefits
 - \$100 Annual Deductible
 - \$1,500 Annual Maximum per person
 - 2 cleanings, 1 bitewing radiograph, and 2 fluoride treatments preventative not subject to deductible
- Useful Tips:
 - Discuss composite resin (white) restorations and porcelain crowns on posterior teeth
 - Recommend a Preferred Network Provider to make benefits go farther

LIFE INSURANCE*



- \$20,000 term policy
- Benefits terminate at separation
- Conversion rights available
 - No rate guarantee
- Accelerated Death Benefit available
 - Under age 60

* Board of DD employees refer to life certificate

BE WISE CONSUMERS

- Plan Ahead: Be Engaged
 - Have a Primary Care Physician
 - FrontPath – provides directory of physicians
 - Wood County Community Health & Wellness Center (Wood County Health District)
 - Seek Early Treatment at the Appropriate Setting
 - Doctor's Office, Urgent Care or ER
 - Utilize High Outcome Providers/Facilities
 - Price Shop for Prescriptions
 - Formulary – Free OTC
 - RxEOB
 - Free or \$4/\$10 generics at pharmacy

BE WISE CONSUMERS

Lantus Solostar 15ml	Pharm A	Pharm B	Pharm C	Pharm D
Total Claim Charge	\$381.46	\$378.36	\$377.49	\$73.71
Employee Co-Payment	\$35	\$35	\$35	\$26.74
Plan Payment Amount	\$346.46	\$343.36	\$342.79	\$46.97

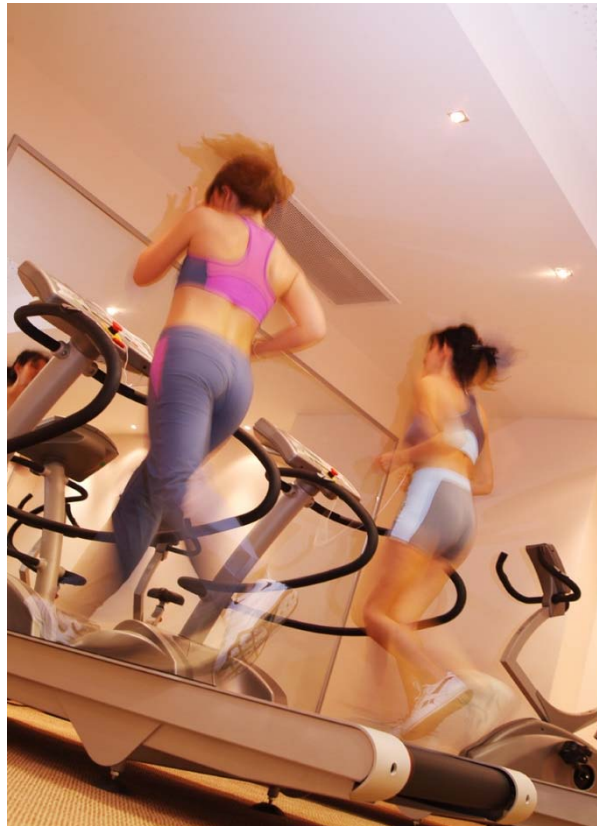
Price shopping could save an estimated \$295 per mo.

Prescription	Supply	Cost
Vimovo Brand Combination of esomeprazole 20mg (Nexium) and naproxen 500mg	60 tablets	\$2,100
Verses Therapeutic Alternative		
esomeprazole Generic	30 tablets	\$60
naproxen 500mg	60 tablets	< \$10

Estimated
savings
of \$2,030
per month



Monthly Challenges



**Reimbursement
Programs**



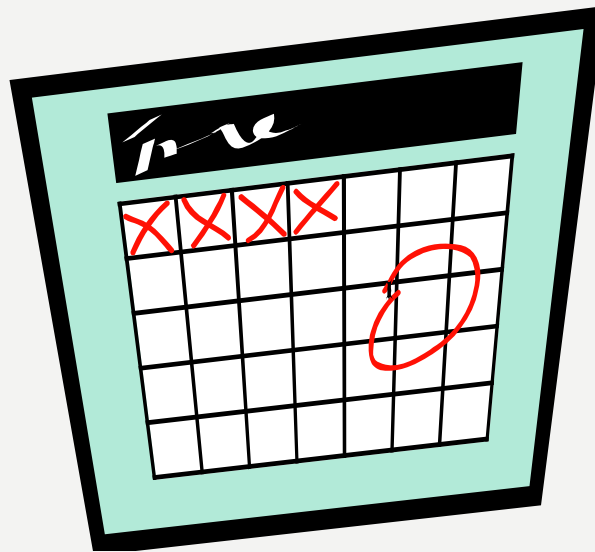
**Earn a Deductible
Credit**

PARTICIPATE IN WELLNESS PROGRAMS

WE CHALLENGE YOU TO TAKE AN ACTIVE ROLE IN YOUR HEALTH

YOU MATTER!

- If you are ready to invest in yourself, now or a few months down the road, the Wellness Programs are ready for you
- Sooner rather than later as Age & Time are working against us



When is up to you!

WELLNESS PROGRAM ELIGIBILITY

- Available to benefit-eligible employees and their family members eligible for coverage regardless of enrollment
- Non-benefit eligible employees encouraged to participate for prizes, drawings and credit if moved to benefit-eligible status
 - Not eligible for wellness screenings or reimbursements as the Plan pays costs associated with these programs



Form a team within your office or participate on your own. Each month, prizes will be awarded to departments with the highest percentage of participation in the featured challenge.

Monthly tracking logs will be posted on the employee website. Monthly Challenges must be started and completed within the same calendar month.

Each month will feature a different challenge, but you can complete them in any order you like.

PROGRAM
FEATURES
MONTHLY
CHALLENGES
TO HELP YOU
FOCUS ON
HEALTHY HABITS

Make/Break the Habit!

Eat Clean!

Reduce Your Stress!

Muscle Through It!

Get 5!

Stay Hydrated!

This for That!

Catch Some ZZZs!

Focus on Fitness!

Money Matters!

Stretch Yourself!

Walk It Off!

Earn a Deductible Credit

\$50

Complete at least 5 Challenges

\$100

Complete at least 10 Challenges

In addition to monthly challenges, benefit eligible employees can earn one challenge credit for the following completed programs:

Wellness Screening
Fitness Program
Nutrition for Life
Tobacco Termination
Summer Swim

See Summary
Plan Description
for additional information

WELLNESS SCREENINGS

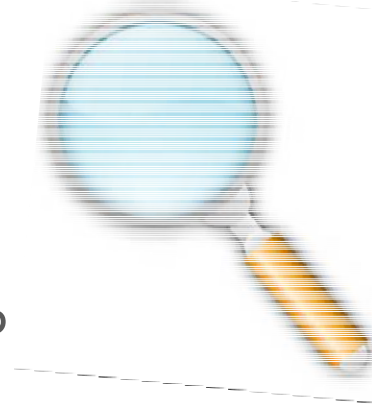
KNOW
YOUR
NUMBERS

- Free
- Confidential
- Schedule for a time that works for you
- Fasting Screening Includes:
 - Health Risk Assessment
 - Blood Pressure
 - Coronary Risk (cholesterol with LDL, HDL, triglyceride)
 - Blood Sugar
 - Occult Blood Screening
 - Bone Density
 - Dermascan (sun damage)



Review your Individual Enrollment Verification (IEV)

- Check social security cards to make sure names and social security numbers match what is reported on your IEV
- Report conflicts to Insurance Group Representative



Open Election

- November 15 to December 15
- Opportunity to make changes
- Requested changes require a Universal Application and appropriate forms
- Changes are effective January 1



REMINDERS

Reporting Information and Special Enrollment Rights

- Qualifying Events provide a Special Enrollment Right to make a plan change
- All Changes must be requested within 30 days of the event
 - Universal Application
 - Appropriate forms and documentation

Report Other Coverage

- Update Changes to Primary/Secondary
- Know Primary Plan's Rules
 - High Deductible with HSA

Pre Certification of Services

- Employee Responsibility
- Share Information with Family

Only Use 2017 Current Forms

- Available on County website

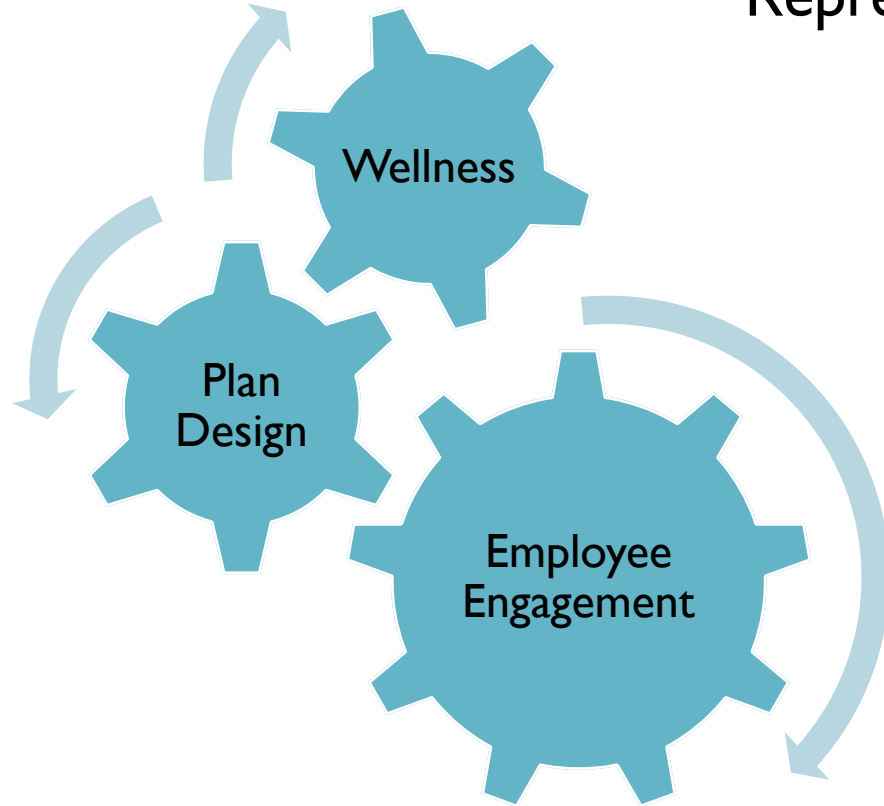
REMINDERS

Checking Claims Status

- Meritain provides Monthly Statements summarizing claim activity
- Adverse Benefit Determinations are communicated via Explanation of Benefits (EOB)
- Access Meritain's Website to view activity 24/7/365
 - Meritain Connect www.meritain.com
- Release Required to share Protected Health Information (PHI)
 - Annual for family members
 - Release available on county website



REMINDERS



Representatives Available for Questions

Mercer Consultants

Jason Beaver, Gauri Airi

Network & Third Party Administrators

Susan Allen, Meritain Health

Jocelyn Bolling, PDMI

Karen Chapman, Delta Dental

Administrative Support

Andrew Kalmar, Pamela Boyer,

Janese Diem, Cheryl Albrecht,

April Hugg, Steve Puffer, Erica Noel

www.co.wood.oh.us/employee

**IT TAKES EVERYONE WORKING TOGETHER
TO KEEP THE PLAN RUNNING SMOOTHLY**