



Lewis and Clark County Health Plan:

Traditional or
High Deductible Health Plan

Allegiance Benefit Plan Management
PO Box 3018
Missoula, MT 59806
800-877-1122
Group #0010602

Health Plan Enrollment

MEDICAL / DENTAL / VISION / LIFE / PRESCRIPTION

Dental & Vision can be waived but there is no compensation added to your pay if you do so.

Plan Year = July 1 – June 30

Self Funded - we pay all of our claims and administrative fees from the contributions collected for enrolled employees and family members.

The health of our Health Plan depends on the health of our employees.

Effective date of coverage is the 1st of the month following your date of hire.

Enrollment forms are due to Human Resources within 30 days of effective date of coverage, OR during the annual Open Enrollment period (May 15-June 15 for July 1 start date)

As an example, an employee with a hire date June 15th would have coverage effective July 1 as long as the enrollment form is received by July 30th.

Late forms will cause ineligibility.

Covered medical expense Examples for “network” providers include:

Office Calls – Office calls required due to illness are paid at the above rates.

Maternity Benefits – Charges incurred due to pregnancy will be paid in the same manner as an illness.

Chiropractic Care – Deductible Applies / Subject to Schedule of Medical Benefits. 35 treatments maximum per year paid at up to \$25 per treatment.

Acupuncture Care – Deductible Applies / Subject to Schedule of Medical Benefits. Maximum benefit per year of \$500.

Accident Benefit – Paid at 100% up to a maximum of \$500.

Alcoholism/Chemical Dependency – Deductible Applies / Subject to Schedule of Medical Benefits.

Preventive Care / Wellness Benefit (Network provider) –

“Preventive Care means routine treatment or examination provided when there is no objective indication or outward manifestation of impairment of normal health or normal bodily function, which is not provided as a result of any injury or illness.”

Routine Immunizations – according to the schedule adopted by the Director of the Centers for Disease Control and Prevention.

Physical Exam – including a medical history, physical exam, development assessment, anticipatory guidance and associated routine testing provided or ordered at the time of the examination. Also includes PSA test for men.

The plan will pay 100% of PPO charges, deductible waived for routine preventative or diagnostic colonoscopies or mammograms.

Preventive Care / Wellness Benefit (Non-Network provider) – Plan pays the first \$300 of preventive care at 100% such as annual physicals, mammograms or prostate exam.

The plan will pay 50% of eligible charges after the deductible has been met.

For informational purposes only and subject to change at any time. Please see plan document .

Medical Participating Providers

- Otherwise known as 'Network Doctors'
- \$250 deductible per person, max of \$750 for family.
- After the deductible is met, the Plan pays 60% of all covered expenses up to \$3,500 (\$7,000 family) out of pocket.
- After out of pocket maximum has been met, the plan pays 100% of all covered expenses.
- Insured pays the first \$7,000 out of pocket for spouse, child or family coverage with 100% of eligible expenses paid after that.
- *Possible reduction of in the annual PPO deductible and out-of-pocket maximum by participating in the Wellness Screening.*

Medical Non-Participating Providers

- Otherwise known as 'Non-Network Doctors'
- \$500/yr deductible for single coverage, \$1,000/yr deductible for all other coverage.
- After the deductible has been met the insured pays 50% until out of pocket maximum is met.
- \$100,000/yr maximum out of pocket expense.

Traditional Health Plan Contributions:

Lewis and Clark County currently pays for most of the cost of a single, full-time employee \$800/mo. Employees are responsible for the portion of the premium listed below. Part-time employee premiums are covered on a pro-rated basis. **The Employee & Spouse portions can be reduced through participation in the annual wellness screenings offered.**

Employee.....\$50/month

Child.....\$70/month per child up to \$280

Spouse.....\$400/month

Part-time employees working a minimum of 20 hours/wk are pro-rated based upon the number of hours hired to work.

- ❑ As an example half-time (20 hrs/wk) would cost the employee \$387.50/mo or \$193.75 per pay period.
 - ❑ Rates above plus \$50/mo (\$25/pay) for not participating in the wellness screenings. \$50/mo can be reduced.
 - ❑ \$25 reduction for Wellness Screening participation
 - ❑ \$5 reduction for each of the 5 criteria met during Wellness Screening

If your scheduled hours are not worked and accrued leave is not used then the appropriate amount will automatically be withheld from your check for health coverage contributions.

\$4.84 per hour

Traditional Plan Option

Medical Benefits

Through our partnership with Allegiance, the Plan's Third Party Administrator, Lewis and Clark County is able to offer valuable health benefits to its employees, their spouses, and dependents.

The medical benefits cover a wide-range of typical medical expenses:

- Office visits
- Diagnostic tests
- Hospital confinement
- Chiropractic care (up to \$25/visit)
- Acupuncture care (max \$500/yr)
- Accident benefits (max \$500/yr)
- Alcoholism & chemical dependency
- Preventive care for adults & children (routine immunizations & physical exams) covered at 100%, deductible waived, with an in-network provider. For a complete list of recommendations and guidelines established by the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices of the Center for Disease Control & Prevention, and the guidelines supported by the Health Resources and Services, Administration, visit them online.
- Colonoscopy & mammogram benefit (deductible waived & 100% benefit for PPO charges); must meet recommendations of the U.S. Preventative Services Task Force for routine preventive and medical necessary provisions for diagnosis

The Plan has Pre-Authorization and Case Management Programs in place to ensure members are receiving the appropriate medical care in the most effective setting possible and that services are covered.

High Deductible Health Plan Contributions:

Lewis and Clark County currently contribute \$1,200 throughout the plan year. \$50 per pay period will be put into the employee's HSA. Employees are responsible for their portion of the premium listed below. Part-time employee premiums are covered on a pro-rated basis.

Employee.....\$0/month
Child.....\$35/month per child
Spouse.....\$200/month

Part-time employees working a minimum of 20 hours/wk are pro-rated based upon the number of hours hired to work.

- ❑ As an example half-time (20 hrs/wk) would cost the employee \$337.50/mo or \$168.75 per pay period.
 - ❑ Employer will contribute \$600 in employee's HSA per year. \$25 per pay period.
 - ❑ \$50 contribution into employee's HSA for participation in wellness screenings per plan year.
 - ❑ \$50 contribution into employee's HSA for spouse's participation in the wellness screening per plan year.

If your scheduled hours are not worked and accrued leave is not used then the appropriate amount will automatically be withheld from your check for health coverage contributions.

\$4.22 per hour

High Deductible Plan Options:

- ▶ Any employee that enrolls in the HDHP option will automatically be enrolled in a Health Savings Account (HSA). Administration of the HSAs will be done by HealthEquity.
- ▶ Eligible benefits are the same for the HDHP option as the Traditional. The difference is when the plan coverage kicks in. For the HDHP option, the plan does not pay toward any medical or prescription drug charges until the appropriate deductible is met.
- ▶ In-network charges accumulate toward the Network deductible and Non-network charges accumulate toward the Non-network deductible.
- ▶ Medical and pharmacy charges are combined toward the deductible.
- ▶ Preventive care that meets the federal guidelines is covered at 100% of maximum allowable charge, including routine mammograms and colonoscopies.

Plan Comparisons

Plan Year 2018 Monthly Costs	Traditional Option	HDHP Option	
		Health Plan	HSA
Employer (ER) <div>Full-time</div> <div>Part-time</div>	\$775 Prorated based on percent of employment	\$675 Prorated based on percent of employment	\$100 ¹ Prorated based on percent of employment
Employee (EE) <div>Full-time</div> <div>Part-time</div>	\$50 \$50 plus pro-rated portion of employer's share (see sample scenarios below)	\$0 \$0 plus pro-rated portion of employer's share (see sample scenarios below)	Optional up to the federal plan limits noted below
Spouse (paid by EE)	\$400 ²	\$200	Not available
Dependent (paid by EE)	\$70 each	\$35 each	Not available
Wellness Screening Incentives	Premium per month: - \$25 participation credit -\$5 per criteria up to \$25 Network Deductible: -\$20 each up to \$100 Network Out-of-pocket Max: -\$100 each up to \$500 Spouse Premium: -\$25 per month reduction for participating (spouse earns the same deductible and OOP Max reductions as what the participating employee earns)	Employee: \$50 one time contribution into the enrolled member's HSA Spouse: \$50 one time contribution into the enrolled member's HSA	\$50 contribution into the employee HSA for either employee participation or spouse participation will be done the first pay date of July or first pay date of January, depending on the hire date and date of participation

Examples of Pro-rated Health Plan Costs:

# of hours per week	FTE	Traditional Plan – EE Share	Traditional Plan (EE Share of Employer Contr.)	Total EE Share for Traditional Plan	HDHP - EE Share	HDHP Option (EE Share of Employer Contr.)	HSA (Contributed by the Employer when enrolled in HDHP Option)
32	.80	\$50	\$155	\$200 Less employee wellness incentives earned	\$0	\$130	\$40.00 Semi-Monthly
24	.60	\$50	\$310	\$350 Less employee wellness incentives earned	\$0	\$260	\$30.00 Semi-Monthly
20	.50	\$50	\$387.50	\$425 Less employee wellness incentives earned	\$0	\$325	\$25.00 Semi-Monthly

*The HSA contribution listed is only the employer's contribution. The employee may contribute additional pre-tax funds into the account up to the 2017 annual maximum of \$3400 for individual and \$6,750 for family.

Feature	Traditional		High Deductible Health Plan (HDHP)
Cost for 2018- Full Time EE Employer Employee Dependent Spouse	\$825/month \$775 \$50 \$70 each up to \$280 \$400		\$775/month annualized \$675 (\$675 per month plus \$1200 annual contribution) \$0 to health savings account (HSA) \$35 each \$200
Employer Employee Dependent Spouse	\$825/month Prorated based on EE percent of employment \$50 plus prorated portion of ER contribution \$70 each up to \$280 \$400		\$675/month Prorated based on EE percent of employment \$0 plus prorated portion of ER contribution \$35 \$200
Wellness Screening Incentives (for each criteria or alternative met)	Premium per month: \$25 participation credit \$5 per criteria up to \$25 Network Deductible: \$20 each up to \$100 Network Out-of-pocket Max: \$100 each up to \$500 Spouse Premium: \$25 per month reduction for participating (spouse earns the same deductible and OOP Max reductions as what the participating employee earns)		Employee: \$50 one time contribution into the enrolled member's HSA Spouse: \$50 one time contribution into the enrolled member's HSA
Deductible-Medical (Plan pays nothing until met unless otherwise noted)	Individual: \$250 Network/\$500 Non-network Family: \$750 Network/\$1000 Non-network		Individual: \$5000 Network/\$5,000 Non-network Family: \$10,000 Network/\$10,000 Non-network
Deductible-Pharmacy (Plan pays nothing until met unless otherwise noted)	Individual: \$200 Family: \$400		Combined with medical
Out-of-Pocket (OOP) Maximum-Medical	Individual: \$3,500 Network/\$100,000 Non-network Family: \$7,000 Network/ N/A Non-network		Individual: \$5000 Network/\$100,000 Non-network Family: \$10,000 Network/ N/A Non-network
Out-of-Pocket (OOP) Maximum-Pharmacy	Individual: \$3,100 Family: \$6,200		Combined with medical
Benefit Percentage-Medical Before satisfaction of OOP Max After satisfaction of OOP Max	60% Network / 50% Non-network 100% Network / 100% Non-network		N/A -- applies to both network and non-network 100% -- applies to both network and non-network
Benefit Percentage-Pharmacy Before satisfaction of OOP Max After satisfaction of OOP Max	Generic/Preferred: 80% Generic/Preferred 100%	Non-preferred: 60% Non-preferred: 100%	Combined with medical



Preferred Clinic - PureView Health Center

Lewis and Clark County is excited to continue offering our preferred clinic option for enrolled health plan members. We're confident our members receive the highest quality care at PureView Health Center. Establishing a preferred health care center has direct financial benefits for our members as well as indirect benefits for members, their families, co-workers, and the employer. It is our hope to remove financial burden as a reason not to receive preventive, disease management, or acute care. PureView Health Center is a Federally Qualified Healthcare Center providing comprehensive, integrated care focused on the whole person.

Who does the benefit cover?

Anyone enrolled in Lewis and Clark County's Health Benefits Plan can be seen in the clinic.

How does the benefit work?

Any medical expense incurred by an enrolled member in the Traditional Plan will be covered in full. There is no co-pay and no co-insurance. You will NOT be billed for services provided at PureView Health Center.

***Members enrolled in the HDHP option will need to meet the deductible before the plan pays any eligible expenses.**

What about dental expenses?

Although PureView Health Center provides quality dental services, dental expenses are not included as free services to health plan members. Dental expenses incurred will be paid

according to the long-standing benefit in place. See the "Dental Benefits" section below for a coverage overview.



EAP Employee Assistance Program

- ▶ Administered by Sapphire Resource Connection, Inc.
- ▶ Completely Confidential Counseling Service
- ▶ Available to you and members of your family.

24-Hour Hotline
(866) 767-9511