

EGYPTIAN AREA SCHOOLS
EMPLOYEE BENEFIT TRUST



MERITAINSM
HEALTH

Welcome to the 15th Annual
Bookkeeper/Administration Meetings of the
Egyptian Area Schools Employee Benefit Trust

Welcome And Introductions

- ❑ Introductions
- ❑ Sign In Sheets at each table

Housekeeping

Scheduled breaks but feel free to get up if necessary

Question and comment sheets are provided for those in depth or detailed questions you may have –
WE WELCOME YOUR INPUT!

Housekeeping

❑ **Bookkeeper packets –**

- **Optional Life Age Band Changes Report** (only if you have Employee's who will be moving into the next age band as of 9/1/15)
- **Children Attaining Age 26 Report** (only if you have Employee's with covered dependent children who will attain age 26 during the period of 8/1/15-8/31/16)

Housekeeping

Bookkeeper packets –

- **Contact Information Request Form** - contains the district contact information we currently have on file – please return with any changes
- **Schedule of Benefits, Summary of Benefits and Coverage (SBC) and SBC Glossary** – for all Health Plans

Housekeeping

All presentations today will be posted to the **secure side** of the Egyptian Trust website at www.egtrust.org.

If you do not have a username and password to access the **secure side** of www.egtrust.org email Yvonne Gamble (yvonne.gamble@meritain.com)

Reminder: ALL mass email correspondence can be retrieved from the secure side of www.egtrust.org.

Housekeeping

☐ **In your Meritain folder –**

- Agenda
- Note Sheets
- Question/Comment Sheet
- Communication Guide for you and your members
- Enrollment Guide – 2015/2016 Benefit Plan Year
- Employer Health Plan Election Form 2015-2016
- Postcard – raffle entry

Open Enrollment

- **Open Enrollment runs 8/1/15 through 9/30/15**
- **The following enrollments are to be completed on-line at www.meritain.com**
 - **New Hire enrolling for coverage under any combination of health, dental, life or vision plans (If E1 is not an option enter a note indicating member is electing Plan E1)**
 - **Address, email, phone number or any demographic change**

Open Enrollment

- All other enrollment changes (change plans, adding or dropping dependents, adding or dropping a line of coverage) are to be sent as follows:
 1. Email scanned documents to Yvonne Gamble (yvonne.gamble@meritain.com)
 2. Fax to Yvonne Gamble at 888.525.2799
 3. Mail copies to:

Meritain Health c/o Egyptian Trust
P.O. Box 2046
Fairview Heights, IL 62208

Open Enrollment

- **Employees may enroll in any of the health plans offered by the employer (A, B, C, HDHP or E1)**
- **Because this is the first offering of Plan E1 as an individual selection any employee and family may enroll in Plan E1 (if the employer offers) DURING THIS OPEN ENROLLMENT PERIOD ONLY.**
- **This is an exception to the rule of the requirement of a 12 month notice to move up a plan.**

Open Enrollment

- If a member wants to move up a plan during next years open enrollment period they must give notice during this years open enrollment period.
- Order of plans (high to low)
A, B, E1, C, HDHP

REMINDER: If you haven't turned in your Individual Selection Form please complete it today and leave it with Yvonne Gamble.

Open Enrollment

- Elections made during the open enrollment period are irrevocable unless the member experiences a qualifying event or a special enrollment event.
 - Marriage/civil union
 - Divorce/termination of civil union
 - Birth or Adoption
 - Loss of coverage (other than Medicaid or SCHIP)
 - COBRA maximum period exhausted
 - Reasons other than non-payment of premium or termination due to fraud or misrepresentation of a material fact
 - Employer ceases contributing to plan

Employees must notify the Employer within 31 days of the event.

Open Enrollment

- Always retain the original or copy of an enrollment or change form.
- **PLEASE** check all forms for legible and clear information (name, date of birth, social security number) before sending to us.
- If you can't decipher the information your employee enters on the form – we likely can't either.
- Incorrect, missing or illegible information will cause delays in enrollment.

Egyptian Trust

- The Trust contracts with vendors to provide 5 self funded health plans, voluntary dental, vision and life insurance.

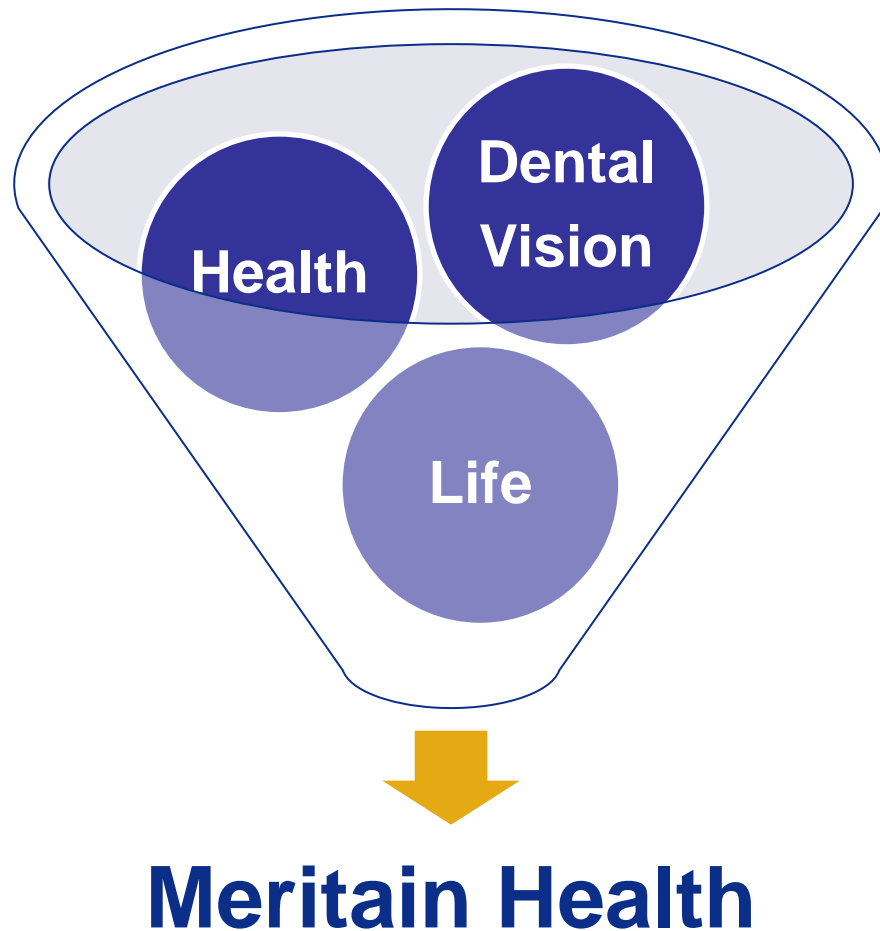
Participating Employer Group – YOU !!

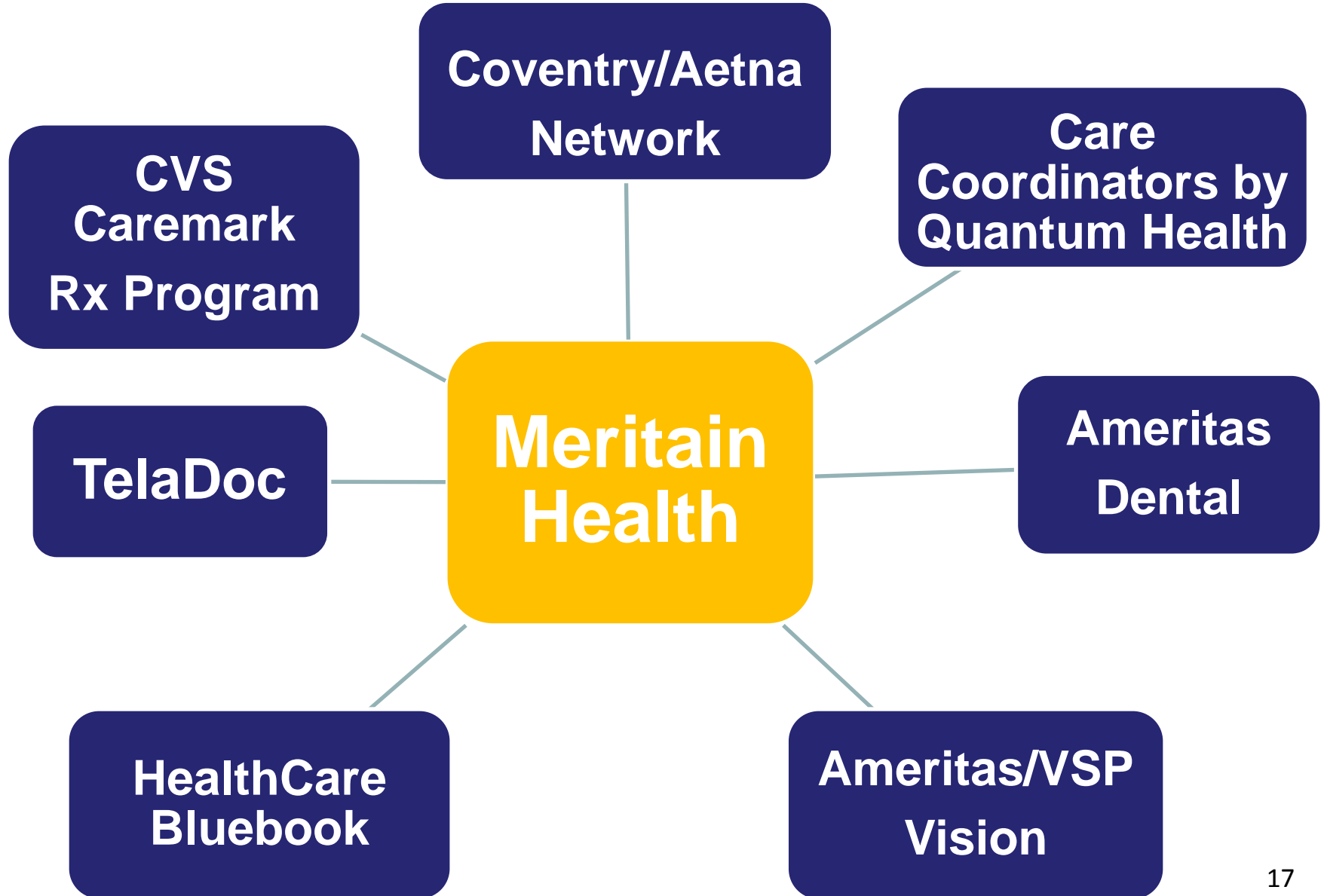
- Employers contracting with the Trust have access to all programs offered by the Trust. You collect enrollment information and send it to Meritain Health.

Meritain Health

- The Trust contracts with Meritain Health to collect enrollments, bill each employer group, and transmit information and premium to all other program vendors. This allows you to make a single monthly payment for all programs.

How Open Enrollment Works





Enrollment – Current and New Employees

- ***Strongly suggest* you provide an Enrollment Guide to any Employee who is eligible to participate in the Health, Dental, Vision, or Life Insurance programs.**
- **Consider including your own letter to the employee outlining what health plans you offer and the process for returning the information to you with a deadline.**
- ***Strongly suggest* you require all employees return a completed Enrollment Form to you even if they are waiving all coverage.**

Enrollment – New Employees

- **Provide an Enrollment Guide along with a copy of the Schedule of Benefits and SBC's each time you have a new hire.**
- **New hires are to be offered coverage consistent with enrollment rules of the plans.**
- **Remember - Not all eligibility rules are the same between plans.**

Enrollment – New Hires

- **Require new employees to complete the enrollment form signing the waiver of coverage should they choose to waive all offers of coverage.**
- **Contact Yvonne Gamble with requests for additional Enrollment Guides.**

Enrollment – New Hires

Provide new employee with the New Health Insurance Marketplace Coverage Options and Your Health Coverage form. You may use the sample notice provided by the DOL by clicking on the following link or you may create your own notice that contains key information.

<http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf>

Billing Reconciliation

- Once all your Open Enrollment changes have been received Meritain will enter the new enrollments or changes.
- Complete enrollments received by August 15th will appear on the September invoice.
- Invoices will be available no later than the 25th of the month for the next month.
- Critical you reconcile the September bill and report any changes to Darlene North (darlene.north@meritain.com) or 716.319.5242

Billing Reconciliation

- **Remember – ONLY 60 days of adjustments are allowed.**
- **When you are not set up on auto-pay or you are not paying as billed, you are required to send in the reconciliation justifying the payment difference.**
- **If you wish to change your payment process contact Inderia Wilson (inderia.wilson@meritain.com) or 716.319.5877**

Billing Reconciliation - Sample



EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST
PO Box 66971
DEPARTMENT ET.
ST. LOUIS, MO 63166
EGYPTIAN@MERITAIN.COM



REMITTANCE ADVICE

PLEASE FILL OUT AND SUBMIT WITH PAYMENT TO EGYPTIAN@MERITAIN.COM

School ID: _____ **2XX (VERY IMPORTANT)**

School Name: _____ **NAME OF SCHOOL DISTRICT**

Month Remitting: _____ **10/1/2011**

Invoiced Amount: _____ **\$205,441.86**

Total Amount Remitting: _____ **\$205,023.60** **(\$418.26) Difference**

PLEASE EXPLAIN ANY ADJUSTMENT BELOW TO YOUR REMITTANCE BELOW:

SSN	ONLINE CONFIRMATION #	EMPLOYEE NAME	ADJUSTMENT REASON	DATE OF EVENT	MEDICAL PREMIUM	DENTAL PREMIUM	VISION PREMIUM	BASIC LIFE	OPT LIFE	DEP LIFE	SPS LIFE	UTIL MAN	SUPP LIFE	TOTAL ADJUSTMENT
XXX-XX-XXXX	130769	NAME 1	TERMINATED	5/1/2011	\$ (410.62)	\$ (11.00)	\$ (6.64)	\$ (1.20)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (429.46)
XXX-XX-XXXX	130768	NAME 2	ADD DENTAL	4/1/2011	\$ -	\$ 11.20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11.20
Total Difference:													\$ (418.26)	

PLEASE MAKE CHECK/ACH PAYABLE TO:

EGYPTIAN TRUST
P.O. BOX 66971
DEPT. ET
ST. LOUIS, MO 63166-6971

Summary of Health Plan Changes Effective September 1, 2015

Rates September 1, 2015

Coverage	Plan A	Plan B	Plan C	High Deductible Health Plan	Plan E1
Employee	\$764	\$692	\$596	\$508	\$640
Employee + Spouse	\$1,576	\$1,424	\$1,234	\$1,044	\$1,320
Employee + Children	\$1,524	\$1,372	\$1,191	\$1,026	\$1,272
Family	\$1,696	\$1,530	\$1,328	\$1,126	\$1,418

Individual selection including Plan E1 is now allowed. If you did not send in your Individual Selection form yet please complete it and leave it with us today !!!

Benefit Changes September 1, 2015

- **Preferred Provider Network**
 - **Providers in Illinois or Missouri –
CMR/Coventry**
 - **Provider outside of Illinois or Missouri –
Aetna CP II**

Benefit Changes September 1, 2015

- **Simplified two level benefit design**
 - **Network benefits mirror the current Tier 1 deductible, out of pocket and coinsurance.**
 - **Non-network deductible and out of pocket mirror the current Tier 3 benefits with an increased deductible and out of pocket.**

Benefit Changes September 1, 2015

- **Simplified two level benefit design**
 - **Members receive deductible and out of pocket credit for amounts satisfied prior September 1, 2015.**
 - **Amounts will carry over to both Network and Non-Network levels.**
 - **Beginning September 1, 2015 Network and Non-Network deductibles and out of pockets will accumulate separately.**

Example Plan B – Current

Deductible and Out-of-Pocket Maximum	Tier 1	Tier 2	Tier 3 Non-Network	Tier 4 Non-Network in Metro St. Louis*
Calendar Year Deductible <ul style="list-style-type: none"> Individual Family 	\$500/\$600 \$1,500/\$1,800	\$800/\$900 \$24,00/\$2,700	\$900 \$2,700	\$900 \$2,700
Calendar Year Out-of-Pocket** <ul style="list-style-type: none"> Individual Family 	\$1,200/\$1,300 \$3,600/\$3,900	\$1,800/\$1,900 \$5,400/\$5,700	\$3,500 \$10,500	Unlimited Unlimited
<p>*The lower individual and family deductible and out of pocket amounts apply only if the member completes the wellness requirements. Network and Non-Network deductible and out-of-pocket amounts will accumulate separately.</p>				
Most Medical Services	85%	80%	65%	55%

Example Plan B – Effective September 1, 2015

Deductible and Out-of-Pocket Maximum	Network	Non-Network
Calendar Year Deductible <ul style="list-style-type: none"> • Individual • Family 	\$500/\$600* \$1,500/\$1,800*	\$1,200 \$3,600
Calendar Year Out-of-Pocket* <ul style="list-style-type: none"> • Individual • Family 	\$1,200/\$1,300* \$3,600/\$3,900*	\$4,100 \$12,300

***The lower individual and family deductible and out of pocket amounts apply only if the member completes the wellness requirements. Network and Non-Network deductible and out-of-pocket amounts will accumulate separately.**

Most Medical Services	85%	65%
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Benefit Changes September 1, 2015

- **Expansion of 100% Lab Benefit**
 - **Currently plan pays 100% when you use a LabCard provider.**
 - **All Network Independent Lab services will be paid at 100%.**

Benefit Changes September 1, 2015

- **Prescription Drug Benefits**
 - **Already in effect – Nexium 24 Hour OTC – no copay or cost share by member**
 - **Oral and Injectable Specialty Drugs will have a monthly maximum member cost share of \$150**
 - **Effective September 1, 2016 oral specialty drugs will be treated the same as injectables with the additional 3% copay**

Language Clarification

Workers Compensation Leave

- Plan allows employees to remain on plan during an approved LOA up to 12 months from the last day of the month in which employee worked.
- Regardless of whether a work comp claim is resolved any employee who is still on leave at the end of the 12 month period must be offered COBRA.
- You, the employer must notify Meritain of those individuals in order for us to make the appropriate offer of Continuation of Coverage (COBRA).

Language Changes – September 1, 2015

Participants **MAY** change plans when adding a Dependent Mid-Year

- **Change complies with HIPAA requirements**
- **Exception to rule that requires 12 months notice to move up a plan.**
- **All family members must be enrolled in same plan**

Language Changes – September 1, 2015

Participants may revoke plan coverage due to insurance exchange Special Enrollment Event

- **Previously limited to changing coverage during exchange Open Enrollment Period**
- **IRS guidance states Section 125 plans may be amended to allow employees to terminate this coverage if they have a special enrollment period for marketplace coverage**

Language Changes – September 1, 2015

- **If an employee acquires a new dependent or a family member loses coverage elsewhere, this Plan will allow the participants to**
 - **move to private insurance**
 - **move to insurance exchange coverage**

- **Employers with Section 125 plans should contact the administrator before allowing employees to revoke salary reduction elections mid-year.**

Trust Rule Change – September 1, 2015

- **Participating employers must give 60 days notice of withdrawal from the Trust (previously 30 days)**
- **All other provisions of withdrawal remain the same**
- **Contact the Trust Consultants, Tom Dahncke and Leo Hefner or Karen Giles at Meritain with any related questions**

TelaDoc (formerly Consult a Doctor)

- TelaDoc is included in the health coverage for Employees and their dependents enrolled in one of the health plans.
- Employees may enroll in the Consult a Doctor program for a monthly fee of \$2.56 per month (when not enrolled in one of the health plans)
- Benefit applies to employee only
- You may reach TelaDoc at

www.MyDrConsult.com

800-362-2667

Posters

Consult A Doctor™ is Now Teladoc!

New Name, Same Great Care!

Your healthcare benefits include access to 24x7 physician care through Consult A Doctor, which is now called **Teladoc**.^{*} Though the name has changed, the service remains the same! Talk to a doctor around the clock for medical advice, diagnosis, treatment or even a prescription, if appropriate.

To set up your Teladoc account:

- Call 1.800.362.2667.
- Visit www.mydrconsult.com, click *Set up account* and provide the required information.

You'll need to complete your medical history disclosure (click *My Medical History*) by phone or online before your consultation.



4 Easy Ways to Connect...

On Call Tele-Consult	Priority Tele-Consult	By-Appointment Consultation	E-Consult (Email Consultation)
<ul style="list-style-type: none"> ■ Talk to a doctor immediately ■ Receive medical advice and recommendations 	<ul style="list-style-type: none"> ■ Talk to a doctor within 1 hour (3 hour guarantee) ■ Request prescription medication or refill[†] ■ Requires completed medical assessment prior to consult 	<ul style="list-style-type: none"> ■ Conveniently schedule a time to talk to a doctor ■ Request prescription medication or refill[†] ■ Requires completed medical assessment prior to consult 	<ul style="list-style-type: none"> ■ Secure, discreet, HIPAA compliant ■ Doctor responds within 24 hours

For More Information:

- Visit www.MyDrConsult.com or call 1.800.DO.CC.CONSUIT (1.800.362.2667).

*Teladoc is a service provided by Teladoc Health, Inc. Your provider is not responsible for the accuracy or completeness of the information provided on this website. Teladoc is not a substitute for medical advice or treatment and does not replace your primary care physician. See your doctor about any health concerns you may have. Teladoc is not a substitute for medical advice or treatment and does not replace your primary care physician. See your doctor about any health concerns you may have. Teladoc is not a substitute for medical advice or treatment and does not replace your primary care physician. See your doctor about any health concerns you may have.

Egyptian Trust

2015 Administration Meeting



Healthcare Bluebook™

Agenda

- Healthcare Bluebook 101
- How to Access
- Go Green to Get Green Rewards
- PreCare Outreach

The Problem

3X to 10X

variance in
price *and* quality

...and employees and their families are
in the dark.

Market Basket of Common Procedures	Low Price	High Price	Variance
1. Screening Colonoscopy	\$959	\$6,032	629%
2. Sleep Study	\$675	\$5,804	860%
3. Shoulder MRI (with contrast)	\$496	\$4,216	850%
4. Knee Arthroscopy	\$1,850	\$14,122	763%
5. Cholecystectomy (laparoscopic)	\$3,210	\$21,952	684%
6. Carpal Tunnel Surgery	\$1,940	\$6,064	313%
7. Ear Tube Placement (tympanostomy)	\$1,392	\$8,408	604%
8. Hysteroscopy (with biopsy)	\$1,624	\$18,885	1163%
9. Chest CT (no contrast)	\$201	\$2,069	1029%
10. Abdominal Ultrasound	\$118	\$1,040	881%
Average Market Variance			778%

Equivalent Variance in a Gallon of Gas	\$2.30	\$17.89	778%
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What gas would cost per gallon with the same price variance

** All healthcare procedure costs are derived from claims amounts after network discounts were applied*

Our Solution: Healthcare Bluebook



Our mission:

Help employers and employees save money by finding quality care at a Fair Price



Our approach:

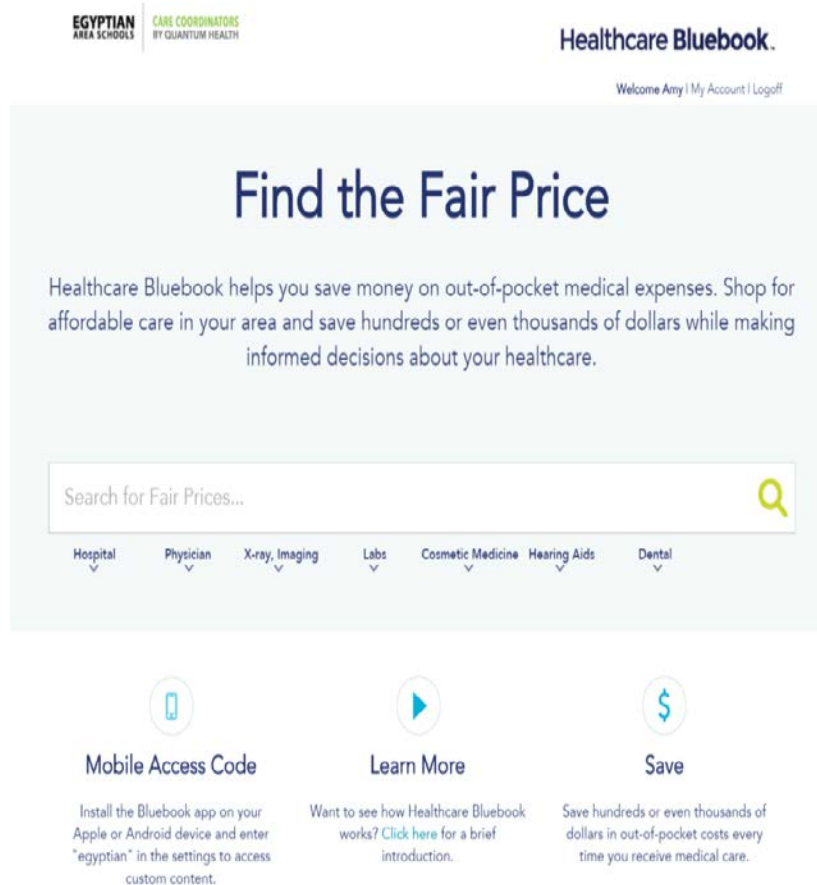
- *Practical* – Focus on what drives real savings
- *Simple* – Intuitive, at-a-glance, Red-Yellow-Green
- *Integrated* – Portals, Programs and Providers



Our results:

- *Employers save up to 12% of total medical cost*
- *Employees save ~\$1,500+ per event*

Same Features, New Look and Feel



The screenshot shows the Healthcare Bluebook website. At the top left, there are logos for "EGYPTIAN AREA SCHOOLS" and "CARE COORDINATORS BY QUANTUM HEALTH". The main header reads "Healthcare Bluebook." with a user greeting "Welcome Amy | My Account | Logoff" to the right. The central content area features a large heading "Find the Fair Price" and a subtext: "Healthcare Bluebook helps you save money on out-of-pocket medical expenses. Shop for affordable care in your area and save hundreds or even thousands of dollars while making informed decisions about your healthcare." Below this is a search bar with the placeholder text "Search for Fair Prices..." and a magnifying glass icon. Underneath the search bar is a horizontal menu with categories: Hospital, Physician, X-ray, Imaging, Labs, Cosmetic Medicine, Hearing Aids, and Dental, each with a downward arrow. At the bottom, there are three feature highlights, each with an icon and a title: "Mobile Access Code" (with a smartphone icon), "Learn More" (with a play button icon), and "Save" (with a dollar sign icon). Each highlight includes a brief description of the feature.

EGYPTIAN AREA SCHOOLS | CARE COORDINATORS BY QUANTUM HEALTH

Healthcare Bluebook.

Welcome Amy | My Account | Logoff

Find the Fair Price

Healthcare Bluebook helps you save money on out-of-pocket medical expenses. Shop for affordable care in your area and save hundreds or even thousands of dollars while making informed decisions about your healthcare.

Search for Fair Prices...

Hospital Physician X-ray, Imaging Labs Cosmetic Medicine Hearing Aids Dental

Mobile Access Code
Install the Bluebook app on your Apple or Android device and enter "egyptian" in the settings to access custom content.

Learn More
Want to see how Healthcare Bluebook works? [Click here](#) for a brief introduction.

Save
Save hundreds or even thousands of dollars in out-of-pocket costs every time you receive medical care.

Access via Coordinated Health/Care



EGYPTIAN AREA SCHOOLS CARE COORDINATORS BY QUANTUM HEALTH

Provider? Click here. Call a Care Coordinator (855)452-9997 Live Chat Email a Care Coordinator

New? Register here. Sign In: user name Sign In Forget password? Forget user name?

Access Your Benefits

- Find In-Network Providers
- View Claims
- Print/Request ID Card
- Add/Change PCP
- Forms
- Healthcare Bluebook**
- Enrollment
- Referral and Pre-Certification Process
- Prescription Drug Program
- Teladoc
- Vision Services, Optional by District
- Dental, Optional by District
- Life Insurance Program
- Flexible Benefits, Optional by District

Get To Know Your Plan

- Plan Documents
- Maximize Your Benefits
- Primary Doctor
- Health Plan News
- Care Coordinators
- Privacy Policy
- Newsletters

Health & Wellness

- Your Incentive Checklist
- Healthwise
- Health Tips
- July Health Topic

CARE COORDINATORS

Passionate about helping people... starting with you! >

"I've had to deal with many customer service representatives in my years, and I really appreciate the time and consideration your Care Coordinators took in helping me. Never did they make me feel rushed, or feel uneducated... Heck, I'm a nobody, but even a nobody knows what it feels like when someone treats them like a somebody!" —Plan Participant

MONTHLY HEALTH TOPIC >>>>>>

See how you can reduce healthcare costs with:

Healthcare Bluebook

Watch this short video >>

Access via Egyptian Trust Site

- Access via www.egtrust.org
 - Look for the Healthcare Bluebook logo on Home page
- Login
 - Last name
 - Last four of SSN

Healthcare Bluebook Mobile App

- Find Fair Prices on the go with the free Healthcare Bluebook app
- Available for download via iTunes and Google Play store
- iPhone, iPad and Android devices
- Unique user code available on website



1

“What do I need?”

2

“What should it cost?”

3

“Where should I go?”

Abdominal MRI (No Contrast)

Fair Price \$591

\$422  \$3,625+

\$25 Reward

Go Green to Get Green

You can earn a reward for selecting a Fair Price provider for this procedure. [LEARN MORE](#)

PROVIDER COST RATINGS¹

You may wish to consider the following providers. Providers can and do change network status regularly. Before seeking treatment we recommend that you call the provider to verify they are currently in your network and their current price.

Healthcare Bluebook does not guarantee provider prices.

COST  At or Below Fair Price  Slightly Above Fair Price  Highest Price

Always check network status before seeking care.

Facilities  Distance  Rating 

Greater Missouri OpenSided MRI and CT (~ 14 miles)	
Elite Imaging of Fairview Heights (~ 10 miles)	
Southern Illinois Imaging Associates (~ 22 miles)	
Imaging Partners of Missouri (~ 19 miles)	
Hampton Open MRI (~ 6 miles)	

Provider Results

- Fair price color bar and provider results will display for ShopSmart services.
- ShopSmart services are:
 - High volume
 - Medium/high price - >\$500
 - High price variance
 - Low quality variance

Category	Examples
Surgery & Procedures	Cataract, urology, ENT, general
General Diagnostics	Colonoscopy, sleep, cardiology
Bone & Joint	Knee, shoulder, hip
Women's Health	Mammography, hysterectomy
High Tech Imaging	CT, MRI
Traditional Imaging	X-ray, ultrasound

PriceFinder Support

PROVIDER COST RATINGS⁰

You may wish to consider the following providers. Providers can and do change network status regularly. Before seeking treatment we recommend that you call the provider to verify they are currently in your network and their current price.

Healthcare Bluebook does not guarantee provider prices.

COST ● At or Below Fair Price ▲ Slightly Above Fair Price ● Highest Price

Always check network status before seeking care.

Facilities ^	Distance ^	Rating v
Memorial Hospital of Belleville (~ 4 miles)		●
St. Louis Surgical Center (~ 29 miles)		●
South County Surgical Center (~ 22 miles)		▲
St. Joseph Hospital West (~ 49 miles)		●
Barnes-Jewish St. Peters Hospital (~ 42 miles)		●
St. Elizabeth's Hospital (same zip)		●
Missouri Baptist Medical Center - Main (~ 28 miles)		●
Mercy Hospital Jefferson (~ 27 miles)		●
Mercy Hospital St. Louis (~ 29 miles)		●



We're Here to Help!

For personalized help finding a provider, contact us today.



855-452-9997



pricefinder@healthcarebluebook.com

- Phone and Email Support intended to assist members find Fair Price Facilities
- Custom Price Search for ShopSmart Procedures
- Egyptian Trust's Coordinated Care telephone number is listed on your ID card

Rewards: How Does It Work?

Cataract Surgery

Fair Price \$2,662

\$1,639 \$8,778+

Fair Price Details

\$50 Reward

Go Green to Get Green

You can earn a reward for selecting a Fair Price provider for this procedure. [LEARN MORE](#)

PROVIDER COST RATINGS¹

You may wish to consider the following providers. Providers can and do change network status regularly. Before seeking treatment we recommend that you call the provider to verify they are currently in your network and their current price. Healthcare Bluebook does not guarantee provider prices.

COST ● At or Below Fair Price ▲ Slightly Above Fair Price ● Highest Price

- **GGGG** is incorporated directly into Healthcare Bluebook for select procedures
- Visiting a green provider for select procedures qualifies you for a reward
- Rewards are cash or other tangible rewards as determined by employer
- Meritain branded check is mailed to employees
- Healthcare Bluebook identifies employees who qualify and a check will be mailed directly to the employee
- No forms to submit
- Applicable for procedures done at/below Fair Price whether provider is in tool or not

Rewards Procedures

Procedure Name	Incentive
Cataract Surgery	\$50
Cholecystectomy (laparoscopic)	\$50
Colonoscopies	\$100
Ear Tube Placement (Tympanostomy)	\$50
Heart Perfusion Imaging	\$50
Knee Arthroscopy	\$100
Lithotripsy	\$50
Most CTs	\$25
Most MRIs	\$25
Removal of Adenoids	\$50
Shoulder Arthroscopy	\$100
Carpal Tunnel Surgery	\$50
Sleep Study	\$50
Tonsillectomy	\$50
Transthoracic Echocardiogram (TTE)	\$25
Transthoracic Echocardiogram (TTE) (with doppler)	\$25
Upper Gastrointestinal Endoscopies	\$100

Sample Rewards Check

<<CheckNumber>>

Dear <<FirstName>>,

Congratulations!! Attached is a Go Green to Get Green rewards check for \$<<RewardAmount>>*

You are receiving this Go Green to Get Green rewards check because you or a family member received healthcare from a Healthcare Bluebook Fair Price provider on <<DateValue>>. This "Rewards" program is a joint effort between Egyptian Trust, Meritain Health and Healthcare Bluebook to reward members for choosing Fair Price providers for certain healthcare services. Your employer and Meritain Health are partnering with Healthcare Bluebook to help you understand the Fair Price (the amount you should reasonably pay) for healthcare, compare local providers and save hundreds or even thousands of dollars on healthcare services when you use a Fair Price provider.

The program is being administered for Egyptian Trust by Meritain Health and Healthcare Bluebook (CareOperative LLC) to ensure confidentiality.

You received this Go Green to Get Green rewards check for one of the following reasons:

- You visited the Healthcare Bluebook website or Mobile app to research where to get the most value for your healthcare dollars. Congratulations for not overpaying for care.
- Your physician referred you to a Fair Price provider. Let them know that their efforts saved you money so they will continue to help other patients save money.
- You used a Fair Price provider without realizing it. The next time you need healthcare, you can ensure you find a Fair Price Provider by using the Healthcare Bluebook tool by visiting www.etrust.org. Click on the Egyptian Trust/ Coordinated Health/Care logo, enter your username and password and then click on the link to Healthcare Bluebook.


Regardless of the reason why you saved, pass this information on to your co-workers and family members to help them save as well. Using Bluebook when you need healthcare can help you understand where to get the best value.


If you have questions about your reward or feedback about the program, please contact Healthcare Bluebook via email at: rewards@healthcarebluebook.com.

Congratulations again on your reward.

Sincerely,

Jeffrey Rice, MD
President, Healthcare Bluebook

 **MERITAIN**
HEALTH
An Aetna Company

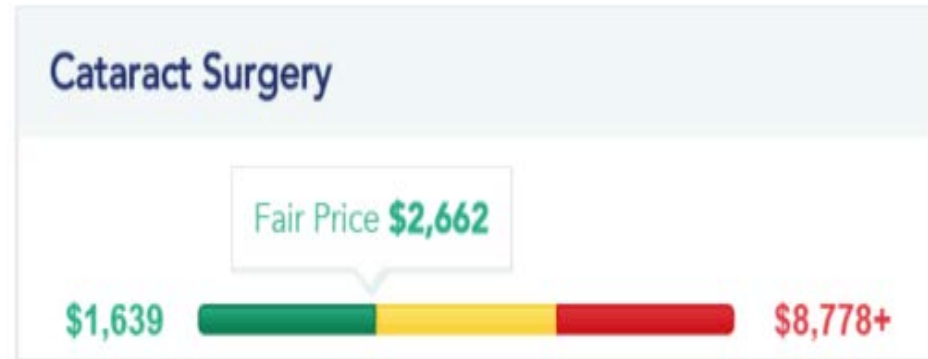
 **Healthcare Bluebook**

* Reward amounts could be taxable (or other brief, customizable message about taxability here)

Pre-Care Outreach

- Phone calls from HCBB
- Help employee understand cost difference and transition to high value provider

Savings Examples – St. Louis Area



Communications to Members

- **Train the Trainer Sessions**
- **Employers are expected to communicate benefits and important messages to employees.**
- **All newsletters are posted at www.egtrust.org**
- **All newsletters and other important correspondence is emailed to members if we have their email address on file.**

AFFORDABLE CARE ACT (ACA)

Patient-Centered Outcomes Research Institute (PCORI)

PCORI was created “to assist patients, clinicians, purchasers and policy makers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored and managed.”

Fee imposed for a limited number of years 2012 - 2019

- Plan years ending on or after October 1, 2012 will be assessed \$1 times the average of covered lives under the plan
- Plan years ending after September 30, 2013 will be **assessed \$2 times the average of covered lives under the plan**
- Future years subject to adjustment for projected increases in National Health Expenditures (CMS projects 6.6-7% per year for years 2014-2019)
- Plan sponsors are responsible for paying annual fee – Egyptian will pay this
- Fees are paid by IRS Form 720

Egyptian Trust will be handling the filing of IRS Form 720 and paying these fees.

Transitional Reinsurance Assessment Program

Under ACA, health insurance issuers and third party administrators will pay an assessment to fund state non-profit reinsurance entities for the purpose of establishing a high-risk pool for the individual market.

- ❑ Fee imposed for a limited number of years 2014 – 2016
 - ❑ \$63 PMPY in 2014
 - ❑ (First payment due January 15, 2015/second payment due 4th quarter)
 - ❑ \$44 PMPY in 2015
 - ❑ Estimated \$25-\$30 PMPY in 2016
- ❑ Applies to both fully insured and self-funded groups regardless of group size
- ❑ Fee is based on number of covered lives enrolled in the plan

Egyptian Trust pays fees on behalf of member districts.

2015 ACA – Summary of Benefits and Coverage

The employer must provide notice of the availability of the SBC when:

- A new Employee is hired
- An Employee or Dependent experiences a Special Enrollment Period – within 90 calendar days from enrollment date.
- Upon renewal, no later than 30 calendar days prior to first day of plan year (every 8/1) but only for the benefit plan the Employee/Dependent is enrolled in.
- Upon request must be supplied within 7 business days of request.
- Material change in SBC information (i.e, mid-year change) no later than 60 calendar days prior to the date the changes become effective.

2015 ACA – EMPLOYER RESPONSIBILITIES

Summary of Benefits and Coverage

Material Plan changes effective September 1, 2015

These documents were delivered to you this morning. You may make copies for your employees or also retrieve the documents from www.egtrust.org

Individual Mandate

- Effective January 1, 2014
- Requires individuals to maintain Minimum Essential Coverage (MEC) or pay a penalty tax.
- Some individuals qualify for a premium subsidy from the government to purchase coverage on the exchanges.

Employer Mandate – Who does this apply to?

Original requirement was that any employer with **50** full-time or full-time equivalents must provide minimum essential coverage that

- a) provides minimum value and
- b) Is affordable

For **2015**, transitional relief is provided so this will apply to any employer with at least **100** full-time or full-time equivalent employees.

- **Full-time means an average of 30 hours/week or 130 hours/month.**

Employer Mandate – What is it ??

- ACA imposes a mandate on large employers to offer minimum essential coverage to their full-time employees and their dependent children (up to age 26) or pay a penalty tax.
- If that minimum essential coverage is not affordable or does not provide minimum value, the employer is subject to a penalty tax.
- An individual is NOT eligible for a premium subsidy offered through the Exchange if he or she is eligible for employer-sponsored coverage that is affordable and provides minimum value.

All Egyptian Plans provide minimum essential coverage and minimum value!

What are the penalties ?

Two potential penalties:

- **‘UNAFFORDABILITY PENALTY’** - Not providing coverage that meets the definition of minimum value that is deemed “affordable”
- **“NO COVERAGE PENALTY”** - Not offering coverage to at least 70% of full-time employees (2015). In 2016 employers must offer coverage to at least 95% of full-time employees.

UNAFFORDABILITY PENALTY

Penalty for not providing **affordable/minimum value coverage** applies if:

- Employee's share of the premium for the **lowest-cost employee-only** coverage would exceed 9.5% of the employee's income, or an **affordable** plan does not provide **minimum value**

AND

- The Employee receives a subsidy through an Exchange
- Penalty = \$3,000/year/employee (assessed monthly)
- **Applies only to employees who actually receive a premium subsidy for coverage on an Exchange**

NO COVERAGE PENALTY

Penalty for not offering coverage to at least 70% of full-time employees (2015).

If more than 30% of **full-time** employees are not offered coverage and even ONE full-time employee obtains a subsidy through an Exchange the **no coverage** penalty is triggered.

Penalty = \$2,000/year times the TOTAL number of full-time employees (assessed monthly)

- In 2016 employers must offer coverage to at least 95% of full-time employees.

Considerations

- ❑ If you are paying 100% of employee only premium your employees will not be eligible for coverage on the exchange.
- ❑ Protect yourself by requiring employees to sign waivers when coverage is offered and they decline.
- ❑ If you are currently not offering the HDHP you should consider making it available to employees. It is the least costly plan available from which affordability will be determined if you are offering that plan.
- ❑ If you are offering an annuity or some other financial incentive in lieu of premium you will need to speak with your financial/legal advisor.

Considerations

The Egyptian Trust premiums take into account the PCORI and Reinsurance Assessment fees and pays those fees on behalf of you and your employees.

You, as the individual employer will be responsible for any penalties assessed due to non-compliance with the Affordable Care Act.

Minimum Essential Coverage Reporting Requirements

- ❑ Reporting under Sections 6055 and 6056 are required by the IRS
- ❑ Mandatory reporting begins with the 2015 plan year (IRS has provided an enforcement safe harbor encouraging voluntary reporting in 2014 – no penalties for 2014).
- ❑ Applies on a calendar year basis (regardless of plan year)
- ❑ All self-funded plan sponsors are required to report.

Minimum Essential Coverage Reporting Requirements

- You may use a combined form for your reporting if you are an applicable large employer (50 or more full-time or full-time equivalent employees).
- Required to provide a statement to all subscribers and full-time employees.
- Paper filing must be completed no later than 2/28 of the year following coverage; electronic filing no later than 3/31
- Statement to subscribers and full-time employees have delivery and content requirements.

Minimum Essential Coverage Reporting Requirements

How will Meritain assist?

Upon request Meritain will provide you with a report containing pertinent information.

Remember, you will need to report any employee who was eligible and waived coverage. Meritain does not have this information on file.

THANK YOU

On behalf of all the vendors who
provide services to the members
of the Egyptian Trust we
SINCERELY THANK YOU
for your business and support !