



2012/2013 EHA Renewal Information





BlueCross BlueShield of Nebraska

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INTRODUCTIONS

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AGENDA

- •EHA Renewal, Medical/Dental
- •2012/13 Changes
- Benefit Options
- •Health Care Reform
- •Wellness







- There will be a **2.99%** increase in health/dental insurance premium rates for active groups in the Educators Health Alliance (EHA) for the 2012-13 plan year, beginning September 1, 2012.
- Additionally, the EHA announced that the premium for the Early Retiree/Direct Bill plan will have **no change** in rates for the plan year beginning September 1, 2012.
- Rates, Benefit Summaries, EHA Board message and other information at www.ehaplan.org







- A stability in medical inflation trends
- Tenth consecutive year of less than 10% rate increase
- 2012 Medical rate change follows better than industry rate changes of 0% in 2011 and 4.5% in 2010
- A program designed to assist in the management of a chronic diseases
- Holding the line on health and administrative cost increases
- The impact of the 2011 implementation of a state-wide wellness and health promotion program
- Prudent management over time in the design and choices of benefit plans
- Member Responsibility for their lifestyle has increased





Medical Renewal Rates – Standard

Health Coverage	EE	EE+ Child	EE + Spouse	EE + Family
\$350 Deductible	\$511.00	\$945.37	\$1,073.11	\$1,440.91
\$600 Deductible	\$484.52	\$896.38	\$1,017.50	\$1,366.24
\$800 Deductible	\$468.18	\$866.16	\$983.19	\$1,320.18
\$1,100 Deductible	\$448.51	\$829.75	\$941.86	\$1,264.89
\$5,000 Deductible	\$255.50	\$472.68	\$536.56	\$720.46
\$1,500 Deductible (Choice Only)	\$408.80	\$756.30	\$858.49	\$1,152.73
\$2,850 HSA eligible (Choice Only)	\$408.80	\$756.30	\$858.49	\$1,152.73





Dental Renewal Rates – Standard (No Benefit Changes)

Dental Coverage	EE	EE+Child	EE + Spouse	EE + Family
80% A & B Coverage	\$22.31	\$41.28	\$46.85	\$62.92
80% A, B & C Coverage	\$47.39	\$87.68	\$99.52	\$133.64
PPO - 80% A & B with 50% C Coverage	\$22.92	\$42.38	\$48.11	\$64.53
PPO - 80% A, B & C with 50% D Coverage	\$43.15	\$79.83	\$90.52	\$121.70
PPO – 100% A, B & C Coverage	\$47.22	\$87.36	\$99.18	\$133.19





2012/2013 Plan Changes

Benefit Changes to the EHA Plan are in compliance with PPACA, for preventative health care services for women* will be covered at 100% effective September 1, 2012:

- •Well Women Visits
- Contraceptive methods and prescriptions
- •Counseling for breastfeeding and breast pumps
- •Screening for gestational diabetes in pregnant women
- •Counseling for sexual transmitted disease
- Screening for human papillomavirus
- •Counseling and screening for HIV
- Screening and counseling for interpersonal
 - and domestic violence
- *Subject to final regulation





EHA PPO Medical Options

- \$350/\$700 PPO Deductible, 80/20% coinsurance to \$2,000/\$4,000, \$35 office copay, 4 tier Prescription plan
- \$600/\$1,200 PPO Deductible, 80/20% coinsurance to \$2,000/\$4,000, \$35 office copay, 4 tier Prescription plan
- \$800/\$1,600 PPO Deductible, 80/20% coinsurance to \$2,250/\$4,500, \$35 office copay, 4 tier Prescription plan
- \$1,100/\$2,200 PPO Deductible, 80/20% coinsurance to \$2,250/\$4,500, \$35 office copay, 4 tier Prescription plan



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EHA Employee Choice Plans

In September 2010, EHA began offering four employee dual option plans to our members. Those options will continue as the previous years.

Dual Choice Options	Plan Design 1		Plan Design 2
Option A	\$350 PPO	Or	\$1,500 PPO
Option B	\$350 PPO	Or	\$2,850 HSA eligible
Option C	\$600 PPO	Or	\$1,500 PPO
Option D	\$600 PPO	Or	\$2,850 HSA eligible





- The following Change to the Dual Choice Option has been implemented.
 - Subgroups that elect to offer the \$2,850 deductible HSA eligible plan under the dual option arrangement and contribute 100% of the premium savings to the member's health savings account, will qualify for the 5% premium rate reduction associated with the 100% Contribution Rule in Part I.C.3. above.
 - Part I.C.3 "100% Contribution Rule: Any EHA subgroup where the employer contribution is made exclusively for health insurance premiums only, with no options, and such contribution is in the amount of 100% of the single and 100% of the family rates shall be subject to a 5% premium rate reduction".





\$1,500 PPO Dual Option

- Only offered as an option (not stand-alone)
- \$1,500 Single/\$3,000 Family Deductible
- 70%/30% coinsurance after deductible
- \$3,000 Single/\$6,000 Family coinsurance maximum out of pocket (Does not include deductible)
- \$50 Office Visit Copay
- Rx Coverage: Generic: 30% coins (\$7 Min, \$30 Max)
- Formulary Brand: 30% coins (\$35 Min, \$70 Max)
- Non-Formulary Brand: 50% coins (\$60 Min, \$90 Max)
- Preventative services covered at 100%





\$2,850 High Deductible Option

- Only offered as an option (not stand-alone)
- \$2,850 Single Deductible
- \$5,700 Family Deductible (Must meet this deductible before any claims are paid for any member of your family)
- 100% Coverage after deductible
- All Office Visits, Lab work, Rx, In or Out-patient services are included in the deductible
- Routine Care: 100%, not subject to Ded and coins
- Prior PPO Ded doesn't follow to the HDHP
- Health Savings Account eligible





Reduced Benefit Plan

A reduced benefit plan will be offered again at premium rates 50% below the current \$350 deductible plan. A summary of some of the significant elements of the plan follow:

- \$5,000 deductible
- 30% coinsurance
- Out-of-Pocket Maximum \$7,900 single \$15,800 family
- Generics Plus prescription drug program







Members who meet the requirements to continue coverage through the Early Retiree or Direct Bill plan will have the choice of selecting from one of three plans:

- \$600 Deductible PPO Plan
- \$1,500 Deductible PPO Plan
- \$2,850 Deductible, HSA Eligible Plan
- *They will have an additional option to make the change for January 1, 2013 (Calendar Deductible).





Medical Renewal Rates – Retirees

Health Coverage	EE Only	EE+ Child	EE + Spouse	EE + Family
\$600 Deductible	\$517.51	\$917.39	\$1,086.75	\$1,373.73
\$1,500 Deductible	\$436.62	\$774.00	\$916.89	\$1,159.02
\$2,850 Deductible HSA eligible	\$436.62	\$774.00	\$916.89	\$1,159.02





- Many Components have been set for the law. (Dependents to age 26, pre x for children, dollar maximums)
- Law to provide Benefits for 30 Million Americans without coverage
- Expansion of Medicaid, subsidies for middle to lower income individuals
- New law estimated cost is \$938 Billion over 10 years





- U.S. Supreme Court- has agreed to hear arguments in regards to the legality of Mandatory Coverage.
- Oral Arguments are to be heard by the end of March, with a decision by the end of June.
- Variations of Benefits will be allowed form State to State, but a "Essential Set of Benefits", must be provided.





- Medical Exchanges- Each State is allowed to establish their own medical exchanges to help their residents attain coverage (Federal Subsidy to establish Exchanges)
- Nebraska is moving cautiously in set-up of the exchange. A Legislative bill has been submitted, but likely won't be heard this session (Special Session possible).





Wellness Plan

- Rolled out in January of 2011
- 100% Funded by Educators Health Alliance
- 190 EHA Groups involved to date
- Consists of:
 - Trainings
 - Select a person to be the EHA Wellness Program Representative
 - Annual Personal Health Assessment(PHA)
 - \$25 Visa gift card for completing the PHA
 - Six online Programs per school year
- Contact linda@ehawellnessprogram.org
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Questions? Thank you!

