

2024 Benefits Open Enrollment

Thresholds

THRESHOLDS

Open Enrollment is October 24 – November 7

Agenda:

- What's New for 2024
- What's staying the same
- Review
 - Medical plans and cost comparisons
 - Other benefits
- New voluntary plan – Whole Life with LTC
- BCBSIL resources and cost savings tips
- Action items/next steps
- Questions

New for 2024

- HMO IL will not be offered in 2024 – Opportunity for cost savings with BlueAdvantage HMO
- New voluntary Whole Life insurance with Long-Term Care
- Due to IRS regulations - increase to HD PPO deductibles
- Increase to speech, physical & occupational therapy limits

Unchanged from 2024

- **NO** increase to employee contributions seventh year in a row!
- Opportunity to call an EOI counselor – They will take you through the enrollment process and help you make informed decisions
- Re-enrollment is required or you will have no benefits for 2024 (this does not apply to the 403(b) plan)
- No changes to Dental, Vision or other benefit plans

2024 Benefits Package

All Benefits Effective January 1, 2024

THRESHOLDS

Assurance
A Marsh & McLennan Agency LLC Company

HMO IL Elimination

- Thresholds analyzed the doctor & hospital networks of HMOIL vs. BlueAdvantage HMO
- We learned that most members in HMOIL do not utilize its broader network but incur the extra costs of this plan
- The Blue Advantage network is less costly to employees and has the same benefits as HMO IL
- The contribution cost savings if transition from HMO IL to BlueAdvantage HMO:

	Savings from HMOIL+ to Blue Advantage HMO	
	Per paycheck savings	Annual savings
Employee:	\$19.07	\$495.82
Employee + Spouse:	\$33.58	\$873.08
Employee + Child(ren):	\$32.23	\$837.98
Family:	\$49.86	\$1,296.36

- If you are currently enrolled in HMO IL, you will need to choose a new plan for 2024

Savings Opportunity for PPO+ Plan Members

- Thresholds analyzed the doctor & hospital networks of PPO+ vs. Blue Choice Select
- Most providers utilized by Thresholds PPO+ Plan members are also in the Blue Choice Select network
 - Same in-network benefits for both plans
- Contribution cost savings of switching from PPO+ to BlueChoice Select

	Savings from PPO+ to Choice Select PPO	
	Per paycheck savings	Annual savings
Employee:	\$13.09	\$340.34
Employee + Spouse:	\$26.22	\$681.72
Employee + Child(ren):	\$25.16	\$654.16
Family:	\$38.93	\$1,012.18

- Consider your options
 - Use the BCBSIL provider finder to confirm whether your doctors and hospitals are in the BlueChoice Select network
- **We will continue to offer the PPO+ Plan in 2024 but will re-assess for 2025**

High Deductible PPO

- Has a **higher** deductible than the current PPO plans
- Has the **same** out-of-pocket maximum as the other two PPO plans
- Does **not have a separate out-of-pocket maximum** for prescription drugs like the other 3 medical plans
- All medical expenses are paid for by you at 100% (less Blue Cross network discounts) prior to meeting your deductible, except:
 - Preventive care – paid at 100% , no deductible
- Certain maintenance medications are covered at 100% - unlike the other medical plans (see list)
- Can put pre-tax money in a Health Savings Account (HSA) to pay for current or future medical expenses
- The High Deductible (HD) PPO plan utilizes the same network as the PPO+ plan



Advantages of an HSA



- There's a triple tax savings
 - You do not pay taxes on funds going into this account
 - You do not pay taxes on interest or dividends earned
 - You do not pay taxes when used for qualified medical expenses
- Unused funds rollover from year to year
 - It's not use it or lose, it's use it or keep it
- The account belongs to you
 - Regardless if you change between plans, retire or even leave the company You're the owner and manager of this account
- HSA is optional

Why Enroll in HD PPO?

- It may save you money
- Contributions are lower than other PPO plans
- Do the math!
 - Employee contributions **plus**
 - Expected out-of-pocket costs **minus**
 - Tax-savings from HSA contributions
- Not for everyone
 - Do you use very little health care during the year?
 - Do you always hit your deductible or out-of-pocket maximum?



Using the Medical Provider Finder

- Use this to search for your provider in the [Blue Choice Select Network BCO](#)
- If your doctor or hospital is in-network they will appear in the search results
- You can use this tool to explore in-network medical providers in the other Thresholds plan as well
- Be sure to search as a guest – if you log in to your account you will be defaulted into the current plan

- 1 **A.** Go to <https://www.bcbsil.com/>
- 2 **B.** Select Find Care
- 3 **C.** Select Find a Doctor or Hospital
- 4 **D.** Search as Guest to find providers
- 5 **E.** Enter the location where you want to search for a provider

F. Select plan/network

- PPO Plan: PPO Participating Provider Organization
- HSA Plan: PPO Participating Provider Organization
- Blue Choice PPO Plan: BCS Blue Choice Select PPO
- Blue Advantage HMO Plan: ADV Blue Advantage HMO

Employee Sample Costs – Summary*

	BlueAdvantage HMO	BlueChoice Select PPO	PPO+	High Deductible (HD) PPO**
Preventive care only Annual EE Only Premium:	\$1394.12	\$2179.58	\$2519.92	\$1380.77
Sore Throat* Total Member Cost Share: Annual EE Only Premium:	\$1434.12 \$40.00 \$1394.12	\$2229.58 \$50.00 \$2179.58	\$2569.92 \$50.00 \$2519.92	\$1600.86 \$220.12 \$1380.74
Non-Surgical Broken Leg* Total Member Cost Share: Annual EE Only Premium:	\$1684.12 \$290.00 \$1394.12	\$3047.58 \$868.00 \$2179.58	\$3387.92 \$868.00 \$2519.92	\$4584.86 \$3204.00 \$1380.86
Asthma Routine Care* Total Member Cost Share: Annual EE Only Premium:	\$2014.12 \$620.00 \$1394.12	\$2799.58 \$620.00 \$2179.58	\$3139.92 \$620.00 \$2519.92	\$4200.86 \$2820.00 \$1380.74

FSA/HSA Comparison

HSA vs. FSA		
	Health Savings Account (HSA)	Flexible Spending Account (FSA)
Purpose	<ul style="list-style-type: none"> Pay for current and future medical, dental & vision expenses on a tax-free basis Save for retirement 	<ul style="list-style-type: none"> Medical FSA - pay for current medical, dental & vision expenses on a tax-free basis
Unused Funds	<ul style="list-style-type: none"> Rollover year to year You own your account –money is yours to keep 	<ul style="list-style-type: none"> Medical - use by end of calendar year – roll \$610 from 2023 to 2024 (must reenroll)
Annual Funding Limits	<ul style="list-style-type: none"> \$4,150, \$8,300 family 2024 annual maximum contribution 	<ul style="list-style-type: none"> \$3,200 medical FSA (subject to change)
Funding	<ul style="list-style-type: none"> Funds are deducted pre-tax Funds are only available once they have been contributed 	<ul style="list-style-type: none"> Funds are deducted pre-tax Full medical FSA amounts available immediately;

Medical Plan Comparison (In-Network)

Choice of plan options:	BlueAdvantage HMO	BlueChoice Select PPO	PPO+	High Deductible PPO (New)
Deductible (All Deductibles Embedded) Individual (In-Network) Family (In-Network)	\$250 \$500	\$1,000 \$3,000		\$3,200 \$6,400
Employee Coinsurance (How much does plan pay after deductible is met) (In-Network)	100%	80%		80%
Out-of-Pocket Max Individual (In -Network) Family (In -Network)	\$1,500 \$3,000 <i>Includes Deductible</i>	\$4,500 \$9,000 <i>Includes Deductible</i>		\$4,500 \$9,000 <i>Includes Deductible</i>
Physician Services (In -Network) Well Adult & Well Child Physician Office Specialist Visit X-Rays / Lab Diagnostics	100% \$30 Copay \$30 Copay BAHMO 100%	100% \$30 copay \$30 BCS/50 PPO+ copay Deductible then 80%		100% Deductible then 80% Deductible then 80% Deductible then 80%
Telemedicine (MDLive)	No Coverage	Based on type of service		\$48 fee until deductible is reached, then 80%
Emergency Room	\$250 Copay (copay waived if admitted)	\$300 Copay then 80%		Deductible then 80%
Therapy Benefits (per member)	100% after \$30 copay (Limited to a combined max of 60 treatments per calendar year)		Deductible then 80% PT: 110 visit limit OT: 70 visit limit Speech: 50 visit limit	
Prescription Drug Coverage Through CVS / Caremark Retail (Generic / Preferred / Non-Preferred) 30-Day Supply Mail Order (Generic / Preferred / Non-Preferred) 90-Day Supply	\$10/40/60 \$20/80/120	\$10/40/60/80% \$50/160/300		Deductible then 80% Certain generic & brand drug maintenance medication covered at 100%, no cost to member

Medical Contributions

Medical Premiums per bi-weekly period – 26 pay periods*				
Coverage Tier	BA HMO	BCS PPO	PPO+	HD PPO
Employee	\$53.62	\$83.83	\$96.92	\$53.11
Employee + Spouse	\$127.51	\$216.56	\$242.78	\$154.78
Employee + Child(ren)	\$122.77	\$208.22	\$233.38	\$148.93
Family	\$184.47	\$316.68	\$355.61	\$224.95



Dental & Vision Contributions

Dental Premium – 26 pay periods – same as 2023	
Coverage Tier	Per Pay Period
Employee	\$1.51
Employee + Spouse	\$3.87
Employee + Child(ren)	\$4.30
Family	\$6.73

Vision Premium – 26 pay periods – same as 2023	
Coverage Tier	
	Per Pay Period
Employee	\$1.96
Employee + Spouse	\$3.69
Employee + Child(ren)	\$3.90
Family	\$5.72

Tips to Save Money



Get Your Preventative/Wellness Exams

- Covered at 100% - no deductible or copays
 - Annual physical exam per
 - Specific screenings that apply to you
 - If you utilize the HD PPO plan – some maintenance medication will be covered at 100%, see listing in the online benefits library



Try to Avoid Use of Emergency Room for Non-Emergencies

- ER average cost is well over \$1,000
- Urgent Care average cost is \$200
- Doctor's office average cost is \$125
- Minute Clinic or Take Care Clinic average cost is \$79
- Nurse Line – No cost
- MD Live Telemedicine \$30/\$50 PPOs copay or \$48 fee on HDHP PPO, no telemedicine on HMO plans

Tips to save money



Consider getting your high cost scans, x-rays and tests outside of hospital

- MRIs, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing imaging centers than at hospitals



Use generic prescription drugs when possible

- Generic equivalent medications have the same active ingredient as their Brand name counterpart
- Take advantage of the Generic Prescriptions Savings Programs out there
 - Walmart, Target, Meijer, etc.

Also,

- You do not need to be a member to utilize the pharmacy at Costco
- Ask your doctor about free samples and/or manufacturer rebates



Voluntary Benefits

- Voluntary Life & Accidental Death & Dismemberment (AD&D) for employees, spouses & dependents
- Voluntary Short-Term Disability
- Hospital Indemnity Plan
- Accident Plan
- Critical Illness Plan
- Legal Plan
- New for 2024: Whole Life with Long-Term Care Plan



Whole Life with Long-Term Care – Allstate

- Two Components
 - Life insurance
 - Long-Term Care insurance – to assist with activities of daily living (assisted living facilities, nursing homes, etc.)
- How does it work?
 - Death benefit – face value of policy
 - Cash value component – part of your premium is deposited into an investment account that increase value of policy
 - Long-Term Care
 - Pays 6% of the death benefit every month for up to 17 months
 - Once that's exhausted, the Extension of Benefits rider will pay 6% up to an additional 17 months
- How do I enroll and how much does it cost?
 - **Must enroll through an EOI counselor**
 - The cost of the benefit is based on your age at enrollment and amount of coverage elected
 - Premiums never change



Employee Assistance Program (EAP)- ComPsych

Behavioral Health Services

- **Employee Assistance Program** – Provides access to short-term face-to-face counseling, crisis support and training
- **Student Assistance Program** – Short-term counseling services for students offered by clients in the education industry
- **Managed Behavioral Health** – Mental health and substance abuse case management
- **Computerized Cognitive Behavioral Therapy (CCBT)** – Interactive online modules to support mental health and well-being
- **GuidanceResources® Online** – Comprehensive online tools and resources covering a variety of well-being topics

Work-Life Services

- **FamilySource®** – Personalized referral support for elder and child care, adoption, pet care and personal convenience
- **LegalConnect®** – Unlimited access to staff attorneys for information and referrals
- **FinancialConnect®** – Unlimited access to staff CPAs and CFPs
- **WellthSourceSM** – Needs-based, digital financial wellness platform offering interactive, guided programs, tools and resources
- **EstateGuidance®** – Online access to create last will, living will or final arrangements
- **IDResourcesSM** – Comprehensive ID Theft restoration services
- **HealthChampion®** – Healthcare navigation and advocacy services
- **ElderOutreachSM** – Comprehensive support and proactive outreach for employees caring for the elderly

The EAP offers up to **5 face-to-face or telephonic visits** with trained counselors for each issue you may have.

Contact Information:

Website: [Guidanceresources.com](https://www.guidanceresources.com)

Phone Number: 802-272-7255 / 800-697-0353 TTY

Blue Access for Members – bcbsil.com & App

- Get a temporary ID card
- Confirm your coverage and eligibility information
- Find in-network doctors, hospitals and other health care providers
- Review claims for medical, pharmacy and dental services* all in one place

Next steps – Open Enrollment October 24th – November 7th

- Schedule an appointment with a benefits counselor or,
- Complete enrollment directly in UKG
- If enrolling dependents for the first time you will need your spouse & dependent's social security number & date of birth
 - » You must provide verification documents to benefits before approval
- These changes will take place January 1, 2024
- **You must re-enroll in benefits in order to have benefits in 2024**, if you take no action, you will not have benefits
 - » Your next opportunity to enroll without a qualifying life event will be during the 2024 open enrollment for a January 1, 2025 effective date
 - » If you experience a qualifying life event you must make any necessary election changes within 30 days of the event – notify benefits team

Questions?

Appendix

Sample Medical Claim – Sore Throat BA HMO Plan*

	Billed Charges*	Insurance Discount*	Co-Payment	Insurance Payment	Member Balance
Physician Visit	\$160	\$50	\$30	\$80	\$30 (OV copay)
Strep Culture	\$80	\$30	N/A	\$50	\$0 (covered 100%)
Antibiotics (Generic)	\$80	\$20	\$10	\$50	\$10 (Rx copay)
	BA HMO				
Total Member Cost	$\$30 + 0 + 10 = \40				
Annual EE Only Payroll Deductions	$\$53.62 * 26 = \$1,394.12$				
Net Employee Cost	$\$40 + \$1,394.12 = \mathbf{\$1,434.12}$				

* All charges are estimates used for illustrative purposes only

Sample Medical Claim – Sore Throat Blue Choice Select PPO & PPO+*

	Billed Charges*	Insurance Discount*	Co-Payment	Insurance Payment	Member Balance
Physician Visit	\$160	\$50	\$30	\$80	\$30 (OV copay)
Strep Culture	\$80	\$30	N/A	\$40	\$10 (80% Coinsurance)
Antibiotics (Generic)	\$80	\$20	\$10	\$50	\$10 (Rx copay)
	Blue Choice Select PPO			PPO+	
Total Member Cost	\$30 + 10 + 10 = \$50				
Annual EE Only Payroll Deductions	\$83.83 * 26 = \$2,179.58			\$96.92 * 26 = \$2,519.92	
Net Employee Cost	\$50 + \$2,179.58 = \$2,229.58			\$50 + \$2,519.92 = \$2,569.92	

* All charges are estimates used for illustrative purposes only

Sample Medical Claim – Sore Throat High Deductible (HD) PPO Plan*

	Billed Charges*	Insurance Discount*	Co-Payment	Insurance Payment	Member Balance
Dr's Visit	\$160	\$50	N/A on HD PPO	\$0	\$110 (Deductible)
Strep Culture	\$80	\$30	N/A on HD PPO	\$0	\$50 (Deductible)
Antibiotics	\$80	\$20	N/A on HD PPO	\$0	\$60 (Deductible)
Total Member Cost	$\$110 + 50 + 60 = \220				
Annual EE Only Payroll Deductions	$\$53.11 * 26 = \$1,380.86$				
Employee Annual HSA Contributions*	Optional Contributions for Employees				
Net Employee Cost	$\$220 + \$1,380.86 = \mathbf{\$1,600.86}$				

*All charges are estimates used for illustrative purposes only
HSA qualified plan; allows for employee investment in HSA account subject to IRS limits

Sample Medical Claim – Non Surgical Broken Leg BA HMO*

	Billed Charges*	Insurance Discount*	Co-Payment	Insurance Payment	Member Balance
ER Visit	\$3,500	\$1,100	\$250	\$2,150	\$250 (ER Copay)
Dr's Fee (Office Visit)	\$400	\$130	\$30	\$240	\$30 (Office Copay)
X-Rays	\$500	\$200	N/A	\$300	\$0 (No Charge)
Cast	\$350	\$110	N/A	\$240	\$0 (No Charge)
Pain Medication	\$40	\$20	\$10	\$10	\$10 (Rx Copay)
	BA HMO				
Total Member Cost	$\$250 + 30 + 0 + 0 + 10 = \290				
Annual EE Only Payroll Deductions	$\$53.62 * 26 = \$1,394.12$				
Net Employee Cost	$\$290 + \$1,394.12 = \mathbf{\$1,684.12}$				

* All charges are estimates used for illustrative purposes

Sample Medical Claim – Non Surgical Broken Leg Blue Choice Select PPO & PPO+*

	Billed Charges*	Insurance Discount*	Co-Payment	Insurance Payment	Member Balance
ER Visit	\$3,500	\$1,100	\$300	\$1,680	\$300 (ER Copay) \$420 (Coinsurance)
Dr’s Fee (Office Visit)	\$400	\$130	\$30	\$240	\$30 (Office Copay)
X-Rays	\$500	\$200	N/A	\$240	\$60 (Coinsurance)
Cast	\$350	\$110	N/A	\$192	\$48 (Coinsurance)
Pain Medication	\$40	\$20	\$10	\$10	\$10 (Rx Copay)
	Blue Choice Select PPO			PPO+	
Total Member Cost	\$300 + 420 + 30 + 60 + 48 + 10 = \$868				
Annual EE Only Payroll Deductions	\$83.83 * 26 = \$2,179.58			\$96.92 * 26 = \$2,519.92	
Net Employee Cost	\$868 + \$2,179.58 = \$3,047.58			\$868 + \$2,519.92 = \$3,387.92	

* All charges are estimates used for illustrative purposes only

Sample Medical Claim – Non Surgical Broken Leg High Deductible (HD) PPO Plan*

	Billed Charges*	Insurance Discount*	Co-Payment	Insurance Payment	Member Balance
ER Visit	\$3,500	\$1,100	N/A	\$0	\$2400 (Deductible)
Dr's Fee (Office Visit)	\$400	\$130	N/A	\$0	\$270 (Deductible)
X-Rays	\$500	\$200	N/A	\$0	\$300 (Deductible)
Cast	\$350	\$110	N/A	\$8	\$230 (Deductible) \$2 (Coinsurance)
Pain Medication	\$40	\$20	N/A	\$16	\$2 (Coinsurance)
Total Member Cost	$\$2400 + 270 + 300 + 230 + 2 + 2 = \$3,204$				
Annual EE Only Payroll Deductions	$\$53.11 * 26 = \$1,380.86$				
Employee Annual HSA Contributions*	Optional Contributions for Employees				
Net Employee Cost	$\$3,204 + 1,380.86 = \$4,584.86$				

Sample Medical Claim – Asthma Routine Care BA HMO*

	Billed Charges*	Insurance Discount*	Co-Payment	Insurance Payment	Member Balance
Dr's Visit (2 X per year)	\$200 \$200	\$50 \$50	\$30 Copay \$30 Copay	\$120 \$120	\$30 (OV Copay) \$30 (OV Copay)
Inhaler (Daily = 1 X per month)	\$220 X 12 = \$2,640	\$40 X 12 = \$480	\$40 x 12 = \$480	\$1,680	\$480 (Tier 2 Rx Copay)
(Rescue = 2 per year)	\$220 X 2 = \$440	\$40 X 2 = \$80	\$40 x 2 = \$80	\$280	\$80 (Tier 2 Rx Copay)
	BA HMO				
Total Member Cost	\$30 + 30 + 480 + 80 = \$620				
Annual EE Only Payroll Deductions	\$53.62 * 26 = \$1,394.12				
Net Employee Cost	\$620 + \$1,394.12 = \$2,014.12				

* All charges are estimates used for illustrative purposes

Sample Medical Claim – Asthma Routine Care

Blue Choice Select PPO & PPO+*

	Billed Charges*	Insurance Discount*	Co-Payment	Insurance Payment	Member Balance
Dr’s Visit (2 X per year)	\$200 \$200	\$50 \$50	\$30 Copay \$30 Copay	\$120 \$120	\$30 (OV Copay) \$30 (OV Copay)
Inhaler (Daily = 1 X per month)	\$220 X 12 = \$2,640	\$40 X 12 = \$480	\$40 x 12 = \$480	\$1,680	\$480 (Tier 2 Rx Copay)
(Rescue = 2 per year)	\$220 X 2 = \$440	\$40 X 2 = \$80	\$40 x 2 = \$80	\$280	\$80 (Tier 2 Rx Copay)
	Blue Choice Select PPO			PPO+	
Total Member Cost	\$30 + 30 + 480 + 80 = \$620				
Annual EE Only Payroll Deductions	\$83.83 * 26 = \$2,179.58			\$96.92 * 26 = \$2,519.92	
Net Employee Cost	\$620 + \$2,179.58 = \$2,799.58			\$620 + \$2,519.92 = \$3,139.92	

* All charges are estimates used for illustrative purposes

Sample Medical Claim – Asthma Routine Care*

High Deductible (HD) PPO Plan*

	Billed Charges*	Insurance Discount*	Co-Payment	Insurance Payment	Member Balance
Dr's Visit (2 X per year)	\$200 \$200	\$50 \$50	N/A N/A	\$0 \$0	\$150 (Deductible) \$150 (Deductible)
Inhaler (Daily = 1 X per month)	\$220 X 12 = \$2,640	\$40 X 12 = \$480	N/A	\$0	\$2,160 (Deductible)
(Rescue = 2 per year)	\$220 X 2 = \$440	\$40 X 2 = \$80	N/A	\$0	\$360 (Deductible)
Total Member Cost	\$150 + 150 + 2,160 + 360 = \$2,820				
Annual EE Only Payroll Deductions	\$53.11 * 26 = \$1,380.86				
Employee Annual HSA Contributions*	Optional Contributions for Employees				
Net Employee Cost	\$2,820 + 1,380.86 = \$4,200.86				

* All charges as estimates used for illustrative purposes only
HSA qualified plan; allows for employee investment in HSA account subject to IRS limits