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## HEALTH INSURANCE 2016???

## WHAT GRANDFATHERED PLANS DO AND DON'T HAVE TO COVER

### All health plans must

- End lifetime limits on coverage
- End arbitrary cancellations of health coverage
- Cover adult children up to age 26
- Provide a Summary of Benefits and Coverage (SBC), a short, easy-to-understand summary of what a plan covers and costs
- Hold insurance companies accountable to spend your premiums on health care, not administrative costs and bonuses

### Grandfathered plans DON'T have to:

- Cover preventive care for free
- Guarantee your right to appeal a coverage decision
- Protect your choice of doctors and access to emergency care
- Be held accountable through Rate Review for excessive premium increases

# FREE PREVENTIVE SERVICES

All Marketplace plans and many other plans must cover the following list of preventive services without charging you a [copayment](#) or [coinsurance](#). This is true even if you haven't met your yearly [deductible](#).

This applies only when these services are delivered by a network provider.

[Abdominal Aortic Aneurysm one-time screening](#) for men of specified ages who have ever smoked

[Alcohol Misuse screening and counseling](#)

[Aspirin use](#) to prevent cardiovascular disease for men and women of certain ages

[Blood Pressure screening](#) for all adults

[Cholesterol screening](#) for adults of certain ages or at higher risk

[Colorectal Cancer screening](#) for adults over 50

[Depression screening](#) for adults

[Diabetes \(Type 2\) screening](#) for adults with high blood pressure

[Diet counseling](#) for adults at higher risk for chronic disease

Hepatitis B screening for people at high risk, including people in countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.

Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 – 1965

HIV screening for everyone ages 15 to 65, and other ages at increased risk

Immunization vaccines for adults — doses, recommended ages, and recommended populations vary:

- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Influenza (Flu Shot)
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella

Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years

Obesity screening and counseling for all adults

Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk

Syphilis screening for all adults at higher risk

Tobacco Use screening for all adults and cessation interventions for tobacco users

## Healthcare.gov

- <https://www.healthcare.gov/>

## Grandfathered health insurance plans

- <https://www.healthcare.gov/health-care-law-protections/grandfathered-plans/>

## Preventive health services for adults

- <https://www.healthcare.gov/preventive-care-benefits/>

## GRANDFATHER STATUS

### Forfeit Grandfather Status

- Inclusion of copays in out-of-pocket (PCP, Specialist, Chiropractor, Urgent Care and Prescription Drugs)
- Out-of-Network Emergency Room benefits must be level as in-network (coinsurance increase to 80% from 70%)
- \$0 Preventive Care visits (subject to age and frequency limitations)
- \$0 Women's Health (i.e. \$0 contraceptives, breast pumps, lactation consulting, etc.)
- Coverage of routine costs associated with clinical trials
- Expanded claims and appeal requirements

## PROPOSED PLAN CHANGES — 2016 FORFEIT GRANDFATHERED STATUS

	Blue Cross Blue Shield of AR PPO 1/1/2015		Blue Cross Blue Shield of AR PPO Proposed 1/1/16	
	PPO	Out-of-Network	PPO	Out-of-Network
	<b>Calendar Year Deductible</b>			
Individual	\$600	\$850	\$600	\$850
Family	\$1,200	\$1,700	\$1,200	\$1,700
<b>Out-of-Pocket Maximum</b>	Includes Deductibles	Includes Deductibles	Includes Deductibles & All Copays	Includes Deductibles & All Copays
Individual	\$1,700	\$2,250	\$2,500	\$3,050
Family	\$3,400	\$4,500	\$5,000	\$6,100
<b>Physician Office Visits</b>				
Primary Care	\$35 Copay	70% after deductible	\$35 Copay	60% after deductible
Specialist	80% after deductible	70% after deductible	\$50 Copay	60% after deductible
<b>Urgent Care</b>	\$35 Copay	70% after deductible	\$35 Copay	60% after deductible
<b>Wellness/Preventive</b>	\$35 Copay	Not Covered	\$0 Copay	Not Covered
<b>Hospital Services</b>				
Inpatient	80% after deductible	70% after deductible	80% after deductible	60% after deductible
Outpatient	80% after deductible	70% after deductible	80% after deductible	60% after deductible
Emergency Room	80% after deductible, plus \$60 copay	70% after deductible, plus \$60 copay	80% after deductible, plus \$60 copay	80% after deductible, plus \$60 copay
<b>Mental Health</b>				
Inpatient	80% after deductible	70% after deductible	80% after deductible	60% after deductible
Outpatient	80% after deductible	70% after deductible	80% after deductible	60% after deductible
Office Visits	80% after deductible	70% after deductible	\$35 Copay	60% after deductible
<b>Substance Abuse</b>				
Inpatient	80% after deductible	70% after deductible	80% after deductible	60% after deductible
Outpatient	80% after deductible	70% after deductible	80% after deductible	60% after deductible
<b>Chiropractic Care</b>				
Limitations	50% no deductible 20 visits	Not Covered	50% no deductible 20 visits	Not Covered
<b>Prescription Drugs</b>				
Retail				
Generic	\$12 Copay		\$12 Copay	
Preferred Brand	\$35 Copay		\$35 Copay	
Non-preferred brand	\$60 Copay		\$60 Copay	

## 2015 BENEFIT RATES SEMI-MONTHLY RATES (24 PAYCHECKS PER YEAR)

Medical	Total	A-State	Employee	Yearly Employee Premium
Employee only	223.95	191.91	32.04	768.96
Employee + Spouse	437.45	310.44	127.01	3048.24
Employee + Child(ren)	341.39	239.09	102.30	2455.20
Family	544.78	409.25	135.53	3684.72

### OPEN ENROLLMENT WILL BE NOVEMBER 9<sup>TH</sup> – 20<sup>TH</sup>.

INDIVIDUALS WHO ARE MAKING ANY CHANGES OR PARTICIPATING IN FLEXIBLE SPENDING ACCOUNTS WILL NEED TO PARTICIPATE.

- University paid life for employee and dependent – Change new hire coverage from first day of employment to 1<sup>st</sup> of the month following benefit elections. This brings elections in line with all benefits.
- Unum Voluntary Products (hospitalization, accident, and critical care policies) will no longer be offered. Existing participants will be able to continue these through direct bill.
- Long-term Care Insurance – this will be the last year in which participants can elect long-term care coverage. CNA is no longer offering a group long term care product. Individuals who have/elect this coverage will be converted to individual direct bill.
- Spousal supplemental life can be increased during open enrollment by \$5,000 without evidence of insurability (unless previously denied).
- Dental – Still in contract negotiations – should see little to no increase in plan cost.
- Vision – Contract Negotiations have provided for an increase in coverages including increasing the frame allowance from \$130 to \$150 and increasing contact lens allowance from \$130 to \$150. No premium increase with this option.