

Medical Plan Presentation

Differences between the Teamsters
current plans and proposed plans

Health Plans

- HealthPartners Plans
 - Open Access
 - Distinctions III
 - Empower HRA

Common Terms

- Lifetime Maximum
 - Total dollar amount of claims HealthPartners will pay during your coverage on the plan (per person)
- Deductible
 - Amount you pay of a medical charge before the health plan pays
- Copays
 - Specific dollar amount that you pay for a specified service
- Coinsurance
 - The percentage of the charge that you are responsible for

Common Terms

- Out of Pocket Maximum
 - The maximum dollar amount of all deductibles, copays and coinsurance that you would pay in a calendar year for covered medical expenses –once this amount is met, HP pays 100% of all covered services for the rest of that calendar year
- Network Providers
 - Doctors and hospitals that contract with HealthPartners
- Network Discounts
 - Discounted amounts that HealthPartners negotiates with their network Doctors
- Formulary
 - A list of prescription drugs that are covered by HealthPartners health plans.

Common Traits

Common Traits Between All Plans

- All plans cover preventive services at 100%
- Same large network of doctors/facilities
- No referrals
- CIGNA network gives in-network benefits when out of area

Open Access Plan

Open Access Plan Health Service

Category Of Coverage	Open Access Current Plan in network	Open Access New Plan in network	Open Access Current Plan out of network	Open Access New Plan out of network
Lifetime Maximums	Unlimited	No change	\$1,000,000	No Change
Calendar Year Deductibles	No Deductible	\$75 per person; \$150 per family	\$200 per person; \$600 per family	No Change
Annual Out-Of-Pocket Maximums	\$500 per person; \$1,500 per family	\$1,100 per person; \$2,800 per family	\$1,000 per person; \$2,100 per family	\$2,200 per person; \$6,600 per family

Open Access Office Visits

Category Of Coverage	Open Access Current Plan in network	Open Access New Plan in network	Open Access Current Plan out of network	Open Access New Plan out of network
Illness of injury	\$10 Copay No deductible	\$25 Copay after deductible	80% Coverage after deductible	No Change
Behavioral health care	\$10 Copay No deductible	\$25 Copay after deductible	80% Coverage after deductible	No Change
Allergy Injections	\$10 Copay No deductible	\$25 Copay after deductible	80% Coverage after deductible	No Change

Open Access Emergency Room

Category Of Coverage	Open Access Current Plan in network	Open Access New Plan in network	Open Access Current Plan out of network	Open Access New Plan out of network
Urgent Care Center	\$10 Copay No deductible	\$25 Copay after deductible	80% of the first \$2,500, then 100% Coverage	\$25 Copay after deductible
Emergency Care at Hospital ER	\$40 Copay No deductible	\$88 Copay No deductible	80% of the first \$2,500, then 100% Coverage	\$88 Copay No deductible
Ambulance	80% Coverage No deductible	80% Coverage after deductible	80% Coverage – after deductible	80% Coverage after deductible

Open Access -Prescription Drugs

Category Of Coverage	Open Access Current Plan in network	Open Access New Plan in network	Open Access Current Plan out of network	Open Access New Plan out of network
Retail – 30 days supply – generic formulary	\$10 Copay No deductible	\$15 Copay No deductible	80% Coverage after deductible	No Change
Retail – 30 days supply – brand name formulary	\$10 Copay No deductible	\$25 Copay No deductible	80% Coverage after deductible	No Change
Mail Order – 90 supply – generic formulary	\$20 Copay No deductible	\$30 Copay No deductible	80% Coverage after deductible	No Change
Mail Order – 90 supply – brand name formulary	\$20 Copay No deductible	\$50 Copay No deductible	80% Coverage after deductible	No Change

Distinctions III

Distinctions III

- Three Tiers (Levels) of In Network Providers
- Tiers assigned by HealthPartners based on many factors, some of which are:
 - Patient outcomes
 - Overall cost of treatment
 - Use of technology
 - Patient Satisfaction
- Providers re-evaluated every calendar year

Distinctions III

- Who is Tiered?
 - Primary Care
 - Cardiology
 - Ear, Nose and Throat (ENT)
 - Orthopedics
 - Ob/Gyn
 - Hospital
- Specialties that are not tiered default to level 2
- Tiering is done individually- same clinic does not mean same tier or level
 - Primary Care may be level 2
 - Cardiologist *in same clinic* may be level 1, 2, or 3

Distinctions III

- Lowest out of pocket costs when you use highest level of provider (level 1)
- You have coverage for all providers
- Look up providers levels on www.healthpartners.com or call HealthPartners customer service at (952) 883-5000

Distinctions III

Health Services

Category Of Coverage	Distinctions III Current Plan in network	Distinctions III New Plan in network	Distinctions III Current Plan out of network	Distinctions III New Plan out of network
Lifetime Maximums	Unlimited	No change	\$1,000,000	No Change
Calendar Year Deductible	\$200 per person; \$400 per family	\$275 per person; \$550 per family	\$300 per person; \$900 per family	\$550 per person; \$1,100 per family
Annual Out-Of-Pocket Maximum	\$1,000 per person; \$2,000 per family	\$1,100 per person; \$2,200 per family	\$3,000 per person; \$5,000 per family	No Change

Distinctions III

Preventive Health Care- No Change

Category Of Coverage	Distinctions III in network	Distinctions III out of network
Routine physical, eye exams, & well child care	100% Coverage No deductible	No Coverage
Prenatal & Postnatal Care	100% Coverage No deductible	70% Coverage after deductible
Immunizations	100% Coverage No deductible	No Coverage

Distinctions III

Office Visits

Category Of Coverage	Distinctions III Current Plan in network	Distinctions III New Plan in network	Distinctions III Current Plan out of network	Distinctions III New Plan out of network
Illness of injury	Level 1-\$15 Copay Level 2- \$25 Copay Level 3- \$35 Copay No deductible	Level 1- \$23 Copay Level 2- \$33 Copay Level 3- \$43 Copay No deductible	70% Coverage after deductible	No Change
Behavioral health care	All Levels -\$15 Copay No deductible	All Level \$23 Copay No deductible	70% Coverage after deductible	No Change
Allergy Injections	100% Coverage all levels No deductible	No Change	70% Coverage after deductible	No Change

Distinctions III

Inpatient Hospital Care- No Change

Category Of Coverage	Distinctions III in network	Distinctions III out of network
Illness or Injury	Level 1 - \$100 Copay Level 2- \$250 Copay Level 3- \$500 Copay after deductible	70% Coverage after deductible
Behavioral Health Care	Level 1 - \$100 Copay Level 2- \$250 Copay Level 3- \$500 Copay after deductible	70% Coverage after deductible

Distinctions III

Durable Medical Equipment/ Home Health Care- No Change

Category Of Coverage	Distinctions III in network	Distinctions III out of network
Illness or Injury	80% Coverage all levels after deductible	70% Coverage after deductible

Category Of Coverage	Distinctions III in network	Distinctions III out of network
Illness or Injury	\$25 Copay all levels No deductible	70% Coverage after deductible

Distinctions III

Outpatient Care/Diagnostics-

No Change

Category Of Coverage	Distinctions III in network	Distinctions III out of network
Scheduled Outpatient Procedures	Level 1- \$30 Copay Level 2- \$40 Copay Level 3- \$70 Copay after deductible	70% Coverage after deductible

Category Of Coverage	Distinctions III in network	Distinctions III out of network
MRI/CT Scans	80% Coverage all levels after deductible	70% Coverage after deductible

Distinctions III

Emergency Room

Category Of Coverage	Distinctions III Current Plan in network	Distinctions III New Plan in network	Distinctions III Current Plan out of network	Distinctions III New Plan out of network
Urgent Care Center	\$25 Copay all levels No deductible	No Change	75% Coverage after deductible	\$25 Copay all levels No deductible
Emergency Care at Hospital ER	\$75 Copay all levels No deductible	\$113 Copay all levels No deductible	75% Coverage after deductible	\$113 Copay all levels No deductible
Ambulance	80% Coverage all levels After deductible	No Change	80% Coverage after deductible	No change

Distinctions III -Prescription Drugs

Category Of Coverage	Distinctions III Current Plan in network	Distinctions III New Plan in network	Distinctions III Current Plan out of network	Distinctions III New Plan out of network
Retail 30 days supply generic formulary	\$8 Copay all levels No deductible	\$15 Copay all levels No deductible	70% Coverage after deductible	No Change
Retail 30 days supply brand name formulary	\$18 Copay all levels No deductible	\$33 Copay all levels No deductible	70% Coverage after deductible	No Change
Mail Order 90 Day supply generic formulary	\$16 Copay all levels No deductible	\$30 Copay all levels No deductible	70% Coverage after deductible	No Change
Mail Order 90 day supply brand name formulary	\$36 Copay all levels No deductible	\$66 Copay all levels No deductible	70% Coverage after deductible	No Change

Empower HRA

Empower HRA

- High Deductible Health Plan combined with a Health Reimbursement Account (HRA)
- Employer contribution to HRA account fully funds deductible
- Contribution not pro-rated, regardless of entry date into plan
- HRA account reimburses out of pocket expenses
- Employer contribution is tax-free
- Balance carries over year after year
- Balance is yours even if you switch plans, terminate employment or retire

Empower HRA

Health Reimbursement Account

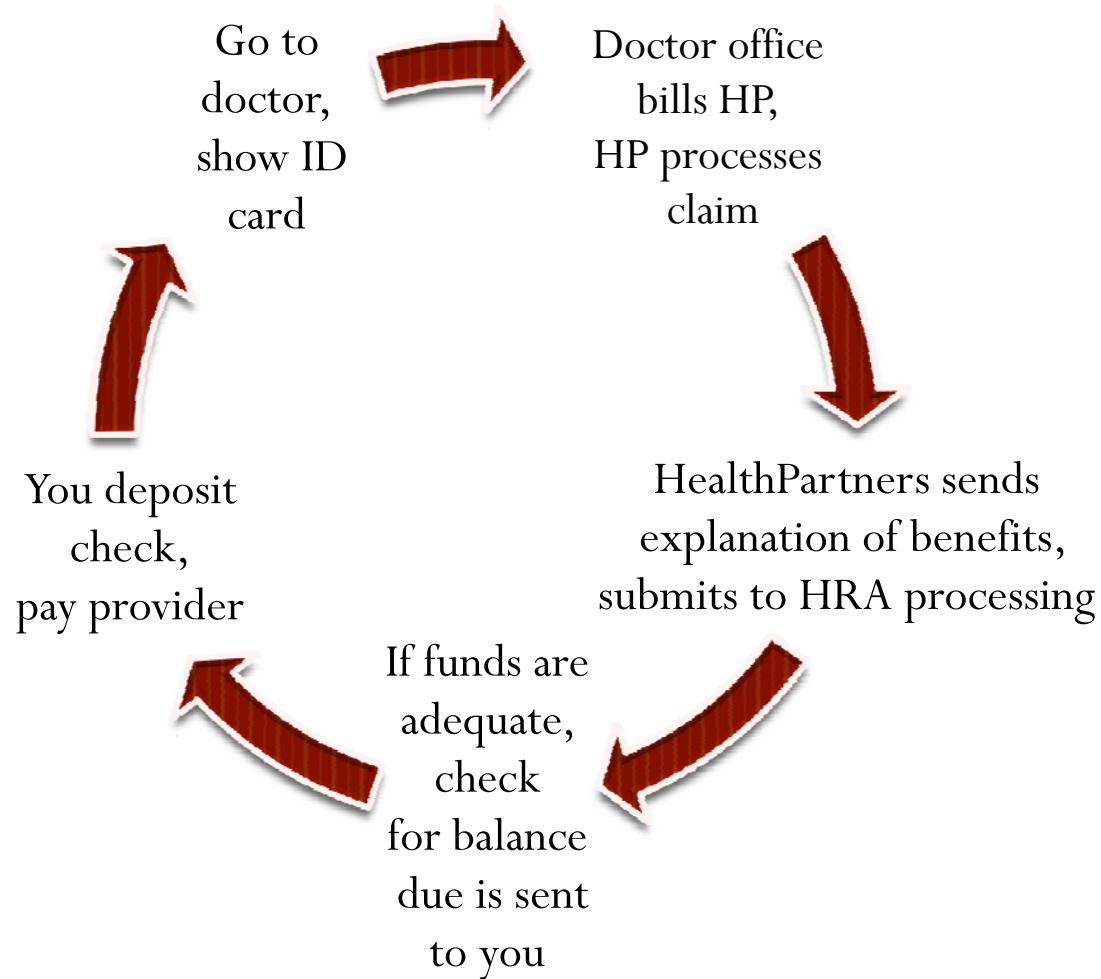
- Interest bearing
- Metropolitan Council pays admin fee as long as you are enrolled in Empower HRA plan
- Only Metropolitan Council can contribute to HRA account
- Eligible expenses for reimbursement from HRA account:
 - Deductible
 - Copays
 - Coinsurance
 - IRS 213D list (Flexible Spending Account List)

Empower HRA

- Reimbursement from HRA plan sent to you (check or direct deposit)
- Benefits from the health plan sent directly to provider of services
- Automatic reimbursement is called Crossover
 - MUST turn off crossover if there is other insurance coverage
 - MAY turn off crossover if you have an FSA

Empower HRA

Empower HRA
Medical Claims
Processing



Empower HRA

Empower HRA

RX Claims Processing

Bring prescription
to network
pharmacy,
show
HealthPartners
card

Pharmacy runs
claim
through the plan,
determine the
amount
you owe

Use your HP debit
card to pay
balance.
If no HRA funds,
you pay with your
own funds



Empower HRA

Category Of Coverage	HRA Current Plan in network	HRA New Plan in network	HRA Current Plan out of network	HRA New Plan out of network
Lifetime Maximums	\$2,000,000	Unlimited	\$2,000,000	No Change
Calendar Year Deductible	\$1,000 per person \$2,000 per family	\$1,375 per person \$2,750 per family	\$2,000 per person \$4,000 per family	\$2,650 per person \$5,250 per family
Annual Out-Of- Pocket Maximum	\$2,500 per person \$5,000 per family	\$2,875 per person \$5,750 per family	\$5,000 per person \$10,000 per family	\$5,750 per person \$11,500 per family

Employer Contribution to HRA Account: Current Plan \$1,000 single/\$2,000 family.
New Plan Employer Contribution increases to \$1,375 single/ \$2,750 family.

Empower HRA

Preventive Health Care- No Change

Category Of Coverage	HRA in network	HRA out of network
Routine physical, eye exams & well child care	100% Coverage No deductible	70% Coverage after deductible
Prenatal & Postnatal Care	100% Coverage No deductible	70% Coverage after deductible
Immunizations	100% Coverage No deductible	70% Coverage after deductible

Empower HRA

All Other Benefits- **No Change**

Category Of Coverage	HRA in network	HRA out of network
All covered service	80% Coverage after deductible	70% Coverage after deductible

Empower HRA-Prescription Drugs

- Prescription drugs paid at 80% after deductible
- Debit card for prescription drugs only
- Compare drug costs with the drug cost calculator at www.healthpartners.com/pharmacy

Empower HRA Claim Example #1

- Scenario #1- single coverage
 - \$1,375 contribution- 2011
 - 1 office visit -\$100 (discounted amount)= \$1,275 balance
 - \$1,375 contribution- 2012 (new balance \$2,650)
 - 2 office visits -\$200 (discounted amount) = \$2,450 balance
 - \$1,375 contribution- 2013 (new balance \$3,825)
- HRA account balance \$3,825
 - \$200,000 hospital bill (discounted amount)
 - \$2,875 calendar year out of pocket maximum
 - HealthPartners pays \$197,125
 - \$2,875 is reimbursed to you from your HRA account-you pay hospital
 - \$950 balance in account, all claims for the rest of the calendar year paid at 100%

Empower HRA Claim Example #2

- Scenario #2- family coverage
 - \$2,750 contribution- 2011
 - Several office visits and prescriptions
 - \$3,000 in total expenses (discounted amount)
 - \$2,750 deductible reimbursed from HRA account (balance is now \$0)
 - Remaining \$250 is paid under the health plan at 80%. You pay \$50.
 - Total paid out of your pocket- \$50

Maximum Total Employee Cost

Combination of annual employee contribution (proposed) and maximum in-network out of pocket cost (new plan)- full year

	Open Access	Distinctions	HRA
2011- Single	\$2,060.00	\$1,100.00	\$1,500.00
2011- Family	\$10,000.00	\$5,007.04	\$4,898.64
2012- Single	\$2,540.00	\$1,220.00	\$1,620.00
2012- Family	\$12,400.00	\$5,200.00	\$5,400.00

Premium Compare 2011- Monthly

Plan	January 2011 Full Premium	Proposed Premium-2011	Proposed Employer Contribution 2011	Employee Contribution 2011
Open Access-Single	\$784.31	\$760.34	\$680.34	\$80.00
Open Access-Family	\$1,960.77	\$1,900.83	\$1300.83	\$600.00
HRA- Single	\$593.55	\$575.40	\$575.40	\$0
HRA- Family	\$1,484.64	\$1,439.26	\$1,281.04	\$158.22
Distinctions - Single	\$747.93	\$725.06	\$725.06	\$0
Distinctions-Family	\$1,870.80	\$1,813.62	\$1,579.70	\$233.92

Premium Compare 2012- Monthly

Plan	January 2012 Full Premium with no agreement	Proposed Premium-2012	Proposed Employer Contribution 2012	Employee Contribution 2012
Open Access-Single	\$898.04	\$843.98	\$723.98	\$120.00
Open Access-Family	\$2,245.08	\$2,109.92	\$1,309.92	\$800.00
HRA- Single	\$679.61	\$638.69	\$628.69	\$10.00
HRA- Family	\$1,699.91	\$1,597.58	\$1,397.58	\$200.00
Distinctions - Single	\$856.37	\$804.82	\$794.82	\$10.00
Distinctions-Family	\$2,142.07	\$2,013.12	\$1,763.12	\$250.00