

To: District Staff – TEACHERS
Re: Health Insurance Premium Information

From: Amanda Lake, Benefits Specialist
Date: January 2, 2018

Health insurance coverage options and costs listed are in effect 07/01/2017-06/30/2018. (Medical Network = Blue Cross Aware) District contribution = \$1323 per month towards plan selection. Amounts are based on a 1.0 FTE.

Minimum Value Plan: SC068-MO is a Consumer Directed Health Plan (CDHP)

Health Savings Account (HSA) compatible.
\$6,350 Single/\$12,700 Family Deductible; includes prescription drugs.
\$6,350 Single/\$12,700 Family Maximum Annual out-of-pocket; includes prescription drugs.
Lifetime Maximum = Unlimited. All routine/preventive care services covered at 100%.
Prescription Drugs = 100% after deductible; Closed formulary.
Single Premium = \$ 514.50/month x 12 months = \$ 6,174.00/year
Family Premium = \$1,285.50/month x 12 months = \$15,426.00/year

\$0.00 perPayPeriod
\$0.00 perPayPeriod

Plan 860: SC068-HA is a Comprehensive Major Medical (CMM) (aka Consumer Directed Health Plan (CDHP))

Health Savings Account (HSA) compatible. Employer HSA contribution option available as provided by contract or labor agreement language (\$3125 over 12 mo with Single coverage or \$3125 over 12 mo with family coverage).
\$3,250 Single/\$6,500 Family Deductible; includes prescription drugs.
\$3,250 Single/\$6,500 Family Maximum Annual out-of-pocket; includes prescription drugs.
Lifetime Maximum = Unlimited. All routine/preventive care services covered at 100%.
Prescription Drugs = 100% after deductible; Closed formulary.
Single Premium = \$ 638.00/month x 12 months = \$ 7,656.00/year
Family Premium = \$1,595.50/month x 12 months = \$ 19,146.00/year

\$0.00 perPayPeriod
\$266.46 perPayPeriodwith HAS
\$136.25 perPayPeriodwithoutHSA

Plan 830: SC068-V0 is a Comprehensive Major Medical (CMM) (aka Consumer Directed Health Plan (CDHP))

Voluntary Employees' Beneficiary Association (VEBA) contribution as provided by contract or labor agreement language (\$1200 over 12 mo with Single).
\$1,200 Single/\$2,400 Family Deductible; includes prescription drugs
\$1,200 Single/\$2,400 Family maximum annual out-of-pocket; includes prescription drugs.
Lifetime Maximum = Unlimited. All routine/preventive care services covered at 100%.
Prescription Drugs = 100% after deductible; Closed formulary.
Single Premium = \$ 758.50/month x 12 months = \$ 9,102.00/year
Family Premium = \$1,899.00/month x 12 months = \$ 22,788.00/year

\$0.00 perPayPeriod
\$288.00 perPayPeriod

\$300 CMM (Comprehensive Major Medical): SC068-W0 (aka Plan 2)

\$300 Single/\$900 Family Deductible
\$1,500 Single/\$3,000 Family maximum annual out-of-pocket; not including prescription drugs.
After deductible, 20% co-insurance on services.
Lifetime Maximum = Unlimited
All routine/preventive care services covered at 100%.
Prescription Drugs = \$8/Preferred generic, \$16/Preferred brand, \$32/Non-preferred
Single Premium = \$ 815.50/month x 12 months = \$ 9,786.00/year
Family Premium = \$2,068.50/month x 12 months = \$ 24,822.00/year

\$0.00 perPayPeriod
\$372.75 perPayPeriod

Trad 100: SC068-O0 - (End date of plan 6.30.2018)

\$100 Single/\$300 Family Deductible
\$2,080/person maximum annual out-of-pocket; not including prescription drugs.
After deductible, 20% co-insurance on services.
Lifetime Maximum = Unlimited
All routine/preventive care services covered at 100%.
Prescription Drugs = \$7/Preferred, \$10/Non-Preferred
Single Premium = \$ 994.00/month x 12 months = \$ 11,928.00/year
Family Premium = \$2,495.00/month x 12 months = \$ 29,940.00/year

\$0.00 perPayPeriod
\$586.00 perPayPeriod

How Your Deduction is Calculated: Yearly Cost of the Plan (from above) \$ minus Benefit per Year (from individual or bargained contract) = Total Employee (EE) Cost. Divide Total EE Cost by # of your Scheduled Paychecks = Total Deduction per Paycheck \$.

Other questions? Contact me at 507.333.6007 or via email at alake@faribault.k12.mn.us.

This is only a summary and is subject to the terms of the Contract. If there is a discrepancy between this Summary and the Contract, the Contract is considered correct.

On the school district's website, <http://www.faribault.k12.mn.us>, you can find the following information for each district plan:

Summary of Benefits & Coverage (SBC)

Summary Plan Documents (SPD)

Also on the website:

HIPAA Notice

Medicaid and the Children's Health Insurance Program (CHIP)

ACA- Health Insurance Marketplace Coverage Options and Your Health Coverage

BlueCross BlueShield of Minnesota Information (BCBSM)

www.bluecrossmn.com

Medical Network = Blue Cross Aware

Prescription Drug Formulary = BCBSMN FlexRx

CUSTOMER SERVICE TELEPHONE NUMBER:

1-888-878-0136

Or (651) 662-5517

Monday - Friday 8:00 A.M. - 4:30 P.M.

Fax inquiries: (651) 662-6065

OUTOFSTATECOVERAGE

If you receive care in another state, BCBSM will make every effort to get you the lowest cost and to make filing easy. If you see a doctor in the state who participates with that state's BlueCross BlueShield plan (BlueCross BlueShield of Minnesota is a separate organization), you will get the services at whatever cost the local plan has negotiated. Often, you will still have to send BCBSM an itemized billing with your group and contact numbers, but the hospitals will generally file with the local plan for you. BCBSM will assist you if you need help with these situations.

CHIROPRACTIC CARE

The BCBSM plan pays chiropractic care at the same rate as care of an M.D.

It is to your advantage to use a participating chiropractor. (See next paragraph)

PARTICIPATING OR NON-PARTICIPATING PROVIDER

In Minnesota, all participating doctors, hospitals and chiropractors will accept our allowed amount as the most they can charge. They will not balance bill for the charges over our allowed amount.

This saves you money. If you go to one of the very few doctors that have no contract with us, you may need to file the claims, handle the prior authorization and pay any balances over the allowed amount.