

2017 Employee Benefit Options



Agenda

- ▶ 2017 Medical Plan Overview
- ▶ 2017 Rates and Contributions
- ▶ Health Savings Account (HSA) Review
- ▶ Flexible Spending Account (FSA) Review
- ▶ No change to STD and LTD coverage
- ▶ Employee Cost Control Tools Reminder
 - Security claims processing update
- ▶ Healics Biometrics Summary
 - How to receive premium wellness incentives?

Health Insurance

▶ 2017

- Clark County offering only the Consumer Driven High Deductible Base Plan
- Employer contribution to HSA Account, Annual Total of \$750 Single / \$1,500 Family enrolled in HDHP
- One Time Sick Bank Conversion of \$1,000 for Single and \$1,750 for Family Enrolled in HDHP.
- Implement in 2017 wellness premium rewards program for outcome based vs. participation

2017 Medical Benefits



While the plan you select may not require you to use a primary care physician, it remains your responsibility to make sure you are using In-Network providers in order to enjoy the benefits of the Plan's In-Network benefit schedule.

Please refer to your SPD or SBC for more details on Coverage

BENEFIT	Base Plan (In/Out-of-Network)
Annual Deductible Single Family	\$2,000 / \$4, 000 \$4,000 / \$8,000
Out of Pocket Maximum* Single Family	\$3,000 / \$6,000 \$6,000 / \$12,000
Office visit	Deductible & Coinsurance
Preventive Care	100%
Prescription Drugs Retail (90-day supply) Tier 1 Tier 2 Tier 3 Tier 4	Deductible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance
Preventative Drugs	100% (Please refer to the preventative medication list for list of covered products)

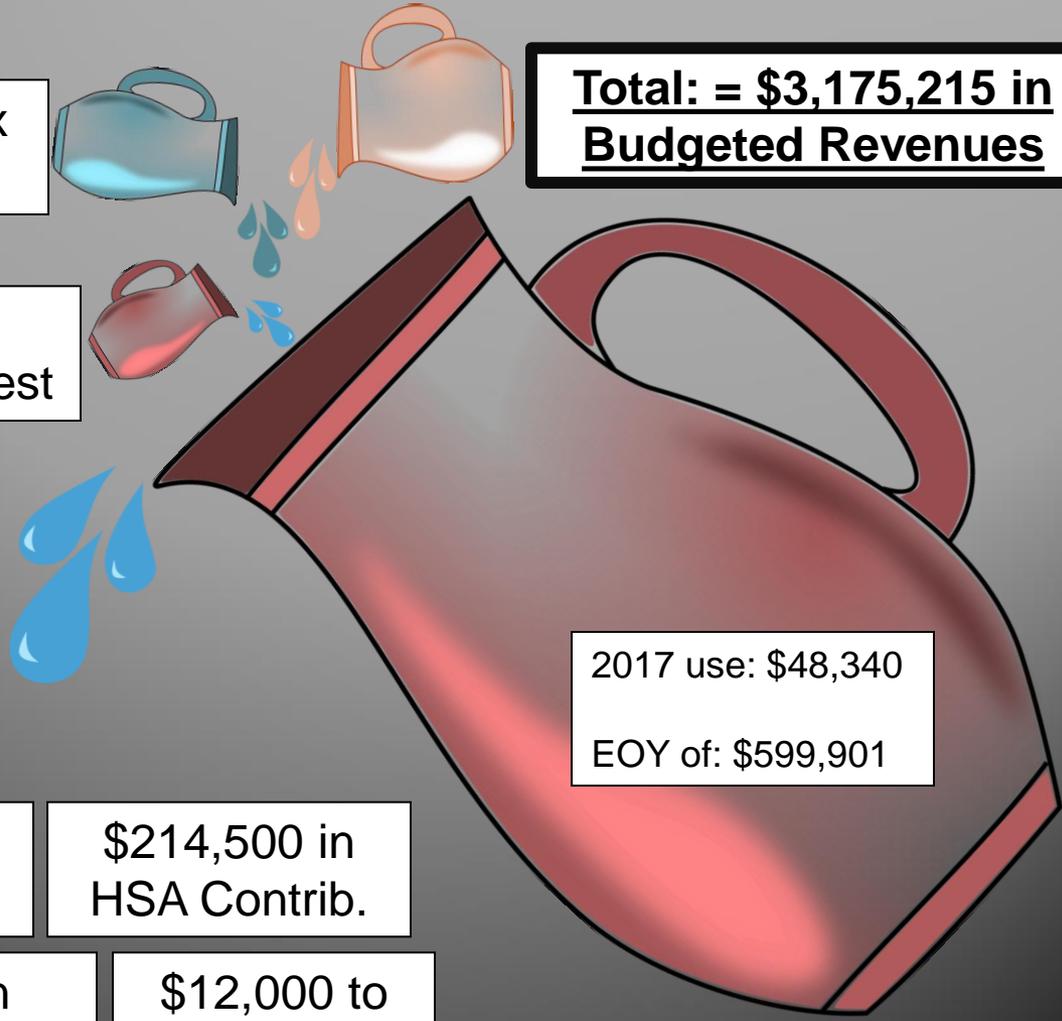
2017 Health Insurance Budget

\$3,133,815
in premium contributions:
75 Single + 120 Family

\$40,000 in Flex
D/V Savings

\$1,400 in
account interest

**Total: = \$3,175,215 in
Budgeted Revenues**



2017 use: \$48,340
EOY of: \$599,901

\$2,400,000 Health
Ins Claims

\$457,054 to
Stop loss Ins.

\$214,500 in
HSA Contrib.

\$140,000 in
Contract Services

\$12,000 to
PCORI

**Total: = \$3,223,554 in
Budgeted Expenditures**

2017 Rates and Contributions

\$2,000/\$4,000 Deductible – Base Plan

Monthly Contributions

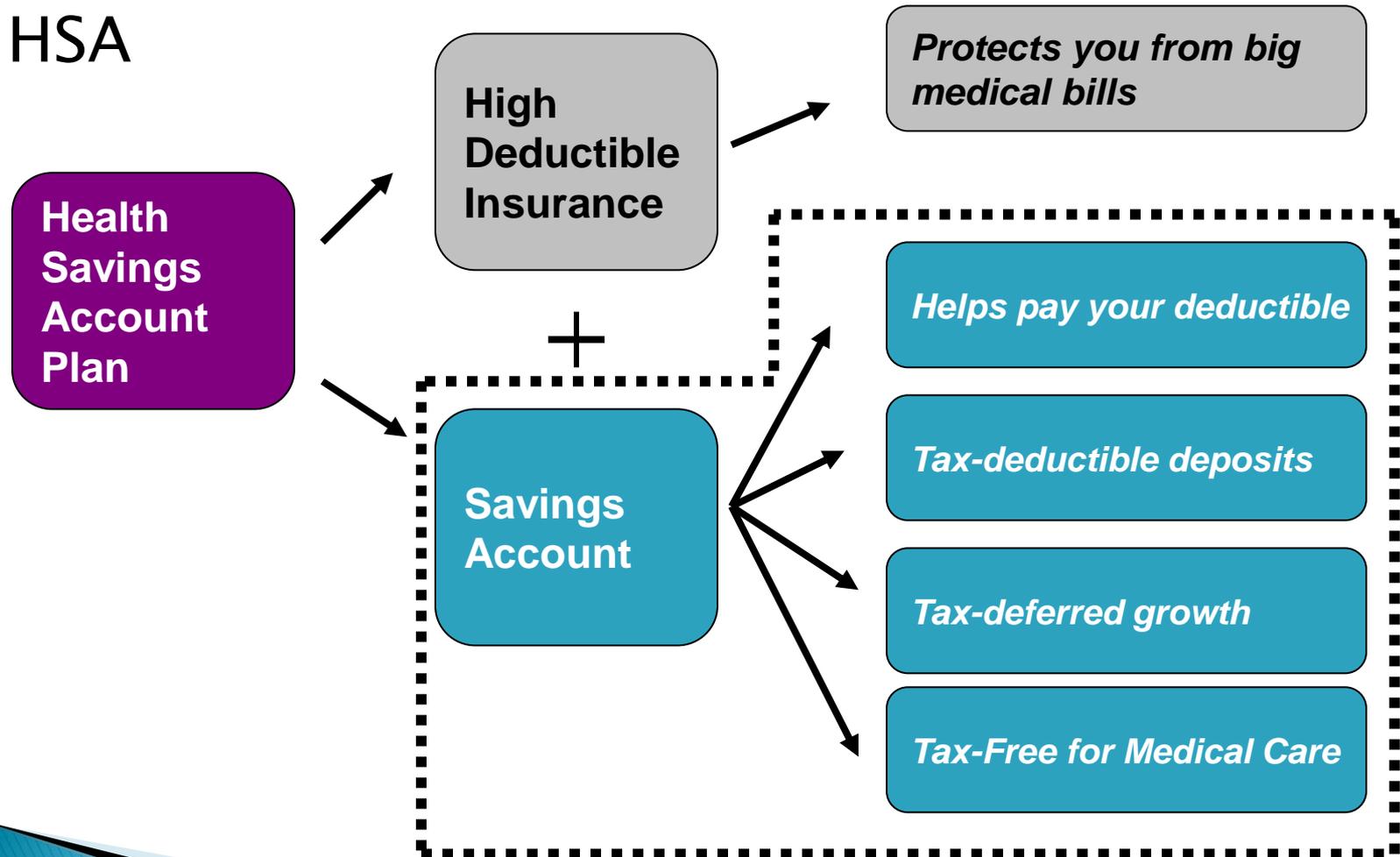
	Total Rate	County	Employee
Single Incentive	\$652.80	\$554.88	\$97.92
Bi-Weekly Ded			\$48.96
Non-Incentive	\$652.80	\$522.24	\$130.56
Bi-Weekly Ded			\$65.28
Family (Full) Incentive	\$1,768.26	\$1,503.02	\$265.24
Bi-Weekly Ded			\$132.62
Half-Incentive	\$1,768.26	\$1,458.86	\$309.46
Bi-Weekly Ded			\$154.73
Non-Incentive	\$1,768.30	\$1,414.64	\$353.66
Bi-Weekly Ded			\$176.83

What is a Health Savings Account?



Health Savings Account (HSA)

HSA



What are the Advantages of an HSA?

- ▶ Your contributions are tax advantaged
- ▶ When used for qualified medical expenses, your HSA funds are tax-free
- ▶ After the age of 65 you can use the funds for any non-qualifying expense and pay only income tax
- ▶ Your HSA funds belong to you and the balance carries over from year-to-year

Maximum Allowable Annual Contributions to an HSA

Maximum tax-deductible amount that can be contributed to your HSA between the employer and employee for 2017 is set by the IRS. These amounts are not deductible in all states. (Alabama, California and New Jersey) The statutory limit is:

\$ 3,400 (single)
\$ 6,750 (family)

For individuals age 55 and older, additional “catch-up” contributions to your HSA are allowed. The catch-up contribution amount is in addition to the statutory maximum:

2017 and after \$1,000/year

Health Care FSA

- ▶ You elect to place a portion of your pay into a Health Care FSA, tax-free, up to \$2,550
 - Used for expenses not covered by insurance
 - Great for out-of-pocket, co-pays or prescription expenses; hundreds of expenses are eligible
 - Visit www.fsastore.com and see how many!
 - You can use the Health Care FSA for the duration of your Plan Year
 - Not available if you currently have an HSA account

Limited Health Care FSA

- ▶ Unlike a standard Health Care FSA, this FSA reimburses dental and vision expenses only
- ▶ Can only elect this if have an HSA Account
- ▶ It also allows pre-tax contributions to Health Savings Accounts (HSAs)
 - Note in some states, HSA contributions are subject to state taxes

Examples of Eligible Limited FSA Expenses

Dental Services

- ▶ Crowns/Bridges
- ▶ Dental X-Rays
- ▶ Dentures
- ▶ Exams/Teeth Cleaning
- ▶ Extractions
- ▶ Fillings
- ▶ Gum Treatments
- ▶ Orthodontia/Braces

Vision Services

- ▶ Contact Lenses
- ▶ Contact Lens Solution
- ▶ Eye Examinations
- ▶ Eyeglasses
- ▶ Laser Eye Surgeries
- ▶ Prescription Sunglasses
- ▶ Reading Glasses

Dependent Care FSA

- ▶ You can also place a tax-free portion of your pay into a Dependent Care FSA
- ▶ \$5,000 maximum (\$1,500 in tax-savings)
 - Perfect to help pay for daycare expenses
 - You can also use this FSA for other types of dependent care; consult your Summary Plan Description (SPD) for the details

Reminder

- ▶ Preventive care is covered by the health plans at 100% from day one, even if you have not yet met your deductible. This includes:
 - Periodic health exams/annual physicals including tests and diagnostic procedures ordered as a result of routine exams
 - Routine prenatal and well-child care
 - Child and adult immunizations
 - Prescriptions on the Preventive Rx list
 - Mammograms
 - Prostate exams

▶ Preventative Services vs. Diagnostic Services

Your benefits. Done right.



Online Benefits – www.sastpa.com

- ▶ Employee access to benefits online
- ▶ View EOBs



24-hour Nurse Line Care My Way



Care My Way

Care My Way® is a convenient, easy way to get care for certain health problems - without going to see a doctor. If you or a loved one has symptoms of the flu, sinus infection, seasonal allergies, or many other common conditions, call Care My Way® at 1-800-549-3174 to get help from wherever you are.

Base Plan
each visit would be billed to SAS as a \$40 office visit subject to deductible/coinsurance

Health advice at your convenience

Call our 24-hour Nurse Line at 1-800-549-3174.



Medical Management Services



- ▶ Hines & Associates
- ▶ 800-483-5984
- ▶ www.precertcare.com
 - All inpatient hospitalization
 - Skilled nursing care and rehab services
 - Transplants
 - Physical, Occupational, Speech Therapy (15 visits per calendar year)
 - Second surgical opinion
 - Outpatient Surgeries

Bill Audit Program

- ▶ This Plan provides incentives for helping locate errors on medical bills. Examples of which are charges billed but not received and charges incorrectly totaled. If the covered person suspects that an error has been made, he or she should follow the guidelines described below. The employee may be reimbursed 50% of the savings up to a maximum of \$1,000.00 per provider billing. This provision does not apply to duplicate billings. Errors totaling \$10.00 or less are not reimbursable.
- ▶ Before a covered person leaves the hospital or medical facility, he or she should request an itemized bill from the patient accounts department;
- ▶ Check the bill for errors, for example:
 - verify the number of inpatient days (room and board) for semi-private or intensive care;
 - verify the treatment, services or supplies which are charged for; and
 - verify that duplicate charges were not made for the same services.
- ▶ A covered person should notify SAS by phone, within ten days of discharge or visit to the medical facility, that he or she is reviewing the bill;
- ▶ SAS must receive a copy of the corrected itemized bill within one month after the date SAS is notified of the audit. SAS will then verify the error and reimburse the employee the eligible savings amount; and if SAS personnel initiate the investigation of billing errors, the benefit will not be payable.



Improving Employee Health —————
————— *Lowering Employer Costs*

Completing the Enrollment Form

- ▶ All eligible employees must complete the enrollment form for purposes of ACA reporting.
 - Including waiving coverage

Questions?

