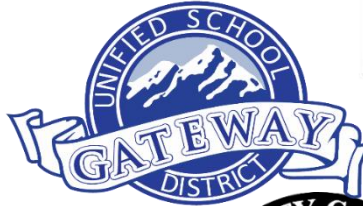


Welcome to your Health Benefits Pool 2023-24



Medicare Retiree meeting will begin soon
Have the meeting handout ready



SHASTA-TRINITY SCHOOLS
INSURANCE GROUP

Contact

Questions to

benefits@stsig.org

or

530-221-6444

Plan Summaries at

stsigjpa.com



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2023-24 Open Enrollment

- Does not apply to SCOE Medicare Retirees
- Meeting handout is 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
- Medicare retirees may turn in paper forms.
- **ONLINE OE DEADLINE: Friday, September 1, 2023.**

Available Health Benefits



Verify with your district if they offer retiree health benefits – not all do.

Once retired, you may not re-enroll in any health benefits you previously terminated.

Retirees on Medicare are allowed to use a paper Change Form to submit open enrollment changes or call our office for assistance.

If one person is on Medicare and a dependent is not, then a paper Change Form is required. Do not attempt an online change.

Contact your district office for cost changes in medical (increase) and dental (decrease). Vision has no cost change this year but has added benefits.

This meeting doesn't apply to SCOE retirees over 65.



Dual Coverage Coordination

1

- When Anthem is the secondary plan, Anthem does not pay until after the primary plan has paid its benefits.
- An "allowable expense" is a health care expense covered by one of the plans, including copayments, coinsurance and deductibles.
- Pre-authorization requirements and medical necessity claim edits are bypassed when Anthem is paying as secondary and the primary plan approved the services.
- If Anthem as the secondary plan is paying for a covered service that the primary plan denied, authorization requirements and medical necessity edits will apply.

2

- Anthem will determine payment as secondary by calculating its payment as if it were the primary carrier and using that amount as the COB Allowed Amount. It will then cover part, all or none of the allowable expenses left unpaid by the primary plan.
- Anthem's payment as secondary will not exceed the amount it would have paid if it were the primary plan.
- Anthem may reduce payment by any amount so that, when combined with the amount paid by the primary plan, the total benefits paid do not exceed the total allowable expense for the covered services.

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
MDLIVE Copay	\$10	\$10	\$10	\$10
Preventive Care	\$0	\$0	\$0	\$0



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 the first three office visits is applicable to an office visit only. Additional cost-share(s) may apply to any other service(s) or procedures (i.e., x-ray, lab, surgery) performed in an office.

2023-24 HDHP Medical Comparison

	Health Savings Acct Qualified	Health Savings Acct Qualified	Health Savings Acct Qualified
Plan Name	HSA - 1000	HSA - 3000	HSA - 5000
Deductible Calendar Year	One person \$1,500 Family Each \$2,800 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 after Deductible	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	\$0 after deductible	\$0 after deductible	\$0 after deductible
MEDICARE IS PRIMARY PAYER			
Dual Coverage Reserve Account is Deleted 1-1-2023		Medicare enrollees not qualified for health savings account contributions	

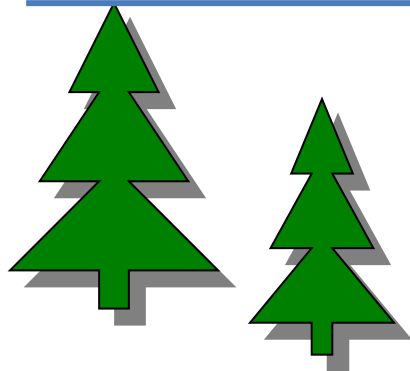


Pharmacy Plan Cost-Sharing



Copays apply after deductible is met

Out of Pocket Maximum	HSA – 1000 see medical OOP Max	HSA – 3000 see medical OOP Max	HSA - 5000 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.





Eligibility

Ex-spouses are not qualified to remain on health plans *even with a court order.*

Terminations will retro back to date of marriage dissolution and costs will be collected by Anthem

Online Enrollment



<https://benefits.plansource.com>





PlanSource Login

USERNAME: Your username 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



Value – Added Services

Check your handout for

- **Advance Medical/ 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



MDLive

\$10 Copay for PPO plans

Perfect for:

- Non-emergency consultations
- Flu/cold symptoms
- Sinus infection

NOT appropriate for:

- Managing chronic pain
- Emergency
- Preventative care



Employee Assistance Program



- **Districts find value in the Employee Assistance Program**
- **Voluntary** program offered to employees & their families
- **No cost** to use EAP, Available 24 hrs/7 days per week
- **Confidential** service by Licensed Professionals
- 6 brief counseling sessions per incident
- Resources for Managers and Supervisors
- **Comprehensive website**

800 999-7222
www.anthemep.com
Program name: SISC

Value-Based Purchasing Benefit Change



Effective October 1, 2018 Reference Base pricing was introduced for 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.				



Here's how it works:

- In-network Ambulatory Surgery Center (ASC) – pay regular deductible and co-insurance – ***no benefit change.***
- Outpatient facility at an in-network hospital - pay regular deductible and co-insurance **PLUS amounts that exceed the reference price.**



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-Par Providers

- If a non-participating provider's charges exceed the schedule, that 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.
- **Shasta Pathology, Anesthesia, Ambulance** used by contracted hospitals are not in-network.
- Members may request an Authorized Referral* to access non-emergent care with a non-participating provider if no in-network providers are within 50 miles of residence.



Dental and Vision

- Dental – rate decrease
- Summaries are on the STSIG website
- If you did not enroll in dental or vision when you retired, you may not add during open enrollment.



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





Questions

to

benefits@stsig.org

or

530-221-6444