



2021 Benefits Open Enrollment

Plan Year: January 1, 2021 – December 31, 2021



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Agenda

- Open Enrollment
- What is Changing?
- Benefit Plan Overview
- Benefit Resources
- Enrollment Process
- Questions & Answers



Open Enrollment

October 19, 2020 – November 10, 2020

What is Open Enrollment?

Open Enrollment is your annual opportunity to make changes to your benefit elections:

- Enroll in or drop medical, dental or supplemental life, AD&D and long term disability insurance
- Contribute to a Health Savings Account (HSA)
- Contribute to a Flexible Spending Account (FSA)
- Add or drop spouse or dependent coverage

All employees must actively enroll in a medical plan for the 2021 plan year. If you do not make an election in Epicor prior to **11/10/2020, you and your dependents will not have medical insurance coverage in 2021.**

Outside of Open Enrollment, you can only make election changes within 30 days following a qualifying event (marriage, birth, involuntary loss of coverage, etc.)

Who is Eligible?

- **Employee**
 - Medical, dental, basic life, supplemental life, AD&D and long term disability
 - 0.5 FTE and above
- **Spouse / Domestic Partner**
 - Medical, dental, supplemental life and AD&D
 - Legally married spouse
 - Domestic partner
- **Child(ren)**
 - Medical, dental, supplemental life and AD&D
 - Covered up to age 26 for medical and dental

What Are My Next Steps?

Carefully review the benefit information found on Epicor or the USI Mobile App to determine the best options for you and your family for the January 1, 2021 – December 31, 2021 plan year. A recorded version of this presentation is also available and outlines all benefits, including life and disability.

All benefit-eligible employees will need to actively select a medical plan in Epicor in order to have coverage for the 2021 plan year. Changes to dental and FSA enrollment must also be captured in Epicor during this Open Enrollment period.

Please review your current life, AD&D or LTD elections under the “My Benefits” tab in Epicor. If you wish to make any changes, please contact Melissa Reed in HR for assistance

All elections must be made by Tuesday, November 10

What is Changing?

2021 Benefit Changes

- Effective January 1, 2021, SRH will partner with Premiera Blue Cross for our medical insurance offerings.
 - SRH will now pay 95% of the employee only medical premiums and 60% of the dependent medical premiums!
- The PEBB medical plan options will no longer be available to SRH employees.
- Employees who enroll on the Premiera HDHP medical plan will have access to an HSA administered by ConnectYourCare.
- FSAs will be administered through Navia. Debit cards will now be available for access to FSA funds.

Benefit Plan Overview

Medical Insurance



BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Medical Plan Options

- **Premera HDHP**

- Higher deductible (aggregate for family)
- Flat coinsurance with incentivized use of SRH providers
- Out-of-network coverage
- Access to a Health Savings Account (HSA)
- Lowest employee premiums

- **Premera Value Plan**

- Low deductible
- Flat copays with incentivized use of SRH providers
- No out-of-network coverage
- Mid-range employee premiums

- **Premera Classic Plan**

- Low deductible
- Flat coinsurance with incentivized use of SRH providers
- Out-of-network coverage
- Highest employee premiums

Medical In-Network Benefits

	Premera Blue Cross HDHP Medical Plan In-Network	Premera Blue Cross Value Medical Plan In-Network	Premera Blue Cross Classic Medical Plan In-Network
Annual Deductible	\$1,400 individual \$2,800 family aggregate	\$250 per individual \$750 family max	\$250 per individual \$750 family max
SRH HSA Contribution	\$700 individual \$1,400 family	N/A	N/A
Annual Out-of- Pocket Maximum	\$4,200 individual \$8,400 family aggregate Capped at \$6,850/individual	\$3,000 per individual \$6,000 family max	SRH: \$1,000 / \$2,000 family max PPO: \$2,000 / \$4,000 family max Prescription: \$2,000 per individual
Preventive Care	Covered in full	Covered in full	Covered in full
Office Visit	SRH: You pay 10% after deductible PPO: You pay 20% after deductible	SRH: You pay \$30 copay (DW) PPO: You pay \$30 copay after deductible	SRH: You pay 5% (DW) PPO: You pay 20% after deductible
Basic Diagnostic Lab & X-ray		SRH: Covered in full PPO: You pay 10% after deductible	SRH: You pay 5% (DW) PPO: You pay 20% after deductible
Inpatient Hospital		You pay \$200 copay/day (capped at \$600 PCY) Deductible and 10% applies to PPO	You pay \$200 copay/day (capped at \$600 PCY) Deductible and 20% applies to PPO
Emergency Room		SRH: You pay \$300 copay (DW) PPO: You pay \$300 copay, 10% after deductible	SRH: You pay \$250 copay, 5% (DW) PPO: You pay \$250 copay, 20% after deductible

(DW) = Deductible waived

PCY = Per calendar year

Premera Virtual Care

Premera medical plan members can connect with board-certified doctors and mental health professionals in the comfort of their own home through Premera's virtual care partners –



Video and phone-based care
from a doctor, 24/7



Text-based care from
a doctor, 24/7



Video and phone-based
mental health therapy

All three platforms offer 24/7 access to care and providers can provide a diagnosis, treatment plan and prescribe medications, when appropriate.

Visit www.premera.com to learn more!

Prescription Benefits

	Premera Blue Cross HDHP Medical Plan In-Network	Premera Blue Cross Value Medical Plan In-Network	Premera Blue Cross Classic Medical Plan In-Network
Annual Deductible	Shared with medical deductible	N/A	N/A
Annual Out-of-Pocket Maximum	Shared with medical OOPM	Shared with medical OOPM	\$2,000 per individual
Preventive Medications	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Tier 1: Generic	You pay 20% after deductible	You pay \$5 copay	You pay 5%
Tier 2: Preferred Brand		You pay \$25 copay	You pay 10%
Tier 3: Non-preferred Brand		You pay \$50 copay	You pay 30%
Tier 4: Specialty		You pay 50%	You pay 50% up to \$250 max
Mail Order	You pay 20% after deductible 90-day supply	2x retail copays 90-day supply	Same as retail coinsurance 90-day supply

Medical Out-of-Network Benefits

	Premera Blue Cross HDHP Medical Plan Out-of-Network	Premera Blue Cross Value Medical Plan Out-of-Network	Premera Blue Cross Classic Medical Plan Out-of-Network
Annual Deductible	Shared with in-network deductible	No coverage	Shared with in-network deductible
Annual Out-of-Pocket Maximum	Shared with in-network OOPM	No coverage	Shared with in-network OOPM
Preventive Care	You pay 40% after deductible	No coverage	You pay 40% after deductible
Office Visit	You pay 40% after deductible	No coverage	You pay 40% after deductible
Diagnostic Lab & X-ray	You pay 40% after deductible	No coverage	You pay 40% after deductible
Inpatient Hospital	You pay 40% after deductible	No coverage	You pay 40% after deductible
Prescriptions	You pay 20% after deductible No coverage for specialty	You pay in-network copay + 40%	You pay in-network coinsurance + 40% after deductible
Emergency Room	You pay 20% after deductible	You pay \$300 copay, 10% after deductible	You pay \$250 copay, 20% after deductible

Medical – Employee Contributions

SRH will pay 95% of the employee only premiums and 60% of dependent premiums for each medical plan option.

	Premera Blue Cross HDHP Medical Plan	Premera Blue Cross Value Medical Plan	Premera Blue Cross Classic Medical Plan
The figures below represent the <u>monthly</u> employee premiums for medical coverage.*			
Employee Only	\$34.40	\$36.55	\$38.04
Employee & Spouse	\$284.81	\$302.61	\$314.99
Employee & Child(ren)	\$222.35	\$236.24	\$245.91
Employee & Family	\$472.77	\$502.31	\$522.86

Employees who choose to waive medical benefits will receive a \$150/month payment from SRH. You must complete an “opt-out” form to qualify for this monthly payment. If you are newly opting-out of medical benefits for 2021, please make sure to submit a form to HR.

*Employee contributions are deducted from your first two paychecks of each month. To calculate your per-paycheck deductions, divide the above figures by 2. All deductions are taken on a pre-tax basis unless requested otherwise.

Tips for Medical Transition

To ensure a smooth transition to Premera medical coverage, we recommend the following:

- Find Premera in-network doctors by using the Find Care tool on www.premera.com.
- Update your insurance information with your providers.
- If you have upcoming care that needs prior-authorization, call Premera's customer service team at (800) 722-1471 after 1/1/2021.
- Consider Premera's transition of care policy if you are in the middle of treatment (applies in limited circumstances, see the TOC document on Epicor for more information).



Premera's Find Care Tool

You can find in-network doctors and facilities by visiting www.premera.com and using the “Find Care” tool (link at the top of the screen)

- Select the “**Heritage & Heritage Plus 1**” network when searching.
- You can search by provider name, location or specialty.
- If you previously utilized a Kaiser Permanente Medical Center, you will likely need to find a new in-network provider. You can contact your KP medical center to ask if they participate in the Premera network.
- Remember – All SRH providers and facilities are in-network and you will get the most out of your medical benefits when you utilize our services.

Prescription Drug Tips



- Refill your prescriptions prior to 1/1/2021 to ensure you have a full supply on hand while you research how your medications will be covered under the new Premera plan.
- View the new Rx formulary lists on www.premera.com to see which tier your medication falls under.
- Find in-network pharmacies by using Premera's Find Care tool.
- Consider using Express Scripts mail order pharmacy for maintenance medications.
- Fill specialty medication Rx through the Accredo Specialty pharmacy (more information found in Epicor and the USI Mobile App).

Express Scripts Mail Order Rx

Members on the Premera medical plans can order their prescription drugs through the Express Scripts mail order service.

Ordering new prescriptions

- Your provider can send new prescriptions into Express Scripts by mail, fax, or by calling 888-EASYRX1 (calling is not an option for controlled substances)

Changing current prescriptions to mail order

- You can request mail delivery by signing in to www.premera.com and going to **Pharmacy Services** under **Member Services**
- You can also request a mail-order delivery by calling 800-391-9701

More information on the Express Scripts mail order delivery services, including detailed instructions for getting started can be found on the USI Mobile App or in Epicor.

Register at Premera.com

One of your first steps as a new Premera member should be to register your account on www.premera.com after 1/1/2021. Through the member website, you can:

- View your claims
- Order prescriptions
- Estimate treatment costs
- Learn about preventive care
- Explore member resources



Health Savings Accounts

(High Deductible Health Plan Enrollees Only)

Health Savings Accounts (HSA)

Employees who enroll in the HDHP through Premera may be eligible for a Health Savings Account. An HSA is like a 401(k) plan for healthcare expenses, only you have access to the funds now:



An employee-owned account used to pay current and future qualified healthcare expenses

- Triple tax advantage
- Funds roll over year after year
- Account stays with you, even if employment changes

HSA Eligibility

You can contribute to an HSA if, for a given month, you are:



Covered under a qualified high-deductible health plan (HDHP) on the first day of such month



Not claimed as a dependent on another person's tax return



Not enrolled in other "Disqualifying Coverage"

Disqualifying Coverage

Any medical coverage other than a qualified High Deductible Health Plan will be considered disqualifying:

- Traditional PPO and HMO Medical Plans
- Full-Purpose Healthcare FSA or HRA
- Medicare or Tricare
- Use of VA non-preventive medical benefits in the past 3 months
- A spouse's non-qualified coverage, including full-purpose FSA

Be sure to notify Human Resources if you become ineligible for the HSA mid-year

How Much Can I Contribute?

The 2021 IRS HSA Contribution Limits are:

- **\$3,600** if you are enrolled in individual medical coverage
- **\$7,200** if you cover any family members on your medical plan
- Account holders over age 55 can contribute an additional \$1,000

Skagit Regional Health will contribute \$700/individual or \$1,400/family to each eligible employee's HSA, pro-rated on a monthly basis.

IRS limits are for combined employee and employer contributions.

If you would like to contribute your own funds to your HSA, you will need to complete the HSA contribution form and submit to HR. You can change your contribution amounts on a monthly basis.



HSA Reimbursements

HSAs may reimburse any qualified health expense of the:

Account holder
(employee)

Account holder's
legal spouse

Any tax dependents of
the account holder

Non-Tax Dependents and Domestic Partners:

Expenses of non-tax dependents are not eligible for reimbursement through the account holder's HSA, however if they are HSA-eligible, i.e. have no other disqualifying coverage, they can open their own HSA!

Qualified Expenses

Any expense incurred to maintain your health, or your eligible family members' health, are eligible expenses, under the same eligibility rules provided by Code Section 213(d) of the IRS Ruling or Health Savings Accounts; see also IRS Publication 502.

Keep your receipts to substantiate to the IRS that you used your HSA funds for qualified expenses!



Allowed	Not Allowed
Office Visits	Books
Hospital Costs	Club Memberships
Frames & Contact Lenses	Exercise Classes
Orthodontia	Marriage Counseling
Prescriptions and OTC Medications	Teeth Bleaching
Physical Therapy	Cosmetic Surgery

*Non-qualified expenses may be reimbursed but are subject to regular income tax and may be subject to a 20% penalty.

Using your HSA After Age 65

After reaching age 65, you are able to use your HSA funds on any expense, without assessing penalties.

If you use your HSA funds on a non-qualified expense, you will simply pay income tax on the amount used.

Similar to a 401(k)!



Transferring HSA Funds to CYC

If you have an HSA through HealthEquity, you can keep that account open or you can transfer your HSA funds to your new account through ConnectYourCare.

Keeping HealthEquity Account Active:

- An administrative fee of \$3.95/month will be charged to you
 - Fee can be automatically withdrawn from your account balance
 - Fee is waived for any month that you have a balance of \$2,500+ in your account
- You will have 2 HSAs if you enroll on the Premiera HDHP

Transferring Funds to ConnectYourCare:

- Complete the HealthEquity HSA Closure Request Form (found in epicor)
 - Indicate that you want funds transferred to CYC account
- Submit form to HealthEquity via:
 - Secure email
 - HealthEquity member portal
 - Mail (address found on form)
- Your funds will be frozen for up to several weeks during the transfer

Flexible Spending Accounts (FSA)



Flexible Spending Accounts (FSA)

Flexible Spending Accounts allow you to set aside pre-tax funds from your paycheck to pay anticipated health and dependent care expenses

Health Care Flexible Spending Accounts

General-Purpose Health Care FSA: Value/Classic Plan Compatible / No HSA

- Pre-tax funds can be used to pay medical, dental and vision expenses for you and your qualified dependents
- Set aside up to \$2,750 per plan year

Limited Purpose Health Care FSA: HDHP Plan Compatible / HSA

- Pre-tax funds can be used to pay dental and vision expenses ONLY for you and your qualified dependents
- Set aside up to \$2,750 per plan year

Dependent Care Flexible Spending Account

Available to all benefit eligible employees

- Pre-tax funds can be used to pay dependent care expenses (children under 13)
- Set aside up to \$5,000 per household per tax year
- Funds are available for reimbursement based on contributions to date
- You and your spouse (if married) must work, look for work or attend school full time

Flexible Spending Accounts (FSA)

FSAAs are administered by Navia Benefit Solutions

Participant portal: www.naviabenefits.com

Decision is IRREVOCABLE for the plan year: 1/1/21 - 12/31/21

- Be conservative when making your election; plan for **known expenses**
- Adjustments can be made only in cases of a qualifying change in status, such as a marriage, divorce, death, birth, adoption
- Reimbursement available via direct deposit
- Or swipe and pay with the debit card
- Watch out for the “use it or lose it” rule
- Spend your FSA dollars by March 15, 2022
 - Claims can be incurred from 1/1/2021 – 3/15/2022
- Submit claims for reimbursement no later than March 31, 2020 or funds will be forfeited

Dental Insurance



Delta Dental of Washington



Willamette
Dental Group

Dental Plan Options

	Delta Dental of Washington Basic Option	Delta Dental of Washington High Option	Willamette Dental HMO Option
Calendar Year Deductible	\$50 per person Up to \$150 per family	\$25 per person Up to \$75 per family	None
Preventive Services	You pay 20%, deductible waived	You pay 0%, deductible waived	Most services are covered at 100% after you pay a \$10 copay. See summary of benefits for more details.
Basic Services	You pay 20% after deductible	You pay 15% after deductible	
Major Services	You pay 50% after deductible	You pay 50% after deductible	
Calendar Year Maximum	\$1,500 per person	\$1,500 per person	
Orthodontia	Not covered	Not covered	You pay \$2,000 copay, then plan provides 100% coverage
Out-of-Network*	Covered at regular coinsurance level up to maximum allowable fees	Covered at regular coinsurance level up to maximum allowable fees	Not covered

***Out-of-network dentists may charge the member for any balance of the bill that is not covered by Delta Dental – There is not cap to balance billing.**

Dental – Employee Contributions

	Delta Dental of Washington Basic Option	Delta Dental of Washington High Option	Willamette Dental HMO Option
The figures below represent the <u>monthly</u> employee premiums for dental coverage.*			
Employee Only	\$0.00	\$8.28	\$29.32
Employee & Spouse	\$46.14	\$62.90	\$100.12
Employee & Child(ren)	\$38.54	\$51.71	\$100.12
Employee & Family	\$84.68	\$106.32	\$157.82

*Employee contributions are deducted from your first two paychecks of each month. To calculate your per-paycheck deductions, divide the above figures by 2. All deductions are taken on a pre-tax basis unless requested otherwise.

Life / AD&D / LTD Insurance



Life / AD&D / LTD

Benefit-eligible employees have access to life, accidental death & dismemberment and long term disability insurance through MetLife and The Standard. More information on these coverage options can be found in the Benefit Guide and the recorded presentation found in Epicor or the USI Mobile App.

We encourage you to review your current elections for these benefits in Epicor and contact Melissa Reed in HR if you want to make any changes for the upcoming plan year.

Please note: most changes will require a statement of health to be approved by the insurance carrier.

Benefit Resources

USI Mobile App

The USI Mobile App gives on-the-go access to all your benefit and insurance policy details, HR contact information and more!

- **Staying Organized**

The app gives you access to all your benefit plan information, including a recording of this presentation.

- **ID Card Storage**

The app allows you to take and access images of your ID cards. Images are stored on the phone itself; no personal health information is transmitted or saved.

- **Getting In Touch**

The app provides you with a single location to find contact information for your Human Resources team and the Benefit Resource Center, as well as insurance carriers.



Download the app by searching for “usieb” in your app store and, once downloaded, entering code 595222.

USI Benefit Resource Center (BRC)

Whether you have questions about how your benefits work or if you need assistance navigating a claims issue, the BRC is here to help!



- Have questions about which plan is best for you?
- Have questions about how your benefits work?
 - Need assistance navigating a claims issue?
 - Are you just not sure what is covered?

Contact the BRC for help!

1-866-4ourBRC

BRCWest@usi.com

6:00am – 6:00pm PST

Enrollment Process

Epicor Instructions

For detailed instructions on how to enroll in benefits, please view the “Epicor Open Enrollment Instructions” document found with the other benefit information on Epicor.

If you need additional assistance with the election process, please contact Winetta Bemis or Melissa Reed in HR



Open Enrollment Reminders

The Open Enrollment period for the upcoming January 1, 2021 – December 31, 2021 plan year will end on **Tuesday, November 10.**

Remember to log into Epicor to:

- Select a medical plan option
- Make changes to dental elections
- Add or drop dependent coverage
- Enroll in a flexible spending account (prior elections will not roll forward)

If you enroll on the Premiera HDHP medical plan and would like to contribute your own funds to an HSA, you will need to complete an HSA contribution form, downloaded from Epicor.

To make changes to supplemental life, AD&D or LTD, contact Melissa Reed in HR at mreed2@skagitregionalhealth.org or (360) 814-8285.

If you do not make elections in Epicor, you will not have medical insurance coverage for the 2021 plan year. Your current dental, supplemental life, AD&D and LTD elections will roll forward to the new plan year. You will not be re-enrolled in the FSA.

Questions



Thank you for your time!