

# **Shaker Heights City School District**

## **Health Insurance Changes Effective January 1, 2012**



# Deductible

The dollar amount of covered services listed in the Schedule of Benefits for which you are responsible before benefits are payable under the Plan for Covered Services each Benefit Period.

Currently: \$0 Single / \$0 Family for In-Network and \$100 Single / \$200 Family for Out-of-Network

New Plan: \$250 Single / \$500 Family for In-Network and \$500 Single / \$1000 Family for Out-of-Network

# Coinsurance

A percentage of the Maximum Allowable Amount for Covered Services indicated in the Schedule of Benefits for which you are responsible. Coinsurance does not apply towards any Deductible and is in addition to any flat dollar Copayment.

Currently: 100% District / 0% Employee for In-Network and 80/20% for Out-of-Network

New Plan: 90% District / 10% Employee for In-Network and 70 / 30% for Out-of-Network

# Copayment-Health

A flat dollar amount indicated in the Schedule of Benefits for which you are responsible. The Copayment does not apply towards your Deductible, Coinsurance or Out-of-Pocket maximum.

Current Office Visits: \$10 for In-Network (& Kaiser) and 80% District / 20% Employee for Out-of-Network  
New Plan: \$20 Office Visits for In-Network (& Kaiser) and 70% District / 30% Employee for Out-of-Network

Current ER: \$50 Emergency Room Visit for both In- & Out-of-Network  
New Plan: \$100 Emergency Room Visit for both In- & Out-of-Network

# Maximum Out-of-Pocket (OOP)

The maximum \$ amount the Employee is responsible for Covered Services per year. Maximum OOP does not include Copayments, but does include deductible and % Coinsurance paid by the Employee.

Currently: \$250 Single / \$500 Family for In-Network and \$500 Single / \$1,000 Family for Out-of-Network

New Plan: \$500 Single / \$1,000 Family for In-Network and \$1,000 Single / \$2,000 Family for Out-of-Network

Note - Health, Dental & Drug are all separate plans. Maximum OOP refers to health plan only (Anthem)

# Anthem BCBS Blue Access PPO:

Benefit	Network	Non-Network
Deductible (single/family)	\$250/\$500	\$500/\$1,000
Coinsurance	10%	30%
Out of Pocket Max (single/family) Includes deductible	\$500/\$1,000	\$1,000/\$2,000
Office Visits - Diagnostic PCP Specialist	\$20 co-pay \$20 co-pay	30% after deductible
Office Visits – Preventive Exams & Related Services (Specific list applies)	0%, no co-pay, no deductible	30% after deductible
Inpatient/Outpatient Facility	10% after deductible	30% after deductible
Emergency Room	\$ 100 co-pay	\$ 100 co-pay
Urgent Care	\$35 co-pay	\$35 co-pay
X-ray/Lab (preventive care list applies) Routine Diagnostic	0%, no co-pay, no deductible 10% after deductible	30% after deductible 30% after deductible

# **Anthem Place of Service**

## **Place of Service Provision – IMPORTANT for PPO Members**

- **If you receive services in your network DOCTOR's office there is an office visit co-pay. This co-pay does not apply towards any deductible or coinsurance maximum.**
- **If you receive services as an out-patient in a network FACILITY, the deductible and co-insurance are applicable.**

# Anthem Blue Access PPO

## \*\*\*\*\*Important Reminders\*\*\*\*\*

- Lab services at Quest Diagnostics and LabCorp and other Anthem preferred in-network labs are covered at 100%, no deductible, for both diagnostic and preventive services. Hospital labs are typically paid at deductible/coinsurance. Hospital labs are typically paid at deductible/coinsurance
- Minor medical issue and no family physician? Retail Health Clinics like MinuteClinic (CVS) can provide minor illness treatment for a dr. office copay instead of urgent care or ER copay.

# Preventive Care Benefit

Some of the nationally recommended services you'll have coverage for include:

- \* Immunizations and wellness visits for children
- \* Routine preventive exams for adults
- \* Adult immunizations
- \* Adult screenings (e.g. mammogram, prostate, diabetes)
- \* Colorectal cancer screenings
- \* Annual medical eye exam
- \* Annual hearing exam

**100% BENEFIT IN NETWORK ON  
INSURANCE PLAN**

# Anthem.com – Engaging, intuitive, and easy

**Tone is friendly, helpful, simple language without insurance jargon**

**To register for Anthem.com, you simply need your member identification number, first/last name, date of birth and email address. You will be prompted to create a username and password.**



**Easy, more secure access to personalized member services**

**Quick access to the most common member tasks**

**Seamless transition from public to private site for secure content**

# Convenient Tools that Improve Member Health

The screenshot shows the Anthem member health portal. The top navigation bar includes 'Home', 'Text only', 'Text size', 'Print', and 'CUSTOMER CARE'. The main header features the Anthem logo and 'Health. Join In.'. The left sidebar has three main sections: 'Anthem Difference', 'Plans & Benefits', and 'Health & Wellness'. Under 'Health & Wellness', there are sub-links for 'Wellness Tool Kit' and 'Improve Your Health'. The main content area is titled 'Health & Wellness' and features a '360° Health Philosophy' section with a list of bullet points: 'Learn about 360° Health', 'Learn what it takes to live healthier', 'Find programs and support to help you', and 'Access libraries of health resources'. Below this are several tool tiles: 'Health Risk Assessment' (with a 'Score 90' indicator and a 'Take my HRA now >' link), 'Healthy Lifestyles' (with a 'Gain control of your Health-' title and a 'Get Started >' link), 'What's New In Your Area?' (with a 'Lunch Well. Choose Well.' title and a 'Learn more >' link), 'Discounts' (with a 'Special Offers for a variety of health-related products including:' title and a 'View All >' link), 'Preventative Care Guides' (with an 'It's important to get the right care even when you're not sick.' title and a 'View All >' link), and 'Patient Safety' (with a 'What we are doing to promote Patient Safety' title and a 'View All >' link). At the bottom, there is a 'Health Record' section with a 'How can this benefit me?' title and a list of bullet points: 'Decide what information to store, who has access and how it's used', 'Import records or data from multiple sources into one accessible secure location', 'Prepare a pre-visit questionnaire to get the most from your doctor visit', and 'Learn more about your own health'. A 'Start your Health Record >' link is located at the bottom right of this section.

## 360° HEALTH® TOOLS

Symptom Checker

MyHealth Assessment

MyHealth Record

Health Trackers

Condition Centers

WebMD Articles



EXPRESS SCRIPTS®

Shaker Heights City School District

Prescription Drug Program

---

# Express Scripts

## Copayment - prescription drugs

- Currently: \$4 Generic / \$12 Brand for retail or home delivery
- New plan: \$7 Generic / \$25 Brand for retail  
\$17.50 Generic / \$62.50 Brand for home delivery
- New plan: Retail limited to 30-day supply  
Home Delivery limited to 90-day supply

Note: If your pharmacy has a \$4 generics program, your copayment will remain \$4 for those drugs.



# Express Scripts Prescription Drug Plan

## Prescription drugs – Retail Copays (30-day supply)

Generic

\$7.00

Brand

\$25.00

## Prescriptions drugs – Home Delivery Copays (90-day supply)

Generic

\$17.50

Brand

\$62.50

**Don't Forget to try Generics!**

Many generic prescriptions are available for \$4 from Wal-Mart, Sam's Club, Discount Drug Mart & other pharmacies.



## Convenient Pharmacy Network

- Over 50,000 pharmacies nationwide and around the corner
- You can have prescriptions filled at home and while traveling, or use Express Scripts' convenient mail order service
- Pharmacy network includes:
  - CVS Pharmacies
  - Discount Drug Mart
  - KMart Pharmacies
  - Marc's Pharmacies
  - Meijer Pharmacies
  - Rite Aid Pharmacies
  - Target Pharmacies
  - Wal-Mart Pharmacies
  - Giant Eagle Pharmacies

# Shared Premium

The flat dollar or percentage amount of the monthly premium required to be paid by the Employee through payroll deduction.

Currently: 8% of the monthly single or family premium amount for the plan selected by the Employee

New Plan: 12% of the monthly single or family premium amount for the plan selected by the Employee

# Shared Premium Increase for Health, Dental & Drug Coverage

## Effective:

- January 1, 2012 for SHTA & Non-Bargaining Employees
- July 1, 2012 for OAPSE & Local 200 Employees

# Dental Plan Changes

- The only change to the Dental Plan is the increase in shared premiums.
- For administrative purposes you will receive a separate dental ID card (in addition to a separate new health ID card).

# Section 125 Plans

An IRS authorized salary reduction arrangement whereby the employee elects to “reduce” (on a pre-tax basis) his/her salary and place such reduction amount in an Employer “Plan” Account to be used to pay for or reimburse the Employee for qualified medical expenses not paid/covered by the Employer group insurance plan.

- **Plans-Examples of Qualified Costs Include:**
  - **Shared Premiums (current Premium Only Plan or POP)**
  - **Deductibles-health & dental**
  - **Copayments-health, dental & drug**
  - **Coinsurance-health & dental**
  - **Medical expenses not covered by Plan-e.g. eyeglasses, non-covered health/dental expenses**
  - **Dependent Care Expenses**

# Section 125 Plans

- Current: we have only the POP or Premium Only Plan which “reduces” your salary for the current shared premium you pay. This will continue under the expanded program.
- Effective 1/1/12: We will be adding the Flexible Spending Account option whereby the Employee can decide how much to “reduce” his/her salary in order to pay/reimburse him/herself for those qualified medical expenses not paid/covered by the District Plan.

# Section 125 Plan

- Upside - you get a federal & state tax benefit for the amount you elect to “reduce” your salary by (your W-2 will be lower). **Please consult your tax advisor!**
- Downside - if you don't spend the salary reduction amount before the end of the plan year, you will lose any unspent amount (i.e. you cannot carry it over).