



MARSH & McLENNAN
AGENCY



King and Queen County Public Schools

2016 - 2017 Annual Open Enrollment

Annual Open Enrollment

This is your Annual Open Enrollment. All changes will be effective **October 1, 2016**.

During this time you can make plan changes, add or delete dependents without a qualifying event. After open enrollment should you need to make a change you will need a qualifying event. This consists of the following:

- ◆ Marriage
- ◆ Divorce
- ◆ Birth of a child
- ◆ Adoption of a child
- ◆ Spouse's open enrollment
- ◆ Loss of coverage

You have 30 days from the date of your qualifying event to make the change. After that you will have to wait until the next annual open enrollment.

Annual Open Enrollment

- ◆ **Medical plans will remain with Anthem. We will offer three new options for the 2016 plan year.**
- ◆ **Dental plans will remain with Anthem with no changes in benefits or rates.**

Effective October 1, 2106, your new medical plan will be as follows:

- ❖ If you are currently enrolled in the **Open Access 25/30/2000**:

⇒ Your **new** plan will be the **Value Advantage 30/2000/30**

- ❖ If you are currently enrolled in the **Lumenos Embedded HSA 573 \$3000/100%**:

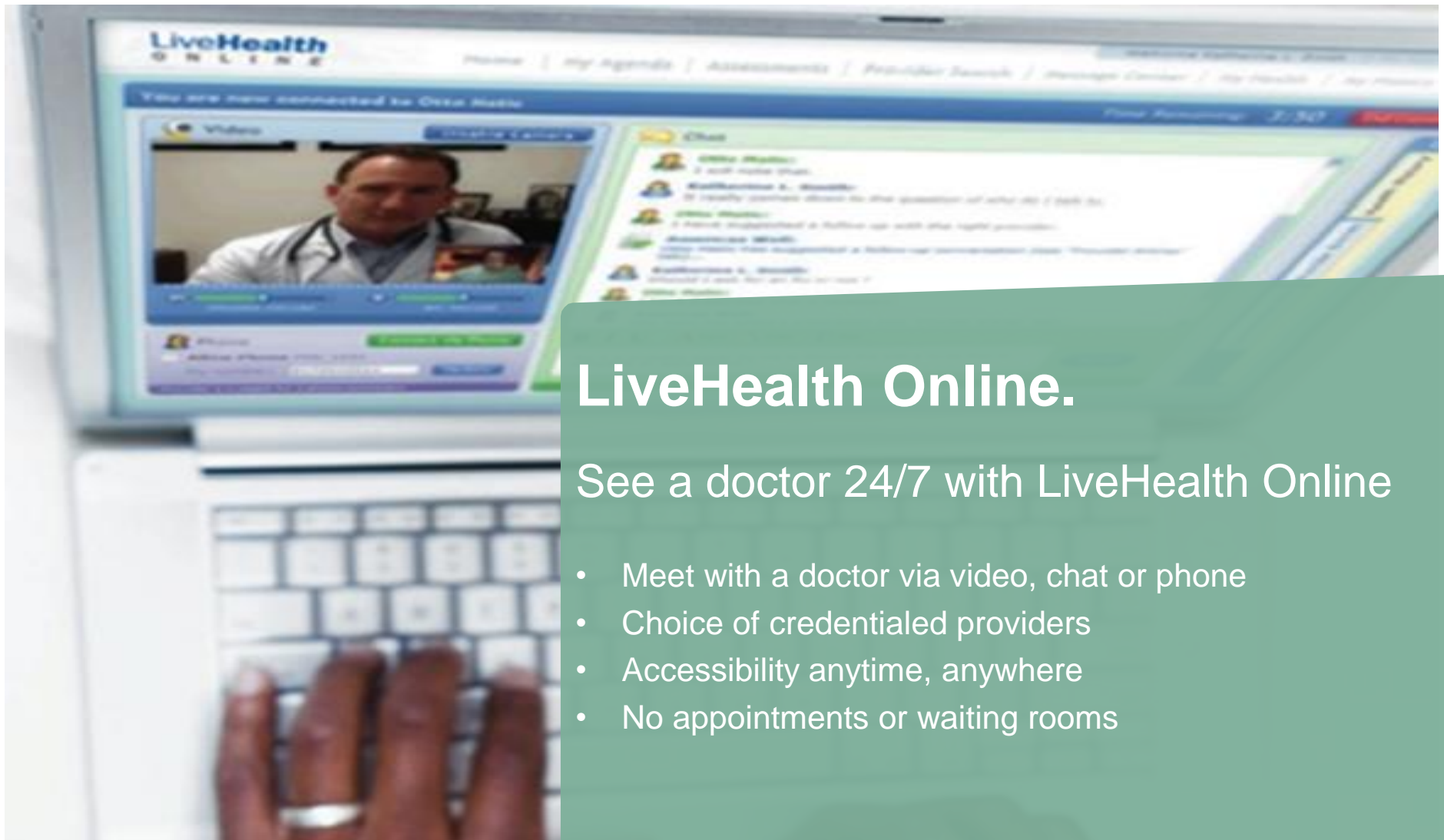
⇒ Your **new** plan will be the **Lumenos Embedded HSA 577 \$3000/20%**

*You also have the option to choose the **Lumenos Embedded HSA 574 \$5000/100%** plan, but no one will automatically be enrolled in this plan.*

Medical Benefits

Open Access Plans do not require a referral; however you must select a Primary Care Physician.

	Open Access HealthKeepers Value Advantage 30/2000/30	Open Access HealthKeepers Lumenos 577 POS \$3000/80%	Open Access HealthKeepers Lumenos 574 POS \$5000/100%
Plan or Calendar Year	Plan Year	Plan Year	Plan Year
Deductible	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000
Embedded Deductible?	Yes	Yes	Yes
Out of Pocket Maximum	\$6,000/\$12,000	\$5,000/\$10,000	\$5,950/\$11,900
Coinsurance	30%	20%	0%
Inpatient Hospital	30% after deductible	20% after deductible	\$0 after deductible
Outpatient			
Preventive Care	No charge	No charge	No charge
Primary Care	\$30	20% after deductible	\$0 after deductible
Specialist	\$50	20% after deductible	\$0 after deductible
Urgent Care	\$30 PCP / \$50 Specialist or out of service area	20% after deductible	\$0 after deductible
TeleMedicine	LiveHealth Online \$30 Copay	LiveHealth Online \$49 Copay (no deductible)	LiveHealth Online \$49 Copay (no deductible)
Mental Health/Substance Abuse Office Visits	\$30	20% after deductible	\$0 after deductible
Emergency Room	30% after deductible	20% after deductible	\$0 after deductible
Outpatient Surgery	30% after deductible	20% after deductible	\$0 after deductible
Pre- and Post-natal Office Visits	\$30 PCP / \$50 Specialist If physician submits one bill for office visits, delivery, and postnatal care all services covered under maternity delivery.	20% after deductible	\$0 after deductible
Routine Labs/X-rays	30% after deductible	20% after deductible	\$0 after deductible
Complex Diagnostics	30% after deductible	20% after deductible	\$0 after deductible
Physical and Occupational Therapy Office Visits, 30 visits combined	30% after deductible	20% after deductible	\$0 after deductible
Vision / Rider	\$15 exam/year \$130 allowance/frames/2 years \$130 allowance/contact lenses/year	Deductible does not apply \$15 exam/year \$130 allowance/frames/2 years \$130 allowance/contact lenses/year	Deductible does not apply \$15 exam/year \$130 allowance/frames/2 years \$130 allowance/contact lenses/year
Chiropractic (30 visits)	\$25 Copay	20% after deductible	\$0 after deductible
Prescription Drugs	\$150 Deductible waived for Tier 1	Plan Deductible Applies	Plan Deductible Applies
Retail (30 day supply)	\$10/\$30/\$50/20% to \$200	20% after deductible	\$10/\$30/\$50/20% to \$200
Mail Order (90 day supply)	\$25/\$75/\$125	20% after deductible	\$25/\$75/\$125
Retail Maintenance (90-day supply)	\$30/\$90/\$150	20% after deductible	\$30/\$90/\$150
Out of Network Benefits			
	Ded: \$3,500/\$7,000 OOP: \$8,500/\$17,000 Coins: 70%/30%	Ded: Combined with In-network OOP: \$10,000/\$20,000 Coins: 70%/30%	Ded: Combined with In-network OOP: \$10,000/\$20,000 Coins: 70%/30%



LiveHealth Online.

See a doctor 24/7 with LiveHealth Online

- Meet with a doctor via video, chat or phone
- Choice of credentialed providers
- Accessibility anytime, anywhere
- No appointments or waiting rooms

Vision Benefits

Vision Care Services	Anthem Blue View Vision 130-25 12/24
Frequency: Exam / Lenses / Frames	12/12/24
Routine Eye Exam	\$15 Copay
Frames	\$130 allowance, then 20% off any remaining balance
Standard Plastic Lenses	
Single Vision	\$25 Copay
Bifocal	\$25 Copay
Trifocal	\$25 Copay
Lens Options	
Standard Progressive Lens	\$65
Premium Progressive Lens	Premium Tier 1: \$85; Premium Tier 2: \$95; Premium Tier 3: \$110
UV Treatment	\$15
Tint (Solid and Gradient)	\$15
Standard Polycarbonate - Adults	\$40
Standard Polycarbonate - child under 19	\$0
Other Add-Ons	20% off Retail Price
Contact Lenses	
Standard Contact lens fitting	\$0
Conventional	\$130 allowance, then 15% off any remaining balance
Disposable	\$130 allowance
Medically Necessary	Covered in full
Laser Vision Correction	
Lasik or PRK from U.S. Laser Network	More specific details provided once a member
Additional Pair of Eyeglasses	40% off retail for complete pair; 20% off retail for materials purchased separately
Out of Network	Allowance
Routine Eye Exam	\$30
Frames	\$45
Single Vision Lenses	\$25
Bifocal Lenses	\$40
Trifocal Lenses	\$55
Conventional Contacts	\$105
Disposable Contacts	\$105
Medically Necessary Contacts	\$210

Your Monthly Medical Cost for 2016-2017

<u>Value Advantage 30/2000/30</u>	<i>Employee Monthly Rates</i>
Employee Only	\$84.89
Employee + 1 Child	\$264.16
Employee + Children	\$585.63
Employee + Spouse	\$683.86
Family	\$1,095.07
<u>HSA HMO 3000/80%</u>	
Employee Only	\$55.53
Employee + 1 Child	\$224.06
Employee + Children	\$525.94
Employee + Spouse	\$618.10
Family	\$1,004.50
<u>HSA HMO 5000/100%</u>	
Employee Only	\$15.90
Employee + 1 Child	\$169.92
Employee + Children	\$445.37
Employee + Spouse	\$529.32
Family	\$882.24

Benefits of a High Deductible Health Plan

- **Tax Savings** – You pay no taxes on HSA contributions and the funds earn interest.
- **Carryover** – HSA money belongs to you and carries over from year to year. If you leave King and Queen County Public Schools, you take your HSA account with you.
- **Debit Card** – Your HSA account offers the convenience of accessing your funds through debit card.
- **Savings Vehicle** – Money can be saved and pay for future healthcare expenses even after retirement.



What is a Health Savings Account (HSA)?

- HSAs are tax-favored trust accounts which can be used to pay for qualified medical expenses.
 - Created by Congress in the Medicare Modernization Act of 2003
 - Similar to an IRA or 401(k), but for medical expenses
- HSAs have a triple tax advantage:
 - All contributions are tax-free,
 - All interest earned is tax-free, and
 - All funds used for **qualified** medical expenses are tax-free.
- An HSA *must* be combined with a **qualified** High Deductible Health Plan.



Who can have an HSA?

The IRS and the U.S. Department of the Treasury have specific rules on who can open an HSA.

To open or contribute to an HSA you must meet certain eligibility requirements.

- You must be covered by an HSA qualified high deductible health plan. The High Deductible Plan being offered by our company is a qualified HSA plan.
- You cannot be covered by any other health plan that is not a qualified high deductible plan. **This also includes your spouse's health insurance.**
- Neither you nor your spouse can have a regular Medical FSA (Flexible Spending Account).
- You cannot be enrolled in any part of Medicare.
- You cannot be enrolled in TriCare.
- You cannot be claimed as dependent on another person's tax return.

How do I fund my Health Savings Account?

You can make pre-tax payroll deductions, make post tax deposits or you can roll over money from an IRA (only once per lifetime).

Your HSA is like your own checking account. No one has access to your account information, other than to make deposits. You are responsible for checking your balance to ensure you do not go over the annual limits.

2016 Limits

For single coverage - \$3,350

For family coverage - \$6,750

Individuals 55 and older can make additional "catch-up" contribution of \$1,000

2017 Limits

For single coverage - \$3,400

For family coverage - \$6,750

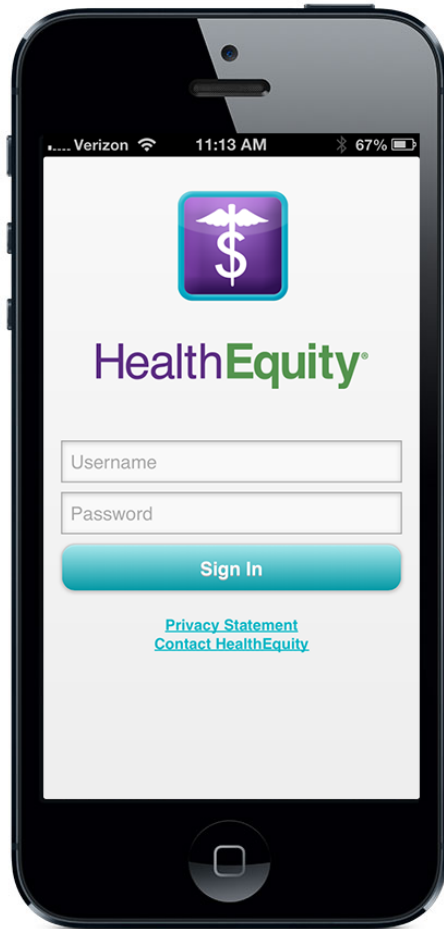
Individuals 55 and older can make additional "catch-up" contribution of \$1,000

HealthEquity

- \$3.95 access fee per month
- FDIC Insured Account
- Free Debit Card
- Account Statements and Tax Documents
- Online Bill Pay
- Ability to Schedule Payments over time
- 24/7 Access to HealthEquity Consultants
- Free Investment Options
- Medical Treatment and Rx Pricing Tools



HealthEquity Advantages



Convenient, powerful tools:

- On-the-go access for all account types
- Take a photo of documentation with phone and link to claims and payments
- Send payments and reimbursements from HSA
- Manage debit card transactions
- View claims status

Available for iOS and Android

Voluntary Dental

	Anthem Dental Complete	
	Low Option	High Option
Deductible	\$50 / \$150	\$50 / \$150
Annual Maximum	\$1,000	\$1,000
Diagnostic and Preventive	0%, no deductible Exams, Cleanings (two per cal yr) Fluoride Painting (under age 18) X-rays, Sealants (under age 15) Space Maintainers (under age 15)	0%, no deductible Exams, Cleanings (two per cal yr) Fluoride Painting (under age 18) X-rays, Sealants (under age 15) Space Maintainers (under age 15)
Primary Services	20% coinsurance after deductible Fillings, Oral Surgery Stainless Steel Crowns Endodontic Care (once per lifetime per tooth) Periodontal Care	20% coinsurance after deductible Fillings, Oral Surgery Stainless Steel Crowns Endodontic Care (once per lifetime per tooth) Periodontal Care
Major Services	not covered	50% coinsurance after deductible Crowns (over age 12) Bridges Dentures Repairs
Dependent / Student Age	26 (end of month)	
Out of Network Reimbursement	100%/80%/50% Reimbursement based on 50% percentile	

Voluntary Dental Cost for 2016 - 2017

<i>Dental - Dual Option</i>	Anthem Dental Complete Passive PPO	
	Low	High
Employee Only	\$20.93	\$28.98
Employee & One Child	\$33.03	\$45.75
Employee & Spouse	\$33.03	\$45.75
Employee & Family	\$50.80	\$70.69

Thank you!



MARSH & MCLENNAN
AGENCY