

City of Oak Harbor 2022 Benefit Review

Terri Luther
Marketing & Field Service Coordinator
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choice | health | service

Disclaimer

This presentation is intended to provide a brief description of 2022 coverage and is not a complete explanation of covered services, exclusions, limitations, reductions or terms under which a program may be continued in force. This presentation is not a contract. For full coverage provisions, including a description of limitations and exclusions, please contact Human Resources for applicable summary plan documents.

2022 Medical Plan Options



- HealthFirst 250
- High Deductible Health Plan (HDHP)



- Kaiser 200

2022 Renewal Status

Medical Increases

- Regence: 5.8%
- Kaiser Permanente: 7.3%

Supplemental Benefits

- Delta Dental: 2%
- Vision Service Plan: 0%
- Standard Life: 0%
- Standard Long-Term Disability: 0%
- ComPsych EAP: 0%



New for 2022 - Plan Enhancements/Changes

Regence:

- Infertility Benefit
 - Up to \$25,000 Lifetime Maximum
- Specialty Medication
 - 30-day supply (consistent among all plans)

Kaiser:

- Infertility Benefit
 - Up to \$25,000 Lifetime Maximum

Standard:

- Basic Life
 - AD&D now included
 - Age reduction benefit removed
- Additional Life
 - Increase employee maximum from \$300,000 to \$500,000
 - Increase spouse cap from 50% to 100% of employee

Deductible Details

Regence	Kaiser
HF 250	KP 200
\$250/person \$750/family	\$200/person \$400/family



- Deductible is per person or per family - *whichever benefits you more*
- First 4 visits per calendar year not subject to deductible
- Prescriptions not subject to deductible
- 4th quarter deductible carryover applies



- Lab and x-ray paid in full up to first \$500

Preventive care not subject to deductible

Deductibles on High Deductible Health Plans (HDHP)

Regence
HDHP
\$1,500/person \$3,000/family

What is a HDHP?

A plan with a higher deductible than a traditional insurance plan.

The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share. (Healthcare.gov)

HDHP Deductible Details

- Deductible is per person or per family - *depending on how many people you're covering*
 Example: if you're covering more than just yourself on the plan, you must meet the family level deductible before benefits are paid
- Value based drugs are not subject to deductible

Preventive care not subject to deductible



Member Cost Sharing

Copays and Coinsurance		
Regence		Kaiser
HF250	HDHP	KP 200
No copay	No Copay	\$20/visit
10% Coinsurance	20% Coinsurance	10% Coinsurance

Out of Pocket Maximum		
Regence		Kaiser
HF 250	HDHP	KP 200
\$3,000/ person	\$5,000/ person	\$2,500/ person
\$6,000/ family	\$10,000/ family	\$5,000/ family

Copays and Coinsurance are not applied to your deductible, but they are applied to your out of pocket maximum.

The Out-of-Pocket Maximum is per person, or per family, *whichever benefits you more*. If you, or any household member, hit your out of pocket maximum, the plan will pay 100% of the rest of your covered services for the rest of the plan year.

Preventive Care

Preventive Care services are always covered at 100% under the guidelines of the Affordable Care Act (ACA). What qualifies as preventive care may depend on your age, gender, and other risk factors.

For example:

- Flu Shot: Considered preventative for all ages
- Diabetes (Type 2) screening: Considered preventative for adults with high blood pressure
- Colorectal cancer screening: Considered preventative for adults over age 50
- Osteoporosis screening: Considered preventative for adults over age 60 depending on risk factors

If you're not sure if a service is preventive, you can always ask your doctor. Regardless of how a service is covered, we always recommend following the doctor's orders!



Be advised: In order for your physician to bill an office visit as preventative, they must only administer preventative care services.

As you start going off topic, the purpose of the visit changes, and the doctor may bill you for a different type of visit instead, which will likely not be covered at 100%.

In Your Physician's Office

	Regence		Kaiser
	HF 250	HDHP	KP 200
Office Visit	90%	80%	\$20 copay then paid at 90%
Lab, X-ray and Diagnostic	90%	80%	100% up to \$500 per calendar year, then 90% after deductible

In The Hospital

	Regence		Kaiser
	HF 250	HDHP	KP 200
Facility: Inpatient Services	90%	80%	90%
Facility: Outpatient Services (x-ray, same day surgery, etc.)	90%	80%	\$20 copay then 90%
Facility: Emergency Room (copay waived if admitted)	\$75 copay then 90%	80%	\$75 copay then 90%
Physicians, surgeons, and anesthesiologists	90%	80%	90%

Rehabilitative Therapy & Spinal Manipulations

	Regence		Kaiser
	HF 250	HDHP	KP 200
Rehabilitative Therapy: Outpatient (Includes physical therapy, massage therapy, occupational therapy, and speech therapy)	90% up to 99 visits per calendar year	80% up to 60 visits per calendar year	\$20 copay then paid at 90% up to 60 visits per calendar year
	Prescription required for massage and physical therapy.		
Spinal Manipulations and Acupuncture	90% up to 20 per year	80% up to 20 per year	\$20 copay then 90% up to 20 per year

If you haven't already met your deductible, these services will likely be applied to your deductible until you meet it.

Specialty Benefits

Infertility:

- \$25,000 Lifetime Maximum
- Must have diagnosis of Infertility & prior authorization
- Benefits include treatments, procedures, and medications associated with infertility



Specialty Benefits

Hearing Coverage:

- Routine hearing exam covered at 100% annually
- \$1,500 hearing aid allowance
 - Every three years for Regence
 - Every 36 months for Kaiser



Telehealth



- Common Cold
- Allergies
- Constipation
- Cough
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Vomiting
- Pink Eye
- Rash
- Sore Throat
- Flu
- UTI
- Headache
- and more!

	Regence		Kaiser
	HF 250	HDHP	KP 200
Phone/Video Consultations	\$10 Copay not subject to deductible (MDLive Network Only)	\$42 until deductible is satisfied, then 100% (MDLive Network Only)	Virtual Care (online, phone, and secure message), Virtual Visit, and Care Chat
	*Includes behavioral health visits		Typically no cost to member

Pharmacy: What Your Meds Will Cost You



	Regence		Kaiser
	HF 250	HDHP	KP 200
	Generic/ Name Brand Formulary/ Name Brand non-formulary/ Specialty Medications		Preferred Generic/ Preferred Brand Non-Preferred
Pharmacy (30-day supply)	\$5 \$25 \$50 \$100	20% coinsurance (value based drugs not subject to deductible)	\$10 \$20 \$40
Mail Order (90-day Supply) Specialty 30-day supply	2 copays for 3-month supply	20% coinsurance (value based drugs not subject to deductible)	2 copays for 3-month supply

Note: Not all medications are available in a 90-day supply

Delta Dental Coverage

		Delta Plan E
Class I <i>Diagnostic, Preventative: Exam, X-Ray, Cleaning, Fluoride</i>		100% - 70% incentive
Class II <i>Restorative: restorations, oral surgery, root canals, periodontal</i>		
Class III <i>Major: Crowns, onlays</i>		50%
Class III <i>Prosthetics, bridges, partials</i>		50%
Annual Plan Maximum		\$2,000
Orthodontia Rider II (children only)	50%	\$1,000 (lifetime maximum)

Vision Coverage

	\$25 Copay
Routine Eye Exam	100% One exam every 12 months per family member. Copay does not apply to eye exam only
Copay	\$25
Lenses: <i>Single Vision</i> <i>Lined Bifocal</i> <i>Lined Trifocal</i>	100% Every 12 months
Frames	100% to allowable amount (\$150) every 24 months
Contact Lenses	\$200 allowance Every 12 months for contacts and the contact lens exam

Additional Benefits through the AWC Trust



TheStandard®
Positively different.

- **Life Insurance**
- **Basic 25,000 w/AD&D**
 - Additional Life
 - Dependent Life \$10,000
- **Long-Term Disability**
- **60% - 90-day**

COMPSYCH®
— The GuidanceResources Company® —

- **Employee Assistance program (1-3)**
 - Confidential counseling: in-person, telephone, video
 - Work-life assistance
 - Financial guidance
 - Legal assistance

1-800-570-9315

guidanceresources.com

Company Web ID: [trusteap71](#)

Wondr Health

- **Online weight management program**
 - ✓ Available to Regence and Kaiser enrollees
 - ✓ Employees and covered spouses/domestic partners
 - ✓ No COST! That means free
 - ✓ No limit to the number who can enroll!
 - ✓ BMI minimum 19 (changed from 25)

- Individuals must apply on the website
 - ✓ wondrhealth.com/AWCTrust
 - ✓ Or, access through Health Central



Access Benefit Information and Health Promotion Activities through Health Central



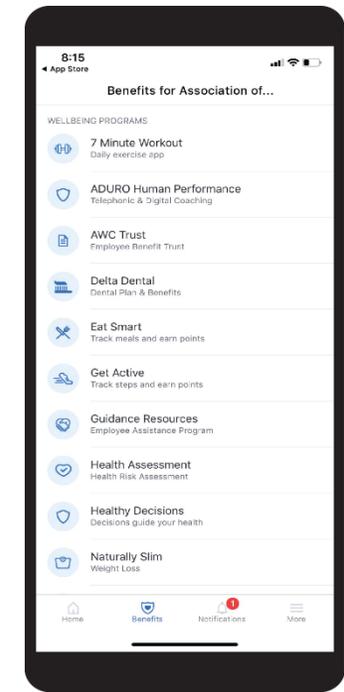
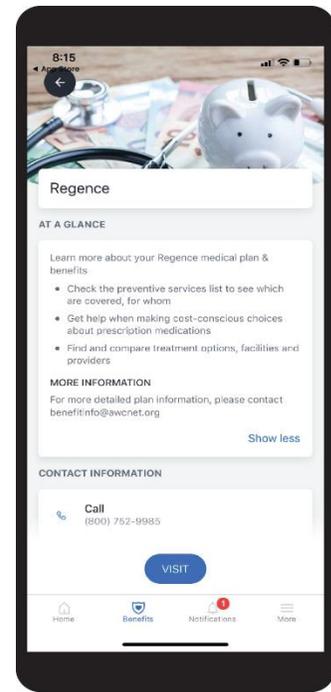
Your personal, secure health and benefits source for information, programs, tools, trackers, and resources. Visit awctrust.org or download the Castlight app on your smartphone.



awctrust.org

Benefits:

View your carriers, click through to their website, or call them directly from the app!



Access Benefit Information and Health Promotion Activities through Health Central

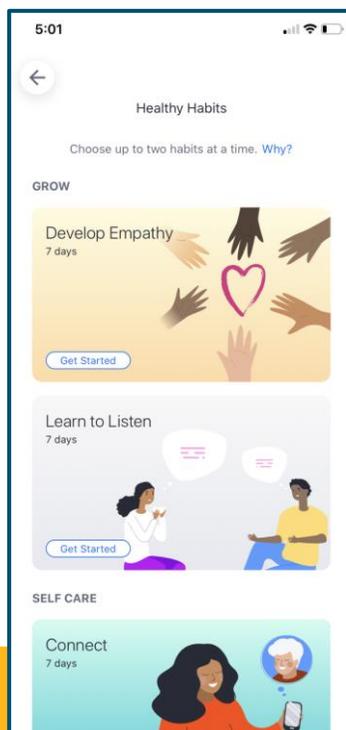


Health Promotion:

Earn rewards for engaging in healthy activities that are most meaningful to you!

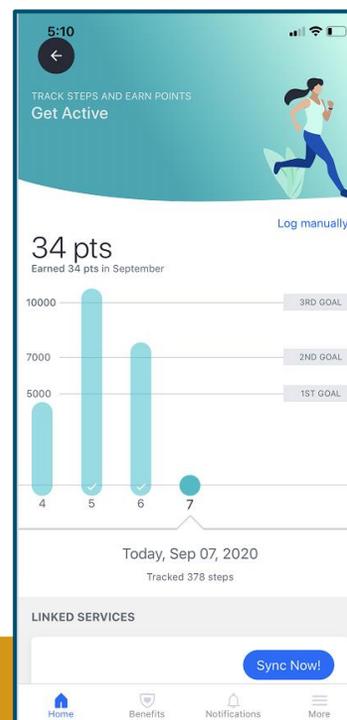
Programs & Support

- Healthy Habits
- Health Coaching, telephone or digital
- Healthy Decisions
- Challenges
- Articles on your interests
- Preventive Care Visit



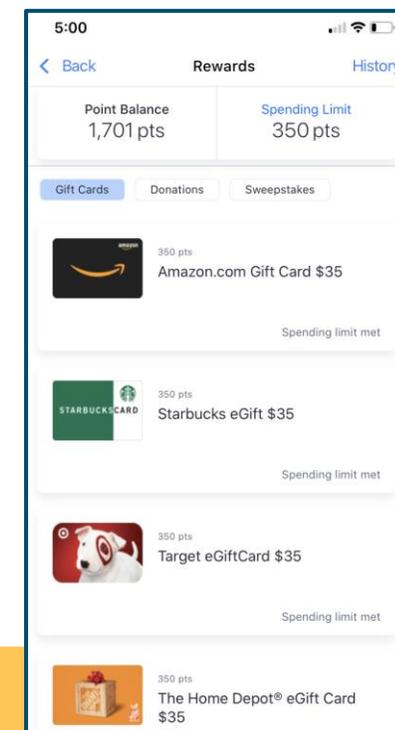
Activity Tracking

- Get Active
- Eat Smart
- Sleep Well
- Link a tracker



Redeem Rewards

- \$35 ecard
- Quarterly drawings



Questions?



- Call us at 1-800-562-8981
- Email us at benefitinfo@awcnet.org