Benefits Design and Management

2021 Medical Plans



Agenda

- Overview of medical plans
- Triple Choice Plan
- High Deductible Health Plan
- Health Savings Account
- Per pay period cost
- Claims Comparison
- Questions

Health insurance terminology

Paycheck deduction

Amount you pay for insurance each pay period.

Deductible Met Deductible Expenses you pay out- of-pocket before the health plan pays.	Copayment Fixed dollar amount. Coinsurance Percentage of allowed amount.	Maximum The most you will pay in combined deductibles, health care and pharmacy copayments, and coinsurance.
 Individual or family. Separate in and out- of-network amounts. Accumulate toward out-of-pocket maximum. 	 You pay at the time of service after the deductible is met. Plan pays remaining charges. Accumulate toward outof-pocket maximum. 	 Plan pays 100% of covered services after out-of-pocket max is met. Individual or Family. Separate in and out-of-network amounts.

Out-of-Pocket Max Met

Out-of-Pocket

Health insurance terminology

- Health Savings Account, HSA: A savings account that allows employees to put aside pretax dollars to pay for out of pocket medical expenses.
- **In-network:** Providers or health care facilities that are part of a health plan's network. The insurance negotiates a discount with these providers which usually results in lower costs to the member.
- **Out-of-network:** A provider that is outside of the network of doctors, hospitals or health care providers. Usually results in higher costs to the member.
- **Plan year:** Period of coverage under a group health plan. ASU's plan year runs from January 1 through December 31.

Overview of medical plans

Overview of medical plans

The networks available for both plans will be Blue Cross Blue Shield and United Healthcare. Cigna and Aetna will no longer be available. Cigna will continue to offer the Dental Care Access, DHMO plan.

Triple Choice Plan | TCP

- The Triple Choice Plan will replace the EPO and PPO medical plans.
- This is a single plan with three tiers.

High Deductible Health Plan with HSA

- Allows participants to use in or out of network providers.
- Coinsurance after deductible is met.
- Per pay period costs will remain the same.

Triple Choice Plan

- Tier 1 Functions similarly to the current EPO plan and will have the same deductibles and copays as the current EPO plan. The network of providers will be limited to providers designated as Tier 1 in-network providers.
- Tier 2 Functions similarly to the current PPO plan and will have the same deductibles and copays as the current PPO plan. Providers will be in-network but not considered Tier 1 providers.
- **Tier 3** Out of network providers with higher deductibles. No copays but there will be co-insurance.

	Triple Choice Plan						
	Tier 1, in network Tier 2, in network		Tier 3, out of network				
	Blue Cross Blue Shield or Unite	edHealthcare					
Employee only Deductible	\$200	\$1,000	\$5,000				
Employee only out-of-pocket maximum	\$7,350 includes deductible	\$7,350 includes deductible	\$8,700 includes deductible				
Family deductible	\$400	\$2,000	\$10,000				
Family out-of-pocket maximum	\$14,700 includes deductible	\$14,700 includes deductible	\$17,400 Includes deductible				

Triple Choice Plan							
	Tier 1, in network	Tier 2, in network	Tier 3, out of network				
Blue Cross Blue Shield	or UnitedHealthcare		Out of Network providers				
Preventative Services, Durable medical equipment, lab and x-ray services	\$0	\$0	50%				
PCP,OB/GYN, Telehealth	\$20	\$20	50%				
Specialist	\$40	\$40	50%				
Emergency Room	\$200	\$200	50%				
Inpatient Hospital Admission	\$250	\$250	50%				
Outpatient facility, Major radiology services	\$100	\$100	50%				
Urgent Care	\$75	\$75	50%				

Benefits

- In-network and out-of-network provider options.
- Nationwide coverage.
- No pre-existing condition restrictions.
- Mayo Clinic is Tier 1 for both UHC and BCBS

Copays and deductibles

- Copays apply after the plan deductible is met.
- Copays and deductibles apply to out-of-pocket maximum.
- Payments toward Tier 1 deductible apply towards Tier 2 deductible, conversely funds paid toward Tier 2 deductible apply to Tier 1.
- Plan pays 100% after the out-of-pocket maximum is met.
- Prescription drug copays do not count toward the medical deductible.

How to use the Triple Choice plan

Choose a provider

Look for the Tier 1 symbol for the lowest cost.

Tier 1



Providers:

- Hospitals
- Physicians
- Radiology and Laboratory
- Rehabilitation centers
- Surgical centers
- Urgent care facilities

2 Meet the deductible

Pay out of pocket or enroll the Healthcare FSA.

Pay up to out-of-pocket max

Your plan pays 100% of services for remainder of the year.

High Deductible Health Plan

High deductible health plan | HDHP

HDHP						
	In-network	Out-of-network				
Blue Cross Blue Shield or Un	itedHealthcare	Out of Network providers				
Employee only deductible	\$1,500	\$5,000				
Employee Only out of pocket maximum	\$3,500 includes deductible	\$8,700 includes deductible				
Family deductible	\$3,000	\$10,000				
Family out of pocket maximum	\$7,000 includes deductible	\$17,400 includes deductible				

High deductible health plan | HDHP

Coverage after deductible is met

	In-network	Out-of-network
Blue Cross Blue Shield or Un	Out of Network providers	
Preventative Services	\$0	50%
PCP, OB/GYN, Telehealth	10%	50%
Specialist	10%	50%
Emergency Room	10%	50%
Inpatient Hospital Admission	10%	50%
Outpatient facility, Major radiology services	10%	50%
Urgent Care	10%	50%

High Deductible Health Plan | HDHP

Benefits

- In-network and out-of-network provider options.
- Nationwide coverage.
- No pre-existing condition restrictions.
- Works in conjunction with a health savings account.
- Mayo Clinic is in-network for both UHC and BCBS.

Coinsurance and deductibles

- Coinsurance applies after the plan deductible is met.
- Coinsurance and deductibles apply to out-of-pocket maximum.
- In-network and out-of-network deductibles must be met separately.
- Plan pays 100% after the out-of-pocket maximum is met.
- Prescription drug copays do not count toward the medical deductible.

Health Savings Account

Heath Savings Account | HSA

- University makes a biweekly contribution to the health savings account of each employee enrolled in the HDHP regardless of the employee's contribution.
- Can only use the available funds in the account.
- Participants with a balance in their HSA on Jan. 1, 2021 will have an option of leaving their funds with PayFlex for a \$5 per month fee. Funds can also be rolled over to Optum at no cost to the employee.
- Effective Jan. 1, 2021, HSA administrator will change from PayFlex to Optum.



HSA contribution limits

Coverage level	2021 voluntary employee before- tax contribution	2021 automatic university contribution	2021 combined contribution limit
Single coverage	Up to \$2,880	\$720 \$27.70 per pay period	\$3,600
Other than single coverage	Up to \$5,760	\$1,440 \$55.39 per pay period	\$7,200
	Age 55 and older may contribute an additional \$1,000.		Age 55 and older may contribute an additional \$1,000.

Participants are responsible for managing contributions in accordance with federal guidelines and limits. **2021 automatic university contribution is based on 26 pay periods.**

How to use the HDHP with HSA



Pharmacy benefits

Pharmacy benefit for all medical plans

MedImpact

- Large national network of providers.
- Plan structure and copays will remain the same for 2021 plan year.
- Prescription drugs are covered in-network only.
- Prescription drugs cannot be shipped outside of the United States.

Direct mail order pharmacy

- Mail order through MedImpact Direct Mail Service only.
- Specialty prescription services.
- Walgreens will no longer be the pharmacy mail order provider.

Pharmacy benefit for all medical plans

	Generic	Preferred brand name	Nonpreferred brand name
Retail 30-day supply	\$15	\$40	\$60
Retail 90-day supply	\$37.50	\$100	\$150
Mail order 90-day supply	\$30	\$80	\$120

For HDHP participants: Subject to plan deductible before copay applies for nonpreventative prescriptions.

For all plans: Pharmacy costs apply to out-of-pocket maximum.

Paycheck deduction

Medical and pharmacy rates per pay period

Coverage level	Triple Choice Plan	HDHP
Employee only	\$26.17	\$10.15 + HSA
Employee plus spouse	\$71.49	\$30.46 + HSA
Employee plus one child	\$57.30	\$25.89 + HSA
Family	\$121.61	\$56.35 + HSA

Claims comparisons

Claims comparisons

Name:	Services		Triple Choice Plan					High Deductible Health Plan	
Jessica Coverage: Employee		Cost of Servic e	Tie	r 1	Tier 2		Tier 1 & 2	Deductible	
			Deductible \$200	Сорау	Deductible \$1,000	Copay	Totals	\$1,500	Coinsurance
only	Preventive office visit	\$150	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Ambulance Always Tier 1	\$600	\$200	\$0			\$200	\$600	
	ER visit	\$700			\$700		\$700	\$700	
	Durable medical equipment	\$200		\$0		\$0	\$0	\$200	
	Specialist visit (x2)	\$600		\$40	\$100		\$140	I	\$60
	Radiology	\$30		\$0		\$0			\$3
	Physical therapy (x4)	\$215		\$80		\$80	\$160	I	\$21.50
	Subtotal	\$2,495	\$3	20	\$8	80	\$1,200	\$1,58	34.50
-	ASU HSA Contribution		N/A	N/A	N/A	N/A	N/A	-\$720	
	Payroll deduction						\$680.42	\$26	3.90
	Total						\$1,880.42	\$1,12	28.40

Claims comparisons

Name: Richard		0	Triple Choice Plan					High Deductible Health Plan	
Coverage:	Services	Cost of Service	Tier	1	Tie	Tier 2		Deductible	
Employee & Spouse		Service	Deductible \$400	Copay	Deductible \$2,000	Copay	Totals	\$3,000	Coinsurance
OP C	Preventive Exam	\$550	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Primary Care Visits	\$1,000	\$285	\$60	\$115	\$20	\$480	\$400	\$60
	Lab Services	\$1,000	\$80		\$170		\$250	\$250	
	Specialist Visit (x2)	\$275	\$35	\$40	\$105		\$180	\$275	
	Obstetric	\$2,390			\$1,210	\$20	\$1,230	\$2,075	\$31.50
	Radiology	\$160		\$0		\$0	\$0		\$0
	Medical Supplies (Annual)	\$1,725				\$440	\$440		\$172.50
	Pharmacy Month/Annual (Generic)	\$700		\$	365	\$365		\$365	
	Pharmacy Month/Annual (Brand)	\$275/\$3,300		\$40/\$480			\$480		\$40/\$480
	Subtotal	\$11,100	\$96	0	\$2,465		\$3,425	\$4,1	109
-	ASU HSA Contrib.		N/A	N/A	N/A	N/A	N/A	-\$1,	440
	Payroll Deduction						\$1,858.74	\$791	1.96
	Total						\$5,283.74	\$3,46	50.9 6

What to consider when choosing a plan

Benefits

- All plans cover the same services.
- No preexisting condition exclusions.
- Preventative services are covered at 100% for in-network providers.

Networks

- All plans have nationwide networks.
- Provider networks vary among carriers.
- Make sure your providers are on the plan.
- Look for the symbols.

TIER

🖈 Tier 1

Cost

- Understand how deductibles and copays work for your budget
- Consider
 paycheck
 deductions.

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 Costs are higher for out-of-network providers.

2021 Plan year benefits open enrollment



Participation in Open Enrollment is **mandatory** for all benefits eligible employees. Failure to enroll in a plan will result in waived benefits for 2021.

Thank you

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