

WELCOME!

Daemen College

Benefits Education Seminar









February 26, 2020

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INSURANCE | EMPLOYEE BENEFITS

Seeking Care: You Have Options

You have many ways to seek the care you need when you need it. Knowing where to go in certain situations can help you save time and money.

COST	\$		\$	\$\$			\$\$\$\$			
TIME										
<hr/>										
										
										
										
										
<hr/>										
Primary Care Physician (PCP)										
Telemedicine										
Urgent Care										
Emergency Room (ER)										

Some plans require that you have a primary care physician (PCP) to enroll.



Telemedicine Hosted by Doctor On Demand®: Convenient Access to Quality Care



24/7/365

24/7/365 access to 250+ board-certified doctors through your smartphone, tablet, or computer with a front-facing camera



INSTANT ACCESS

Provides members instant access to quality care with an average wait time under five minutes



90% TREATED

Physicians are able to treat 90% of the most common medical issues:

- Allergies
- Back pain
- Bronchitis and pneumonia
- Cold and flu
- Sinus infections
- Mental health



Case Management

If complex health care is needed, our team is here to assist you. We help you make informed health care decisions, ensuring you receive the care you need.

You will also have access to the following programs:



General
case management



Behavioral health



Transplant
case management



Palliative care



Rare conditions
case management



Right Start
Prenatal Program



Disease Management

Let our team help you manage your chronic condition. We help you stay on track with and improve your condition by empowering you with the tools to make positive health changes.

You will also have access to the following programs:



ADHD



ASTHMA



CARDIAC



COPD



DIABETES



SPINE



Online Tools

Log on to **bcbswny.com** to:



MANAGE YOUR ACCOUNT



MANAGE PRESCRIPTIONS



PLAN YOUR TREATMENT



ACCESS HEALTH AND
WELLNESS RESOURCES



Register online at bcbswny.com/register

Home > My Account

Good Morning, Hannah

View my claims View plan details Go paperless

Edit my profile View / Order ID card Add coverage

Does your doctor have 5 stars?
Review your doctor

Can't see your coverage?
Add your plan

Deductible Out-of-Pocket Max

Family Max: \$1,000.00

Individual Max: \$5,000.00

In Network

	Primary Care	Specialist
Copay	\$25.00	\$40.00
Coinsurance	0%	0%

View plan details View glossary

Manage My Care

- Select my primary care doctor
- Personal health advocate
- Manage my prescriptions

Helpful Links

- What is an EOB?
- Understanding my Deductible
- View FAQs
- View Glossary

Recent Claims & Referrals

Claims Referrals

Date	Provider	Your Total Responsibility	EOB
05/01/2018	Rite Aid Pharmacy #0497	\$55.78	

View all claims Submit a claim View referrals

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Subscriber:
01 John Public
ID:
UCZ 123489709

Members:
02 Fred Public
03 Sue Public

Group# : 00402284
RX Group: HNRXS
RX Bin: 610014

PPO 7200
RX copay \$10/\$50/\$100
In-Network Ded \$1500/\$3000F

+No deductible on preventive

PPO



High-Deductible-Health-Plan (HDHP)



Example of How a Deductible Plan Works

PREVENTIVE SERVICES

**Health
Insurance
Company
Pays 100%**

OTHER SERVICES

Until deductible amount is reached

**You Pay
100%**

You pay a deductible up to a certain amount

After deductible amount is reached

**You Pay
a Copay or
Coinsurance**

**Health Insurance
Company Pays a
Percentage**

Once the deductible amount is reached, you pay a copay or coinsurance



Health Insurance Company Pays



You Pay

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High-Deductible-Health-Plan (HDHP)



How a HDHP Works

STAGE 1

Deductible Phase

- The deductible is the amount you pay before copays apply. You pay the full cost of services and prescriptions at BCBS's negotiated rate.
- Preventative Services are not subject to the deductible (See Benefit Summary for Full Detail).
- Family deductible can be met by one person or a combination of multiple family members. There is no individual deductible within a family.

STAGE 2

Copay/Coinsurance Phase

- Once the deductible is met, you pay copays or coinsurance for services and prescriptions.

STAGE 3

Out-of-Pocket Maximum Phase

- The maximum amount a member can pay in a given plan year. If out-of-pocket maximum is met, BCBS pays 100% for the remainder of the plan year.

At the end of the plan year, the deductible and out-of-pocket maximum reset and you return to Stage 1

POS 8200 \$1,500/\$3,000 – H.S.A. Plan



Benefit Summary	In-Network	Out-of-Network
Deductible* (true family)	Individual: \$1,500 Family: \$3,000	Individual: \$1,500 Family: \$3,000
Coinsurance	20% coinsurance after deductible	40% coinsurance after deductible
Out-of-Pocket Maximum (embedded)	Individual: \$4,000 Family: \$8,000	Individual: \$5,000 Family: \$10,000
In-Network Services	\$250 Wellness Benefit Included	
Prescription Coverage	\$10 / \$50 / \$100 after deductible	
Primary Office Visit	20% after deductible	
Specialist Office Visit	20% after deductible	
Inpatient Hospitalization	20% after deductible (per admission)	
Outpatient Surgery (facility)	20% after deductible	
Emergency Room	20% after deductible	
Urgent Care	20% after deductible	
Dependent Coverage	To age 26	

**combined for in-network and out-of-network*

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Medical Plan Options – Single Coverage Example

BCBS of WNY

Medical Costs

PCP Doctor (sick) Visit

2 \$25 \$50

Emergency Room

1 \$50 \$50

Generic Rx (tier 1)

12 \$10 \$120

Brand Name Rx (tier 2)

2 \$50 \$100

Employee Costs

Annual Out-of-Pocket

\$320

Annual Premium

\$2,470.80

Total

\$2,790.80

Employer Funding HRA

\$0

TOTAL EMPLOYEE COST

\$2,790.80

POS 8200 (\$1,500/\$3,000)

Medical Costs

2 \$100 \$200

1 \$1,000 \$1,000

12 \$20 \$240

2 \$70 \$140

\$1,580

\$1,077.36

\$2,657.36

\$1,500

\$1,157.36

Estimated Employee savings by moving from the POS 206 plan to the POS 8200 plan:

\$1,633.44



Medical Plan Options – Family Coverage Example

BCBS of WNY

Medical Costs

PCP Doctor (sick) Visit

8 \$25 \$200

Emergency Room

2 \$150 \$300

Generic Rx (tier 1)

15 \$10 \$150

Brand Name Rx (tier 2)

4 \$30 \$120

Employee Costs

Annual Out-of-Pocket

\$770

Annual Premium

\$4,423.20

Total

\$5,193.20

Employer Funding HRA

\$0

TOTAL EMPLOYEE COST

\$5,193.20

POS 206 (Copay Plan)

Occurrences Cost for Each Annual Cost

POS 8200 (\$5,000/\$10,000)

Occurrences Cost for Each Annual Cost

8 \$100 \$800

2 \$1,000 \$2,000

15 \$20 \$300

4 \$70 \$280

\$3,380

\$2,025.36

\$3,355.76

\$3,000

\$355.76

Estimated Employee savings by moving from the POS 206 plan to the POS 8200 plan:

\$4,837.44

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Health Savings Account (HSA)



What is an HSA?

Health savings accounts (HSAs) are a great way to save money and efficiently pay for medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs).

HSA ADVANTAGES

Ownership

Funds remain in the account from year to year

Affordability

Lower health insurance premiums

Control

You decide how to utilize your account

Security

Protect against high or unexpected medical bills

Flexibility

Pay for medical expenses or save for future needs

Portability

Your HSA is completely portable



TRIPLE TAX SAVINGS

Pre-Tax

Funds are not subject to income tax

Tax-Deferred

Money grows without being taxed

Tax-Free

Withdrawals for qualified medical expenses

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Health Savings Account (HSA)



Who is Eligible for an HSA

ANYONE WHO IS:

- Covered by a High-Deductible-Health-Plan (HDHP)
- Not enrolled in Medicare (under 65 and/or not permanently disabled)
- Not covered under other health insurance*
- Not claimed as a dependent on another person's tax return

2020 HSA MAXIMUM CONTRIBUTION LIMITS

SINGLE CONTRIBUTION

\$3,550

FAMILY CONTRIBUTION

\$7,100

"CATCH-UP" CONTRIBUTION

\$1,000

Individuals who are age 55 and older can contribute an additional contribution annually

**other health insurance does not include: specific disease or illness insurance, accident, disability, dental care, vision care and long-term care insurance*

Health Savings Account (HSA)



What happens when you turn 65 -

- You can no longer contribute pre-tax dollars to your HSA if you are enrolled in Medicare Part A or B
- You should change your contribution to zero the month you become enrolled in Medicare
- If you are enrolled in Medicare, you can still use funds in your HSA to pay for eligible medical expenses and will not pay taxes on the money (ex: deductibles, premiums, copays and coinsurance)
- If you are working and not collecting Social Security, you can choose to delay Part A until you retire. The IRS looks back 6 months so if you are over 65, do not have Medicare, have been contributing to an HSA and decide to retire and pick up Medicare, you will need to stop your contribution 6 months before.

**For advice on your HSA and Medicare, please consult either a tax attorney or a Social Security representative.*

Health Savings Account (HSA)



Qualified Medical Expenses

You can use money in your HSA to pay for any qualified medical expense. A full list is available on the IRS website, www.irs.gov in [IRS Publication 502](#)



- Copays or Deductibles



- Dental Care, Braces, Dentures

- Diagnostic Tests & Devices



- Doctor and Hospital Visits



- Medical Equipment



- Prescriptions

- Select Insurance Premiums



- Vision Care, Glasses, Contacts

THANK YOU

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