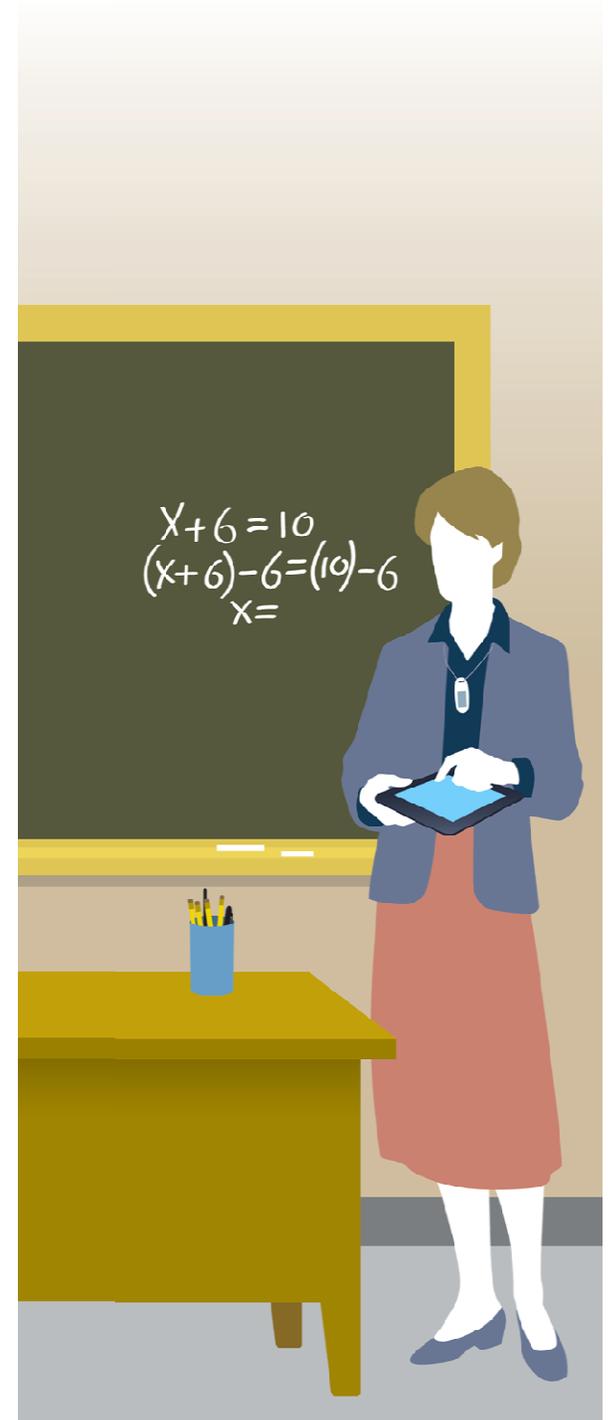


# 2016 Health Plan Options



# 2016 Health Insurance Options

## 1 Benefit Levels

- Partnership Plan
- Standard Plan
- New Options
  - Limited + Gap Plan
  - CDHP

## 2 Provider Networks

- BlueCross BlueShield of Tennessee (Network S)
- Cigna (LocalPlus all regions)
- Be sure to check your network providers!

## 3 Premium Levels

- Employee only
- Employee + child(ren)
- Employee + spouse
- Employee + spouse + child(ren)



# What is the Healthsavings CDHP Plan?

# Healthsavings CDHP

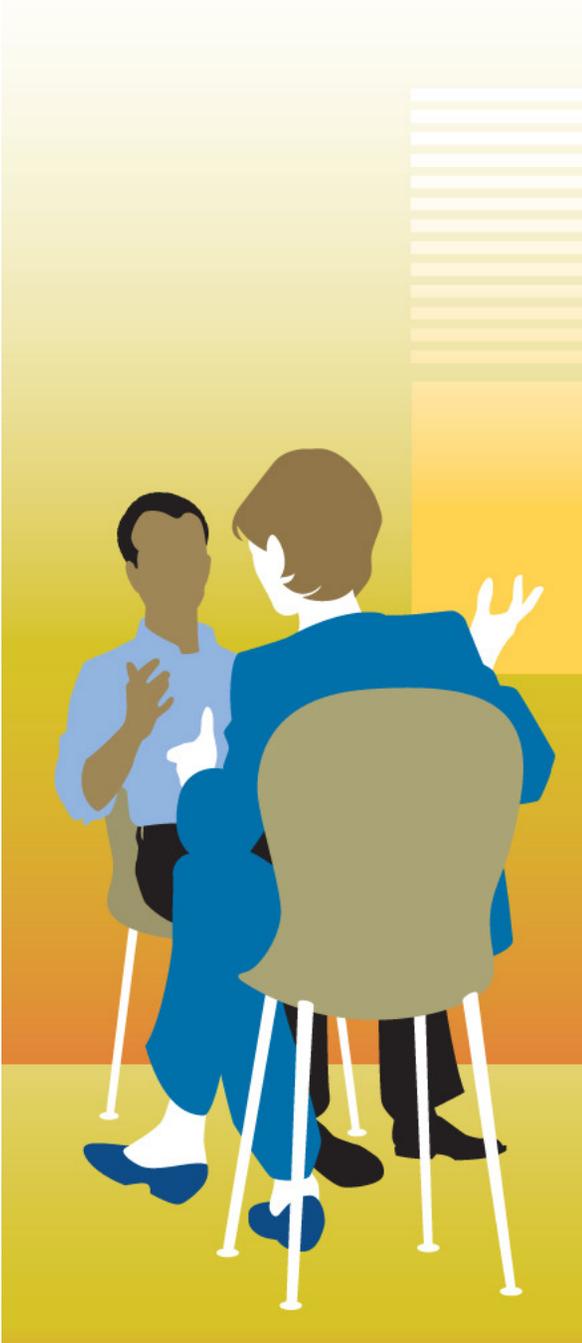
This plan has two components:

1. A high deductible health plan (HDHP), referred to as the Consumer Directed Health Plan (CDHP)
2. And, an optional Health Savings Account (HSA).



# CDHP Plan Highlights

- Same covered and non-covered services as the Partnership/Standard/Limited options
- Same healthcare network providers
- Same tiers of coverage options



# CDHP Plan Highlights

- The CDHP plan has less expensive premiums, but you have to pay your deductible before the plan pays anything
- After your deductible is met you pay 30% coinsurance until you reach your annual max OOP for single or family coverage
- No first dollar copays!
- Network provider discounts do apply to amounts paid



# CDHP Plan Highlights

- Like the other plan options the CDHP pays 100% for covered preventative exams
- The CDHP also covers certain maintenance medications from 90-day network or mail order at 20% coinsurance without first having to meet the deductible



# CDHP Plan Highlights

- Employees with any family coverage must pay the entire family deductible amount before the plan pays
  - Employee + Child(ren)
  - Employee + Spouse
  - Employee + Children + Spouse
- The Partnership, Standard, and Limited PPO options have an embedded individual deductible for family coverages



# Health Savings Accounts

- Employees who pick the CDHP plan are eligible to contribute to an HSA each year
- You don't have to open or contribute to an HSA
- See your administrative office for details about HSA contribution and payroll deduction options



# Health Savings Accounts

- HSA's are tax advantaged accounts:
  - Tax deductible contributions
  - Tax free growth on interest earned
  - And, tax free withdrawals for qualified medical expenses.
- 2016 HSA Contribution Limits:
  - Individual - \$3,350
  - Family tiers - \$6,750
- Age 55+, can contribute an extra \$1000 per year “catch up” amount.
- Your unused HSA money rolls over each year, it is NOT a “use it or lose it” account.



# Health Savings Accounts

- If you open an HSA it is your account. If you should leave your job for any reason, it remains your account
- You cannot establish an HSA if:
  - You or your Spouse participates in a Flexible Spending Account (FSA)
  - You are covered on your spouses plan, at another employer, that is not a qualified High Deductible, HSA eligible plan.
  - You are 65 or older

# Health Savings Accounts

- Only expenses that occur AFTER you set up your HSA can be paid tax free.
- You can only access the amount that has been contributed to your HSA at the time of the claim
  - Not fully funded, day-one, like a FSA
- You must maintain copies of all receipts for at least 5-7 years in case you are audited
- If you maintain an HSA you must complete a tax form 8889 each year with your taxes



# What is the Limited PPO + Gap Plan?





# The Limited PPO

# The Limited PPO Overview



- Same covered and non-covered services as the Partnership / Standard options
- Same healthcare network providers (BCBST & Cigna networks)
- Premiums are lower, but Out-of-Pocket costs like deductibles and copays are higher
- There are no wellness requirements to qualify for the lower Limited PPO premiums
- IT IS NOT LIMITED COVERAGE...

# Comparison of Copayments

Services Copayments	Limited	Partnership	Standard	CDHP
Primary Doctor Office (includes in office surgery)	\$35	\$25	\$30	Ded + Coin
Specialist Doctor Office (includes in office surgery)	\$55	\$45	\$50	Ded + Coin
Preventative Care/Screenings	No Charge	No Charge	No Charge	No Charge
Diagnostic Test(x-ray, blood)	\$35	\$25	\$30	Ded + Coin
ER Visit	\$165	\$125	\$145	Ded + Coin
Urgent Care	\$55	\$45	\$50	Ded + Coin
Prescription Copayments				
Prescription separate deductible	\$100 per person	No Deductible	No Deductible	N/A
Generic RX	\$10	\$5	\$10	Ded + Coin
Preferred Brand RX	\$55	\$35	\$45	Ded + Coin
Non-Preferred Brand RX	\$105	\$85	\$95	Ded + Coin
Annual Maximum Prescription Copay Cost (Employee / Family)	Applies to Max OOP	\$2,500 / \$5,000	\$3,000 / \$6,000	Applies to Max OOP

# Annual Out-of-Pocket Maximums

	Limited PPO	Partnership PPO	Standard PPO	CDHP
	In-Network	In-Network	In-Network	In-Network
<b>Annual Deductible</b>				
Employee only	\$ 1,200	\$450	\$800	\$1,500
EE + Child(ren)	\$ 1,800	\$700	\$1,250	\$3,000
EE + Spouse	\$ 2,100	\$900	\$1,600	\$3,000
EE + Sp + Child(ren)	\$ 2,600	\$1,150	\$2,050	\$3,000
<b>Annual Co-Insurance Max</b>				
	<b>70% / 30%</b>	<b>90% / 10%</b>	<b>80% / 20%</b>	<b>70% / 30%</b>
Employee only	\$ 5,400	\$1,850	\$1,800	\$2,300
EE + Child(ren)	\$ 11,400	\$2,500	\$2,550	\$4,600
EE + Spouse	\$ 11,100	\$2,800	\$2,900	\$4,600
EE + Sp + Child(ren)	\$ 10,600	\$3,450	\$3,150	\$4,600
<b>Annual Out-of-Pocket Max = Deductible + Co-insurance Max</b>				
Employee only	\$6,600 Includes RX	\$2,300 + RX Max	\$2,600 + RX Max	\$3,800 Includes RX
EE + Child(ren)	\$13,200 Includes RX	\$3,200 + RX Max	\$3,800 + RX Max	\$7,600 Includes RX
EE + Spouse	\$13,200 Includes RX	\$3,700 + RX Max	\$4,500 + RX Max	\$7,600 Includes RX
EE + Sp + Child(ren)	\$13,200 Includes RX	\$4,600 + RX Max	\$5,200 + RX Max	\$7,600 Includes RX

## The Bottom-Line:

Everyone likes lower premiums, but how can the higher out-of-pocket exposure be reduced?





# Supplemental Gap Insurance Offered by Beazley Insurance

# What is Gap Insurance?

- Medicare Gap supplement plans are a good example of Gap Insurance plans
- Medicare doesn't pay for everything, so people buy a Medicare Gap plan that helps pay their out-of-pocket costs
- Like a Medicare Gap plan the Beazley Gap plan is designed to help pay out of pocket costs

# What is Gap Insurance?

- Limited PPO
  - Employees who pick Limited PPO plan will be eligible for our Beazley Gap Plan
  - The Gap plan will cover family members who are covered on the Limited PPO
- Partnership/Standard PPO's
  - If you pick the Partnership or Standard PPO plans you have the option of purchasing a Gap plan on a voluntary basis
  - This option is 100% paid by the employee
- There is not a Gap plan available for the CDHP



# Limited PPO Gap Insurance

If you pick the Limited PPO plan the district will pay toward the cost of our Beazley Supplemental Gap plan

Gap Coverage Type	District Pays	You Pay
Employee (EE)	100%	0%
EE + Child(ren)	100%	0%
EE + Spouse	100%	0%
EE + Spouse + Child(ren)	100%	0%





# Partnership/Standard PPO Gap Insurance

If you pick the Partnership or Standard PPO plan the district will offer the Beazley Voluntary Supplemental Gap plan

Gap Coverage Type	District Pays	Your Monthly Cost
Employee (EE)	\$0	\$38.50
EE + Child(ren)	\$0	\$63.00
EE + Spouse	\$0	\$83.00
EE + Spouse + Child(ren)	\$0	\$114.00

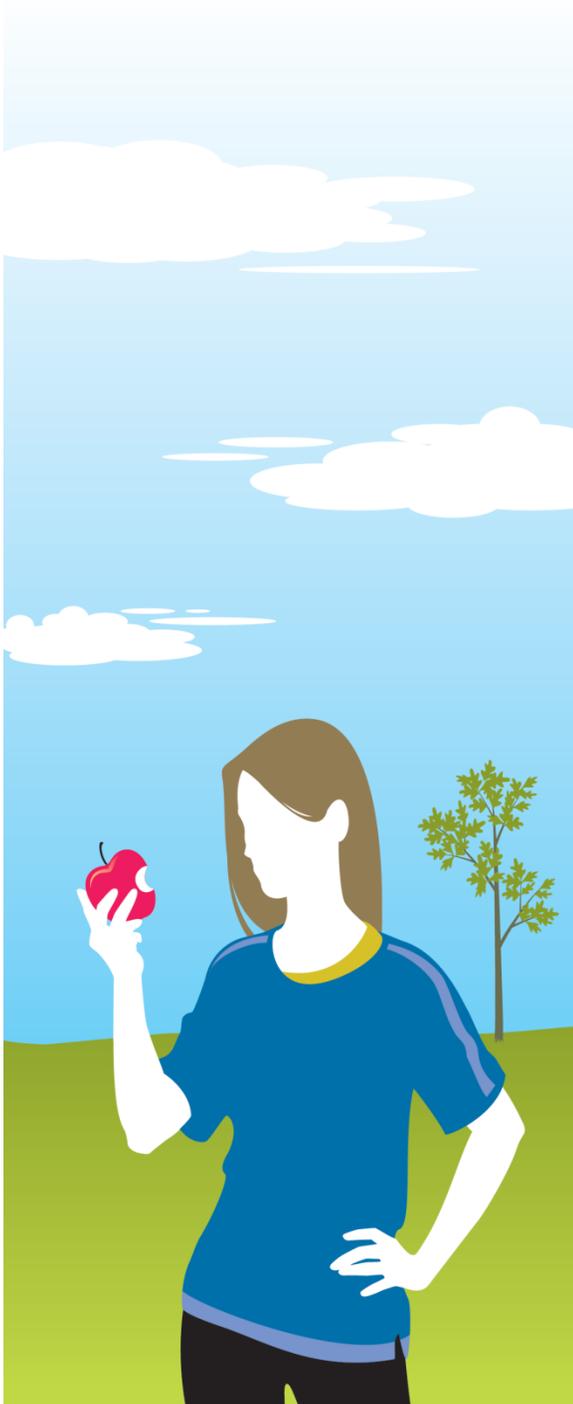


# Gap Plan Highlights

- The Beazley Gap plans are guaranteed issue with no health questions asked!
- There are no pre-existing conditions limitations other than what the state health plans requires (if any)
- The Gap plan pays qualified claims for both In and Out of Network providers
- The Gap plan reimburses qualified out of pocket expenses beginning first dollar!
- For example, you owe \$500 in deductible expense the Gap plan will pay the \$500
- Claims must be qualified expenses



# When do I Use the Gap Insurance?



- The Gap Plan will reimburse you for eligible expenses to reduce two key areas:
  1. Deductibles
  2. Co-insurance costs
- Gap insurance is typically used to reimburse out-of-pocket costs associated with:
  - Hospitalizations
  - Certain “Out-Patient” procedures
  - And, major medical tests like MRI’s



# Annual Maximum Beazley Gap Benefits for Limited PPO

Type Coverage	In Patient Annual Maximum	Out Patient Annual Maximum
Employee only	\$6,000	\$4,000
EE + Child(ren)	\$6,000 per person \$12,000 max	\$4,000 per person \$8,000 max
EE + Spouse	\$6,000 per person \$12,000 max	\$4,000 per person \$8,000 max
EE + Sp + Child(ren)	\$6,000 per person \$12,000 max	\$4,000 per person \$8,000 max



# Annual Maximum Beazley Gap Benefits Partnership or Standard PPO's

Type Coverage	In Patient Annual Maximum	Out Patient Annual Maximum
Employee only	\$2,500	\$1,000
EE + Child(ren)	\$2,500 per person \$5,000 max	\$1,000 per person \$2,000 max
EE + Spouse	\$2,500 per person \$5,000 max	\$1,000 per person \$2,000 max
EE + Sp + Child(ren)	\$2,500 per person \$5,000 max	\$1,000 per person \$2,000 max

# Gap Inpatient Benefits

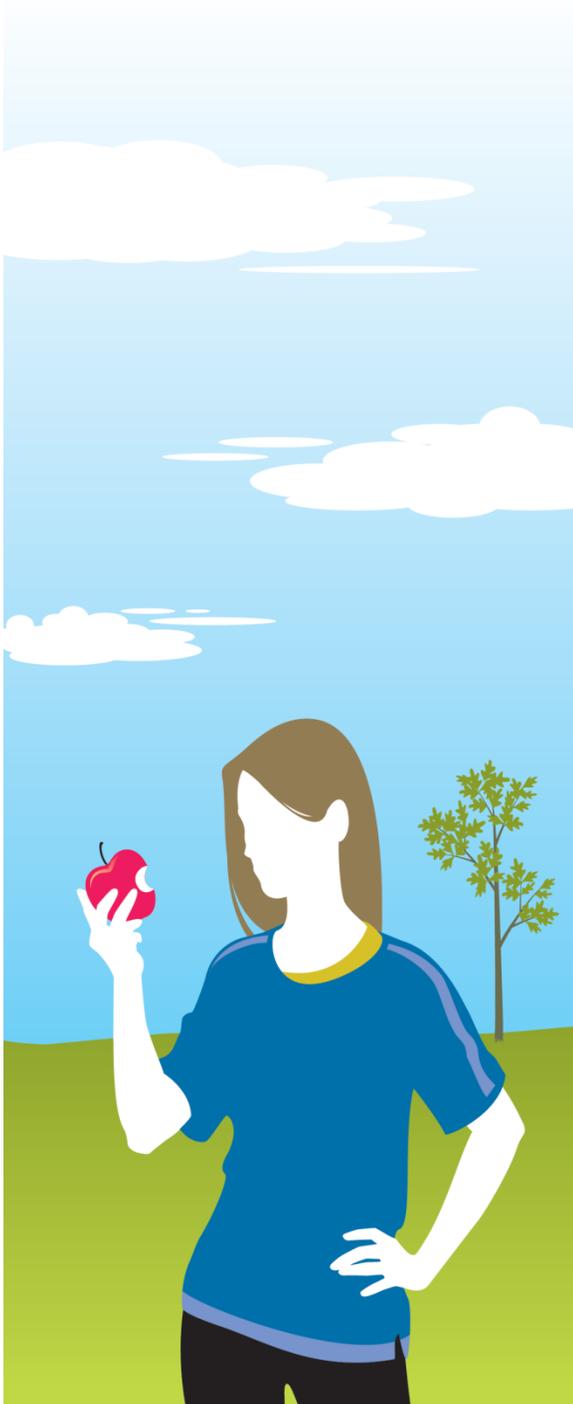


- Covered inpatient services included are:
  - Hospital room and board charges
  - Hospital ancillary charges
  - Surgery - surgeons fees, etc.
  - Chemotherapy, Radiation, Dialysis
  - Radiological Imaging (X-ray, CRT, MRI)
- See your Beazley policy for more details

# Gap Out Patient Benefits



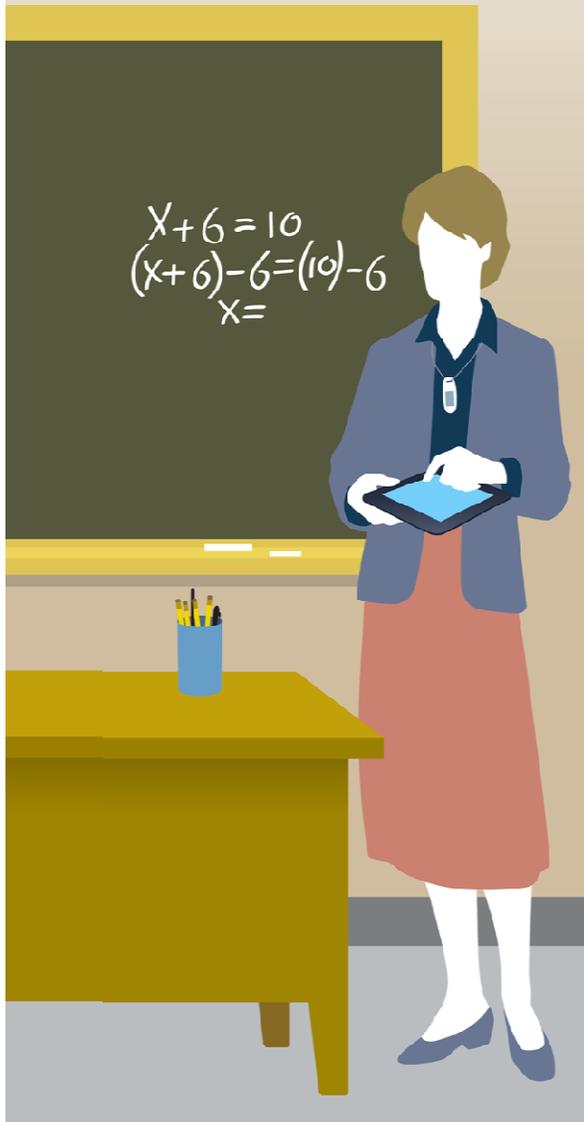
- Covered outpatient services included are:
  - Treatment in a Hospital Emergency Room, but not admitted to inpatient
  - Surgery in a Hospital Outpatient Facility or Freestanding Surgery Center
  - Radiological diagnostic testing in a Hospital Outpatient or MRI facility
  - Outpatient Radiation and Chemotherapy
- See your Beazley policy for more details



# When Does Gap Not Pay?

- These are some services that are not covered by Gap and are not reimbursed:
  - Doctor office visits, urgent care centers, preventative exams, chiropractic visits
  - Prescription drugs
  - Ambulance
  - Durable medical equipment (DME)
  - Out Patient kidney dialysis, or therapies like speech, occupational, rehab
  - Dental and Vision, unless injury or congenital anomaly of newborn
- See your Beazley policy for more details

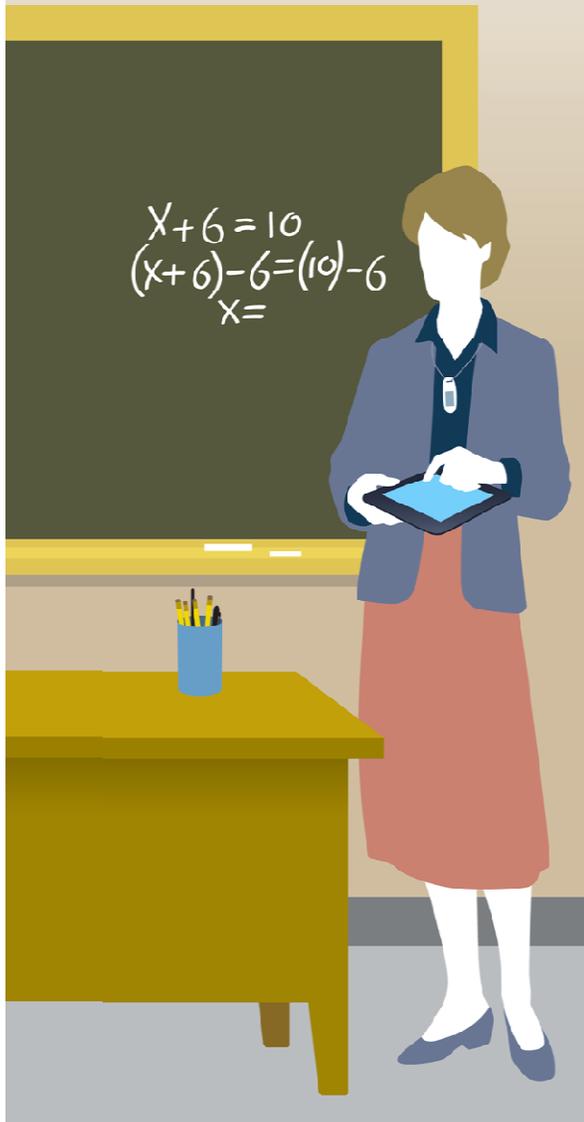
# Exclusions and Limitations



- Like all insurance plans the Beazley Gap plans have exclusions and limitations
- Examples of exclusions would be:
  - Out of pocket expenses incurred as a result of the insured committing a crime, or as a result of being legally intoxicated
  - Dental and vision services other than for accidents or birth defects
  - Injuries as a result of hazardous activities like hang gliding, etc.
  - Drug or alcohol treatment is not covered
  - Sleep Studies

# Exclusions and Limitations

- The Partnership, Standard, Limited, and CDHP plans also have exclusions and limitations
- Review the benefit summaries to learn more about what's covered and non-covered, exclusions, and limitations



# Let's Review...



Type of Service	Limited, Partnership, & Standard PPO Benefits	Gap Benefits
In-Patient Hospital Care	Subject to Ded / Coinsur	Gap Pays
Surgery In Hospital	Subject to Ded / Coinsur	Gap Pays
Out-Patient Surgery in Hospital or Clinic	Subject to Ded / Coinsur	Gap Pays
Diagnostic Tests in Hospital & Out-patient Center	Subject to Ded / Coinsur	Gap Pays
In and / or Out-Patient Radiation & Chemotherapy	Subject to Ded / Coinsur	Gap Pays
In and/ or Out-Patient Drug & Alcohol Treatment	Subject to Ded / Coinsur	Not Reimbursed
Ambulance Services	Subject to Ded / Coinsur	Not Reimbursed
Doctors Office, Specialist, & Urgent Care Center	Subject to Copay	Not Reimbursed
Prescriptions	Subject to Copay	Not Reimbursed
Out-Patient Physical, Speech, Rehab Therapy	Subject to Copay or Ded / Coinsur	Not Reimbursed
Durable Medical Equipment (DME)	Subject to Ded / Coinsur	Not Reimbursed
Out-Patient Kidney Dialysis	Subject to Ded / Coinsur	Not Reimbursed

**\* Review the state health plan and Gap plan benefit summaries for complete details, exclusions, and limitations. The above information is a brief summary and is for illustrative purposes only.**



# How Does the Limited PPO and Gap Plan Work Together?

# How Gap Plans Save You Money

- Employees who pick the Limited PPO + Gap plan can save money:
  - Per paycheck with lower premiums
  - Can have significantly lower OOP costs because the Gap plan can pay all or most of OOP's
- The combined savings of lower OOP's and lower premiums can be significant





# 2016 Employee Cost For Monthly Pay Periods

	Limited PPO + Gap Plan	Partnership PPO	Standard PPO	CDHP
Employee (EE)	\$0.00	\$132.98	\$157.98	\$0.00
EE + Child(ren)	\$303.50	\$504.54	\$529.54	\$264.88
EE + Spouse	\$463.08	\$748.97	\$798.97	\$344.33
EE + Sp. + Child(ren)	\$687.28	\$1,068.61	\$1,118.61	\$542.59



## For Monthly Pay Periods

BCBST	2015 Partnership PPO Cost	2016 Limited + Gap Cost	2016 Limited + Gap Savings	2016 Limited + Gap Annual Savings
Employee (EE)	\$0.00	\$0.00	\$0.00	\$0.00
EE + Child(ren)	\$336.35	\$303.50	\$32.86	\$394.26
EE + Spouse	\$703.26	\$463.08	\$240.18	\$2,882.18
EE + Sp. + Child(ren)	\$1,039.63	\$687.28	\$352.35	\$4,228.23



# What is your Total Cost of Healthcare?

$$\begin{aligned} & \text{Your Insurance Premium Cost} \\ & + \text{Your Out-of-Pocket Expenses} \\ & = \text{Your Total Cost} \end{aligned}$$



## Having a Baby OOP's (Single Coverage)

Hospital and Doctor Bills	\$7,540	\$7,540	\$7,540	\$7,540
<b>Employee Pay These OOP Expenses</b>	<b>Limited + Gap</b>	<b>Partnership</b>	<b>Standard</b>	<b>CDHP (Single)</b>
Deductible	\$1,200	\$450	\$800	\$1,500
Separate Prescription Deductible	\$0	\$0	\$0	\$0
Co-Insurance	\$1,902	\$709	\$1,348	\$2,300
Primary Care Office Visit Copays	\$105	\$75	\$90	Ded/Coins
Specialist Copays	\$330	\$270	\$300	Ded/Coins
<b>Gap Reimbursement for OOP Costs</b>	<b>(\$3,102)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net OOP Cost</b>	<b>\$435</b>	<b>\$1,504</b>	<b>\$2,538</b>	<b>\$3,800</b>

## Total Cost = OOP's + Annual Premiums

	<b>Limited + Gap</b>	<b>Partnership</b>	<b>Standard</b>	<b>CDHP (Single)</b>
Employee (EE)	\$435	\$3,100	\$4,434	\$3,800
EE + Child(ren)	\$4,077	\$7,558	\$8,892	
EE + Spouse	\$5,992	\$10,492	\$12,126	
EE + Spouse + Child(ren)	\$8,682	\$14,327	\$15,961	

# Having a Baby OOP's (Family Coverages)

Hospital and Doctor Bills	\$7,540	\$7,540	\$7,540	\$7,540	\$7,540
<b>Employee Pay These OOP Expenses</b>	<b>Limited + Gap</b>	<b>Partnership</b>	<b>Standard</b>	<b>CDHP (Single)</b>	<b>CDHP (Family)</b>
Deductible	\$1,200	\$450	\$800	\$1,500	\$3,000
Separate Prescription Deductible	\$0	\$0	\$0	\$0	\$0
Co-Insurance	\$1,902	\$709	\$1,348	\$2,300	\$1,866
Primary Care Office Visit Copays	\$105	\$75	\$90	Ded/Coins	Ded/Coins
Specialist Copays	\$330	\$270	\$300	Ded/Coins	Ded/Coins
<b>Gap Reimbursement for OOP Costs</b>	(\$3,102)	\$0	\$0	\$0	\$0
<b>Net OOP Cost</b>	<b>\$435</b>	<b>\$1,504</b>	<b>\$2,538</b>	<b>\$3,800</b>	<b>\$4,866</b>

## Total Cost = OOP's + Annual Premiums

	Limited + Gap	Partnership	Standard	CDHP (Single)	CDHP (Family)
Employee (EE)	\$435	\$3,100	\$4,434	\$3,800	
EE + Child(ren)	\$4,077	\$7,558	\$8,892		\$8,045
EE + Spouse	\$5,992	\$10,492	\$12,126		\$8,998
EE + Spouse + Child(ren)	\$8,682	\$14,327	\$15,961		\$11,377

# Having a Baby (complications)

Hospital and Doctor Bills	\$89,125	\$89,125	\$89,125	\$89,125
<b>Employee Pay These OOP Expenses</b>	<b>Limited + Gap</b>	<b>Partnership</b>	<b>Standard</b>	<b>CDHP (EE+Child)</b>
Deductible (EE + Child)	\$1,800	\$700	\$1,250	\$3,000
Co-Insurance (EE + Child)	\$11,400	\$2,500	\$2,550	\$4,600
Primary Care Office Visit Copays	\$0	\$0	\$0	Ded/Coins
Specialist Copays	\$0	\$0	\$0	Ded/Coins
Generic Drugs	\$0	\$180	\$360	Ded/Coins
Non-Preferred Drugs	\$0	\$3,060	\$3,420	Ded/Coins
<b>Gap Reimbursement for OOP Costs</b>	<b>(\$12,000)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net OOP Cost</b>	<b>\$1,200</b>	<b>\$6,440</b>	<b>\$7,580</b>	<b>\$7,600</b>

## Total Cost = OOP's + Annual Premiums

	<b>Limited + Gap</b>	<b>Partnership</b>	<b>Standard</b>	<b>CDHP (EE+Child)</b>
Employee (EE)	\$1,200	\$8,036	\$9,476	\$7,600
EE + Child(ren)	\$4,842	\$12,494	\$13,934	\$10,779
EE + Spouse	\$6,757	\$15,428	\$17,168	\$11,732
EE + Spouse + Child(ren)	\$9,447	\$19,263	\$21,003	\$14,111

# Outpatient Knee Surgery

Hospital and Medical Bills	\$6,340	\$6,340	\$6,340	\$6,340	\$6,340
<b>Employee Pay These OOP Expenses</b>	<b>Limited + Gap</b>	<b>Partnership</b>	<b>Standard</b>	<b>CDHP (Single)</b>	<b>CDHP (Family)</b>
Deductible	\$1,200	\$450	\$800	\$1,500	\$3,000
Separate Prescription Deductible	\$72	\$0	\$0	\$0	\$0
Co-Insurance	\$1,542	\$589	\$1,108	\$2,143	\$1,693
Emergency Room Visit	\$165	\$125	\$145	Ded/Coins	Ded/Coins
Primary Care Office Visit Copays	\$105	\$75	\$90	Ded/Coins	Ded/Coins
Specialist Copays	\$330	\$270	\$300	Ded/Coins	Ded/Coins
Generic Drugs	\$0	\$45	\$90	Ded/Coins	Ded/Coins
<b>Gap Reimbursement for OOP Costs</b>	<b>(\$2,907)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net OOP Cost</b>	<b>\$507</b>	<b>\$1,554</b>	<b>\$2,533</b>	<b>\$3,643</b>	<b>\$4,693</b>

## Total Cost = OOP's + Annual Premiums

	Limited + Gap	Partnership	Standard	CDHP (Single)	CDHP (Family)
Employee (EE)	\$507	\$3,150	\$4,429	\$3,643	
EE + Child(ren)	\$4,149	\$7,608	\$8,887		\$7,871
EE + Spouse	\$6,064	\$10,542	\$12,121		\$8,825
EE + Spouse + Child(ren)	\$8,754	\$14,377	\$15,956		\$11,204

# Managing Diabetes

Hospital and Doctor Bills	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
<b>Employee Pay These OOP Expenses</b>	<b>Limited + Gap</b>	<b>Partnership</b>	<b>Standard</b>	<b>CDHP (Single)</b>	<b>CDHP (Family)</b>
Deductible	\$1,200	\$450	\$800	\$1,500	\$3,000
Separate Prescription Deductible	\$100	\$0	\$0	\$0	\$0
Co-Insurance	\$30	\$85	\$100	\$1,610	\$1,160
Emergency Room Copay	\$165	\$125	\$145	Ded/Coins	Ded/Coins
Primary Care Office Visit Copays	\$105	\$75	\$90	Ded/Coins	Ded/Coins
Specialist Copays	\$330	\$270	\$300	Ded/Coins	Ded/Coins
Generic Drugs Copays	\$0	\$60	\$120	Ded/Coins	Ded/Coins
Non-Preferred Drugs	\$2,520	\$2,040	\$2,280	Ded/Coins	Ded/Coins
<b>Gap Reimbursement for OOP Costs</b>	<b>(\$165)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net OOP Cost</b>	<b>\$4,285</b>	<b>\$3,105</b>	<b>\$3,835</b>	<b>\$3,110</b>	<b>\$4,160</b>

## Total Cost = OOP's + Annual Premiums

	Limited + Gap	Partnership	Standard	CDHP (Single)	CDHP (Family)
Employee (EE)	\$4,285	\$4,701	\$5,731	\$3,110	
EE + Child(ren)	\$7,927	\$9,159	\$10,189		\$7,338
EE + Spouse	\$9,842	\$12,093	\$13,423		\$8,292
EE + Spouse + Child(ren)	\$12,532	\$15,928	\$17,258		\$10,671

# Outpatient Dialysis OOP's

Outpatient Bills	\$32,356	\$32,356	\$32,356	\$32,356	\$32,356
<b>Employee Pays These OOP Expenses</b>	<b>Limited + Gap</b>	<b>Partnership</b>	<b>Standard</b>	<b>CDHP (Single)</b>	<b>CDHP (Family)</b>
Deductible	\$1,200	\$450	\$800	\$1,500	\$3,000
Co-Insurance	\$5,400	\$1,850	\$1,800	\$2,300	\$3,850
Emergency Room Copay	\$0	\$0	\$0	Ded/Coins	Ded/Coins
Primary Care Office Visit Copays	\$0	\$0	\$0	Ded/Coins	Ded/Coins
Specialist Copays	\$0	\$0	\$0	Ded/Coins	Ded/Coins
Generic Drugs Copays	\$0	\$0	\$0	Ded/Coins	Ded/Coins
Non-Preferred Drugs	\$0	\$2,500	\$3,000	Ded/Coins	Ded/Coins
<b>Gap Reimbursement for OOP Costs</b>	\$0	\$0	\$0	\$0	\$0
<b>Net OOP Cost</b>	<b>\$6,600</b>	<b>\$4,800</b>	<b>\$5,600</b>	<b>\$3,800</b>	<b>\$6,850</b>

## Total Cost = OOP's + Annual Premiums

	Limited + Gap	Partnership	Standard	CDHP (Single)	CDHP (Family)
Employee (EE)	\$6,600	\$6,396	\$7,496	\$3,800	
EE + Child(ren)	\$10,242	\$10,854	\$11,954		\$10,029
EE + Spouse	\$12,157	\$13,788	\$15,188		\$10,982
EE + Spouse + Child(ren)	\$14,847	\$17,623	\$19,023		\$13,361

# Comparison of Deductibles and Co-Insurance Maximums With Gap

Annual Deductible	In-Network			
	*Limited PPO + Beazley Gap	Partnership PPO	Standard PPO	CDHP
Employee only	\$0 - \$1,200	\$450	\$800	\$1,500
EE + Child(ren)	\$0 - \$1,800	\$700	\$1,250	\$3,000
EE + Spouse	\$0 - \$2,100	\$900	\$1,600	\$3,000
EE + Sp + Child(ren)	\$0 - \$2,600	\$1,150	\$2,050	\$3,000
Out-of-Pocket Co-Insurance Maximum				
Employee only	\$0 - \$5,400	\$1,550	\$1,900	\$3,800
EE + Child(ren)	\$0 - \$11,400	\$2,450	\$3,100	\$7,600
EE + Spouse	\$0 - \$11,100	\$3,100	\$3,800	\$7,600
EE + Sp + Child(ren)	\$0 - \$10,600	\$4,000	\$5,000	\$7,600

\* After Gap \$

**\* Assumes claim qualifies for first dollar reimbursement from Gap insurance**



# How the Limited + Gap Plan Works



# How to File Gap Claims

- There are 2 ways to file claims:
  1. Have the Gap plan pay benefits directly to your healthcare provider
  2. Or, have the Gap plan benefits paid directly to you



# Paid to You

1. Present your Limited PPO ID card
2. Ask them to file your medical claim
3. **Ask for a copy of the itemized bill**
4. You will get an EOB from the Limited PPO showing your OOP expenses
5. File a Gap claim with Beazley:
  - Either mail or fax the Limited PPO plan EOB **and a copy of the itemized bill** directly to Beazley insurance
  - Their contact info is in your handout and on MyBenefitsChannel.com
6. No claim forms to complete!



# Paid to Providers

1. Present your Limited PPO and Beazley Gap ID cards to your provider
2. Ask them to file your claims
3. You will get an EOB from the Limited PPO showing your OOP expenses
4. File a Gap claim with Beazley:
  - Either mail or fax the Limited PPO plan EOB directly to Beazley insurance
  - Their contact info is in your handout and on [MyBenefitsChannel.com](http://MyBenefitsChannel.com)
5. No claim forms to complete!

# No Upfront Payment Providers



- If you pick a Beazley Gap plan there is a list of hospitals who agree to not bill upfront for your deductible and coinsurance amounts
- If any amount is due after the Gap benefit pays, the employee/dependent will be billed at that point
- To take advantage of this program simply go to a participating hospital and follow the process for having benefits Paid to Providers

# No Upfront Payment Providers (9-9-15)



- Dyersburg Regional Medical Center
- Jackson-Madison County General Hospital - JMCSS Only
- Maury Regional – Columbia Only
- Laughlin Memorial
- Takoma Regional Hospital
- Wellmont Health System – Johnson City, Bristol, and Kingsport
- Mountain States
- Indian Path Medical Center
- Provider lists are subject to change without notice. Please confirm with provider.

# Want to Pick the Limited PPO + Gap Plan?



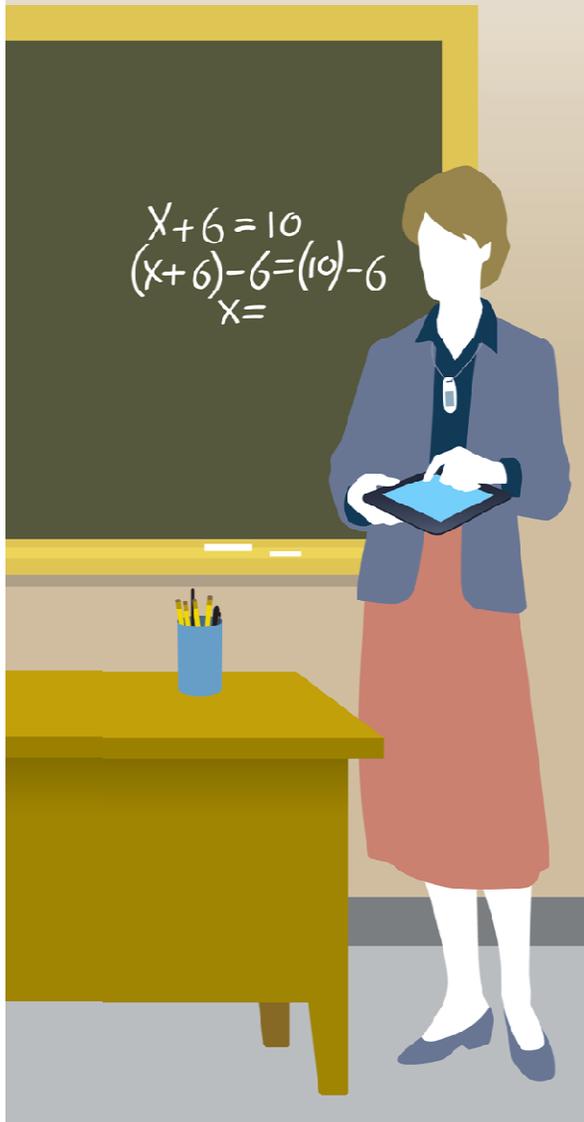
- If you want to pick the Limited PPO you must do so during open enrollment Oct 1 – Oct 30 by 4:30pm (CST) 5:30 (EST)
- It's as easy as 1,2,3:
  1. Go to the state health plans website
  2. Log in & pick the Limited PPO you want
  3. Enroll family members to be covered
- You and covered family members on the Limited PPO will be auto enrolled for Gap
- **Important** - “Alex” won't know about Gap

# Want the Partnership/Standard PPO Gap Plan?



- Make sure you are enrolled in the Partnership or Standard PPO
- Beazley Gap applications are available at your central office, or if available, on [MyBenefitsChannel.com](http://MyBenefitsChannel.com)
- You must add the same family members to your health plan and Gap application
- Turn your completed Gap application into your central office
- Your benefits department can help if needed

# New Dental and Vision Benefits!



- Effective January 1, 2016, the State Dental and Vision benefits are moving to private plans
- Cigna will be the new Dental Carrier
  - Low and High Dental Benefits
- BCBS will be the new Vision Carrier
  - Basic and Enhanced Vision Benefits



# 2016 Employee Dental Monthly Cost

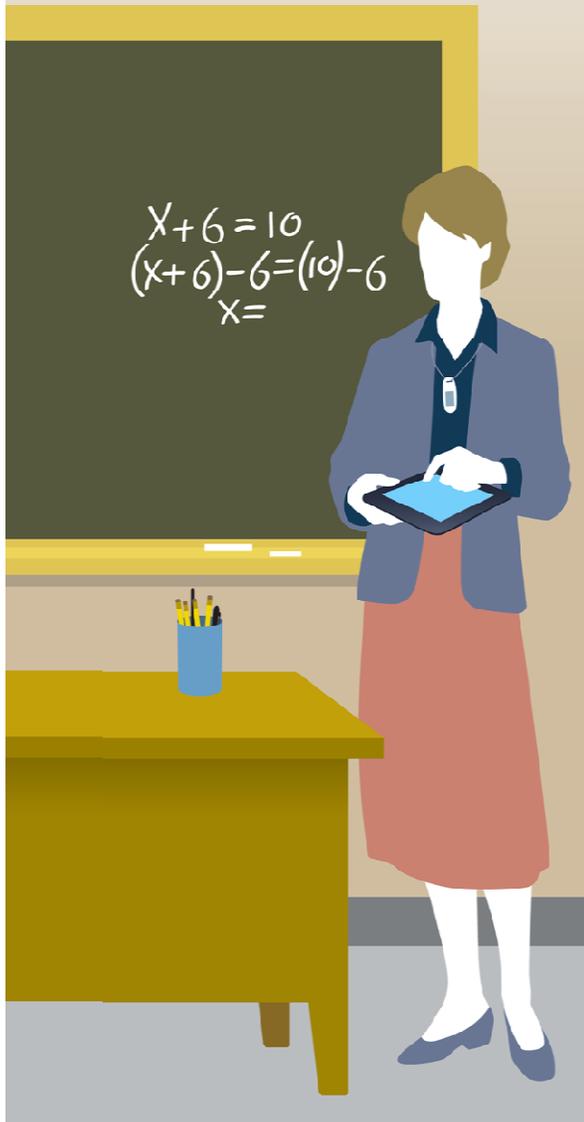
	Cigna High	Cigna Low
Employee (EE)	\$21.89	\$13.18
EE + Child(ren)	\$42.25	\$25.43
EE + Spouse	\$51.35	\$30.91
EE + Sp. + Child(ren)	\$82.66	\$49.76



# 2016 Employee Vision Monthly Cost

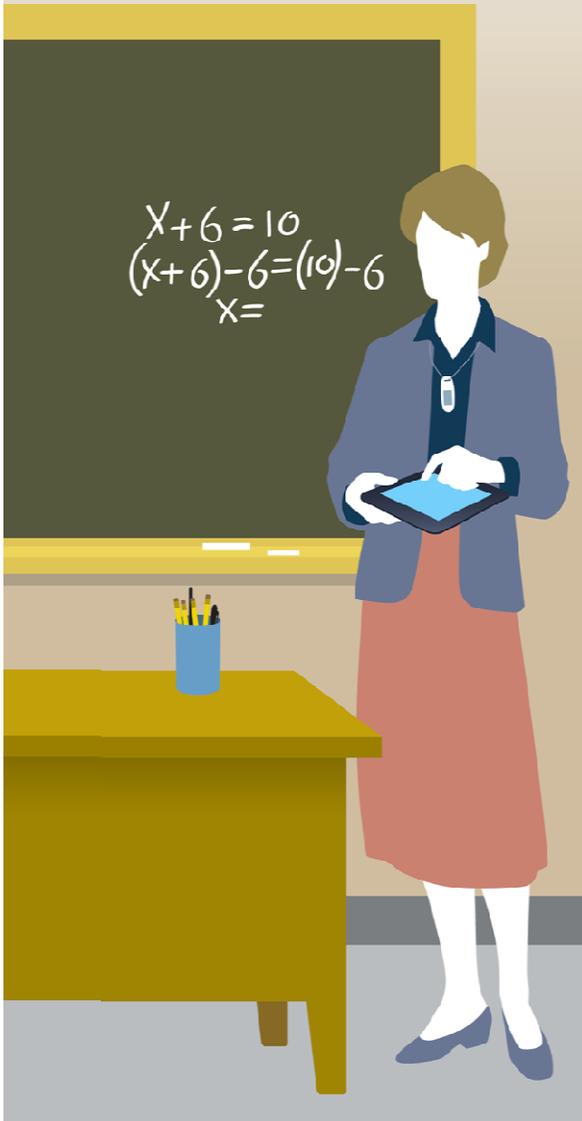
	BCBS Enhanced Plan	BCBS Basic Plan
Employee (EE)	\$5.86	\$3.91
EE + Child(ren)	\$12.30	\$8.21
EE + Spouse	\$11.72	\$7.82
EE + Sp. + Child(ren)	\$19.33	\$12.90

# Cigna Dental Plan Highlights



- Cigna Dental High PPO Plan
  - \$1,250 Benefit Maximum, \$1,500 Ortho Maximum
  - No Waiting Periods
  - Cigna DPPO Network, 80% UCR out-of-network
  - Rollover – Maximum benefit can increase yearly
- Cigna Dental Low PPO Plan
  - \$1,000 Benefit Maximum, No Ortho Maximum
  - No Waiting Periods
  - Cigna DPPO Network, 80% UCR out-of-network
  - Rollover – Maximum benefit can increase yearly
- Other value-added features, make sure to read the brochures

# BCBS of TN Vision Plan Highlights



- BCBS Enhanced Plan
  - Copays for most benefits including frames and lenses
  - No Waiting Periods
  - Frames can be replaced yearly
- BCBS Basic Plan
  - No Exam copay
  - No Waiting Periods
  - Allowance and Discount Benefits
- Network of vision providers is 40% larger than the old State Vision plan



## Want to Pick the Dental or Vision Plan?

- All employees currently enrolled in the State Dental or Vision plan **must** complete a new enrollment form, if you do not your coverage will be dropped on 1/1/16!
- If you want to drop current coverage or not enroll, you must complete a waiver form.
- Forms need to be completed and turned into the benefits office by October 30<sup>th</sup>



# Special Notice

The content of this communication is for informational purposes only and is not intended as any form of professional advice. This communication is not intended to outline every benefit, limitation, or exclusion of the State-sponsored benefit plans

For questions or advice about your benefits, please contact your human resources representative or the Tennessee Benefits Administration Division website at [partnerforhealthtn.gov](http://partnerforhealthtn.gov)

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Understanding your benefits is important.

Go to [MyBenefitsChannel.com](http://MyBenefitsChannel.com) then click on the My Benefits Icon for more information on all of your benefits

Thank you!

Five Points Benefits

800.435.5023

