# 2021 Open Enrollment

# Benefit Terminology

- Co-Pay
- Deductible
- In-Network vs. Out-of-Network
- Co-Insurance
- Out of Pocket Maximum

## Co-Pay

- Fixed amount you pay, usually at the time of a medical service
- Separate from and do not count as part of your deductible.
- Do count toward your out-of-pocket maximum

## Deductible

- Amount you pay for allowable healthcare charges before your health plan begins to make payments.
- An "allowable" charge is the amount Arkansas Blue Cross agrees to pay for a particular healthcare service that is in-network.

# Deductible Type

#### **Embedded**

- If you or anyone in your family meets the individual deductible, then your health plan will pay a portion of medical expenses for that person for that calendar year.
- However, when the family deductible is met by any combination of family members, co-insurance will pay on all family members – even in the event no single family member meets the deductible.

### In-Network vs Out-of-Network Costs

 Out of network providers may balance bill for the difference of billed charges and the allowable charges.

## Co-Insurance

Percentage of the cost you are responsible to pay for healthcare services after your deductible has been met.

## Out of Pocket Maximum

- If you or a family member reach your out-ofpocket maximum for the calendar year, your insurance will cover you at 100% for the rest of that year.
- Includes your deductible, coinsurance and copay amounts.
- Does NOT include premium payments or charges for services that are not covered.



# Medical Change Overview

- HSA
  - Premium Decrease
- PPO
  - Premium Decrease
  - Deductible changed to Embedded

 Blue Cross Blue Shield has system changes, and everyone will be receiving new cards.



## **ATU Medical Plans**

PLAN BENEFITS	OPTION I: HDHP (HSA) \$4,000	OPTION 2: PPO (FSA) \$4,000
Calendar Year Deductible		
Individual	\$4,000	\$4,000
Family	\$8,000	\$8,000
Out-of-Pocket Maximum	\$4,000	\$7,500
Individual	\$8,000	\$15,000
Coinsurance	0%	30%
Age appropriate annual Wellness Exam	No cost to you	No cost to you
Office Visits		
Primary Care Office Visit	0% after deductible	\$50 copay
Specialist Office Visit (consult & evaluation only)	0% after deductible	30% after deductible
Inpatient Hospital Facility	0% after deductible	30% after deductible
Outpatient Hospital Surgical Services	0% after deductible	30% after deductible
Outpatient Hospital Services (non surgical)	0% after deductible	30% after deductible
Emergency Room	0% after deductible	30% after deductible
Prescription Drugs		¢20 consument
Generic		\$20 copayment
Preferred	0% after deductible	\$50 copayment
Non-Preferred	0% after deductible	\$70 copayment \$250 copayment
Specialty		1 x retail copay per 100 days suppl
Mail Order		T X Tetali copay per 100 days suppl

# 4000 High Deductible Health Plan (HSA)

2020 to 2021 Premium Comparison



Coverage Level By Tier	2020 – Employee Cost	2021 – Employee Cost
Salary Tier: Under \$25,000		
Employee Only	\$ 0.00	\$0.00
Employee + Spouse	\$ 476.00	\$437.00
Employee + Child(ren)	\$ 208.00	\$190.00
Employee + Family	\$ 598.00	\$558.00
Salary Tier: \$25,000 - \$50,000		
Employee Only	\$ 39.00	\$35.00
Employee + Spouse	\$ 515.00	\$472.00
Employee + Child(ren)	\$ 247.00	\$225.00
Employee + Family	\$ 637.00	\$593.00
Salary Tier: \$50,000 - \$75,000		
Employee Only	\$ 65.00	\$59.00
Employee + Spouse	\$ 541.00	\$496.00
Employee + Child(ren)	\$ 273.00	\$249.00
Employee + Family	\$ 663.00	\$617.00
Salary Tier: \$75,000 - \$125,000		
Employee Only	\$ 93.00	\$89.00
Employee + Spouse	\$ 569.00	\$526.00
Employee + Child(ren)	\$ 301.00	\$279.00
Employee + Family	\$ 691.00	\$647.00
Salary Tier: \$125,000+	·	
Employee Only	\$ 110.00	\$100.00
Employee + Spouse	\$ 586.00	\$537.00
Employee + Child(ren)	\$ 318.00	\$290.00
Employee + Family	\$ 708.00	\$658.00

# 4000 PPO Plan 2020 to 2021 Premium Comparison

Coverage Level By Tier	2020 – Employee Cost	2021 – Employee Cost
Salary Tier: Under \$25,000		
Employee Only	\$30.00	\$28.00
Employee + Spouse	\$535.00	\$499.00
Employee + Child(ren)	\$251.00	\$234.00
Employee + Family	\$702.00	\$654.00
Salary Tier: \$25,000 - \$50,000		
Employee Only	\$50.00	\$47.00
Employee + Spouse	\$555.00	\$518.00
Employee + Child(ren)	\$271.00	\$253.00
Employee + Family	\$722.00	\$673.00
Salary Tier: \$50,000 - \$75,000		
Employee Only	\$80.00	\$75.00
Employee + Spouse	\$585.00	\$546.00
Employee + Child(ren)	\$301.00	\$281.00
Employee + Family	\$752.00	\$701.00
Salary Tier: \$75,000 - \$125,000		
Employee Only	\$110.00	\$103.00
Employee + Spouse	\$615.00	\$574.00
Employee + Child(ren)	\$331.00	\$309.00
Employee + Family	\$782.00	\$729.00
Salary Tier: \$125,000+		
Employee Only	\$127.00	\$119.00
Employee + Spouse	\$632.00	\$590.00
Employee + Child(ren)	\$348.00	\$325.00
Employee + Family	\$799.00	\$745.00

## **HSA or FSA Accounts**

- Pre-tax contributions
- Standard medical services such as office visits:
   Copayments, coinsurance and deductibles
- Prescriptions, over-the-counter medicines and health care products
- Preventive and restorative dental care as well as orthodontia for children and adults
- Eyeglasses, contact lenses and solutions, and laser eye surgery



## HSA vs. FSA

#### **Health Savings Account (HSA)**

- Can enroll if participating in the HDHP Medical (HSA)
   Plan
- 2021 Contribution Limits:
  - Individual Limit: \$3,600
  - Family Limit: \$7,200
- Your unused HSA account will roll over into the next plan year. There is no limit on the amount you can roll over.

#### Flexible Spending Account (FSA)

- Can enroll if you are participating in PPO Plan
- 2021 Min Contribution Limit: \$60
- 2021 Max Contribution Limit: \$2,750
- You can only rollover \$550 of unused funds into next plan year. Additional unused funds are forfeited.

## **Dental**

No changes to plan or rates in 2021

Deductible	\$50 individual (does not apply to preventative care)
Co-insurance:	100% Preventative Services
	80% Basic Services
	50% Major Services
	50% Orthodontic Services

	Employee Premium	Tech Portion of Premium
Employee Only	\$0	\$27.08
Employee & Spouse	\$25.86	\$28.76
Employee & Children	\$22.36	\$28.54
Employee & Family	\$57.89	\$30.85

## Vision

## No changes to plans or rates in 2021

Co-pays	\$10 Exam/ \$15 Materials
Exam	Once every 12 months
Lenses or Contact Lenses	Once every 12 months
Frames	Once every 24 months

	Employee Premium
Employee Only	\$ 9.00
Employee & Spouse	\$16.67
Employee & Children	\$18.02
Employee & Family	\$25.67

## **Group Term Life**

- Arkansas Tech offers Basic Life Insurance at 2 times your annual salary at a maximum of \$75,000 of coverage.
  - To participate, you must enroll in both group term life policy and accidental death & dismemberment policy.
- Participating employees also have access to the free Employee Assistance Program.

# **Employee Assistance Program**

- If you enroll in the Group Term Life/AD&D plan, you
  will have access to the EAP offered by New Directions
  at no additional cost to you. All EAP services are 100%
  confidential. ATU will not know that you reached out.
- 3 Face to Face visits per issue every 12 months
- Includes Assistance with
  - Counseling
  - Consultation on Finances and legal needs
  - Crisis support
  - Coaching
  - Adult and Child resources
- Mobile App, Web Resources and Phone Support



## Voluntary Life

- In addition to the basic life insurance, if you are age 69 or younger you can elect voluntary life insurance in increments of \$10,000.
- During this enrollment period, you can increase your election by \$10,000 (up to a maximum total of \$200,000 in life insurance) without being subject to evidence of insurability through USAble.
- The guarantee issue for spouse life coverage remains at \$30,000. Any additional elected amounts will be subject to evidence of insurability.

# Disability

- Disability (Short Term Disability or Long Term Disability)
  assists in replacing up to 60% of your earnings in the
  event that injury, illness or pregnancy prevents you
  from working.
  - Short Term Disability (STD) pays a benefit up to 60% of your basic weekly earnings to a maximum of \$1,250, per week, less offsets for other income.
  - Long Term Disability (LTD) pays a benefit up to 60% of your basic monthly earnings up to a maximum of \$7,500 per month, less offsets of other income.

# **Ancillary Plans**

- Accident Recovery provides comprehensive coverage for accidental injuries including hospitalization, rehab and physical therapy.
- Hospital Recovery—provides a lump sum hospital admission benefit that will immediately meet deductible or cover out of pocket costs.
- Critical Care with Cancer -Benefits are paid directly to you upon the qualified diagnosis of a covered critical illness or first diagnosis of cancer.
- If you are newly enrolling in Hospital Recovery or Critical Care with Cancer or if you choose to increase your coverage amount, you will be subject to evidence of insurability.



## Additional Resources via Blue Cross

- My BluePrint
  - Look at Personal Health Statements
  - Find Providers
  - Cost estimations
  - Temporary ID Cards
  - Pharmacy (Prescription) Formulary
- Telemedicine
  - New with Blue Cross for Medical Insurance



## **Next Steps**

- Open Enrollment is scheduled from November 2<sup>nd</sup> to 17<sup>th</sup>, 2020
  - You can review 2021 Benefit information and/or schedule an appointment for questions by going to the HR website: <a href="https://www.atu.edu/hr/open-enrollment.php">https://www.atu.edu/hr/open-enrollment.php</a>
- HSA/FSA require active enrollments each year
- You can complete the election:
  - Online using the BenefitFocus Portal similar to 2020 Enrollments
  - Using the mobile application for BenefitFocus (called BenefitPlace)
- Updating dependents will require social security number & date of birth



## Need Assistance?

Monday	November 2, 2020	Young Ballroom	7:30am – 5:30pm
Tuesday	November 3, 2020	Young Ballroom	7:30am – 11:30am
Wednesday	November 4, 2020	Young Ballroom	1:30pm – 5:30pm
Thursday	November 5, 2020	Young Ballroom	7:30am – 11:30am
Friday	November 6, 2020	Young Ballroom *Facilities Management Only	7:30am – 5:30pm
Monday	November 9, 2020	Ozark	9:00am – 4:00pm
Wednesday	November 11, 2019	Young Ballroom	1:30pm – 5:30pm
Thursday	November 12, 2019	Young Ballroom	7:30am – 11:30am
Friday	November 13, 2019	Young Ballroom	7:30am – 5:30pm
Monday	November 16, 2019	Young Ballroom	1:30pm – 5:30pm
Tuesday	November 17, 2019	Young Ballroom	7:30am – 5:30pm