

BENEFITS **Changes**

PARTNERS For health



Heather Pease Assistant Director, Benefits and Contracts



PREMIUM CHANGES

Premium increase amounts are based on the total premium. The member portion will depend on how much their employer contributes.

DOLLAR INCREASE PER MONTH

Local Education

- Depending on plan type and tier
- Increase from \$26 to \$155 per month

Local Government

- Depending on level, plan type and tier
- Level One \$43 to \$178
- Level Two \$-1 to \$111
- Level Three **\$-84** to **\$70**

LOCAL EDUCATION

6.1% increase

LOCAL GOVERNMENT

7.5% increase

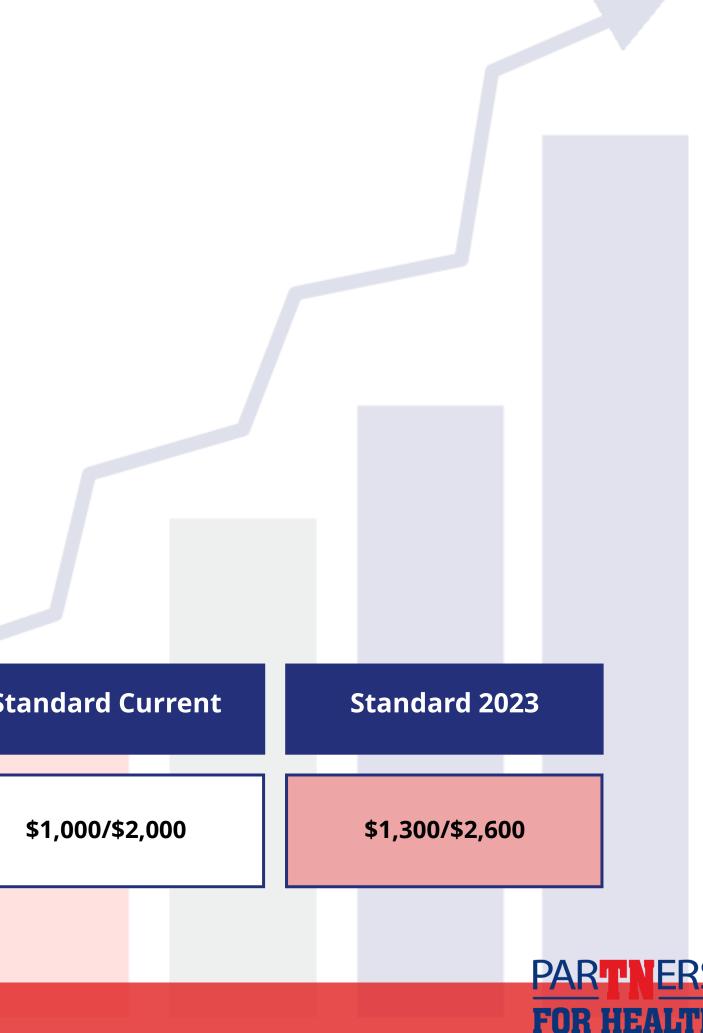


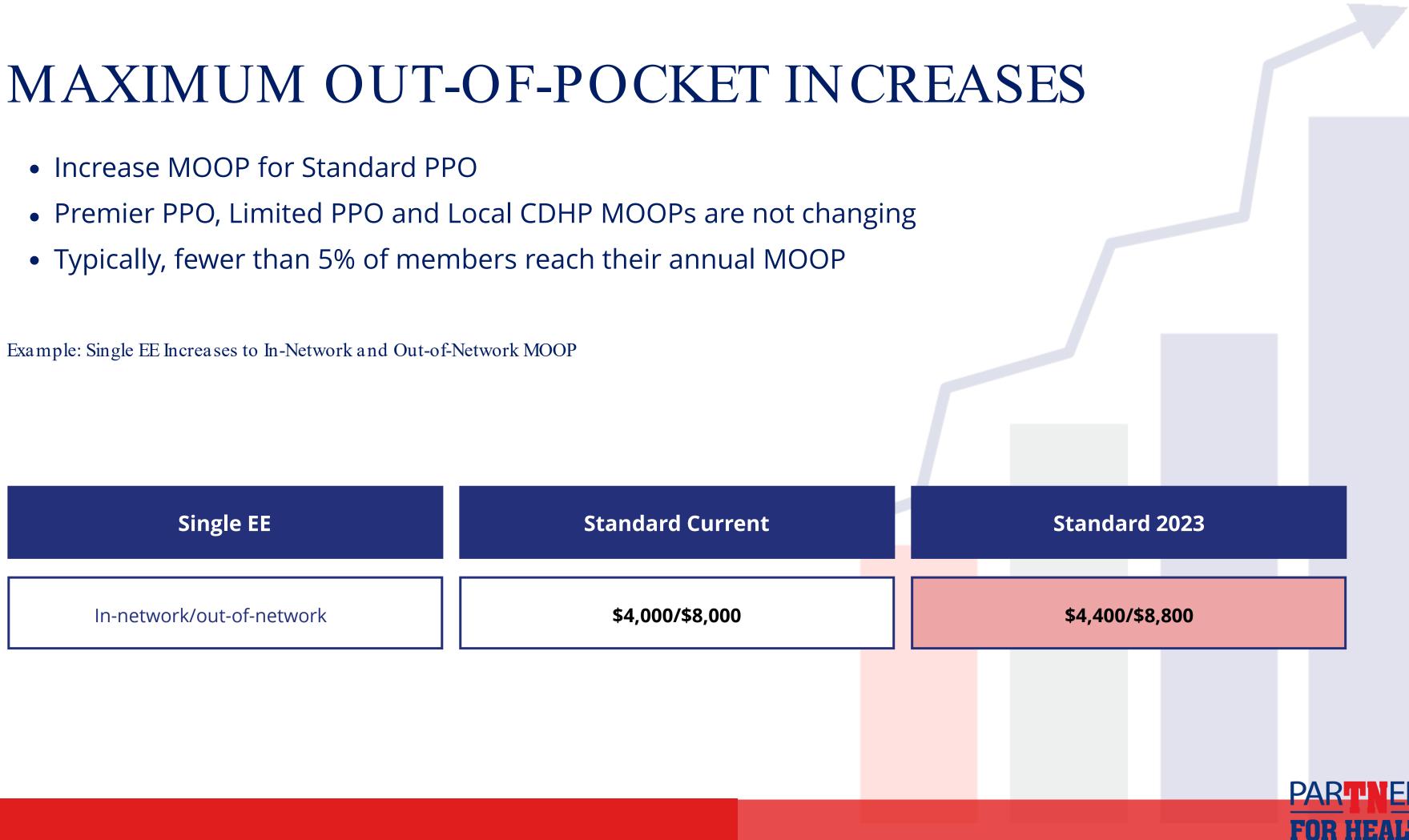
DEDUCTIBLE IN CREASES

- Increase in deductibles for Premier PPO and Standard PPO
- No change for Limited PPO or Local CDHP
- For the Premier & Standard PPOs:
 - Co-pays for office visits, non-specialty pharmacy, telehealth, convenience clinics and urgent care remain unchanged – the deductible still does not apply to these services

Example: Single EE Increases to In-Network and Out-of-Network Deductibles

Single EE	Premier Current	Premier 2023	St
ln-network/ out-of- network	\$500/\$1,000	\$750/\$1,500	





BENEFITS CHANGES

Coinsurance

Increase in-network coinsurance for Premier PPO from 10% to 15%

ER Services

Change emergency room services from a Copay model to Deductible/Coinsurance for the Premier, Standard, and Limited PPOs

Allergy Serum

Change allergy serum costs from no member cost share to deductible/coinsurance for the Premier, Standard, and Limited PPOs

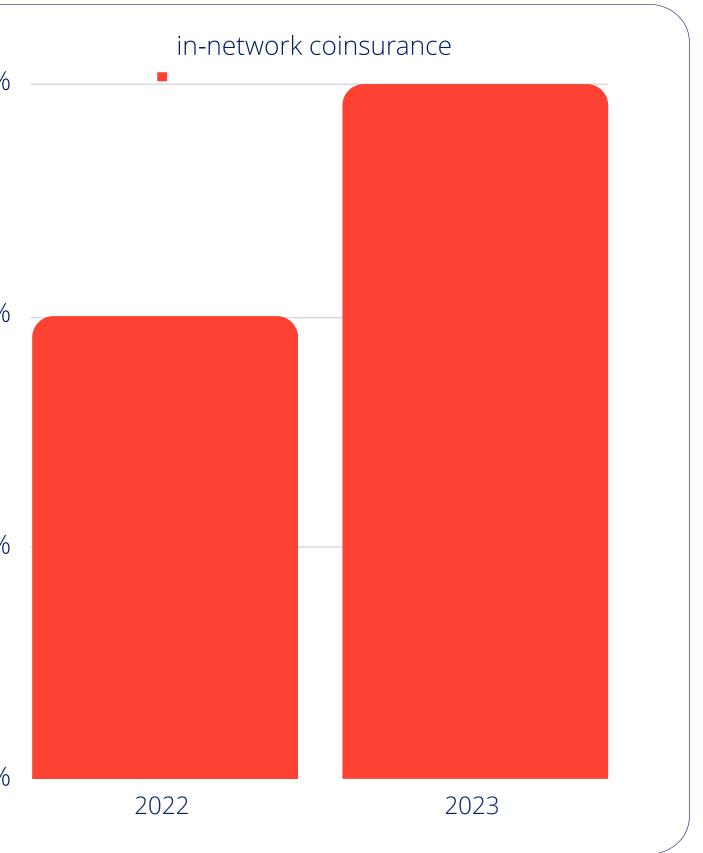
Plan will continue to pay for 100% of the injection

 administration - unless with an office visit, where the office visit copay would apply 15%

10%

5%

0%





ENHANCED PRE-DEDUCTIBLE & PREVENTIVE SERVICES

Local CDHP – Coinsurance only, no deductible for the following:

- A1c (average blood sugar) testing with a diabetes diagnosis
- LDL (cholesterol) testing with a heart disease diagnosis
- INR (blood clotting) testing for certain liver disease and bleeding disorder diagnosis

Retinopathy (diabetic eye screening) testing for a diabetes diagnosis covered at no member cost share for all PPOs and **Local CDHP**

• Applies when administered by an in-network optometrist or ophthalmologist (including provider specialty of Therapeutic Optometry) AND when filed with an appropriate diagnosis



BENEFIT CHANGES APPLIED BEHAVIOR ANALYSIS

ABA is a therapy based on the science of learning and behavior; typically for children with autism.

ABA will shift from an office visit copay to coinsurance to comply with Mental Health parity requirements.

- Waive deductible for PPOs if in-network
- Deductible still applies for PPOs if out-of-network
- CDHP no change

Aligns benefit with other therapies (ST, PT, OT)



PAR WERS



PRESCRIPTION VITAMIN & SUPPLEMENT PER CLAIM MAXIMUM

 There is a claim maximum of \$300 per 30day supply or \$900 per 90-day supply for multivitamins, nutritional supplements, prenatal and pediatric vitamins.

• Rejected claims can be reviewed by a clinician for potential override.

Impacts just over 100 members



COST TIERS FOR SPECIALTY MEDICATIONS

PPOs – new specialty drug coinsurance:





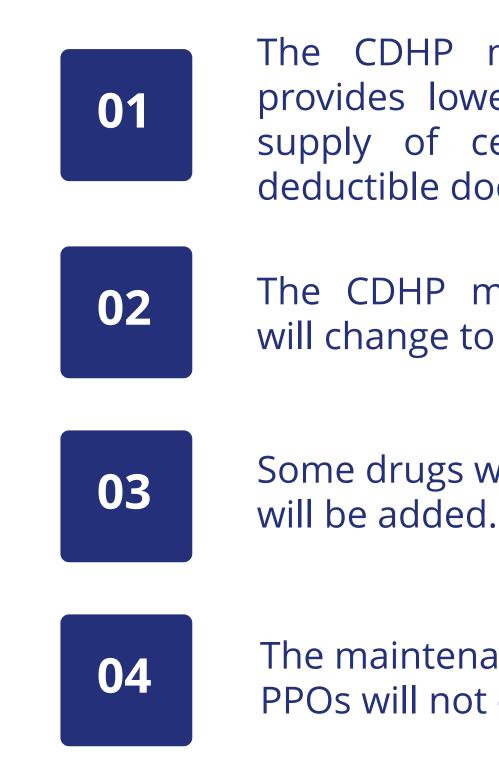
Today all PPO specialty medications have some cost sharing

Drug tiering placement is driven by overall cost & treated like regular pharmacy tiers (e.g. generic vs preferred)



Maintenance Medications





The CDHP maintenance medication list provides lower cost sharing for a 90-day supply of certain medications and the deductible does not apply.

The CDHP maintenance medication list will change to comply with IRS rules.

Some drugs will be removed but others will be added.

The maintenance medication list for the PPOs will not change.

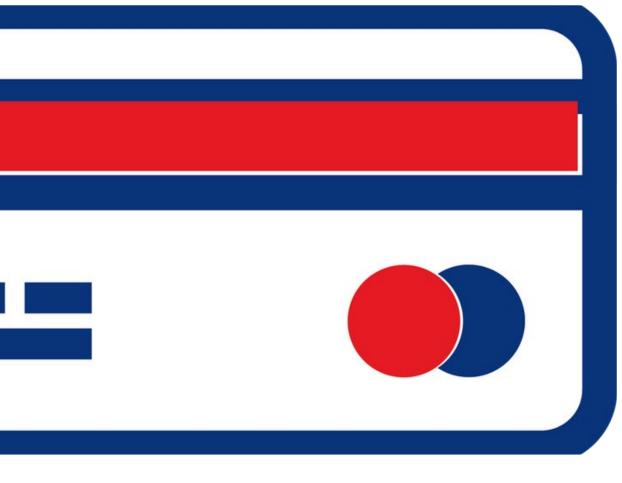


HSA MAXIMUM AMOUNTS

The maximum amounts that members may contribute to their HSA during 2023 have been increased by the IRS.

The catch-up contribution remains at \$1,000 for those who are 55 or older.





\$7,750

for family coverage

PAR ERS FOR HEALTH



Questions?