

# Lake Havasu Unified School District Open Enrollment 2020-21

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# Welcome to Northwest Arizona Employee Benefit Trust (NAEBT)

- Trust was formed on July 1, 2012 with:
  - City of Bullhead City
  - City of Kingman
  - Lake Havasu City
  - Lake Havasu Schools (2020)
- Self-funded plan
- Authorized by ARS 11-952 and 11-952.01
- Approximately 1,600 Employees covered
- Governed by a Board of Trustees

# What is Self-funded?

- With a self-funded plan all the employee and employer contributions are placed into an account to pay for member claims and vendor fixed costs throughout the year. If members spend more in claims than what has been collected in premiums, your fund will go in the negative and premiums would likely need to go up. If members spend less in claims than what has been collected in premiums, your fund will have a surplus (allowing the School to retain funds within the district rather than the Trust)

You can  
make a  
difference  
with a  
self-  
funded  
plan:

- Reduce cost by shopping for high quality, affordable health
- Participate in wellness activities and screenings
- Adopt healthy lifestyle behaviors

One person really can make a difference in the cost of premiums to all members

# Group Medical/Rx Premium Rate

Funding for the group health plan is developed using professional actuarial services.

For the 2020-21 plan year:

Recommended actuarial funding for Medical/Rx came in with a 2.4% increase, Trustee's agreed it was important to fund the Trust at the recommended funding level.

# NAEBT Comprehensive Coverage

- Arizona and National Provider Network
  - Blue Cross Blue Shield is the Arizona Provider Network
  - Blue Card Nationwide is for medical care outside of Arizona
- High Deductible Health Plan (HDHP) Medical/Rx Plan
  - In-Network & Out-of-Network coverage
- Exclusive Provider Organization (EPO) Medical/Rx Plan
  - In-Network coverage only
- Dental/Vision Plan
- Telemedicine – Teladoc or Blue Care Anywhere
- Medical Expenses - Tax-Free Savings (FSA, DDC and HSA)
- Basic Life, Voluntary Life and AD&D
- Employee Assistance Program (EAP)
- Worksite Wellness Program

# General Information

- Effective Date of Changes:
  - July 1, 2020 – June 30, 2021
- Open Enrollment Period:
  - April 27, 2020 – May 15, 2020 at 5:00 p.m.
  - *(Every employee must enroll for coverage in the iVisions self-service Benefits Portal)*
- Annual Election unless Qualified Family Status Changes
  - Changes to eligibility must be made within 31 days of the event; if not, you must wait until the next annual enrollment period (April/May 2021) which will have an effective date of July 1, 2021.
- Eligible Dependents:
  - Lawful Spouse
  - Dependent Children *(Up to age 26, Natural, Step, Adopted, Guardianship and Foster Children)*
  - Disabled Children *(Disability must have occurred prior to age 26 and dependent must be covered on the plan prior to age 26 to continue coverage after age 26)*
  - Retiree Dependents *(Lawful spouse and dependent children may be covered on the plan if they were covered on the plan the day before the eligible retiree's retirement)*

# Dependent Enrollment Verification

As part of the enrollment process for the 2020-21 plan year employees and retirees who plan to cover dependents on the Medical/Rx, Dental/Vision or Life Insurance Plans will be required to provide documentation that the person enrolled is a legal dependent.

- Spouse – Marriage certificate and top section of most recent tax return
- Children – Birth certificates or court orders regarding custody or guardianship

Documents should be sent to Cheri Tropple [cheri.tropple@lhusd.org](mailto:cheri.tropple@lhusd.org)



# What's new for the 2020-21 plan year

## Medical Claims Administrator

AmeriBen is replacing Gilsbar

- Go to MyAmeriBen.com for your online resource for claims, benefits and eligibility information
- Register for access on 7/1/2020

## Pharmacy Benefits Manager

Navitus is replacing CVS Caremark/Wisconsin Rx

- Go to Navitus.com for 24/7 access to your personal pharmacy benefit information starting 7/1/2020
- Costco Pharmacy will be your Mail-Order Pharmacy
  - You do not need to be a Costco member
  - [www.pharmacy.Costco.com](http://www.pharmacy.Costco.com)
- Specialty Pharmacy will be through Lumicera

# What's new for the 2020-21 plan year

## Dental

Ameritas will still be your provider but your plan will change

### Dental Plan Summary

- In-Network Only Coverage
  - Coinsurance
    - Type 1 – 100% (Routine Exam – 2 per benefit period)
    - Type 2 – 80% (Denture Repair)
    - Type 3 – 80% (Crowns, Implants)
  - For a sample procedure listing please see page 26 in the benefit guide
    - Deductible
      - \$50/plan year Type 2 & 3; waived Type 1 (3 Family Maximum)
      - Maximum (per person) - \$3,000 per plan year

### Orthodontia

- Child only coverage – must be banded by age 17
- In-Network Only Coverage
  - Deductible \$50 (once per lifetime)
  - Allowance – 50%
  - Lifetime Maximum (per person) \$1,000

To find a provider, please visit [www.ameritas.com](http://www.ameritas.com)

# What's new for the 2020-21 plan year

## Vision

VSP administered by Ameritas is replacing Spectera by United Health Care

### Focus Plan Summary (VSP Network)

- \$10 Exam Deductible
- \$105 Frame Allowance
- Single, bifocal, trifocal and lenticular lenses covered in full. Progressives are covered in full after co-pay.
- \$150 Contacts allowance in lieu of glasses
- Exam, lens, frames once every 12 months

Please see page 26 of the benefit guide for more information on cost for both the VSP Network and Out-of-Network.

# What's new for the 2020-21 plan year

## Life Insurance

Standard is replacing Guardian

- **Basic Life Insurance**
  - Employee - \$40,000 in life and \$40,000 in AD&D
  - Spouses (enrolled in medical/Rx) - \$10,000
  - Eligible Child(ren) (enrolled in medical/Rx) - \$5,000
  - Retiree - \$20,000 in life and \$20,000 in AD&D
- **Voluntary Life Insurance (VTL)**
  - Available to employees who want to supplement their basic life insurance benefits
  - Premiums for employees and dependents will be paid through payroll deductions
  - Offered at a discounted group rate
  - Coverage from \$10,000 to \$500,000 in increments of \$10,000
  - Cannot exceed five (5) times your annual salary, including the \$40,000 basic life coverage provided by the district
  - Spouse coverage shall not exceed 100% of the employee's life insurance
  - Children can be covered in amounts of \$5,000 or \$10,000
  - To have Dependent coverage, the employee must be enrolled in VTL
  - All coverage is subject to review and approval by medical underwriting when coverage requested exceeds the guaranteed issue amounts

### Guaranteed Issue Amounts:

Employee \$100,000

Spouse \$20,000

Child(ren) \$5,000 or \$10,000

See the benefit guide page 30  
for VTL pricing

# NAEBT Medical Plans

High Deductible Health Plan (HDHP) Medical Plan

In-Network (after meeting deductible – member pays 20%; plan pays 80%)

Plan-Year Deductible per participant (Enrolled in EE Only) \$1,400

Plan-Year Deductible per family (Enrolled in any tier other than EE Only)  
\$2,800

Out-of-Pocket Maximum per participant \$3,000 (Includes Deductible)

Out-of-Pocket Maximum per family \$6,000 (Includes Deductible)

Out-of-Network (after meeting deductible – member pays 50%; plan pays 50%)

Plan-Year Deductible per participant (Enrolled in EE Only) \$1,400

Plan-Year Deductible per family (Enrolled in any tier other than EE Only)  
\$2,800

Out-of-Pocket Maximum per participant Unlimited (Includes Deductible)

Out-of-Pocket Maximum per family Unlimited (Includes Deductible)

# NAEBT Medical Plans

Exclusive Provider Organization (EPO) Medical Plan

In-Network

Plan-Year Deductible per participant \$600

Plan-Year Deductible per family \$1,800

Out-of-Pocket Maximum per participant \$7,900

Out-of-Pocket Maximum per family \$15,800

Office Visits – Primary Care - \$30 Co-pay; Specialist - \$50 Co-pay

Urgent Care Facility - \$50 Co-pay (Deductible waived)

Emergency Room - \$150 Co-pay then 80% after deductible

General Cost Sharing Provision 80% plan – 20% participant

Out-of-Network – Not Covered

EPO	Monthly Premium	Employer Contribution		Employee Contribution	
		24 Pays	18 Pays	24 Pays	18 Pays
Employee Only	\$728.16	\$364.08	\$485.44	\$0.00	\$0.00
Employee + S	\$1,401.71	\$465.11	\$620.15	\$235.74	\$314.32
Employee +1C	\$1,135.89	\$466.01	\$621.35	\$101.93	\$135.91
Employee + C	\$1,362.34	\$506.77	\$675.69	\$174.40	\$232.53
Employee + F	\$1,912.73	\$636.53	\$848.71	\$319.83	\$426.45
<b>HDHP</b>					
Employee Only	\$670.91	\$335.46	\$447.27	\$0.00	\$0.00
Employee + S	\$1,286.13	\$427.74	\$570.32	\$215.33	\$287.10
Employee +1C	\$1,047.18	\$429.52	\$572.70	\$94.07	\$125.42
Employee + C	\$1,250.72	\$465.91	\$621.22	\$159.45	\$212.60
Employee + F	\$1,745.47	\$582.60	\$776.81	\$290.13	\$386.84

# 2020-21 Medical/Rx Rates and Contributions

Dental/Vision					
Employee Only	\$48.67	\$24.34	\$32.45	\$0.00	\$0.00
Employee + S	\$95.71	\$24.34	\$32.45	\$23.52	\$31.36
Employee +1C	\$70.76	\$24.34	\$32.45	\$11.05	\$14.73
Employee + C	\$97.26	\$24.34	\$32.45	\$24.30	\$32.39
Employee + F	\$139.78	\$24.34	\$32.45	\$45.56	\$60.74
Life & AD&D	\$40K Employee, \$10K Spouse \$5k Child with matching AD&D				
Employee Only	\$8.00	\$4.00	\$5.33	\$0.00	\$0.00
Employee + S	\$9.70	\$4.85	\$6.47	\$0.00	\$0.00
Employee +1C	\$8.25	\$4.13	\$5.50	\$0.00	\$0.00
Employee + C	\$8.25	\$4.13	\$5.50	\$0.00	\$0.00
Employee + F	\$9.95	\$4.98	\$6.63	\$0.00	\$0.00

## 2020-21 Dental/Vision and Life & AD&D Rates and Contributions



# 2020-21 Retiree Medical/Rx, Dental/Vision and Life Rates and Contributions

EPO	Monthly Premium	District Contribution	ASRS Contribution	Retiree Contribution
Retiree Only	\$1,094.12	\$699.76	\$150.00	\$244.36
Retiree + S	\$2,142.67	\$699.76	\$260.00	\$1,182.91
Retiree +1C	\$1,704.08	\$699.76	\$260.00	\$744.32
Retiree + C	\$2,077.70	\$699.76	\$260.00	\$1,117.94
Retiree + F	\$2,985.86	\$699.76	\$260.00	\$2,026.10
<b>HDHP</b>				
Retiree Only	\$999.65	\$699.76	\$150.00	\$149.90
Retiree + S	\$1,951.96	\$699.76	\$260.00	\$992.20
Retiree +1C	\$1,557.69	\$699.76	\$260.00	\$597.93
Retiree + C	\$1,893.54	\$699.76	\$260.00	\$933.78
Retiree + F	\$2,709.88	\$699.76	\$260.00	\$1,750.12
<b>Dental/Vision</b>				
Retiree Only	\$48.67	\$34.07	\$0.00	\$14.60
Retiree + S	\$95.71	\$34.07	\$0.00	\$61.64
Retiree +1C	\$70.76	\$34.07	\$0.00	\$36.69
Retiree + C	\$97.26	\$34.07	\$0.00	\$63.19
Retiree + F	\$139.78	\$34.07	\$0.00	\$105.71
<b>Life</b>	<b>\$20K Retiree</b>			
Retiree Only	\$4.00	\$2.80	\$0.00	\$1.20

# NAEBT Prescription Plan HDHP

- 30-day supply at a Retail Pharmacy
  - Prescribed preventive medication as required by federal law
    - \$0 deductible waived
  - Prescribed medication from the Expanded Preventive List
    - \$0 deductible waived
  - Tier 1 Generic Drug – 20% after deductible (in-network)
  - Tier 2 Preferred Drug – 20% after deductible (in-network)
  - Tier 3 Non-Preferred Drug – 75% after deductible
  - Specialty – 20% after deductible

# NAEBT Prescription Plan HDHP

- 90-day supply at a Retail or Mail Order
  - Prescribed preventive medication as required by federal law
    - \$0 deductible waived
  - Tier 1 Generic Drug – 20% after deductible (in-network)
  - Tier 2 Preferred Drug – 20% after deductible (in-network)
  - Tier 3 Non-Preferred Drug – 75% after deductible

# NAEBT Prescription Plan EPO

- 30-day supply at a Retail Pharmacy
  - Prescribed preventive medication as required by federal law
    - \$0 Co-pay
  - Prescribed medication from the Expanded Preventive List
    - Subject to applicable Co-pay
  - Tier 1 Generic Drug – \$10 Co-pay
  - Tier 2 Preferred Drug – \$30 Co-pay
  - Tier 3 Non-Preferred Drug – 75% participant paid
  - Specialty – 20% maximum not to exceed \$150

# NAEBT Prescription Plan EPO

- 90-day supply at a Retail or Mail Order
  - Prescribed preventive medication as required by federal law
    - \$0 Co-pay
  - Tier 1 Generic Drug – \$20 Co-pay
  - Tier 2 Preferred Drug – \$60 Co-pay
  - Tier 3 Non-Preferred Drug – 75% participant paid

# Comparison of Maximum Out-of- Pocket\* (MOOP)

High Deductible Health Plan (HDHP)

Exclusive Provider Organization (EPO)

\*In-Network Providers

# Comparison

## HDHP (In-Network)

MEDICAL PLAN FEATURES:	IN-NETWORK
Plan-Year Deductible per participant	\$1,400
Plan-Year Deductible per family	\$2,800
Maximum Out-of-Pocket per participant	\$3,000
per family	\$6,000 (Includes Deductible)

MOOP on HDHP is non-embedded

## EPO (In-Network)

MEDICAL PLAN FEATURES:	IN-NETWORK
Plan-Year Deductible per participant	\$600
Plan-Year Deductible per family	\$1,800
Maximum Out-of-pocket per participant	\$7,900
per family	\$15,800 (Includes Deductible and Co-pays)

MOOP on EPO is embedded

# Non- embedded vs. Embedded

- HDHP is non-embedded. This means that employees enrolled in any tier other than employee only will need to meet the family maximum out-of-pocket of \$6,000.
- EPO is embedded. This means the plan will cover 100% of the approved charges for a participant once the individual participant meets \$7,900.
- The plan will cover 100% of approved charges once employee plus children, spouse or family reaches \$15,800 in the plan year.





### **Eligibility – Contact AmeriBen for claims processing and verification/questions**



### **Pre-Certification Requirements – Contact American Health Group (AHG)**

All Inpatient facility admissions  
All Diagnostic/Surgical procedures over  
\$1,000  
Hospice Care  
Injectable Medications over \$1,000  
provided in a physician's office or through  
home health care  
Sleep Studies  
Home Health Care  
Transplant other than Cornea  
Fixed Wing Air Ambulance



### **Case Management – Contact American Health Group (AHG)**

This is available to participants that are  
experiencing significant medical issues  
Having difficulty navigating the medical  
maze  
Need assistance finding an in-network  
provider for a serious medical condition

# Important Medical Plan Reminders



HDHP premiums are lower than traditional plans



HSA's have a tax-favored status



Interest earned on the money in an HSA is tax-deferred



Using HSA dollars to pay for qualified medical expenses is tax-free.



For a full list of Qualified Medical Expenses for an HSA refer to IRS Section 213D ([www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf))



Most common expenses include: Deductible, Lasik Surgery, Prescription Drugs, Contact Lenses, Eyeglasses, Dental Treatment, Out-of-Pocket expenses

How can I  
save money  
with an  
HDHP and  
HSA?

## What is an HSA?



Individual savings account that can be used to pay for qualified medical, Rx, dental or vision expenses.



The High Deductible Health Plan (HDHP) option allows you to open an HSA and take advantage of terrific tax savings.



HDHP offers a lower monthly premium in exchange for a higher deductible



The money you would normally spend on monthly premiums can now be contributed on a pre-tax basis to your HSA account



Receive a debit card to use for qualified medical expenses



Distributions from your HSA are tax-free when used for qualified medical expenses

## How does an HSA work?

# 2020 Maximum Contributions

- Single Coverage - \$3,550
- Family Coverage - \$7,100
- HSA participants who are 55 or older can contribute an additional \$1,000, or \$4,550 for single coverage and \$8,100 for family coverage
- The District will contribute to each HSA account in the amount of \$687 this year in equal installments in accordance with your established payroll plan (24 or 18).

## Post-Retirement Employment Option (PREO)

- For employees\* who apply and are accepted into the PREO Program and meet the ASRS guidelines for normal retirement.
  - Employees are allowed to Retire and either move to NAEBT LHUSD Qualified Retiree Rates or Active Employee COBRA Rates for a period of 12 months.
  - Following the 12-month PREO period, can be rehired by the District and move back to the Active Employee Rates.
  - At final retirement, the teacher is eligible to move to the NAEBT LHUSD Qualified Retiree Rates until age 65.

\* Eligibility requirement: employee must be hired by the district prior to July 1, 2005 and have had continuous service since hire date.

# Post- Retirement Employment Option (PREO)

- Program Criteria
  - A current retiree desiring to join the program for the first (1<sup>st</sup>) year must meet the following criteria:
    - Must qualify for ASRS normal retirement
    - Retire after the current school year
    - Must have the recommendation of the retiree's principal or immediate supervisor and the approval of the Superintendent and Governing Board
- How an Employee is to Initiate a PREO Request
  - The retiree must submit in writing to their principal or immediate supervisor their planned retirement date.
  - The principal/supervisor submits the retirement letter to the Personnel Department.
  - The retiree must submit the PREO Participation Request form on or before March 1<sup>st</sup> to their principal or immediate supervisor.

The principal/immediate supervisor will submit the PREO Participation Request form to the Personnel Department for Superintendent and Governing Board approval.

# NAEBT Wellness Program

- On-Site Preventive Screenings
  - HRA/Biometrics
  - Flu and Pneumonia Vaccines
  - 3D Mammograms
  - Prostate Exams
  - Colorectal Cancer Screening
  - Comprehensive Eye Screening
  - Cardiac & Organ Screenings
  - Skin Cancer Screenings



# NAEBT Wellness Program

- Proposed for 2020-21 Plan Year
  - Robust Full-Service Wellness Portal with activities, education, nutrition information and more.
    - Possible portals include Virgin Pulse and Humana Vitality
  - On-site Stress Management Chair Massages

# Wrap Up:

- Enrollment:
  - Due date May 15, 2020 at 5:00 p.m. to:
    - Elect new plans, EPO or HDHP
    - Add/Delete Dependents
    - Enroll or Re-enroll in FSA or DDC
  - Medical/Rx identification cards: All employees will receive new Medical/Rx identification cards mailed directly to your home address.
  - Dental/Vision identification cards: All participants will receive new Dental/Vision cards
  - All changes must be made through the iVisions online enrollment system during the open enrollment period.



# Questions?

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