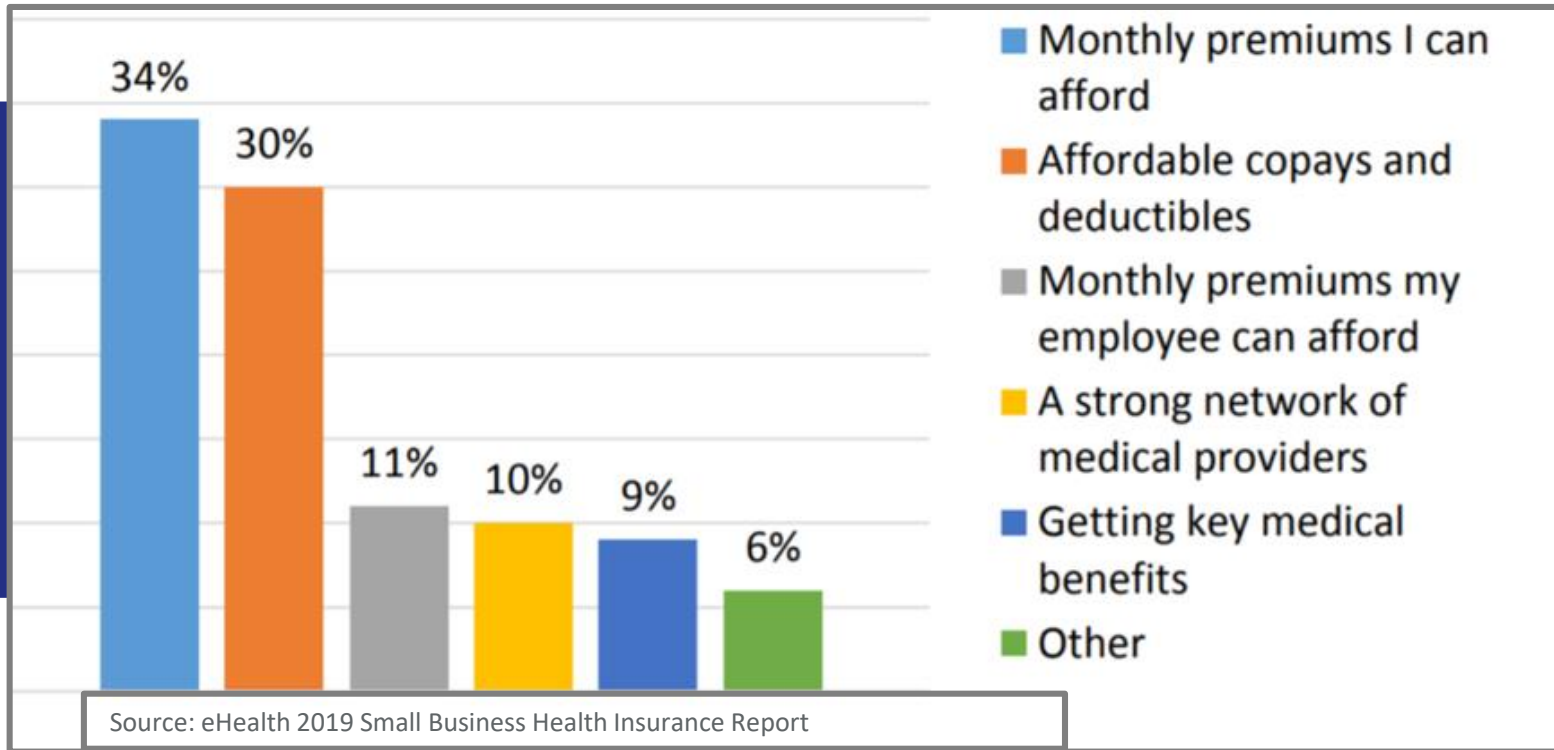


KEY CONSIDERATIONS WHEN REVIEWING THE DISTRICT'S EMPLOYEE BENEFITS



CHOOSING A HEALTH PLAN

What is the most important consideration for you?



BENEFIT OPTIONS TO REVIEW AT RENEWAL FOR COST CONTAINMENT SAVINGS

“Sample” Plan Options – Vary by Insurance Company’s Plans

Change to HMO Model from PPO Model	(Benefit Plan(s) Options Elected by Districts currently) PPO - Preferred Provider Organization
Change to Narrow Network from Broad Network	HDHP - High Deductible Health Plan HMO - Health Maintenance Organization POS - Point of Service
Add a Health Reimbursement Account (HRA) to Your Plan	\$2000/4000; \$3000/6000 Deductible Options
Add a Health Savings Account (HSA) to Your Plan	HDHP (Qualified High Deductible Health Plan) This Plan can not include any copays, all medical and Rx expenses apply to deductible and out of pocket.
Change Deducible Increments	\$1000/2000; \$2000/4000; \$3000/6000; \$5000/10,000
Change Coinsurance Increments	100/80%; 90/70%, 80/60% Coinsurance Options
Add/or Update Copays in Your Plan	Copay Options:
Office Visit	\$20/ \$25/ \$30
Specialist Visit	\$40/ \$50/ \$60
Telemedicine	\$0
Urgent Care	\$30/ \$40/ \$50
Emergency Room	\$100/ \$150/ \$200/ \$250
MRI	\$100/ \$200
Prescription Drugs (Generic/Formulary/Brand/Specialty)	Three Tier or Four Tier Flat Copay or Percentage of Cost to a Max \$150



HRA VS. HSA PLANS COMPARISON

	HRA	HSA
What kind of account?	Funded by the District, used for eligible healthcare expenses.	Account set up by employee. Used for qualified healthcare expenses.
Who is eligible?	All employees who qualify & enroll in the District's health plan.	All employees who qualify and enroll in a High-Deductible Health Plan (HDHP)
Who owns the account?	The District	The employee
Who can contribute to the account?	The District	The District and employee
How much can be contributed?	The District determines contribution	IRS limits set each year
Plan designs	Standard Health Plan: Subject to Ded/Coinsurance/Copays	HDHP only. Subject to Ded/Coinsurance - No Copays
Can the balance carry over?	District determines roll overs and carry over limits.	Funds remain until spent. No limit applies
Is the account portable?	NO	YES
Can the account earn interest?	NO	YES
Can the account be used for other things?	NO	YES, when 65. Subject to income tax only. If withdrawn early, subject to income tax and tax penalty of 20%.

AFFORDABLE CARE ACT LIMITS

2022 & 2023

The ACA limits out-of-pocket maximums, the maximum amount of costs for covered services the member will pay out-of-pocket in a policy period on their health plan:

ACA Out-Of-Pocket Limits for Non-Grandfathered Health Plans		
	2022	2023
Self Only Coverage	\$8,700	\$9,100
Other than Self Only Coverage	\$17,400	\$18,200



Contribution and Out-of-Pocket Limits for Health Savings Accounts and High-Deductible Health Plans		
	2022	2023
HSA Annual Contribution Limits	Individual: \$3,650 Family: \$7,300	Individual: \$3,850 Family: \$7,750
HDHP Minimum Deductible	Individual: \$1,400 Family: \$2,800	Individual: \$1,500 Family: \$3,000
HDHP Out-of-Pocket Maximums	Individual: \$7,050 Family: \$14,000	Individual: \$7,500 Family: \$15,000

PREVENTIVE WELLNESS OFFERINGS

Make sure that your District is offering wellness initiatives either through your health insurance carrier or implemented by the District.

THESE INCLUDE:




- ✔ Promotion of annual exams
- ✔ Health Risk Assessments
- ✔ Biometric Screenings
- ✔ Online Wellness Programs
- ✔ Any initiatives put together and administered by the District



Participation in any option can help employees and family members identify and address their health risks. District offered financial incentives always help with participation.

MULTI-YEAR RATE GUARANTEES

Why, When...

-  Eliminates surprises and helps with budgeting
-  Most offered by new carriers to win your business
-  Normally NOT offered upon renewals with your existing carrier

And What They Look Like

MULTI-YEAR RATE GUARANTEE OPTIONS

- (1) Rate not to exceed flat % not connected to your plan's loss ratio
- (2) Rate based on % increments connected to your plan's loss ratio
- (3) Rate based on benefit changes mandated per plan year(s) of the rate guarantee
- (4) Rate based on including a premium penalty if District leaves their contract during the rate guarantee plan year(s)

BUDGETING FOR BENEFITS



Know your policies renewal date



Work with benefits consultant to estimate premium increases



Review post employment benefits costs



Estimate staffing changes



Incorporate into budgeting program/software

QUESTIONS?

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THANK YOU!