



LIMRiCC

HRA and HSA Education

Spring Meeting April 30, 2014

Passionate

Best & Brightest Traits

LIMRiCC Updates

- » April Krzeczkowski
 - › Financial and Administrative Updates

- » Noreen Blair and Maryann Mileto
 - › Health Care Reform
 - › What is an HRA Account
 - › What is an HAS
 - › Self Funding Update

HRA Agenda

- » What is an HRA
- » Reasons to add an HRA
- » How the HRA Plan Works
- » Plan Utilization of Deductible and Coinsurance 2013
- » Key Points on the HRA

Health Care Reform Updates

- » Individual Mandate
 - » Notices should have been distributed to employees by 10.1.2013
- » Fees – (fees are included in premium)
 - » PECORI - 7.31.2014 (paid by Blue Cross Blue Shield)
 - » Transitional Reinsurance Fee - 12.31.2014 (paid by Blue Cross Blue Shield)
 - » Health Insurer Fee – 12.31.2014 (paid by Blue Cross Blue Shield)
- » “Pay or Play Mandate” for Libraries with 100 or more full time employees
 - » Mandate will apply 1.1.15
 - » Offer coverage that meets the minimum standard value – all LIMRiCC plans meet required standards
 - » Coverage must be affordable to the employee
 - Employees cannot contribute more than 9.5% of their gross salary for the cost of individual coverage. If an employee does pay more than 9.5% of their salary for the cost of coverage the employer may be at risk of a \$3,000 penalty per employee receives coverage through the exchange.
- » Office Visit and RX copays will accumulate toward out of pocket cost
- » New Reporting Requirements for employers with 50 or more full time employees (including FTEs). LIMRiCC Libraries will need to fill out the top section of the combined form 6056 (in 2015)
- » Reminder: Notice of Exchange/Individual Mandate/SBC / should be given to new hires
- » Special Enrollment Rights to all employees – new hires not taking coverage

Health Care Reform Updates

» Avoid the Cadillac Tax

- 40% excise tax on the cost of benefits in excess of
 - \$10,200 Individual
 - \$27,500 Family

- Based on the current premium LIMRiCC libraries offering the Low Deductible Plan are currently paying:
 - \$8,190 per year for individual coverage
 - \$25,718 per year for family coverage

- Cadillac tax begins in 2018 – What could the cost be at that time? Applying a 5% conservative trend annually until the year 2018 (2013 trend is 7.5% medical and 6.6% pharmacy) LIMRiCC cost for the current Low Deductible Plan design would be:
 - \$9,955 per year individual -
 - \$31,260 per year family - **\$3,760 excess**

- Other changes that may be coming
 - Subject health benefits to payroll taxes – no longer pre-tax dollars
 - Change in full time hour requirement
 - Discrimination regulations for fully insured plans – possibly issued in 2014

HRA (Health Reimbursement Account)



- » What is an HRA (Health Reimbursement Account)?
 - › An HRA is an account that is set up by LIMRiCC to reimburse employees for certain medical expenses if they are incurred
 - › If the expense is not incurred – LIMRiCC does not have any liability
 - › Employees do not own the account
 - › The account balance does not roll over year after year
 - › There is no added expense to employees for administration of the HRA
 - › If an employee incurs the expense that is reimbursable they submit a claim form to be reimbursed
 - › Increasing deductibles provides greatest premium savings
 - › Incentivizes employees to be wiser consumers if their money is used first resulting in lower claim cost and lower renewals
 - › Office visit and RX copays remain in place
 - › Use the plan as you do today
 - › HRA 100% funded by employer – employer portion is not included in premium reporting and therefore reduces the chance of incurring Cadillac Tax

Reasons to Add an HRA

» Lower Premium Cost - Renewals

- › Greatest savings may not be realized year 1 but in the long run we should see claim cost begin to decrease or stabilize
- › Help to make renewals more predictable
- › Make employees better healthcare consumers
- › Avoid potential Cadillac Tax
- › If the employee makes a contribution toward the cost of coverage – their cost will be lower because the premium is less

» Be Pro-Active instead of Re-active

- › Long term strategy - instead of reacting to high a renewal increase put a plan in place to try and avoid higher renewal increases
- › If we wait until 2017 - 2018 to try and reduce cost the only way to accomplish that will be drastic benefit cuts at all levels

Medical Plan Design and Renewal Rates



Renewal Date:		Inforce															
1.1.2015		Policy #P06803				Policy #P61083				Possible 1.1.15 Changes							
Medical		BlueCross BlueShield AM Best Rating: A								BlueCross BlueShield AM Best Rating: A							
		PPO		PPO		PPO		PPO		PPO		PPO					
		In Network	Out Network	In Network	Out Network	In Network	Out Network	In Network	Out Network	In Network	Out Network	In Network	Out Network				
Provider Network		PPO		PPO		PPO		PPO		PPO		PPO					
Lifetime Maximum		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited					
Individual Deductible		\$250		\$1,500		\$1,500		\$1,500		\$1,500		\$1,500					
Family Deductible		\$750		\$4,500		\$4,500		\$4,500		\$4,500		\$4,500					
Embedded or Non-Embedded Ded		Non-Embedded		Non-Embedded		Non-Embedded		Non-Embedded		Non-Embedded		Non-Embedded					
Coinsurance		80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%				
Individual Out of Pocket (Ded Not Inc)		\$1,000	\$3,000	\$1,000	\$3,000	\$2,000*	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000	\$1,000	\$3,000				
Family Out of Pocket (Ded Not Inc)		\$3,000	\$7,500	\$3,000	\$7,500	\$6,000*	\$7,500	\$3,000	\$7,500	\$3,000	\$7,500	\$3,000	\$7,500				
Inpatient - Hospital / Physician		Ded then 80%	Ded then 60%	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 60%				
Inpatient Hospital Deductible		\$150	\$300	\$150	\$300	\$150	\$300	\$150	\$300	\$150	\$300	\$150	\$300				
Preventative/Well Child Care		100%	Ded then 60%	100%	Ded then 60%	100%	Ded then 60%	100%	Ded then 60%	100%	Ded then 60%	100%	Ded then 60%				
Physicians Services		\$20 Copay	Ded then 60%	\$20 Copay	Ded then 60%	\$20 Copay	Ded then 60%	\$20 Copay	Ded then 60%	\$20 Copay	Ded then 60%	\$20 Copay	Ded then 60%				
Specialist Copay		\$30 Copay	Ded then 60%	\$30 Copay	Ded then 60%	\$30 Copay	Ded then 60%	\$30 Copay	Ded then 60%	\$30 Copay	Ded then 60%	\$30 Copay	Ded then 60%				
Diagnostic Lab & X-Ray		Ded then 80%	Ded then 60%	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 60%				
Emergency Room		\$100 Copay, then 100%		\$100 Copay, then 80%		\$100 Copay, then 100%		\$100 Copay, then 80%		\$100 Copay, then 100%		\$100 Copay, then 80%					
Retail Rx Benefit		\$10/40/60	Copay then 75%	\$10/40/60	Copay then 75%	\$10/40/60	Copay then 75%	\$10/40/60	Copay then 75%	\$10/40/60	Copay then 75%	\$10/40/60	Copay then 75%				
# Days Supply		34 Days		34 Days		34 Days		34 Days		34 Days		34 Days					
Mail-Order Rx Benefit		\$20/80/120	N/A	\$20/80/120	N/A	\$20/80/120	N/A	\$20/80/120	N/A	\$20/80/120	N/A	\$20/80/120	N/A				
# Days Supply		90 Days		90 Days		90 Days		90 Days		90 Days		90 Days					
Additional Information																	
Health	EE	Rate	Total	EE	Rate	Total	EE	EST. RATE	Total	EE	Rate	Total					
Employee:	250	\$682.51	\$170,627.50	45	\$582.91	\$26,230.95	250	\$565.00	\$141,250.00	45	\$582.91	\$26,230.95					
Employee + Spouse:	18	\$1,443.89	\$25,990.02	7	\$1,227.73	\$8,594.11	18	\$1,198.00	\$21,564.00	7	\$1,227.73	\$8,594.11					
Employee + Child(ren):	10	\$1,385.24	\$13,852.40	2	\$1,178.24	\$2,356.48	10	\$1,150.00	\$11,500.00	2	\$1,178.24	\$2,356.48					
Family:	15	\$2,143.18	\$32,147.70	5	\$1,822.91	\$9,114.55	15	\$1,778.00	\$26,670.00	5	\$1,822.91	\$9,114.55					
Total Monthly:	293		\$242,617.62	59		\$46,296.09	293		\$200,984.00	59		\$46,296.09					

HRA Funding Options

Change Deductible on Low Deductible Plan to \$1,500 and OPX to \$2,000 - Funding Options

	Low Deductible Current Cost	Alternative 1	HRA Plan Alternative 2	Alternative 3
SINGLE				
Deductible	\$250	\$1,500	\$1,500	\$1,500
Employee Pays	\$250	\$1,250	\$750	\$500
LIMRiCC Pays	\$0	\$250	\$750	\$1,000
Coinsurance	\$1,000	\$2,000	\$2,000	\$2,000
Employee Pays	\$1,000	\$0	\$500	\$750
LIMRiCC Pays	\$0	\$2,000	\$750	\$1,250
Total Ded and OPX Liability	\$1,250	\$2,500	\$2,500	\$2,500
Total Employee Cost	\$1,250	\$1,250	\$1,250	\$1,250
Total LIMRiCC Cost	\$0	\$2,250	\$2,250	\$2,250
Family				
Deductible	\$750	\$4,500	\$4,500	\$4,500
Employee Pays	\$750	\$3,750	\$2,250	\$1,500
LIMRiCC Pays	\$0	\$750	\$2,250	\$3,000
Coinsurance	\$3,000	\$6,000	\$6,000	\$6,000
Employee Pays	\$3,000	\$0	\$1,500	\$2,250
LIMRiCC Pays	\$0	\$6,000	\$4,500	\$3,750
Total Ded and OPX Liability	\$3,750	\$10,500	\$10,500	\$10,500
Total Employee Cost	\$3,750	\$3,750	\$3,750	\$3,750
Total LIMRiCC Cost	\$0	\$6,750	\$6,750	\$6,750

Key Point to Remember:

HRA (Health Reimbursement Account)

Employer has options how they choose to pay:

- 1) Toward Deductible
- 2) Toward Coinsurance
- 3) A Combination of Both
- 4) Pay First
- 5) Pay Last

Alternative 1 -

Employee pays first \$1,250 of deductible
LIMRiCC pays \$250 towards deductible and entire coinsurance limit

Alternative 2 -

Employee pays 1st \$750 of deductible
LIMRiCC pays last \$750 of deductible
Employee pays 1st \$500 of coinsurance
LIMRiCC pays remainder of coinsurance limit

Alternative 3 -

Employee pays 1st \$500 of deductible
LIMRiCC pays last \$1,000 of deductible
Employee pays 1st \$750 of coinsurance
LIMRiCC pays remainder of coinsurance limit

Example Use with HRA

2012 - 2014		2015	
Employee goes to Doctor's Office - Pays Office Visit Copay \$20		Employee goes to Doctor's Office - Pays Office Visit Copay \$20	
Employee Goes to Pharmacy - Pays Prescription Copay \$40		Employee Goes to Pharmacy - Pays Prescription Copay \$40	
Employee Hospitalized for Surgery - Discounted Bill \$15,000		Employee Hospitalized for Surgery - Discounted Bill \$15,000	
Employee Pays - \$250 Deductible		Employee Pays - \$1,250 of \$1,500 Deductible	
Employee Pays 20% of next \$14,800 until \$1,000 out of pocket limit is reached		LIMRiCC pays last \$250 of Deductible and Coinsurance maximum of \$2,000	
Total Employee Expenses		Total Employee Expenses	
Office Visit Copay	\$20.00	Office Visit Copay	\$20.00
RX Copay	\$40.00	RX Copay	\$40.00
Deductible	\$250	Deductible	\$1,250
Out of Pocket	\$1,000	Out of Pocket	\$0
Employee Total:	\$1,310.00	Employee Total:	\$1,310.00
			LIMRiCC pays if incurred

\$0-\$250	234	57%
\$251 - \$500	80	20%
\$501 - \$750	28	7%
\$751 - \$1,000	18	4%
\$1,001 & Up	48	12%
Total Members	408	100%

On average,
Members spent
\$388 on copays in
2013

What does the above mean? LIMRiCC would have reimbursed only 16% of claimants that went over \$1,250 in expense. ** we are assuming the 66 members over \$750 maxed out the plan

Premium savings:

single	\$100 monthly or \$1,200 annually
employee spouse	\$216 monthly or \$2,592 annually
employee children	\$207 monthly or \$2,484 annually
family	\$321 monthly or \$3,852 annually

AN HRA CONTRIBUTION DOES NOT NEED TO BE MADE FOR DEPENDENT TIERS

Next Steps and Questions

» Next Steps in 2014

- » If HRA is implemented – determine do we add a separate plan as shown
OR
- » Use the current High Deductible PPO plan and let libraries individually administer the HRA and choose their own funding level
- » HRA educational information mailings for employee distribution

QUESTIONS?



HSA Agenda

- » What is an HSA
- » Benefits of an HSA
- » Eligible Expenses
- » Plan Design
- » Ways to Save Money with your HSA

What is an HSA (Health Savings Account)?



A **Health Savings Account (HSA)** is a **tax-exempt savings account** funded by you and your employer with tax-free dollars, and used exclusively to pay for **qualified medical expenses**

HSAs must be used with a **high-deductible health plan** that does not cover first dollar medical expenses (outside of preventive care)

So, what does that mean?

Almost all medical expenses* are paid for by member at 100% (carrier discounts apply) prior to meeting your deductible

- **Doctor Visits**
- **Prescriptions**
- **Specialist Visits**

* **Preventive Care** covered at 100%
(Includes annual physicals, annual shots, mammogram, etc.)

What is an HSA (Health Savings Account)?



- » Individuals can deduct the dollars they contribute to their HSA from their gross income
 - 👉 Lower taxable income
 - 👉 Tax-free medical dollars (for qualified expenses)

- » You are eligible for an HSA if:
 - 👉 You are covered under a High Deductible Health Plan (HDHP)
 - A new BCBS plan will need to be offered that qualifies as an HSA
 - 👉 You are not covered by any other health coverage that is not an HDHP
 - 👉 You are not enrolled in Medicare
 - 👉 You are not claimed as a dependent on someone else's tax return


HSA Participants Can...

- » Make **tax-free** contributions on a regular basis, on a one-time or periodic basis – *within specified annual limits*
- » Take advantage of **tax-free** growth on the Earnings (interest, dividends, investments) in the account
- » Enjoy **tax-free** distributions or withdrawals, *if used for qualified medical expenses*
- » **You own the account**
 - » No “use it or lose it” rules – account balance **rolls over** year to year
 - » **Portable**: You keep your contributions if you leave or change plans
 - » You **control** your health care dollars and decide when to withdraw funds
 - » You can use the account to pay for eligible medical expenses, cobra premiums or Medicare Parts B and D

What is a Qualified Medical Expense?

Distribution is tax-free for “qualified medical expenses”

Examples of
qualified medical
expenses under
Section 213(d) of
the IRS code
include:

A circular icon with a blue background and a white dollar sign, partially obscured by the text box.

- Medical services, procedures and treatments
- Diagnostic/preventive services
- Drugs
 - Prescriptions
 - Over-the-counter (if you have Dr's prescription)
- Vision (includes LASIK)/Hearing
- Medical Equipment
- Psychiatric care
- Acupuncture
- Assistance for disabled
- Dental not covered by other insurance (includes orthodontia)

Consult your tax advisor for items not on the list

Premium Cost – Savings



	Current PPO	Employee Contribution*	Employer Contribution	H.S.A. Estimated	Employee Contribution*	Employer Contribution	Employee Annual Savings	Employer Annual Savings
Employee	\$682.51	\$136.50	\$546.01	\$580.13	\$116.03	\$464.11	\$245.70	\$982.81
Employee + Spouse	\$1,443.89	\$288.78	\$1,155.11	\$1,227.31	\$245.46	\$981.85	\$519.80	\$2,079.20
Employee + Child(ren)	\$1,385.24	\$277.05	\$1,108.19	\$1,177.45	\$235.49	\$941.96	\$498.69	\$1,994.75
Family	\$2,143.18	\$428.64	\$1,714.54	\$1,821.70	\$364.34	\$1,457.36	\$771.54	\$3,086.18

*assumes 20%

Individuals can deposit premium savings into their HSA account

Employers can use some of the savings to fund employee HSA accounts – we will use about 75% for our example purposes (may or may not want to change contribution for dependent tiers)

Assumes estimated premium difference of 15% between PPO and HSA

Option 1: Current PPO Plan

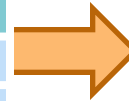


Coverage	PPO / IN-Network	Non-PPO / OUT-of-Network
Office Visits – Preventive Exam	\$20 per visit	60%*
Specialist Care	\$30 copay	60%*
Deductible		
Individual	\$250	\$250
Family	\$750	\$750
Coinsurance Maximum		
Individual	\$1,000	\$3,000
Family	\$3,000	\$7,500
Coinsurance Levels		
Inpatient Admission	80%*	60%*
Emergency Room	\$100 copay	
Lab/X-Ray/MRIs	80%*	60%*
Other covered services	80%*	60%*
Prescription Drug Benefit	Retail (34 Days): \$10/40/60 Mail Order (90 Days): \$20/80/120	75% after Copayment

**After deductible*

Option 2: HDHP PPO with H.S.A.

Coverage	IN-Network	OUT-of-Network
Office Visits	100%*	80%*
Preventive Care	100%	80%*
Deductible		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Out-of-Pocket Maximum		
Individual (Includes the deductible)	\$2,500	\$10,000
Family (Includes the deductible)	\$5,000	\$20,000
Coinsurance Levels		
Inpatient Admission	100%*	80%*
Emergency Room	100% *	
Urgent Care	100%*	80%*
Lab/X-Ray/MRIs	100%*	80%*
Other covered services	100%*	80%*
Prescription Drug Benefit	100%*	80%*



2014 HSA PPO Deductible Funding EXAMPLE		
	EXAMPLE Employer Contribution	Employee Net Deductible
Single	\$750	\$1,750
Family	\$1,500	\$3,500

» Prescription drugs are subject to the deductible

**After deductible*

How much can I fund into my HSA?

Employer Funds...	Self-Only	Family
Plan Year Contributions:	\$750	\$1,500

You can contribute an additional...	Self-Only	Family
Plan Year Contributions:	\$2,550	\$5,050

Annual IRS Contributions	Self-Only	Family
Maximum HSA Contributions:	\$3,300*	\$6,550*
“Catch-up” contributions (individuals age 55 and older)	2014	\$1,000

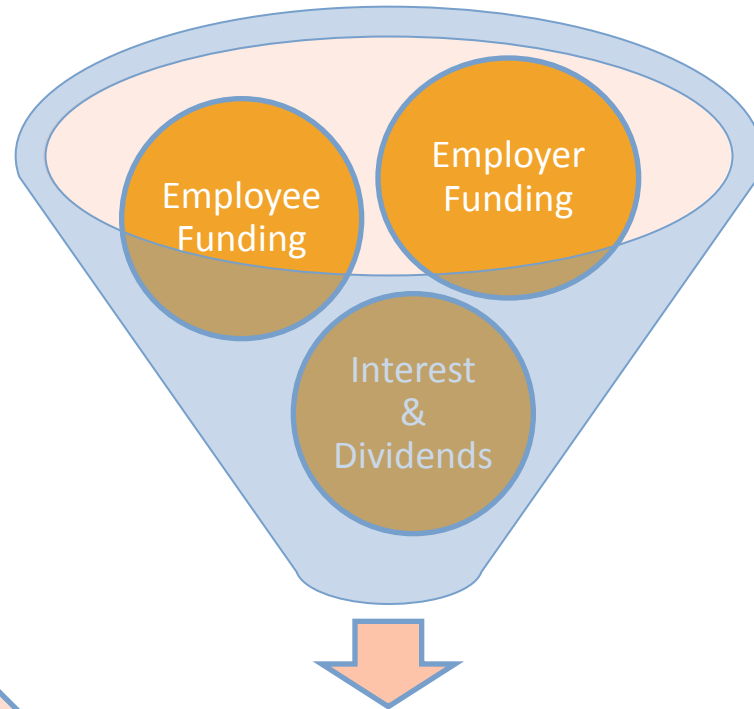
*Amounts are adjusted annually for inflation.

The Possible Gift of Money (EXAMPLE)

Employer funding and employee funding work together

Your employer could help you fund your HSA by providing “seed money”

	Employer Contribution
Employee	\$750



Employers can set up contributions monthly, quarterly, semi annually or annually

HSA

- Funds rollover
- Funds accumulate
- Funds are portable

Employee owned HSA

How Does It Really Work?

Office visit retail cost: \$125

After network discount of 40%* is applied: \$75

You are responsible for the \$75

Pay this amount out of your pocket

-OR-

Pay it out of your HSA

These are the types of costs you'll pay until you reach your deductible

* Network discounts vary depending on carrier



HSA Example 1: Employee Only Illustrative purposes only

PPO Option

Premium Contributions ($\$136.50 \times 12$) **\$1,638**
HSA Contribution from Employer **N/A**

Healthcare Expenses:

Physical (\$20 copay) \$0
Office Visit (\$20 copay) \$20
Monthly Rx
(generic copay -\$10/mo) \$120
Total Expenses \$140

(Copays do not apply to Ded)

Total Paid:
(Premium plus healthcare expenses) **\$1,778**

Total Annual Out-of Pocket: \$1,778

HSA Option

Premium Contributions ($\$116.03 \times 12$) **\$1,392**
HSA Contribution from Employer (example) **\$750**

Healthcare Expenses:

Physical (100%) \$0
Office Visit (goes toward deductible) \$75
Monthly Rx
(generic - \$16/mo) \$192
Total Expenses \$267

Total Paid:
(Premium plus healthcare expenses) **\$1,659**

Health Savings Account Expenses (HSA) **(\$267)**

Total Annual Out-of Pocket: \$1,392

Total Annual Savings over the PPO **\$386**

HSA Balance Remaining (does not include employee contribution (\$750 - \$267)) **\$483**

HSA Example 2: Family illustrative purposes only



PPO Option		HSA Option	
Premium Contributions (\$428.64 X 12)	\$5,143	Premium Contributions (\$364.34 x 12)	\$4,372
HSA Contribution from Employer	N/A	HSA Contribution from Employer	\$1,500
Healthcare Expenses:		Healthcare Expenses:	
Physicals (4-\$20)	\$0	Physicals (100%)	\$0
Amoxicillin (4) - (\$4 at Target)	\$16	Amoxicillin (4) - (\$4 at Target – to ded)	\$16
ER (stiches)	\$100	ER (stiches)	\$300
Office Visits (3 -\$20 copays)	\$60	Office Visits (3) - (to deductible)	\$225
Specialist Visits (6 - \$30 copays)	<u>\$180</u>	Specialist Visits (6) - (to deductible)	<u>\$600</u>
Total Expenses	\$356	Total Expenses	\$1,141
Total Paid:		Total Paid:	
(Premium include contributions)	\$5,499	(Premium contr. + healthcare expenses)	\$5,513
		Health Savings Account Expenses	(\$1,141)
Total Annual Out-of Pocket:	\$5,499	Total Annual Out-of Pocket:	\$4,372
		Total Annual Savings over the PPO less	\$1,127
		HSA Balance (\$1,500 - \$1,141)	\$359

HSA Example Employee/Hospital Expenses



PPO Option		HSA Option	
Premium Contributions (\$136.50*12)	\$1,638	Premium Contributions (\$116.03*12)	\$1,392
HSA Contribution from Employer	N/A	HSA Contribution from Employer	\$750
Healthcare Expenses:		Healthcare Expenses:	
Illness (member incurred expenses)	(\$10,000)	Illness (member)	(\$10,000)
Deductible	\$250	Deductible	\$2,500
Out-of-Pocket (\$9,750 after ded at 20%)	\$1,000	Out-of-Pocket (100%)	\$0
Additional Expenses		Additional Expenses	
Painkillers (4 - \$10 copays)	\$0	Painkillers (4) - (100%)	\$0
Physical Therapy (8 - 10%)	\$0	Physical Therapy (8) - (100%)	\$0
Physicals (4 - \$20 copay)	\$0	Physicals (4) - (100%)	\$0
Monthly OV (8 - \$20 copay)	\$0	Monthly OV (100%)	\$0
Monthly Rx (\$10 generic copay)	\$0	Monthly Rx (100%)	\$0
Labs & X-rays (4 - 10%)	\$0	Labs & X-rays (4 - 10%)	\$0
Total Expenses	\$1,250	Total Expenses	\$2,500
Total Paid:		Total Paid:	
(Premium + Expenses)	\$2,888	(Premium + Employee Ded Expense)	\$3,892
		Health Savings Account Expenses (employee contr)	(\$2,500)
Total Annual Out-of Pocket:	\$2,888	*Total Annual Out-of Pocket:	\$3,142
		Total Annual Increase over the PPO	-\$254
		HSA Balance (\$750 ER + \$1,750 EE - \$2,500)	\$0

What Else?

- » Balance rolls over from year to year
 - 👉 Unlike your Flexible Spending Account, your HSA dollars roll over year after year so it's "use it or keep it"

- » Remember, this is a PPO Plan therefore you're
 - 👉 Still utilizing the same PPO Network you're accustomed to
 - 👉 Same hospitals and physicians you're used to going to

- » The HSA offers annual premium savings over the traditional PPO plan offered
 - 👉 Use the premium savings to help pay for medical expense until the deductible is met

- *** Should you enroll in the HSA plan, you are no longer eligible to enroll in the Full Healthcare Flexible Spending Account, as both accounts allow you to put pre-tax dollars away for future qualified medical expenses.
 - 👉 You can enroll in a **Limited FSA** for dental and vision expenses only
 - 👉 You are eligible to participate in the Dependent Care FSA

BlueAccess for Members



Home My Coverage Claims Center My Health Doctors & Hospitals Forms & Documents

Message Center

You have 2 new messages.

- 09/14/2012
New Tools and Features Now Available
- 07/14/2012
My Blue Community
- 09/07/2011

[View all messages](#)

MY COVERAGE

Plan Type: PPO+ Group Number: 019850
ID Number: BCS820257621

In Network Benefits

Medical Copays

PREAUTHORIZATION PENALTY	\$ 500
DEDUCTIBLE PER FAMILY	\$ 3,000
OUT OF POCKET PER FAMILY	\$ 7,000
OFFICE VISIT PAYMENT LEVEL	80%
HEARING AID BENEFIT PERIOD MAXIMUM	\$ 5,000 PER LIFETIME

[View medical benefits >](#)

My Medical Spending

	In Network	Family
Total Deductible		\$3,000.00
Used to Date		-\$486.86

Stay Updated

Quick Links

- Health Assessment [↗](#)
- Fitness Program [↗](#)
- My Blue Community [↗](#)
- Blue Extras Discount Program
- Get a Temporary ID Card
- [View all quick links](#)

Blue Access for Members is New and Improved. We've made Blue Access for Members easier to use.

Form Finder

Quickly search or browse our list of common forms.

Access **Provider Finder** to locate doctors & hospitals

My Health tab links you to health and wellness content, articles, videos, and My Care Profile

Quick Links for easy access to Fitness Program, Member Discounts, or to get an ID card

Form Finder easier to view and find specific forms for members

My Coverage includes benefit highlights, spending accounts, as well as deductibles and out-of-pocket and copay summaries for Medical, Rx, Dental

My Claim Activity displays recent claims, or go to the **Claims Center** for all your claim details

MY CLAIM ACTIVITY

Service Date	Member	Provider	Status	Billed	You May Owe
07/26/2012		ATLAS DENTAL CORP	Recently Paid 09/19/2012	\$1,090.00	\$122.40
07/09/2012		ATLAS DENTAL CORP	Paid 07/13/2012	\$292.00	\$29.80
06/30/2012		CVS PHARMACY 08502	Processed	\$10.40	\$0.00

SAVE MONEY

View and compare treatment costs online.

- Compare how hospitals, providers, and other facilities measure up on cost
- PPO cost information ranges
- More than 160 different procedures – inpatient and outpatient, diagnostic, office visits

The screenshot shows the Assurance website's cost estimator tool. The navigation bar includes Home, My Coverage, Claims Center, My Health, Doctors & Hospitals, and Forms & Documents. The main heading is "Estimate your costs for treatment". Below this, there is a section titled "Estimating costs for Knee Replacement for ME".

Review estimates

Treatment cost estimate for: Knee Replacement
Patient: MELANIE SIMMONS
Procedure is also called: Knee Replacement

Description: A total knee replacement is surgery to remove the original knee joint and replace it with an artificial joint, which is usually made of plastic and metal. This procedure is usually done to relieve pain and improve knee function in people who have extreme or chronic knee pain due to arthritis or injury.

10 miles Service location within of 60601 **Update List**

Sort your results by clicking on the column title.

Provider	Distance	Low Price Range	Most Likely Cost	High Price Range
University of Chicago Medical Cen 5841 S Maryland Ave Chicago IL, 606371447 18 Procedures Performed	6.8 mi	\$21,994	\$26,948	\$31,902
Mercy Hospital and Medical Center 2525 S Michigan Ave Chicago IL, 606162333 5 Procedures Performed	2.68 mi	\$17,628	\$18,954	\$20,280
VHS West Suburban Medical Center 3 Erie Ct Oak Park IL, 603022519 4 Procedures Performed	7.74 mi	\$16,808	\$18,325	\$21,842
Rush Oak Park Hospital 520 S Maple Ave Oak Park IL, 603041022 7 Procedures Performed	9.22 mi	\$21,005	\$23,448	\$25,891
St Joseph Hospital 2900 N Lake Shore Dr Chicago	3.45 mi	\$24,982	\$26,434	\$27,886



Blue Access for MembersSM

- Digital ID Card
- Benefits / Eligibility
- Claims Status
- User Profile
- Health and Wellness Articles – *Diabetes, Maternity Care, Nutrition, Obesity, Fitness, My Care Profile, Metabolic Syndrome*

More than
4,300
mobile page
views per day

More than
Four
text messages
sent per minute

Public Site

- Find a Doctor / Hospital
- Health Care 101
- Shop for Insurance
- Log in or register for Blue Access for Members
- Contact Us



Preventive Coverage on ALL Medical Plan Options



What's covered?

- **Recommended routine gender and age-specific preventive care and screenings** – such as physical and ob-gyn exams, mammograms and other cancer screenings, well-child care and immunizations – both facility and professional services
- **PPO Plans preventive services provided in-network subject to copay. Out-of-network benefit levels apply. HMO preventive services are subject to the copay.**
- **HDHP (H.S.A.) coverage 100% with no copay and no deductible. Out-of-network benefit levels apply**

IMPORTANT to remember: *Lab tests related to an illness or condition – such as diabetes or asthma – are not considered preventive and are covered under applicable deductible and coinsurance levels.*

Because these tests feel “routine,” this can cause confusion

What You Can Do: Be a smarter consumer



- **Utilize in-network providers** whenever possible to help you reduce your health care spending. Use the **Cost Estimator** to research costs at different hospitals and save.
- **Review EOBs** and bills sent by your providers. Make sure that you and the plan are being charged only for services that you received.
- **Take care of yourself.** Utilize Wellness benefits and get appropriate, preventive medical care as needed.
- **Don't wait until** you have to go to the ER – **see your physician regularly** for preventive care or illness. Call your doctor to “pre-qualify” your symptoms.
- **Improve communications** with your doctor. Ask questions about prescribed medications and treatment and follow the recommendations of your health care provider
- Let your physician guide you to the **appropriate drug therapy**. Use generic and over-the-counter drugs whenever they are available for your condition, talk to your doctor about **lower cost drug** options.
- Check the Blue Cross formulary listing (www.bcbsil.com) to determine if your prescription has a generic equivalent.

Questions?

» Next Steps in 2014

- › If an HSA is implemented – determine employer funding level if any
- › Determine banking arrangement – employer sets up accounts or individual sets up account
- › Begin employee education, flyers, videos and webinars

