



Let's Talk Benefits.

Updates to our medical benefits are coming September 1, 2023.
Here's what you need to know.

What's changing as of September 1?

○ INCREASING DEDUCTIBLES

- G537PPO: From \$2600 to \$2700
- G506OPT: BC network no change; PPO network from \$1750 to \$2000

○ INCREASING OPX LIMITS

- P503PPO: From \$1250 to \$1500
- G537PPO: From \$2600 to \$2700
- G532PPO: From \$5500 to \$6250
- G506OPT: BC network from \$6250 to \$6750; PPO network from \$8000 to \$8500

○ INCREASING COINSURANCE

- G506OPT: BC network no change; PPO network from 70% to %60

No changes to HMO plan deductibles, OPX limits, or coinsurance.

Monthly Premium Costs

Current (until 9/1/2022)

<i>Health Insurance (rates effective as of 9/1/2022)</i>				
Plan	EE ONLY	EE + SPOUSE	EE + CHILD(REN)	FAMILY
P503PPO Blue PPO Platinum	\$247.62	\$825.39	\$738.72	\$1,316.50
G537PPO Blue PPO Gold	\$71.52	\$500.64	\$436.27	\$865.39
G532PPO Blue PPO Gold	\$70.17	\$491.20	\$428.05	\$849.08
G506OPT Blue Options Gold PPO	\$56.81	\$397.64	\$346.52	\$687.35
P506PSN BluePrecision Platinum HMO	\$54.80	\$383.60	\$334.28	\$663.08
G5J2PSN BluePrecision Gold HMO	\$49.80	\$348.57	\$303.75	\$602.52

As of September 1, 2023

<i>Health Insurance (rates effective as of 9/1/2023)</i>				
Plan	EE ONLY	EE + SPOUSE	EE + CHILD(REN)	FAMILY
P503PPO Blue PPO Platinum	\$258.85	\$862.83	\$772.24	\$1,376.22
G537PPO Blue PPO Gold	\$73.63	\$515.42	\$449.15	\$890.93
G532PPO Blue PPO Gold	\$72.57	\$508.00	\$442.68	\$878.11
G506OPT Blue Options Gold PPO	\$59.80	\$418.59	\$364.77	\$723.55
P506PSN BluePrecision Platinum HMO	\$56.05	\$392.37	\$341.92	\$678.24
G5J2PSN BluePrecision Gold HMO	\$50.10	\$350.70	\$305.61	\$606.21

These numbers are your MONTHLY portion of the premium.

Deductibles (changes highlighted)

Plan	DEDUCTIBLE (I)	DEDUCTIBLE (I-BC)	DEDUCTIBLE (F)	DEDUCTIBLE (F-BC)
P503PPO Blue PPO Platinum	\$250	N/A	\$750	N/A
G537PPO Blue PPO Gold	\$2,700	N/A	\$8,100	N/A
G532PPO Blue PPO Gold	\$1,500	N/A	\$3,000	N/A
G506OPT Blue Options Gold PPO	\$2,000	\$750	\$6,000	\$2,250
P506PSN BluePrecision Platinum HMO	\$0	N/A	\$0	N/A
G5J2PSN BluePrecision Gold HMO	\$0	N/A	\$0	N/A

HRA plans (no changes this year)

Plan	YOU PAY FIRST	HRA MAX (ANNUAL)
G537PPO Blue PPO Gold	\$1,600	\$1,000
G532PPO Blue PPO Gold	\$500	\$1,000
G506OPT Blue Options Gold PPO	\$750	\$1,000

These are flat totals, not per individual.

OPX Limits, Copays, & Coinsurance (changes highlighted)

Plan	OPX LIMIT (I)	OPX LIMIT (I-BC)	OPX LIMIT (F)	OPX LIMIT (F-BC)	COPAYS (PCP SPECIALIST)	ER COPAY	COINSURANCE
P503PPO Blue PPO Platinum	\$1,500	N/A	\$4,500	N/A	30 60	\$400	80%
G537PPO Blue PPO Gold	\$2,700	N/A	\$8,100	N/A	NONE (full responsibility)	NONE (full responsibility)	100%
G532PPO Blue PPO Gold	\$6,250	N/A	\$12,500	N/A	40 60	\$400	80%
G506OPT Blue Options Gold PPO	\$8,500	\$6,750	\$18,200	\$17,300	40/60 60/100	\$600	80% / 70%
P506PSN BluePrecision Platinum HMO	\$1,500	N/A	\$4,500	N/A	10 45	\$300	100%
G5J2PSN BluePrecision Gold HMO	\$5,000	N/A	\$15,000	N/A	50 70	\$500	100%

I = Individual

F = Family

BC = BlueChoice Network (Tier 1 providers only)

Reminder - how do the HRA plans work?

- You pay up to a specified amount of your deductible first.
- Once you meet that threshold, you are eligible to use your HRA funds (up to \$1k/year).
- In order to use your HRA funds, you submit a claim to *iSolved Benefit Services*. They will pay (or reimburse) you directly.

What else do I need to know about HRA plans?

- You must meet the “YOU PAY FIRST” responsibility before any expenses are eligible for reimbursement.
- Only out-of-pocket expenses applicable to IN-NETWORK DEDUCTIBLE (for you, your covered dependents, or a combination thereof) are:
 - Counted toward the “YOU PAY FIRST” responsibility.
 - Eligible for using your HRA funds.
- Submit Explanation of Benefits (EOB) documents to *iSolved Benefit Services*.
 - Submit claims via web portal or mobile app.
 - Payments can be deposited directly into your bank account.
- Unused funds do NOT rollover to future years.

**Let's take a closer
look at EACH plan.**

The following slides are not an exhaustive description of each plan's structure.

Please refer to the Summary of Benefits and Coverage (SBC) documents for a complete explanation of these plans, including out-of-network benefits.

P503PPO Blue PPO Platinum



- Higher employee contribution rate (30%) and dependent contribution rate (70%) than other plans (10%/60%), resulting in higher monthly premium cost
- Low Deductible
- Low OPX Limit
- No HRA

EE ONLY	EE+SPOUSE	EE+CHILD(REN)	FAMILY
\$258.85	\$862.83	\$772.24	\$1376.22
Deductible (IN NETWORK)		Individual: \$250 Family: \$750	
HRA Eligible?		No	
OPX Limit (IN NETWORK)		Individual: \$1,500 Family: \$4,500	
Copays		PCP: \$30 Specialist: \$60 ER: \$400	
Coinsurance (IN NETWORK)		80% (you pay 20%)	
RX Coverage		Refer to SBC for details	
Pediatric Dental (IN NETWORK)		70% (you pay 30%)	

G537PPO Blue PPO Gold

- High Deductible, but Low OPX Limit...
- OPX Limit = Deductible (once you meet Deductible, you're "done" for the year)
- *NONE = full responsibility until Deductible / OPX Limit is met
- HRA Eligible

EE ONLY	EE+SPOUSE	EE+CHILD(REN)	FAMILY
\$73.63	\$515.42	\$449.15	\$890.93
Deductible (IN NETWORK)		Individual: \$2,700 (\$1,700 w/HRA) Family: \$8,100 (\$7,100 w/HRA)	
HRA Eligible?		Yes You Pay First: \$1,700 HRA Max (Annual): \$1,000	
OPX Limit (IN NETWORK)		Individual: \$2,700 Family: \$8,100	
Copays		NONE*	
Coinsurance (IN NETWORK)		NONE*	
RX Coverage		NONE*	
Pediatric Dental (IN NETWORK)		NONE*	

G532PPO Blue PPO Gold

- Midrange Deductible
- Midrange OPX Limit
- HRA Eligible

EE ONLY	EE+SPOUSE	EE+CHILD(REN)	FAMILY
\$72.57	\$508.00	\$442.68	\$878.11
Deductible (IN NETWORK)		Individual: \$1,500 (\$500 w/HRA) Family: \$3,000 (\$2,000 w/HRA)	
HRA Eligible?		Yes You Pay First: \$500 HRA Max (Annual): \$1,000	
OPX Limit (IN NETWORK)		Individual: \$6,250 Family: \$12,500	
Copays		PCP: \$40 Specialist: \$60 ER: \$400	
Coinsurance (IN NETWORK)		80% (you pay 20%)	
RX Coverage		Refer to SBC for details	
Pediatric Dental (IN NETWORK)		70% (you pay 30%)	

G506OPT Blue Options Gold

- Low / Midrange Deductible
- Midrange / High OPX Limit
- Richer benefits in BlueChoice PPO network (Tier 1 providers only)
- Other benefits apply for full PPO network (both Tier 1 and Tier 2 providers)
- HRA Eligible

EE ONLY	EE+SPOUSE	EE+CHILD(REN)	FAMILY
\$59.80	\$418.59	\$364.77	\$723.55
Deductible (IN NETWORK)		Individual: \$2,000 (\$750 Tier 1) (\$750 / \$1,000 w/HRA) Family: \$6,000 (\$2,250 Tier 1) (\$5,000 / \$1,250 w/HRA)	
HRA Eligible?		Yes You Pay First: \$750 HRA Max (Annual): \$1,000	
OPX Limit (IN NETWORK)		Individual: \$8,500 (\$6,750 Tier 1) Family: \$18,200 (\$17,300 Tier 1)	
Copays		PCP: \$60 (\$40 Tier 1) Specialist: \$100 (\$60 Tier 1) ER: \$600	
Coinsurance (IN NETWORK)		70% (you pay 30%) or 80% (you pay 20%) for Tier 1	
RX Coverage		Refer to SBC for details	
Pediatric Dental (IN NETWORK)		70% (you pay 30%)	

P506PSN Blue Precision Platinum HMO



- **HMO – Requires PCP Coordination + Referral for Services**
- **ZERO Deductible**
- **Low OPX Limit**
- **No HRA**

EE ONLY	EE+SPOUSE	EE+CHILD(REN)	FAMILY
\$56.05	\$392.37	\$341.92	\$678.24
Deductible (IN NETWORK)		Individual: \$0 Family: \$0	
HRA Eligible?		No	
OPX Limit (IN NETWORK)		Individual: \$1,500 Family: \$4,500	
Copays		PCP: \$10 Specialist: \$45 ER: \$300	
Coinsurance (IN NETWORK)		100% (you pay 0%)	
RX Coverage		Refer to SBC for details	
Pediatric Dental (IN NETWORK)		100% (you pay 0%)	

G5J2PSN Blue Precision Gold HMO



- **HMO – Requires PCP Coordination + Referral for Services**
- **ZERO Deductible**
- **Midrange / High OPX Limit**
- **No HRA**

EE ONLY	EE+SPOUSE	EE+CHILD(REN)	FAMILY
\$50.10	\$350.70	\$305.61	\$606.21
Deductible (IN NETWORK)		Individual: \$0 Family: \$0	
HRA Eligible?		No	
OPX Limit (IN NETWORK)		Individual: \$5,000 Family: \$15,000	
Copays		PCP: \$50 Specialist: \$70 ER: \$500	
Coinsurance (IN NETWORK)		100% (you pay 0%)	
RX Coverage		Refer to SBC for details	
Pediatric Dental (IN NETWORK)		100% (you pay 0%)	

What else do I need to know?

- **What if I'm switching plans as of September 1?**
 - Your 2023 YTD out-of-pocket spend toward your current Deductible / OPX Limit will be transferred to the new plan and credited toward your new Deductible / OPX Limit for 2023.
- **What if I'm switching to an HRA-eligible plan as of September 1?**
 - 2023 will be set up as a "short plan year" for you (Sept 1 – Dec 31).
 - Your 2023 YTD out-of-pocket spend toward your current Deductible will be counted toward the "YOU PAY FIRST" 2023 threshold for your new plan.
 - The HRA max annual of \$1,000 will be prorated to \$333 for the rest of 2023.
 - On January 1, the plan will renew for the full 2024 calendar year and allow the full maximum benefit.
- **What if I'm not pleased with the user experience for filing HRA claims?**
 - We continue to evaluate the possibility of changing HRA plan providers. IF we do so, you would not lose ANY "credit" as applicable in the process, nor do we anticipate major plan changes at that time. The goal is to streamline the claims process, not change your benefits.
 - Your feedback over the next year is requested and appreciated.

For more information:

Documentation: [\\lki-file2\Corporate\Human Resources\Benefits Package \(Eligible Employees\)](#) (Including more info on HRA and **Summary of Benefits and Coverage (SBC)** documents, which provide a complete explanation of each plan.)

Provider Search Link: [Provider Search](#)
(note: this link defaults to searching HOSPITALS in the BLUECHOICE (TIER 1) NETWORK within 50 miles of CHICAGO. Two header sections at the top of the page allow you to adjust these filters.)

Broker Website:
<http://www.letusinsureyou.com/lki.html>