City of Benson

OPEN ENROLLMENT

2024

EMPLOYEE SOLUTIONS GROUP

AGENDA

- Health Plan Benefits
  - Medical, Dental, Vision, Life
- Pre-tax Accounts
  - Health Savings Account (HSA)
  - Flexible Spending Account (FSA)
- Benefit Resource Tools

EMPLOYEE SOLUTIONS GROUP

MEDICAL PLAN

- What’s new and changing?

BlueCross BlueShield → aetna™

- Current landscape of healthcare
  - Rising premium costs

We can meet your needs

We’re uniquely positioned to transform the way health care is delivered in our Joint Venture markets

Joint Ventures

Leads as a clinical health partner, making the best decisions for member care while connecting your employees to quality providers.

aetna®

Delivers the breadth of coverage associated with a large nationwide network as the backbone of financial health protection.

CVSHealth®

Local footprint increases access to care, when and where members need it most.

Network Composition

BROAD (Broad Open POSII)

- **Participating health systems:** Banner Health, HonorHealth, **Mayo Clinic**, Tucson Medical Center, Phoenix Children's Hospital, Dignity, Abrazo/Tenet, Northern Arizona Health; plus, access to the Aetna national network when outside Arizona

- **Network coverage area:** Statewide and national network

6,280+
Primary care doctors

27,770+
Specialists

104
Hospitals

221
Urgent care centers

14
Banner Health centers

53
Walk-in clinics

Banner | aetna

Getting started is easy

Register at banneraetna.com

By registering through our member website, you can become an active and informed member of your care team.

- Click "Member Log In," and then "Register."
- Have your ID card and Social Security number handy.

Find out what your plan covers and estimated costs of care

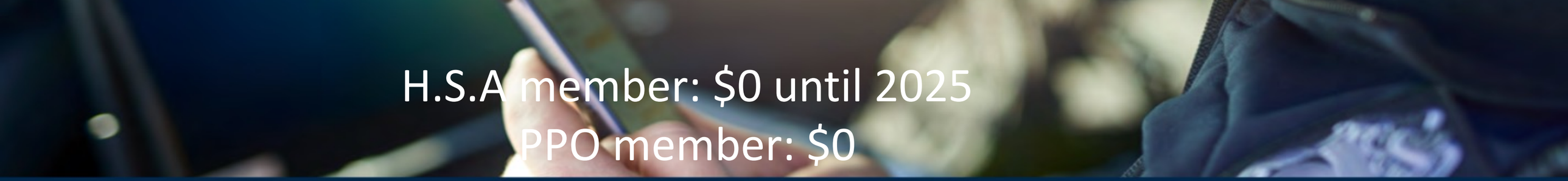
Search for doctors, hospitals and other health care professionals

Check your personal health record

Review your claims and pay your bills

See reminders for important preventive screenings

Communicate with your provider*



H.S.A member: $0 until 2025

PPO member: $0

Banner | aetna™

98point6

On-Demand

Whether you're feeling unwell or have a health-related question, simply sign in and start a visit whenever you're ready. No appointment needed.

Text-Based

Connect with a 98point6 doctor right from your phone. Get treatment for a cough at work or get care for your child's stomach pain while at a weekend barbecue.

Available now for all employees and dependents ages 1+ enrolled in an eligible Banner|Aetna plan.

Quality Care

U.S.-based, board certified 98point6 doctors diagnose, treat, prescribe medication and order labs as appropriate and follow up. Audio and video support are also available as needed.

24/7

Virus in the middle of the night or itchy rash over the weekend? Get immediate, non-emergency care around the clock—even after hours and on holidays.

Learn more at: **98point6.com/banner-aetna-members**

CVS Medical Accessibility

Did you know there is statically a CVS within 3 miles from you?

- Minute Clinic offers General Care appointments at $0 copay for non-HSA Members
- HealthHub® is the newest concept for full care for our Banner|Aetna members offering a wide array of services, complete with a concierge!
- COVID-19 tests and vaccines available at Minute Clinic, all scheduled right from your phone!

Optimizing benefits with Maintenance Choice® with opt out*

90-DAY OPTION

How it works:

- After two retail fills, the member will need to fill the 90-day supply at CVS Pharmacy® or CVS Caremark® Mail Service Pharmacy.
- If the member fills a 90-day supply, they'll get three months for the cost of two copays.**
- Members can call to opt out and pay the retail cost sharing for each 30-day supply.
- If they don't fill their 90-day prescriptions at CVS Pharmacy or CVS Caremark Mail Service Pharmacy or call us to opt out, they'll pay the full cost of the medication.

Program proof points:

- **92 percent of members** are more likely to take their medications after using mail service for one year.***
- This ensures members have their daily medicine on hand *when they need it.*

Delivery

No extra cost for 1 to 2 day delivery from a CVS Pharmacy and a discounted fee for on-demand delivery.†

*Does not apply to groups based in Oklahoma.
**Eligible members enrolled in high-deductible health or Value plans must first meet their deductible before copay cost-sharing applies. Eligible members enrolled in IntRx plans must first meet their deductible before copay cost-sharing applies on brand and specialty drugs.
***Based on 2017 CVS Caremark Mail Service Pharmacy mail-order pharmacy users.
†Delivery fees from CVS Pharmacy are discounted for mandatory with opt-out version of Maintenance Choice only.

How OTC Health Solution works

Using OTC Health Solution benefit in a CVS location

1. The member goes to a participating location
   - They can use the catalog to find products that work with their benefit
2. At the register, they give the cashier their ID card and date of birth.*
3. The cashier will apply the allowance to their total.
4. If there's a remaining balance, they can use another form of payment to complete the purchase.**

Marie's daughter's run-in with the flu

Marie's daughter, Sofia, has the flu. While at CVS Pharmacy picking up her prescription, she decides to grab some other items.

Marie's cart	
DIGITAL THERMOMETER	$17
NASAL DECONGESTANT TABLETS - 18 CT	$4
SORE THROAT SPRAY - 6 OZ	$4
Total	$25

Marie gives Sofia's Banner|Aetna ID card to the cashier. They scan it, ask her to confirm Sofie's date of birth, and tells her she's all set.

*The benefit can only be used at a staffed register, not a self checkout station.
** Purchases made online or over the phone can't exceed the $25 quarterly allowance.

Banner | aetna

Diabetes care offerings

Diabetic Meter Program

Members with Diabetes can order a new blood glucose meter* from banneraetna.com for **$0**

$0 Preferred Diabetic Benefit

$0 cost share and waives the deductible (if applicable)*

To find eligible products:

1. Use the Advanced Control Plan drug list.
2. Look under the categories:
   - ANTIDIABETICS, INSULIN
   - DIABETIC SUPPLIES
3. Look for "PG" (preferred generic) and "PB" (preferred brand)

Pharmacy Advisor®

Helps drive adherence through proactive **1:1 connections** with specially trained CVS Pharmacists

Simple Steps to a Healthier Life®

Uses a health assessment to match members to care management “Journeys”

Diabetes-specific journeys:

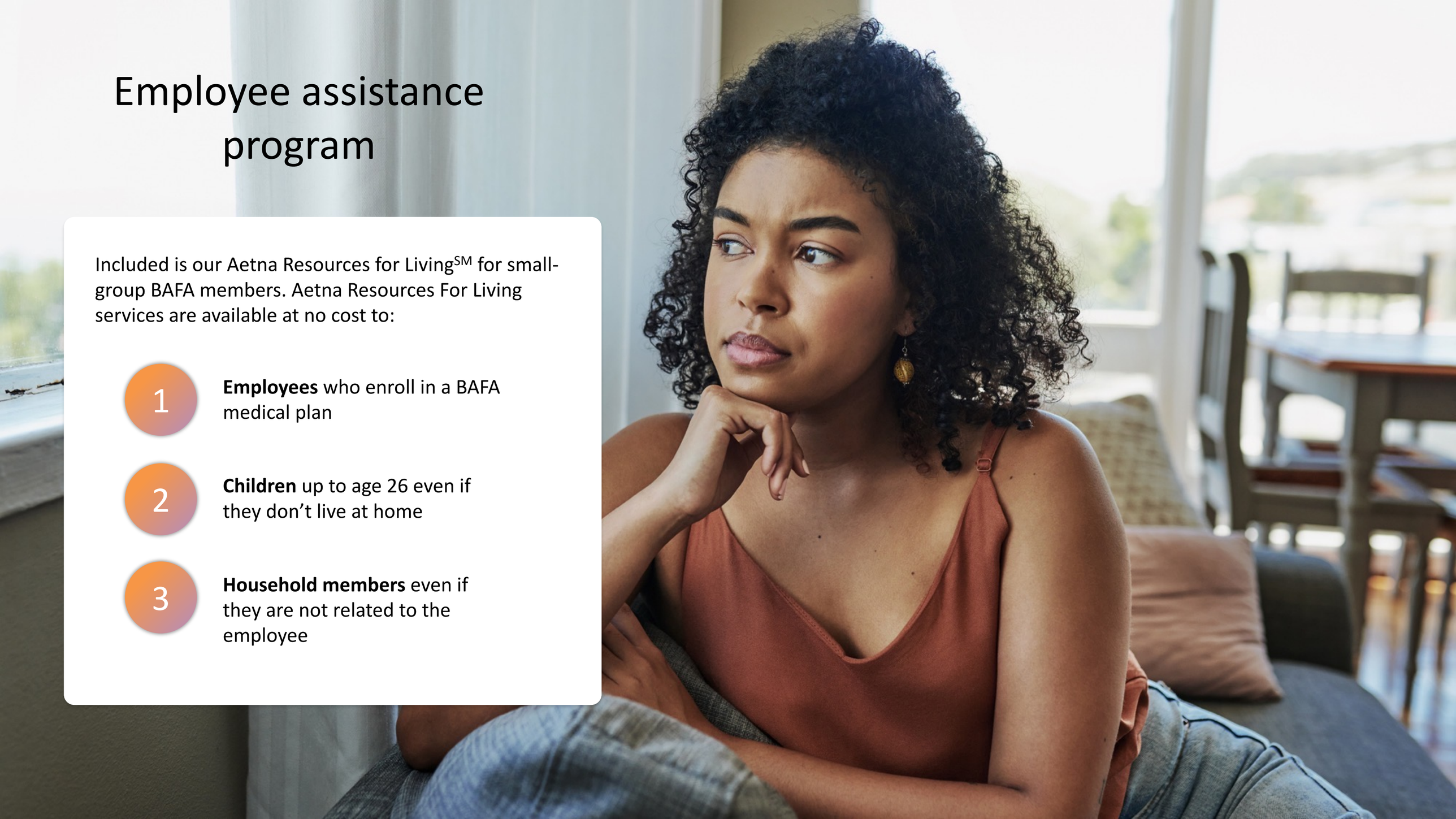
- Live healthy: Diabetes
- Eat well to manage blood sugar

*Not available in Oklahoma.

Employee assistance program

Included is our Aetna Resources for Living℠ for small-group BAFA members. Aetna Resources For Living services are available at no cost to:

1. **Employees** who enroll in a BAFA medical plan
2. **Children** up to age 26 even if they don’t live at home
3. **Household members** even if they are not related to the employee



OPTION 1 - AETNA PPO PLAN + HRA

- Primary Care, Specialists and Rx Drugs are typically **COPAY** events and can be paid with your Flexible Spending Account (pre-tax money)
- To lower your taxable income (paying less in taxes per year) fund your FSA account!

Simple Benefit Summary (PPO Plan – Broad Network)	
Individual Deductible The amount you pay each plan year before payments begin for covered services.	**$ 5,000**
Family Deductible The amount you family pays each plan year before payments begin for covered services.	**$ 10,000**
Individual Out-of-Pocket Max **(Net of HRA)** Total amount employee would pay after reimbursement from HRA.	**$ 1,400**
Family Out-of-Pocket Max **(Net of HRA)** Total amount employee would pay for their family insured members.	**$ 2,800** **(2 x individual)**

OPTION 1 - AETNA PPO PLAN + HRA

- HRA allows us to reimburse employees **TAX-FREE** if you have a medical event
  - You as employee pay first $1,000
  - Next $4,000:
    - COB reimburses $3,600
    - Employee pays last $400

Health Reimbursement Arrangement (HRA) Per Member / Per Family		
	Individual	**Family (Per Insured – 2X)**
Employee Pays 1st	$ 1,000	$2,000
Next $4,000 90% COB | 10% EE	$ 3,600 (COB paid benefit)	$7,200 (COB paid benefit)
Max Out Of Pocket (EE *could* pay)	$ 1,400	$2,800

How does a HRA work?

HOW DO I USE MY HRA ACCOUNT?

STEP 1

Go to doctor or clinic for medical service

STEP 2

Doctor sends a bill to carrier which generates carrier EOB (Aetna) – mailed to you or Aetna online portal

STEP 3

Take EOB from carrier, log into ESG consumer portal or smartphone app to upload/submit to ESG

STEP 4

ESG will review EOB and process HRA reimbursement based on rules of plan (i.e. deductible only)

STEP 5

You will receive a check or direct deposit within 7 business days after HRA claim is submitted to ESG

OPTION 2 - AETNA HSA PLAN + HRA

- Primary Care, Specialists and Rx Drugs are applied to **DEDUCTIBLE** and paid for with HSA account (via ESG debit card)
- Limited Purpose FSA account eligible!
  - For Dental & Vision expenses only

Simple Benefit Summary (HSA Plan – Broad Network)	
Individual Deductible The amount you pay each plan year before payments begin for covered services.	**$ 5,500**
Family Deductible The amount you family pays each plan year before payments begin for covered services.	**$ 11,000**
Individual Out-of-Pocket Max **(Net of HRA)** Total amount employee would pay after reimbursement from HRA.	**$ 2,500**
Family Out-of-Pocket Max **(Net of HRA)** Total amount employee would pay for their family insured members.	**$ 5,000** **(2 x individual)**

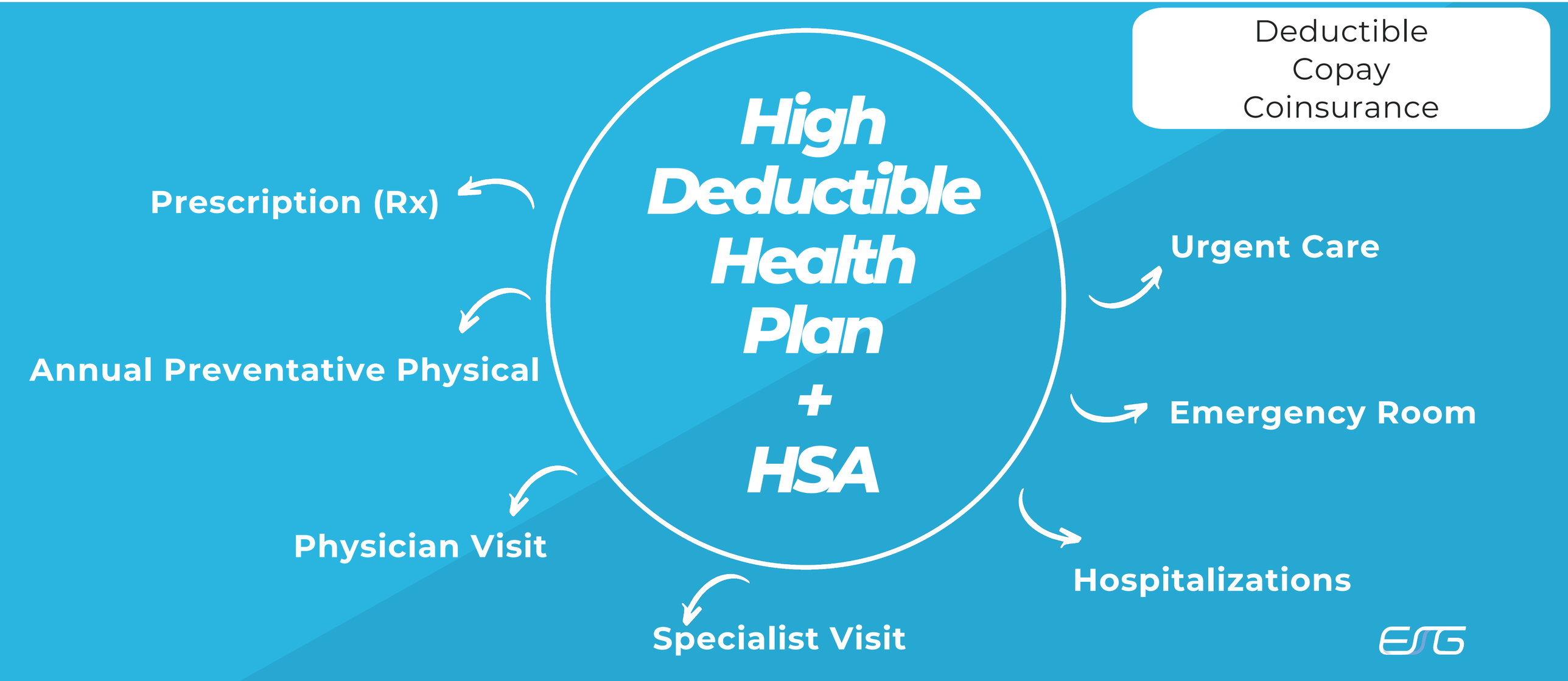
OPTION 2 - AETNA HSA PLAN + HRA

- **COB MATCHES HSA CONTRIBUTIONS**
  - COB contributes first $200 every year for HSA accounts ($400 for family)
  - PLUS: EE $20/month & Family $40/month
- Can also fund a **Limited Purpose FSA** account to pay for eligible Dental & Vision expenses only

Health Reimbursement Arrangement (HRA) Per Member / Per Family		
	Individual	**Family (Per Insured – 2X)**
Employee Pays 1st	$ 2,500	$5,000
Next $3,000 100% COB | 0% EE	$ 3,000 (COB paid benefit)	$6,000 (COB paid benefit)
Max Out Of Pocket (EE *could* pay)	$ 2,500	$5,000

Health Savings Account (HSA)

Funds non-insured qualified medical expenses



HSA

Health Savings Account

- HSA must be paired with a High Deductible Health Plan
- HSA is a bank account that you own, it is NOT subject to “use it or lose it” rules.
  Balances remaining in account at year end are yours.
- Debit card purchases are typically auto approved; some require documentation.

Funds you may withdraw are limited to the balance in your HSA bank account

Non-insured qualified medical expenses

- Rx Drugs and / or copays
- Doctor visits and / or copays
- Deductible Expense from Health Plan
- Dental & Vision Expenses
- Over the Counter Drugs
- Contact Lenses & Glasses
- Orthodontic Treatment (Adult & Child)
- Lasik Eye Surgery
- Artificial Limbs, Crowns or Teeth
- Learning Disabilities Tuition
- Ambulance Fees / Medical Transport

HSA

Annual Limits

HSA Medical Account allows Medical, Dental and Vision expenses can be paid with tax free dollars.

- HSA Maximum – Single (2024) - $4,150

  City of Benson will match your contribution $20/month
- HSA Maximum – Family (2024) - $8,300

  City of Benson will match your contribution $40/month

- Over 55 – catchup contribution extra $1,000 annually
- Investment of funds over $2,500

Example expenses: Over the counter drugs, feminine products, and contact lens solutions

HSA

HSA Investment Account

Key Features:

- Account Summary Breakdown
- Investment Elections
- Automatic Portfolio Rebalancing
- Transfer Between Funds
- Investment Guidance Help
  - HSA calculators
- Personal Account Performance
  - Rate of return

PLAN COMPARISON PPO vs. HSA

- AETNA **”Broad”** Network
- 98% of doctors are the same – will remain in-network

Visit Type	Option 1	Option 2
	PPO	HSA
Physician Office Visit	**Copay (Fund your FSA)**	**Deductible (Fund your HSA)**
Specialist Office Visit	**Copay (Fund your FSA)**	**Deductible (Fund your HSA)**
Annual Preventative Physical Covers plan year adult/child physical and OB/GYN exam including routine diagnostic tests received on the same day as part of the physical exam.	**Included – No Charge (Make a point to have doctor code preventative)**	**Included – No Charge (Make a point to have doctor code preventative)**
Emergency Room Emergency Room visits for life threatening injuries can be expensive events. If member requires ER services and is admitted to hospital, deductible and the HRA benefit applies to charges.	**Copay + Deductible (Fund your FSA)**	**Deductible (Fund your HSA)**

Both account types use the same ESG Benefits debit card

Which medical plan is right for me?

PLAN TERMS COMPARISON (PPO vs HSA)

- How do deductibles and out-of-pockets, and provider services compare?
- How much do I plan on spending this year?
- What did I spend last year?

Aetna Medical Plan Options (In-Network Benefits Shown Below... see full plan summary for more coverage details)		
Medical Event	**Aetna PPO**	**Aetna HSA**
Deductible	$5,000 Individual $10,000 Family	$5,500 Individual $11,000 Family
Out of Pocket Max	$8,150 Individual $16,300 Family	$7,500 Individual $15,000 Family
Inpatient Hospitalization	All cost applied to Deductible 0% coinsurance	All cost applied to Deductible 0% coinsurance
Outpatient Hospitalization	All cost applied to Deductible 0% coinsurance	All cost applied to Deductible 0% coinsurance
Office Visits PCP/Specialists (Referral Required)	$35 copay $75 copay (Referral Required)	All cost applied to Deductible 0% coinsurance
Urgent Care	$75 copay/visit	All cost applied to Deductible 0% coinsurance
Emergency Room	$300 copay/visit	$300 copay/visit
Rx Prescription Drugs	$10/$20/$50/$100	$10/20/50/100

Scenario 1: Jane Doe

Family:
Employee: Jane Doe
Spouse: John
Children:
Emma (age 12)
Liam (age 8)
Ava (age 5)

Health Background and Needs:

Jane:

- **Therapy Sessions**: Jane started weekly **therapy** six months ago.

- **Chiropractic Appointments**: Jane has chronic back pain She sees a chiropractor twice a month to manage her pain and maintain her mobility.

John:

- **Routine Medical Care**: John visits the doctor occasionally for check-ups and minor illnesses. He has no ongoing medical conditions.

Emma:

- **Treating medical conditions**: Emma has asthma and needs regular check-ups and occasional visits to a specialist for her condition.

Scenario 1: Jane Doe

Medical Plan Choice: PPO + FSA

Reasons for choosing:

- **Therapy appointment: copays**
- **Prescription drug: copay**
- **Specialist visits: copay**
- **Preventative care coverage (free)**

All copays are FSA eligible!

Family Status: Single, no children

Scenario 2: Luis Gonzalez

Health Background and Needs:

General Health: Luis is a 35-year-old healthy adult with no chronic illnesses. He leads an active lifestyle.

Medical History: Luis rarely visits the doctor, mainly for annual check-ups and occasional minor illnesses such as colds or the flu. He has no ongoing medical conditions or regular prescription medications.

Family Status: Single, no children

Scenario 2: Luis Gonzalez

Medical Plan Choice: HSA + HRA

Reasons:

- **Low healthcare utilization**
- **Lower healthcare premiums**
- **Tax advantaged savings plan (HSA bank account)**
- **Long-term investment potential**
- **Preventive care coverage (free)**
- **Provides complete catastrophic health care coverage**

Is it better to pay medical bills with pre- or post-tax money?

Flexible Spending Account (FSA)

Funds non-insured qualified medical expenses

FSA

Flexible Spending Account with PPO

- Reduce out of pocket health care costs by 20-30% based on pre-tax $ deducted from payroll used for **Non-insured qualified medical expenses**
- Debit card purchases are typically auto approved; some require documentation
- “Use it or lose it” rules – must use funds within the plan year 7/1/2024-6/30/2025
  - ***Grace Period: Claims may be filed 75 days after plan year ends on June 30th***
    - ***Full FSA balance will remain available through Sept. 14th on top of any new election***
    - ***Full election available day 1 of the plan year***

Non-insured qualified medical expenses

- Rx Drugs and / or Co-pays
- Doctor visits and / or Co-pays
- Deductible Expense from Health Plan
- Dental & Vision Expenses
- Over the Counter Drugs
- Contact Lenses & Glasses
- Orthodontic Treatment (Adult & Child)
- Lasik Eye Surgery
- Artificial Limbs, Crowns or Teeth
- Learning Disabilities Tuition
- Ambulance Fees / Medical Transport

FSA

Annual Limits

FSA Medical Account allows Medical, Dental and Vision expenses can be paid with tax free dollars.

- **FSA Annual Maximum (2024) - $3,200**
  - Subject to use-it or lose-it – use funds within plan year
  - Your entire annual election is available the first day of the plan year

Example expenses: Over the counter drugs, feminine products, and contact lens solution

FSA

Flexible Spending Account Savings Example

Income / FSA Election	WITHOUT FSA	WITH FSA
Salary (per pay check)	$2,500	$2,500
FSA PRE-TAX Election	**$0**	**$575**
Taxable Income	$2,500	$1,925
Income Taxes		
Federal (15%)	$375	$289
State (5%)	$125	$96
Social Security (7.65%)	$191	$147
Income after Taxes	**$1,809**	**$1,393**
POST-TAX / Out of Pocket Expense		**PAID w/ PRE-TAX FSA**
Doctor Copay	$50	**$0**
Prescription Rx Drugs	$25	**$0**
Dependent Care	$500	**$0**
Take Home Pay	**$1,234**	**$1,393**

NOTE: Income & Expenses for with and without FSA scenarios are identical in this example

← FSA reduces your taxable income by 23%

← Net total of $1,234 (w/o pre-tax FSA) vs $1,393 (WITH pre-tax FSA) saves you $159 per pay OR $3,816 annually for COB bi-weekly pay cycle!

DENTAL PLAN

- What’s new and changing?

BlueCross BlueShield → aetna™

OPTION 1 – AETNA DENTAL

- Voluntary program sponsored by COB and paid for by the employee on a pre-tax basis
- Major difference vs Principal Dental option is **max benefit is $2,000** vs Principal max benefit of $1,000

	Deductible (max 3 per family)		Plan Pays	
	In	Out	In	Out
Preventative	$ 0	$ 0	100%	100%
Basic	$ 50	$ 50	80%	80%
Major	$ 50	$ 50	50%	50%
Orthodontia	$ 0	$ 0	N/A	N/A
Orthodontia (Lifetime Maximum)			N/A	N/A
Annual Maximum Benefit (In)	$2,000 / person			
Annual Maximum Benefit (Out)	$2,000 / person			

OPTION 2- PRINCIPAL DENTAL

- Voluntary program sponsored by COB and paid for by the employee on a pre-tax basis
- No change to plan vs last year

	Deductible (max 3 per family)		Plan Pays	
	In	Out	In	Out
Preventative	$ 0	$ 0	100%	100%
Basic	$ 50	$ 50	80%	80%
Major	$ 50	$ 50	50%	50%
Orthodontia	$ 0	$ 0	N/A	N/A
Orthodontia (Lifetime Maximum)			N/A	N/A
Annual Maximum Benefit (In)			$1,000 / person	
Annual Maximum Benefit (Out)			$1,000 / person	

VISION - VSP

- Voluntary plan paid for by employees on a pre-tax basis

Network: Vision Choice	Frequency	Copay / Allowance
Well Vision Exam	Every 12 Mo	$10 (copay)
Prescription Glasses		
Materials	Every 12 Mo	$25 (copay)
Frames Allowance	Every 24 Mo	$130 (allowance)
Contact Lenses		
Exam (fitting/exam) Allowance	Every 12 Mo	$130 (allowance)
Laser Correction		Discounts (contracted facilities)

LIFE INSURANCE

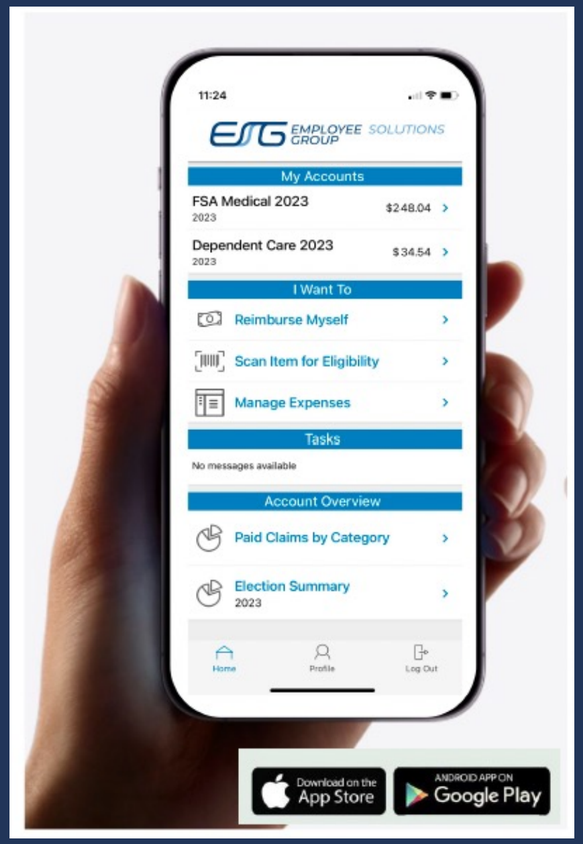
- Group Term Life (Guaranteed Issue Benefit $20,000)
  - **100% Paid by COB (additional life coverage available for employee purchase)**
- Accidental Death & Dismemberment:
  - Full benefit $20,000 – life, both hands, both feet, sight, one hand – one eye, one foot - one eye, one hand – one foot
  - Half benefit $10,000 – one hand, one foot, one eye
  - 1/4th benefit $5,000 – thumb and index finger same hand.
- Voluntary Term Life Program – optional increases in your family life insurance coverages (see ESG rep)

Benefit Resource Tools

Private Portal Webpage

https://employeesolutionsgroup.com/cob-open-enrollment

Benefits by ESG Smartphone App



Manage your health benefits on the go with the Benefits by ESG Smartphone App... HSA or FSA accounts all in one place!

- Check balances
- Submit claims
- Scan product bar codes
- Make payments quickly
- Manage HSA investments
- Full service online account dashboard

All-in-One Debit Card System

- HSA or FSA funds are loaded on the card; the system will use merchant code to determine which account to use
- Point of service technology used by providers all accepting a consumer directed health debit card

S

Search for In-Network doctors

- Search Aetna Broad Network for provider:
  - **AETNA - FIND A DOCTOR (LINK)**
- Carrier Contacts (website & phone support)

Carrier	Web Access	Phone #
Aetna	Medical & Dental – Member Login Member Services - Online Contact Form	800-872-3862
Principal	www.principal.com (Dental, Life, ADD)	800-832-4450
VSP	www.vsp.com (Vision)	800-877-7195
ESG Customer Service	**customerservice@esgcorp.biz**	877-668-8522

Key Deadlines

- **Enroll by June 17, 2024 for plan year 7/1/2024-6/30/2025**
- **Complete and sign your Employee Benefit Election Form to secure your benefits**

If you have any questions about the benefits that City of Benson offers or about the enrollment process, please contact ESG (customerservice@esgcorp.biz) or the COB HR Benefits team.

THANK YOU

We look forward to working with you.

EMPLOYEE SOLUTIONS GROUP

customerservice@esgcorp.biz

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www.employeesolutionsgroup.com