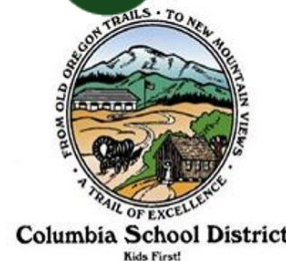


Welcome to your Health Benefits Pool 2023-2024



Meeting will begin soon
Have the meeting handout ready



SHASTA-TRINITY SCHOOLS
INSURANCE GROUP

Contact

Questions to

benefits@stsig.org

or

530-221-6444



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2023-24 Open Enrollment

- Meeting handout and presentation are on our website
- PASSIVE Enrollment. ONLY those wanting to make a change need to take action
- Plan year OCT-1-2023 to SEP-30-2024
- Online access to PlanSource begins on August 1st
- **ONLINE OE DEADLINE: Friday, September 1, 2023.**

PPO MEDICAL PLAN COMPARISON



Plan Name	80C	80G	80K	80M
Deductible Calendar Year	One person \$200 Family Each \$200 Family Max \$500	One person \$500 Family Each \$500 Family Max \$1,000	One person \$1,000 Family Each \$1,000 Family Max \$2,000	One person \$3,000 Family Each \$3,000 Family Max \$6,000
Member Coinsurance after Deductible	20%	20%	20%	20%
Out of Pocket Maximum	One person \$1,000 Family Each \$1,000 Family Max \$3,000	One person \$2,000 Family Each \$2,000 Family Max \$4,000	One person \$3,000 Family Each \$3,000 Family Max \$6,000	One person \$4,000 Family Each \$4,000 Family Max \$8,000
Doctor Visits Copay (Deductible waived)	\$20	\$30	\$30	\$40
Ambulance Copay (In addition to ded. & Coinsurance)	\$100	\$100	\$100	\$100
ER Copay (In addition to ded. & coinsurance)	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted
Prestige Office Fee	\$0	\$0	\$0	\$0
Preventive Care	\$0	\$0	\$0	\$0
MDLIVE Copay	\$10	\$10	\$10	\$10



PPO PHARMACY PLAN COMPARISON



Plan Name	80C	80G	80K	80M
Out of Pocket Maximum	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500	Individual \$2,500 Family \$3,500
Brand Name Deductible	\$0	\$0	\$0	Individual \$200 Family \$500
Costco Generics	\$0 (30 or 90 day)	\$0 (30 or 90 day)	\$0(30 or 90 day)	\$0(30 or 90 day)
Generics - 30 day	\$9	\$9	\$9	\$10
Brand - 30 day	\$35	\$35	\$35	\$35 after deductible

Brand name pharmacy and medical deductibles run from January 1 to December 31 every year. Any amount you pay towards your PPO plan's deductible in the fourth quarter of a calendar year (between October 1 and December 31) will be credited to the current year AND the next year's deductible.

Members can only obtain a 90-day supply of medication at COSTCO retail pharmacy or COSTCO mail-order for the mail order copay.

Specialty Pharmacy: Navitus SpecialtyRX is mandatory.

4th Quarter Carry-Over



- The PPO (80-20) plans feature Fourth Quarter Carryover on the Deductible:
- Covered charges incurred from October through December and applied toward the Calendar Year Deductible for that *year* also count towards Calendar Year Deductible for the next *year*
- Out of Pocket Maximum does not apply to Fourth Quarter Carryover
- HSA plans do not have Fourth Quarter Carryover



Primary Care \$0 Co-Pays

STSIG/SISC Anthem members receive \$0 co-pays on their first three in-network primary care office visits every calendar year.

Not applicable to HSA members. \$0 copay for first three office visits applicable to office visit only. Additional cost share(s) may apply to any other service(s) or procedures (i.e., x-ray, lab, surgery) performed in office.

2021-22 HDHP Medical Comparison

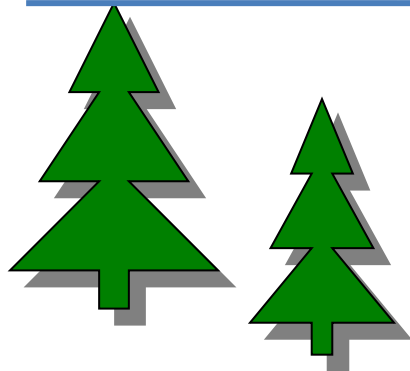
	Health Savings Acct Qualified	Health Savings Acct Qualified	Health Savings Acct Qualified
Plan Name	HSA - 1500	HSA - 3000	HSA 5000
Deductible Calendar Year	One person \$1,500 Family Each \$3,000 Family Max \$3,000	One person \$3,000 Family Each \$3,000 Family Max \$5,200	One person \$5,000 Family Each \$5,000 Family Max \$10,000
Coinsurance Deductible after	10%	10%	30%
Out of Pocket Maximum	One person \$3,000 Family Each \$3,000 Family Max \$6,000	One person \$5,000 Family Each \$5,000 Family Max \$10,000	One person \$6,350 Family Each \$6,350 Family Max \$12,700
Doctor Visits Copay	Deductible applies	Deductible applies	Deductible applies
Prestige Office Visit	\$20 (\$0 for wellness exam)	\$20 (\$0 for wellness exam)	\$20 (\$0 for wellness exam)
ER Copay (in addition to deductible and coinsurance)	\$100 - waived if admitted	\$100 - waived if admitted	\$100 - waived if admitted
Preventive Care	\$0	\$0	\$0
MDLIVE Copay	\$40	\$40	\$40
JPA HSA Contribution for first time enrollees - Paid November 30th.	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000
JPA HSA Contribution for exiting or former enrollees	0	0	0



Pharmacy Plan Cost-Sharing

Copays apply after deductible is met

Out of Pocket Maximum	HSA – A see medical OOP Max	HSA – B see medical OOP Max	Minimum Value HSA see medical OOP Max
Deductible	medical deductible applies	medical deductible applies	medical deductible applies
Costco Generics	\$0 (30 day) after deductible	\$0 (30 day) after deductible	\$0 (30 day) after deductible
Generics - 30 day	\$9 after deductible	\$9 after deductible	\$9 after deductible
Specialty/ Brand	\$35 after deductible	\$35 after deductible	\$35 after deductible



**Note: We use Navitus for Pharmacy Benefits,
use Costco for mail-order**



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Out of Network

The Pharmacy network includes most network and independent pharmacies EXCEPT Walgreens.



PlanSource Login



<https://benefits.plansource.com>

USERNAME: Your user name is the following: the first initial of your first name, up to the first six characters of your last name, and the last four of your SSN.

Jane Anderson

Last four of your SSN is 1234

=

janders1234

All passwords will reset to the birthday format on July 31, 2023

PASSWORD: Your birthdate in YYYYMMDD format.

Birthdate is August 14, 1962

=

19620814

At initial login, you will be prompted to change your password

Prestige Medical Clinic



Prestige
Urgent Care

- **Locations** – 85 Hartnell Ave, Redding, and 3689 Eureka Way, Redding

Membership includes

Office visits/physical exams, Urgent Care/Injury Care, X-Rays, Sutures, DMV Physicals, Annual Wellness exam, and Approved Annual Blood panel.

Not included in the membership

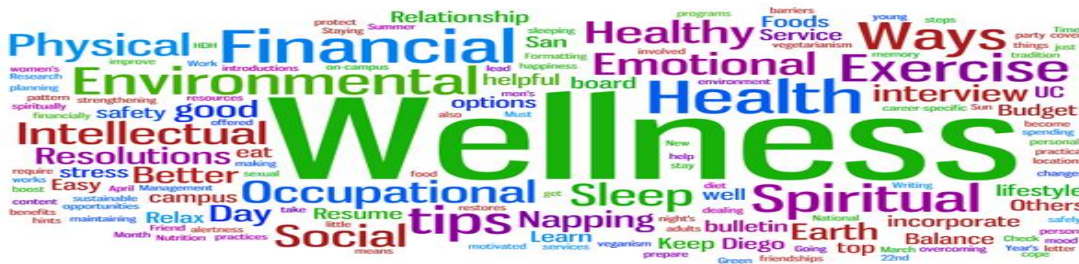
Formal read of X-Rays by an outside specialist if needed, Tetanus Injection, Vaccinations, Lab services, TB Testing, Durable Medical Equipment (Sleeves, crutches, supports)



Value – Added Services

Check your handout for

- **Teladoc** – Expert medical Opinions
- **Carrum Health** – No cost hip, Knee, and Spine Surgical Options
- **Lark** – Diabetes Prevention Program
- **Active & Fit** – Discounted Gym Memberships
- **TruHearing** - Discounted Hearing Aids
- **Eyeconic** – Discounted Eye Glasses
- See our recording and handout on our website for the extra benefits



Members and spouses enrolled in a medical plan on October 31 who complete the wellness incentive requirement by October 31, 2024, will receive a \$100 gift card payable in January.

Eligibility: complete three incentive activities including the annual wellness exam.

Wellness exam between November 1, 2023-October 31, 2024.

- Although not required, we encourage wellness exams to be completed at Prestige Clinic
- Approved wellness labs done through Prestige **at Quest** will be at no cost to the member – one set of labs per calendar year. Labs performed at any other lab will be processed through the medical program and member costs may apply



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Wellness Options – Pick 2

- Mammogram screening
- Bone Density test and screening for osteoporosis
- Colonoscopy screening (or Cologuard)
- Annual vision screening
- Two dental cleanings with oral assessment
- **Any medically recommended vaccine** done at a pharmacy or District sponsored on-site clinic.
- Healthy Biometrics (Blood Pressure 130/85 or less AND BMI 29.9 or less)
- Accumulate 400 points on FitThumb for exercise
- JPA-Approved Health Seminar or District Challenge
- JPA or District In-person or virtual Open Enrollment Meeting

Please note:

- *All wellness activities are tracked by completing and submitting via the Wellness Tracker.*
<http://www.stsigjpa.com/html/Wellness.htm>
 - *Neither Anthem nor pharmacies will be providing reports for wellness activities.*
- It is the employee's responsibility to submit proof of all activities to STSIG by October 31*

LATE WELLNESS TRACKERS WILL NOT BE ACCEPTED.

Value-Based Purchasing Benefit Change



Base pricing affects five common procedures that can be performed safely at an **Ambulatory Surgery Center (ASC)** at costs significantly lower than at a hospital.

	Arthroscopy	Cataract Surgery	Colonoscopy	Upper GI Endoscopy with Biopsy	Upper GI Endoscopy without Biopsy
Maximum benefit at an in-network outpatient hospital facility	\$4,500	\$2,000	\$1,500	\$1,250	\$1,000
There is no limit at an in-network Ambulatory Service Center (ASC)	There is no benefit change at an ASC. The limits at an outpatient hospital facility do not apply at an ASC.				



Medical Review

- Physical Therapy or Physical Medicine.
 - Physical Therapy
 - Physical Medicine
 - Chiropractic Care
 - Occupational Therapy



A medical review process with American Specialty Health (ASH) is required after 5 visits. Providers must contact Anthem to start the review process if expecting more than 5 visits.



Non-Contracted Providers

- If a non-contracted provider's charges exceed the in-network payment schedule, that **excess amount is not covered** and will be the member's responsibility to pay.
- Non-emergency **services not covered** through non-participating providers: Routine preventive care, diagnostic services (labs), physical medicine services, durable medical equipment.



Handouts Available

STSIG HSA Contribution

New Enrollee Contribution:

First time HSA-A, HSA-B and MVP enrollees are eligible for a \$500/\$1000 STSIG health savings account contribution - payments on November 30th.

What is a Health Savings Account?



- Savings account for qualified healthcare expenses
- Must be enrolled in HSA-1000 or HSA-3000 or HSA-5000 plan to participate
- Contributions are tax-free
 - 2024 = \$4,150 annual max individual*
 - 2024 = \$8,300 annual max family*
- Contributions, qualified withdrawals, and interest are tax-free
- Money is 100% employee owned and portable
- **NOTE** Non-qualified withdrawals are subject to income tax and 20% penalty

Qualifying for an HSA



- You must be enrolled in a qualified high deductible health plan (HDHP).
- You have no other health coverage (dual coverage on 2 HDHP's OK).
- You are not enrolled in Medicare or Tri-Care.
- You cannot be claimed as a dependent on someone else's tax return.



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Dental

- Dental – rate decrease
- Plan 9 for all Shasta College Active employees- effective 10-1.
- Summaries are on the STSIG website

 **DELTA DENTAL®**

VSP Vision Changes



➤ 2022-23 Enhancements

- Include Walmart and Sam's Club in our network
- Include Retinal Screening
- Include Progressive Lenses benefit with a \$20 co-pay
- Include Polycarbonate lenses - impact resistant (adults) with a \$0 co-pay

➤ 2023-24 Enhancements

- Include Anti-glare Coating with \$20 copay
- Include Ultraviolet Protection with \$0 copay

Summaries are on the STSIG website
No rate change





What is Maven?

Maven offers 24/7 virtual access to one-on-one maternity and postpartum support. Eligible PPO members are matched with a Care Advocate who connects them to trustworthy maternity and postpartum content. **No cost-benefit.**

Free 6-month diaper subscription for PPO members who:

- Enroll during their first or second trimester
- Have an intro call with a Care Advocate
- Have two appointments with Maven providers during pregnancy
- Complete the exit survey when their baby is born



Questions

to

benefits@stsig.org

or

530-221-6444